

RADIOGRAPHY OF CORRUPTION IN THE MEDICAL SYSTEM OF THE REPUBLIC OF MOLDOVA

RESEARCH REPORT

NOVEMBER 2018
CHIȘINĂU



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This publication is part of the project "Effective Management at the level of the Municipal Clinical Hospital Saint Archangel Michael of Chisinau - Self-Assessment and Standardization for a Performing Administration", implemented by the Center for Innovation and Policies in Moldova, Integrity Solutions and Excelo Training & Development with financial support of the Romanian Agency for International Development Cooperation (RoAid).

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1. ABSTRACT

This research report aims to identify the patients' perception regarding the quality of medical services provided by Moldovan hospitals as well as their perceived level of corruption regarding the entire medical system of the Republic of Moldova. In order to have an accurate image, the research team has analyzed also the opinion of the medical staff from the Republic of Moldova on the challenges they face in the exercise of their attributions as well as their vulnerabilities to various risks associated with corruption.

The specific objectives of the analysis were to identify the factors that determine the functional performance of medical institutions in the delivery of medical services and the challenges faced by the medical system through analyzing the following aspects:

- Priority aspects regarding the quality of services provided to patients according to their appreciation and satisfaction;
- The perception of the patients about the phenomenon of corruption in the medical system in the Republic of Moldova;
- The perception of medical staff with management positions regarding the corruption phenomenon and the anticorruption commitments at the level of the medical institutions;
- Aspects related to control systems and risk management at institutions.

This analysis comes to support the Ministry of Health in developing public policies to improve the quality of medical services through providing detailed information regarding the performance of services provided in Moldovan hospitals according to the perception of patients. Moreover, the study highlights the need to implement more ambitious anti-corruption policies by transposing ISO standards on quality management and anticorruption. In addition, the analysis identifies the need for urgent intervention to solve the problems related to the lack of medical staff in the medical system and the conditions for their remuneration. The study will not only address existing problems but will come with recommendations and methodological support for Moldovan hospitals.

2. METHODOLOGY

The research was conducted on the basis of a quantitative study based on a questionnaire addressed to patients who have been hospitalized in a Moldovan hospital over the past five years, but also the questionnaire was addressed to the staff with management responsibilities in the Moldovan medical institutions.

Given that this research has focused on identifying the opinion of different respondents -patients and medical staff categories, data analysis will be conducted separately for each respondent category. The target group of research consists of patients from the Republic of Moldova aged over 18 years from urban and rural areas as well as the management of medical institutions throughout the country.

The volume of the sample is at least 200 patients who have been hospitalized in a Moldovan hospital in the last 5 years and at least 70 doctors from at least 15 medical institutions in the Republic of Moldova.

Method used in the research: questionnaire applied to patients and another questionnaire addressed to doctors.

3. CORRUPTION IN THE REPUBLIC OF MOLDOVA. GENERAL CONSIDERATIONS

Corruption is a sensitive issue in the Republic of Moldova. It is increasingly being debated in public space, especially after 2009, when our country set itself the goal of joining the European Union. In order for such a prospect to be possible, some conditionalities have been imposed to the Republic of Moldova. The first and most important is the justice reform, respect for the rule of law and the implementation of anti-corruption policies.

Unfortunately, the Republic of Moldova is seen as a country where corruption is at a very high level and for this reason economic and social development is almost impossible. If we are talking about figures, the Berlin-based international organization Transparency International shows that in 2016 Moldova is ranked 123 out of 176 in the rankings of perceived corruption. It shares this place with countries such as Honduras, Azerbaijan or Paraguay.

Corruption means that some people or groups of people in power obtain unjust wealth and undeserved benefits, while ordinary civilians struggle with obstacles like bureaucracy when trying to meet either their professional or personal goals. In other words, corrupts gain from bribery simply because many and disadvantaged are losing. Often, the size and impact of corruption in citizens' perceptions is reduced to the level of individual bribery experiences.

So bribery is a widespread phenomenon. It gives rise to serious social, moral, economic and political concerns, undermines good governance, stands in the way of development and distorts competition. Bribe erodes justice, undermines human rights and is an obstacle to the fight against poverty. It also increases business costs, introduces uncertainties in trade transactions, increases the cost of goods and services, diminishes the quality of products and services, which can lead to loss of lives and goods, destroys confidence in institutions and interferes with the proper and efficient functioning of markets.

The phenomenon of giving and taking bribe is best known in the medical system. According to official data, in the Republic of Moldova the majority of patients are users of medical services provided by institutions financed from the state budget, only 5% of the patients in 2016 have addressed a doctor from the private sector.

When addressing a doctor from a public institution, the patient faces a lot of challenges, including bribery. The modest wages of healthcare workers are one of the causes that lead to increased informal payments and corruption. According to a survey by Transparency International Moldova, in 2015 Moldovan citizens offered bribes worth a total of 1 billion lei, one third of which was paid in the medical sector.

Starting with 2017, the medical system was restructured in Moldova, including the performance indicators, which underlie the establishment of salaries of medical workers. Through this reform the Ministry of Health tried to reduce bribery cases and increase doctors' wages according to the number of patients consulted.

At the same time, in 2002, the National Council for Health Evaluation and Accreditation established minimum quality standards for medical institutions in Moldova. With the implementation of the requirements of the institutional quality standards, documented information (procedures, protocols, working instructions) that partly meet the requirements of the internationally accepted quality management system standard have been developed. However,

the actions undertaken are not sufficient, in the Moldovan health system there are many gaps in the transparency of the services provided.

The phenomenon of corruption in the medical system is much more complex than in other areas, because at its base there are several factors connected to each other. First of all, in the case of the medical system, the emotional component is involved. On the one hand, we are talking about patient suffering in case of illness, on the other hand, they also empathize with doctors whose wages are low while having a longer work schedule than other professions, as well as a high workplace stress. At the same time, the medical system is bureaucratic and for this reason some patients prefer to pay bribes just to skip some steps to get to the doctor they need. Also, many physicians also find justifiable an additional reward for their work. They consider that they had studied more, have more intensive work programs, very high responsibilities and are paid much below their value. So, the bribery phenomenon in the medical system is maintained in two ways, both by doctors, as well as by patients. This is also the main reason why this study addresses the problem of corruption in the public health system from the perspective of doctors as well as from the perspective of patients who have received medical services over the past five years.

According to a study by the Independent Analytical Center "Expert-Grup", the annual loss to our country from bribe-giving acts ranges from 8% to 13% of Gross Domestic Product (GDP) or about 11, 8 - 17.7 billion lei in 2016. According to the same study, these sums exceed all 2016 expenditure for all pensioners and social assistance allowances¹. Considering that the phenomenon of giving and taking bribe is the most widespread in the public health system, the objectives of strengthening the medical sector must become a national priority, with a strong emphasis on studying the causes of corruption and removing them.

4. CAUSES AND RISKS OF CORRUPTION IN THE HOSPITALS FROM THE REPUBLIC OF MOLDOVA

A. Questionnaire results and data analysis -questionnaire for patients

Given the fact that this research was focused on identifying the opinion of different respondents- patients and medical staff, data analysis will be performed separately for each category of respondents.

Questionnaire for patients: It was launched on social media (Facebook) from 9 October 2018 to 22 October 2018. The questionnaire consisted of 14 items, with closed questions - with predefined answer and open questions, giving respondents the opportunity to express their opinion freely about their experience and perception regarding the quality of services of which they benefited, but also about their perception of the existence of corruption in the medical system from the Republic of Moldova. The questionnaire was developed in the Lime Service system. The input and processing of the data obtained was done in the same program. Total respondents: 232. Respondents who answered all questions: 189

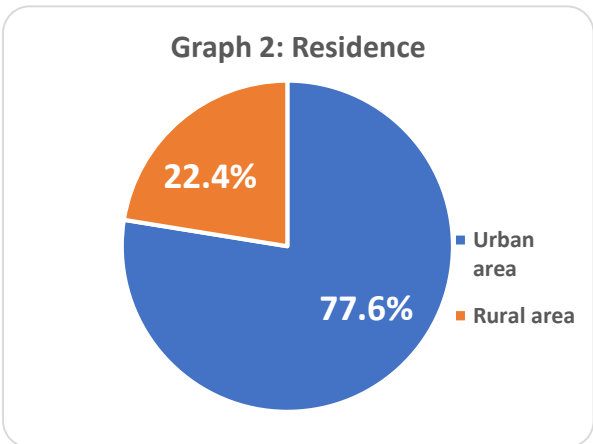
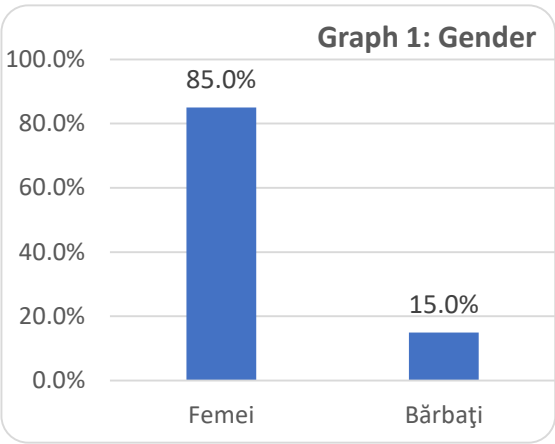
The ethical principles necessary to carry out this type of analysis regarding the confidentiality and anonymity of the respondents were respected.

Methodological limitations in the generalization of research results: The study was not intended to be representative at country level, but only presents the opinion of internet users who had access to the Internet at that time.

¹ Dumitru Budianschi, "Cost of corruption in the Republic of Moldova and who supports it", Expert-Grup Independent Analytical Center, November 17, 2017, Chisinau, p. 1

General aspects of the sample (patients)

The demographic characteristics of the sample. Among the respondents, women constituted an important majority 85% and 15% men. Also, the majority of respondents are urban residents, 76.6% versus 22.4% from ural areas. This is determined by the more limited access of rural ones to the Internet and social media, the questionnaire being launched online on social media (FB).

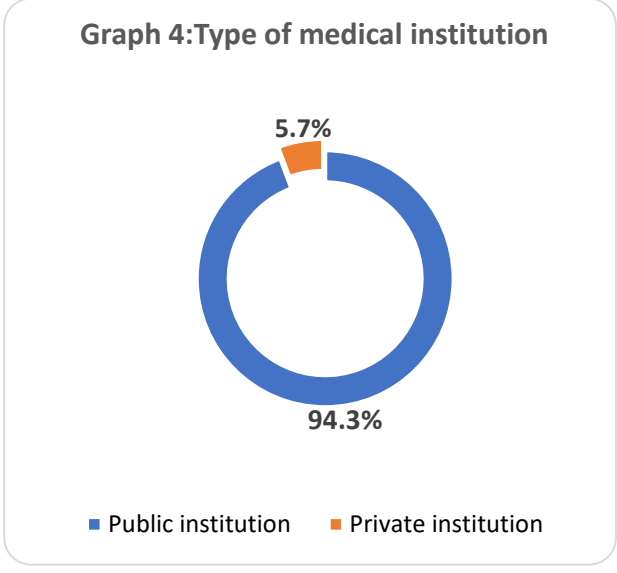
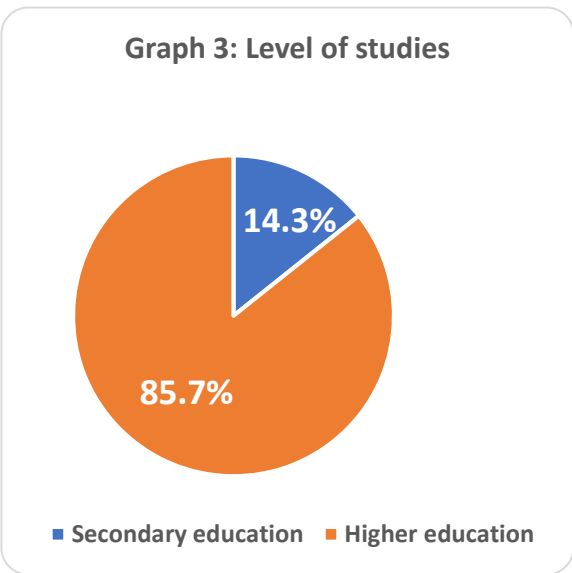


Level of education. The analyzed data show that 85.7% of the respondents have higher education and 14.3% secondary education. This is explained by the fact that the most active in the on-line environment are those with higher education and are on a larger number on social media (Figure 3).

The average age of respondents: 38.6 years-old.

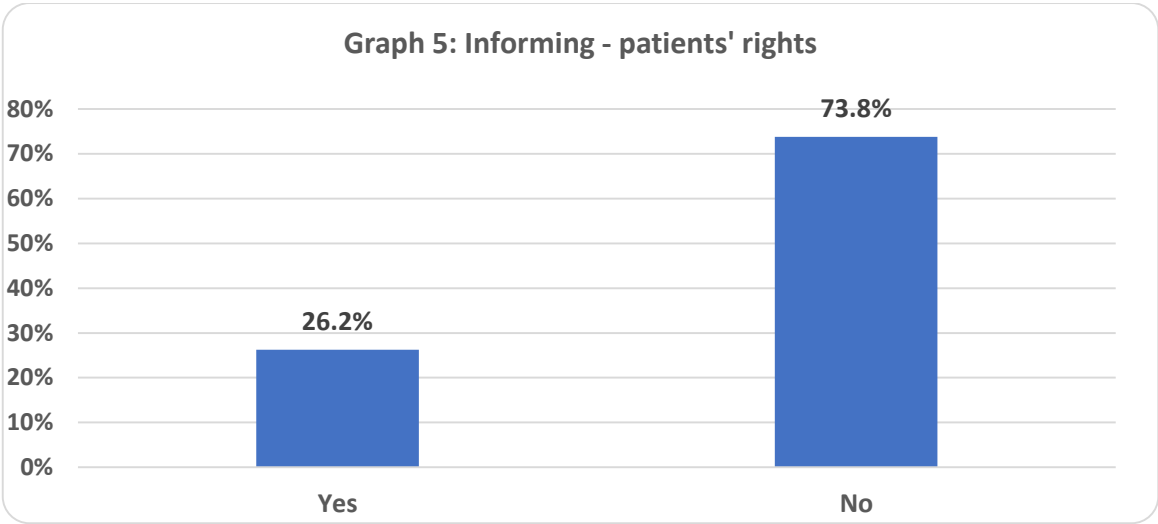
Frequency of seeking medical services. The data analysis took into account the medical services of which benefited the respondents over the last 5 years. Some questions regarding specific circumstances (the value of the amount provided, etc.) were limited to the services of which benefited patients over the past 5 years, thus ensuring a greater data quality and accuracy.

Type of hospital. The share of respondents who benefited of medical services in public hospitals is 94.3% and 5.7% of respondents benefited of medical services in private hospitals.

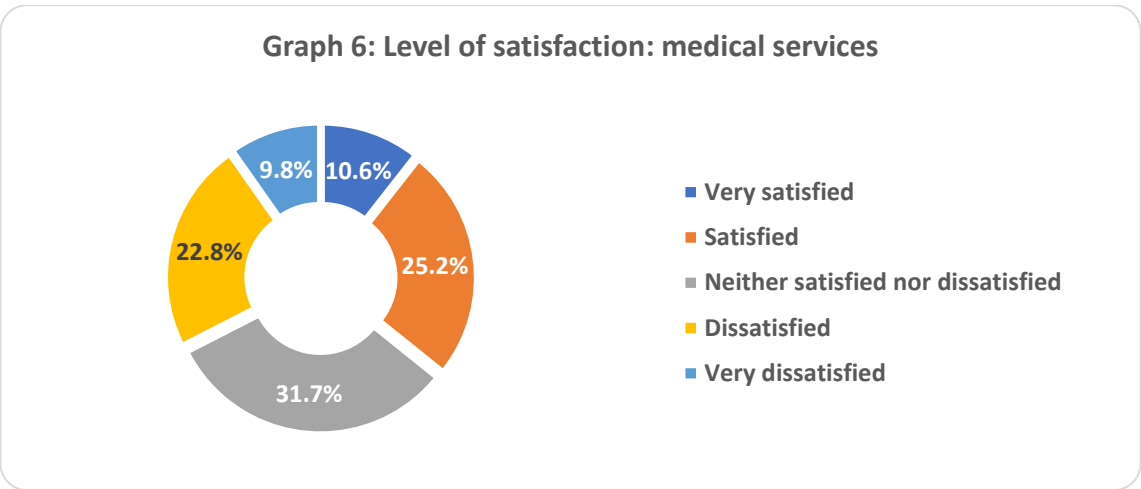


Questionnaire results and data analysis

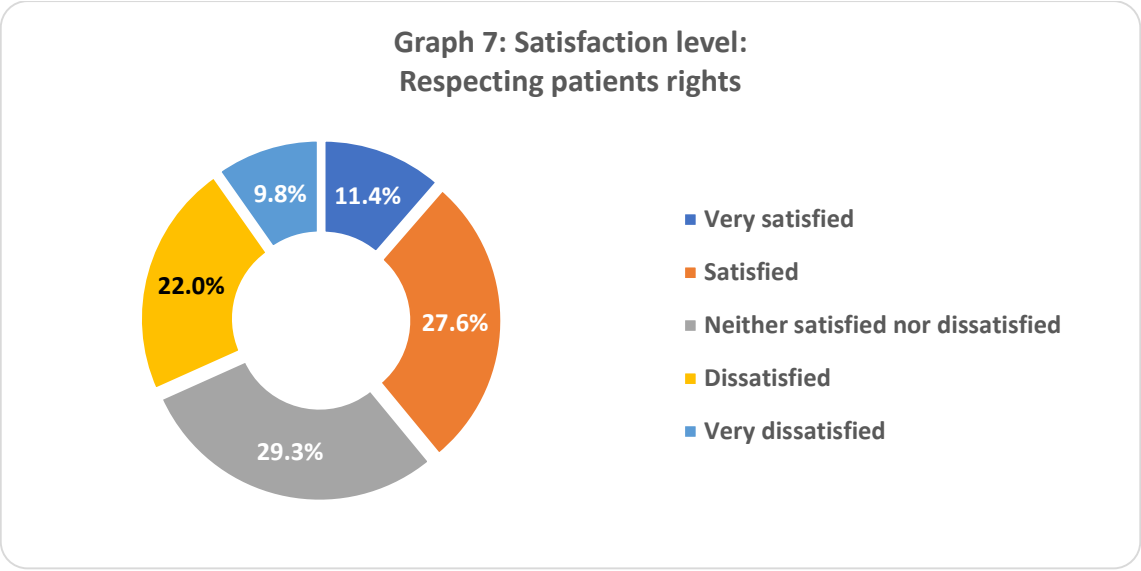
Information, patients' rights: With regard to patient information on the rights they hold, a percentage of 73.8% said they were not informed about their rights and only 26.2% confirmed that was brought to their attention their rights as patients when they were hospitalized.



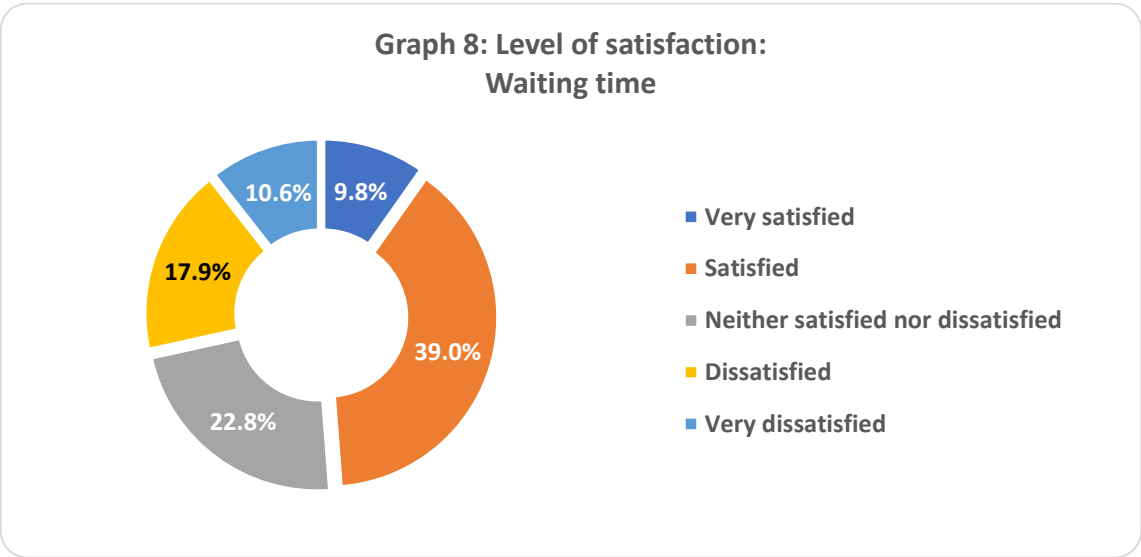
Quality of hospital services: Analyzing the answers regarding the quality of the services provided by hospitals (the reference was made at the last hospital), 10.6% say that they are very satisfied with the services provided by the hospitals where they were hospitalized, 25.2% are satisfied, while neither satisfied nor dissatisfied are 31.7%, and 32.5% of respondents say that they are dissatisfied and totally dissatisfied.



The way how patient rights were respected during hospitalization: 39.2% said that they are very satisfied and satisfied with the way their rights were respected during hospitalization, and 31.7% confirmed that they are dissatisfied and very dissatisfied. 29.3% of respondents said they are neither satisfied nor dissatisfied with the way their rights were respected.

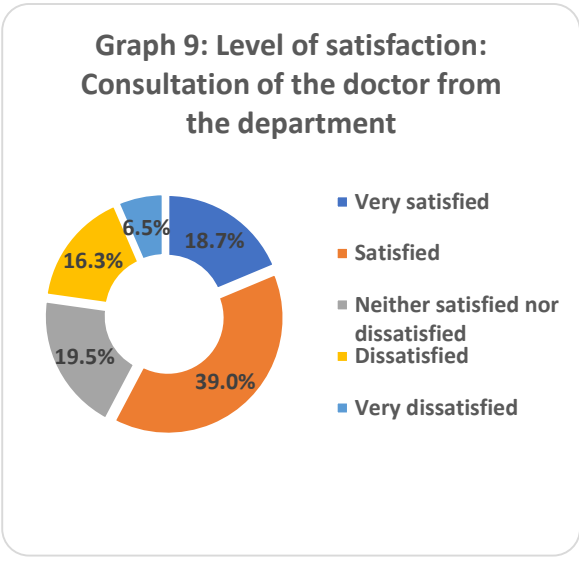
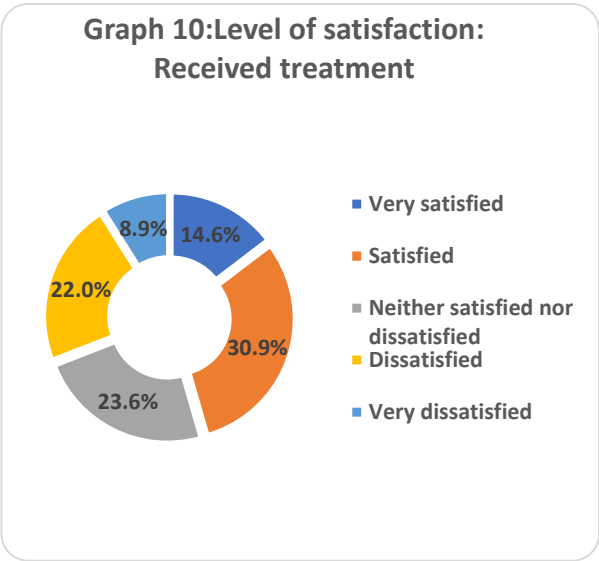


Waiting time until the first doctor's examination at the Admissions Department: Based on the analysis of the answers, we found that 48.8% of the respondents said they were satisfied or very satisfied with the effectiveness of the staff regarding the management of the period until the first examination by the doctor, 22.8% said neither satisfied nor dissatisfied, and 28.5% said they were dissatisfied or totally dissatisfied with the waiting time until they were examined by doctors.

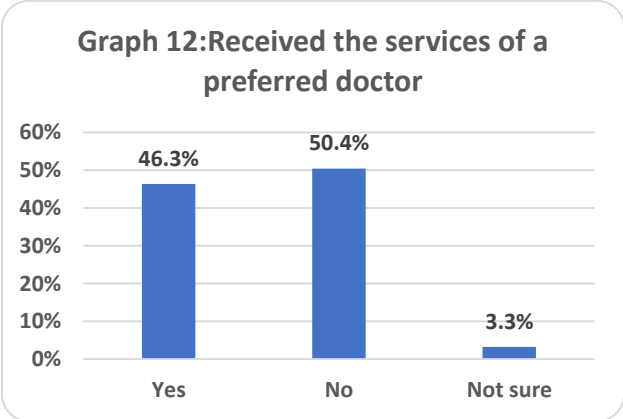
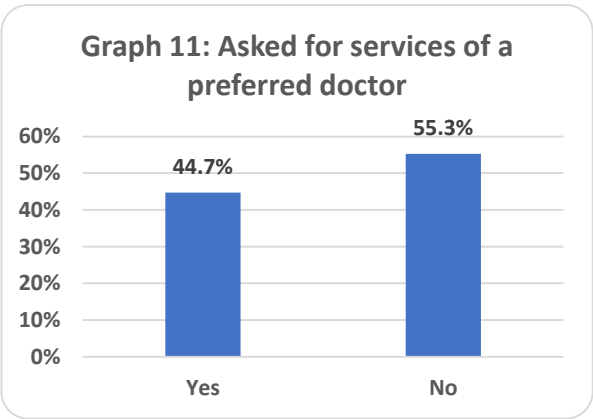


Quality of the medical act: At the question related to the perception of patients regarding the way they were treated by the doctor in the department, 57.72% said they were very satisfied or satisfied, while 22.76% said that they were dissatisfied or totally dissatisfied. Some respondents

(neutral category), 19.51% are not satisfied or dissatisfied with how they were consulted by the doctor in the department. In assessing the satisfaction related to the treatment received during hospitalization, 30.9% said they were dissatisfied or very dissatisfied with the quality of treatment received, and 45.5% said they were satisfied or very satisfied with the way they were treated.

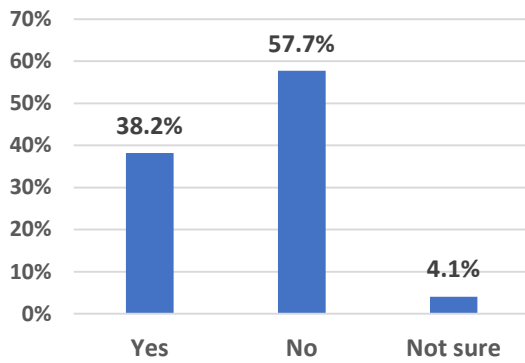


Also in this context, we found that 44.72% of the respondents asked for the services of a preferred doctor, while 55.3% didn't ask for the services of a preferred doctor. Those who received the services of a preferred doctor are 46.3% of the respondents, while 50.4% didn't receive the services of a preferred doctor.

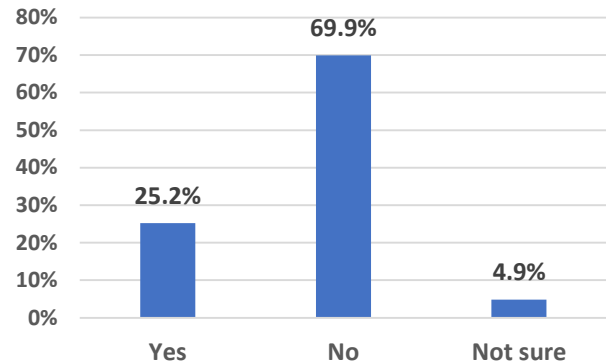


At the question if the patients asked for another medical opinion regarding the diagnosis of the treating physician, during the hospitalization, 38.2% of the patients answered that they asked for another medical opinion, while a significant part of 57.7% didn't ask another opinion on the diagnosis established by the treating physician, 4.1% of the respondents were not sure if they asked for any other medical opinion. Those who actually received the opinion of another physician were 25.2% versus 69.9% who didn't received other opinion than that of the treating physician. 4.9% of those who participated in the questioning were unsure if they received another medical opinion during their hospitalization.

Graph 13: Asked for another medical opinion

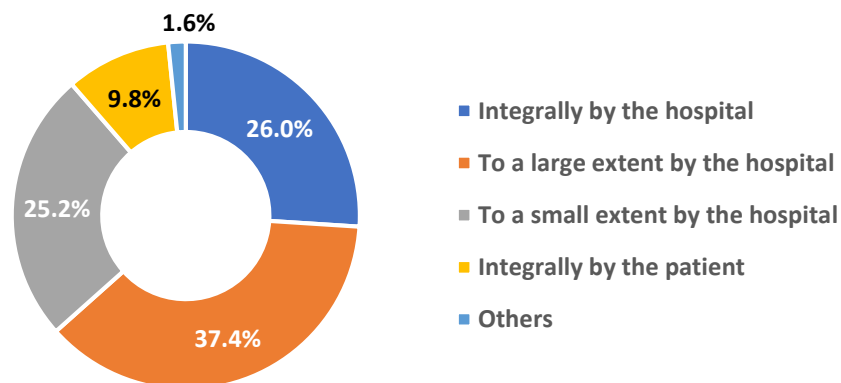


Graph 14: Received another medical opinion



Access to drugs: Analyzing the accessibility to drugs and sanitary materials in hospitals, we found that 26.02% of the respondents mentioned that they were treated with exclusively hospital medicines and 9.8% said that during the hospitalization the medicines were fully provided by patients. 37.4% of respondents responded that during the hospitalization, medicines and materials were largely insured from hospital resources (buying simple medications, soothing drugs, etc.) and 25.2% responded that they benefited to a small extent from hospital resources (buying expensive drugs).

Graph 15: Accessibility to drugs and sanitary items during hospitalization period



Aspects regarding the quality of conditions in hospitals in terms of room lighting: 47.97% of the respondents considered that they are good or very good, 30.08% that they are neither good nor bad and 21.95% appreciated illumination in hospitals with bad or very bad grades.

In terms of thermal comfort, hospital conditions were evaluated by patients with good and very good by 42.28% of the respondents, 26.83% of the patients assessed the hospital conditions according to the thermal comfort criterion as bad or very bad. And 26.02%, having a neutral position, answered neither good nor bad.

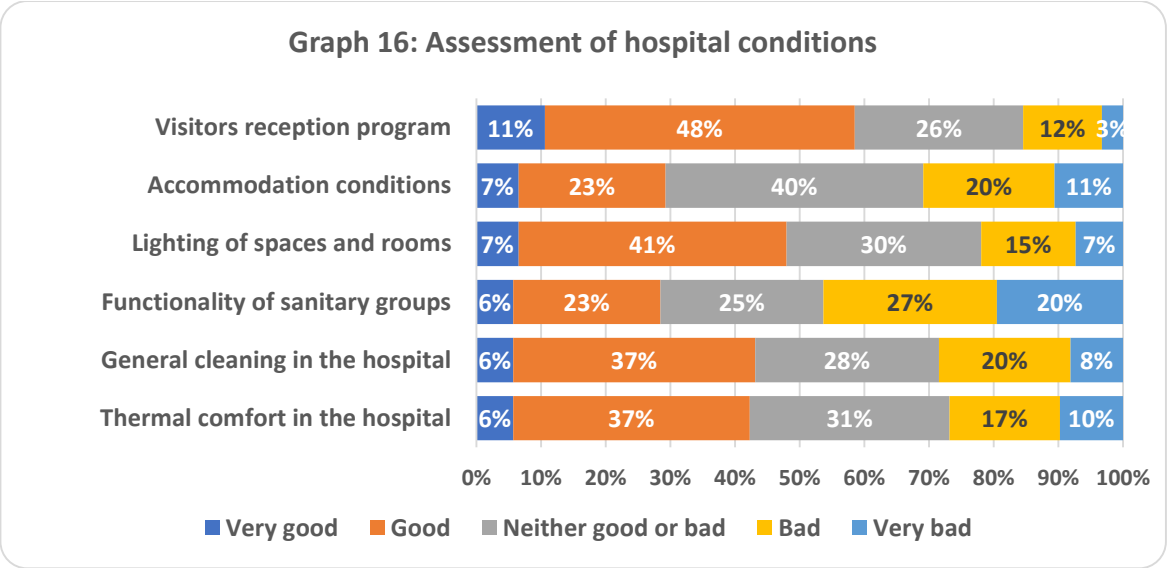
According to the criterion of allowing access to the visitors into the hospital, the respondents stated in a majority of 58.54% that the conditions from this point of view are good and very good

and only 15.45% appreciated that the access program for visitors to the hospital is bad or very bad.

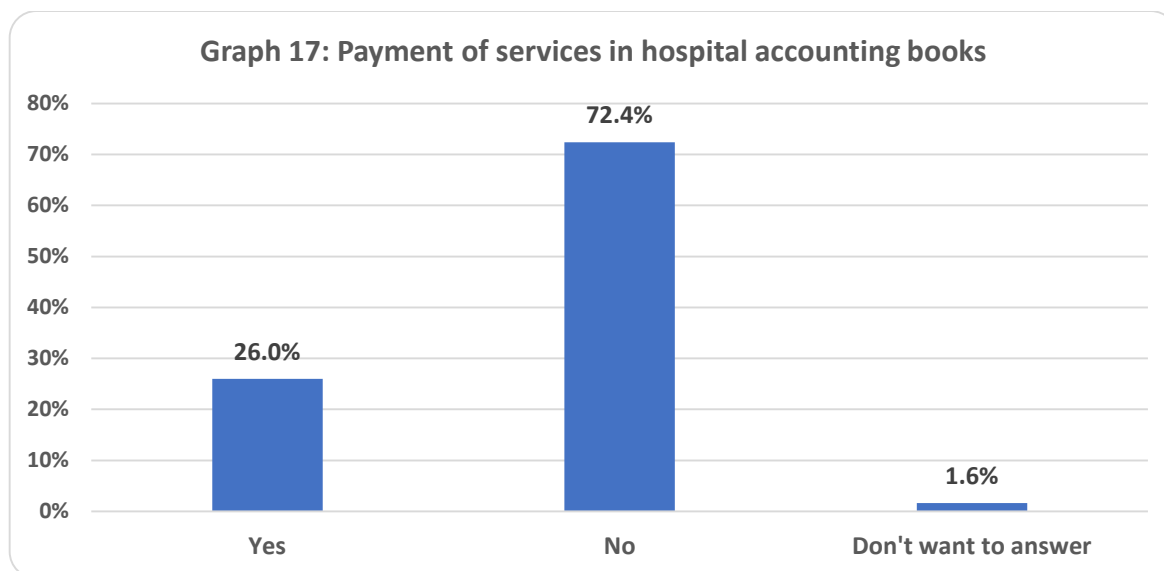
When were asked about how appreciate the general hospital cleanliness, 43.09% of patients said good and very good, 28.46% neither good nor bad, and 28.46% rated the comfort in the hospital according to the criterion of cleanliness as bad or very bad.

Regarding the functionality of the sanitary groups, respondents had a more critical position, 46.34% appreciated comfort from this perspective as bad and very bad, 25.20% neither bad nor good and 28.46% appreciated these conditions as good and very good .

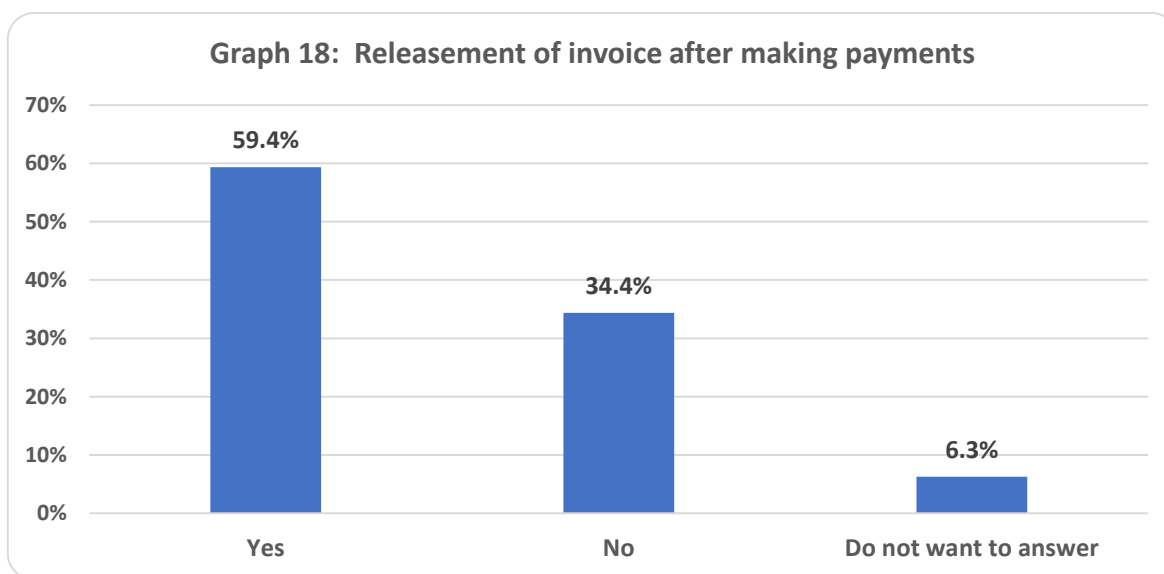
From the comfort point of view taking into account the conditions in rooms, the patients assessed in the following way: 29.27% said that they are very good and good, a majority group of 39.84% appreciated the conditions neither good nor bad, and 30.89% as bad and very bad.



Unofficial payments during hospitalization: Referring to unofficial payments, the following results were outlined: 72.4% of respondents answered that they didn't pay for any services in the hospital accountancy and only 26% paid for services in the hospital accountancy. 1.6% of respondents avoided to answer this question.



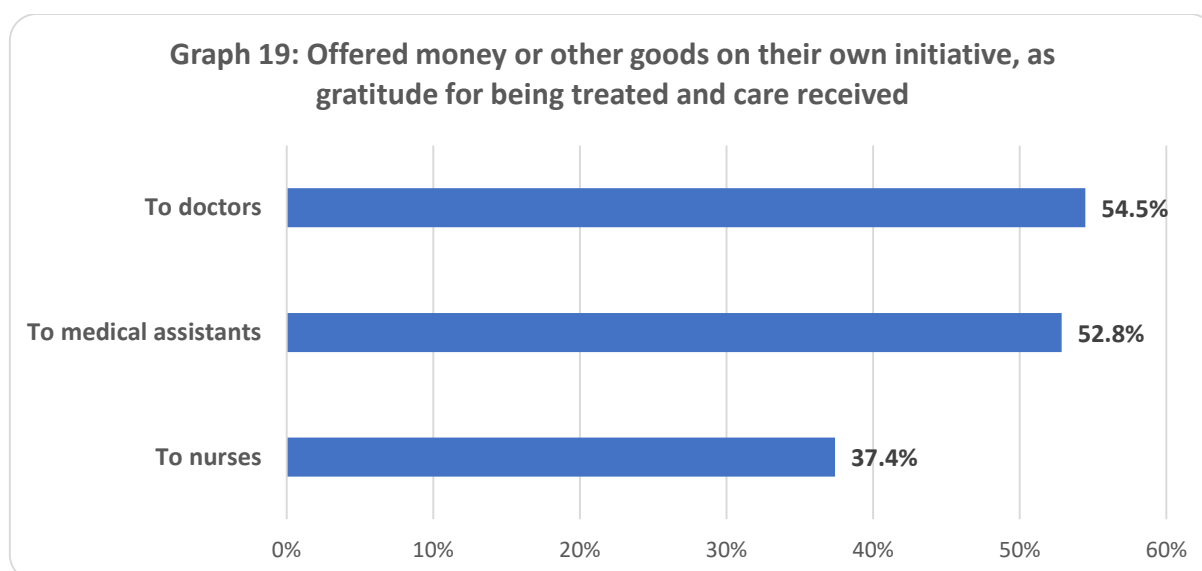
To the question if there was released the invoice after paying for the services, the answers were as follows: 59.38% of the respondents reported that they received the invoice after making payments, 34.38% said they didn't receive the invoice and 6.25% hesitated to answer this question.



54.47% of those who said they made unofficial payments to physicians said they had done this on their own initiative, money or other attention (gifts) as thanks for the services provided, 38.21% said they didn't offer anything, and 7.32% declined to answer this question.

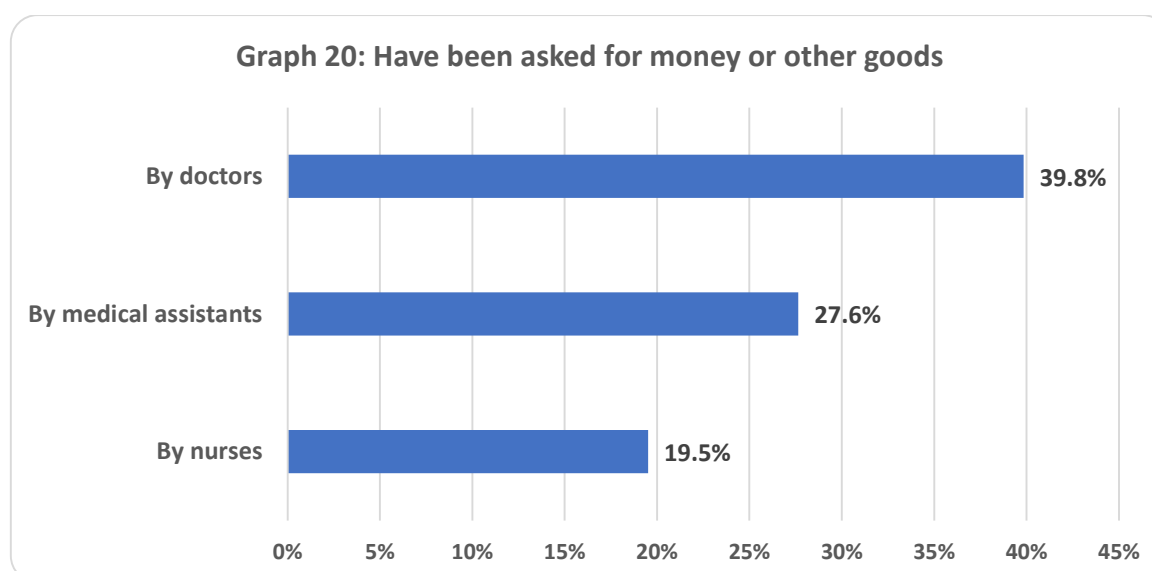
When were asked if they offered money or other attention on their own initiative as gratitude for their care during hospitalization, 52.85% patients responded affirmatively, and 40.65% said they didn't provide any kind of payments. 6.50% didn't want to answer this question.

Regarding the unofficial payments or other attentions offered to the nurses, 37.40% responded affirmatively, 56.10% said they didn't offer anything, and 6.50% refused to answer.



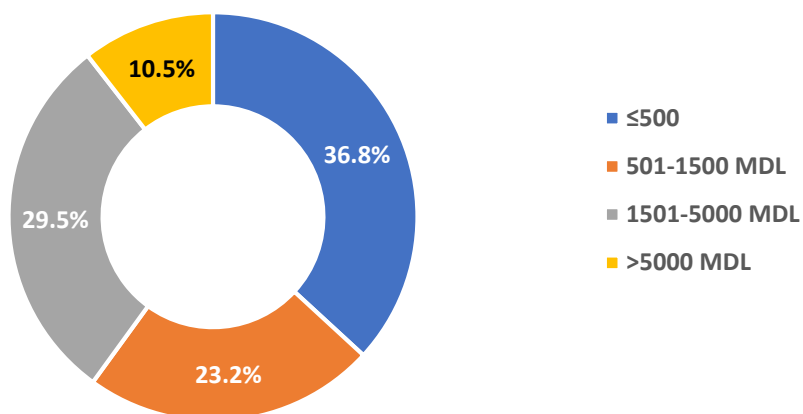
When patients were asked if money or material goods were required in some way by the healthcare staff in the hospital where they were hospitalized, we can identify the following situation: where doctors are concerned, 39.84 % said that these payments were required by doctors, 55.28% said they were not required to do so, and 4.88% didn't want to answer

Questionnaire data shows that when nurses are targeted, only 27.64% state that they have been forced in one way or another to make these payments to them, 66.67% responded that they were not in a position to be called for unofficial payments or other attention by nurses, and 5.69% didn't want to answer this question. In addition, data that impose payment or other supplies by hospital nurses reflects that 19.51% of respondents were in the situation where these payments or goods were required, a majority of 76.42% confirmed that they were not asked for money or other goods.



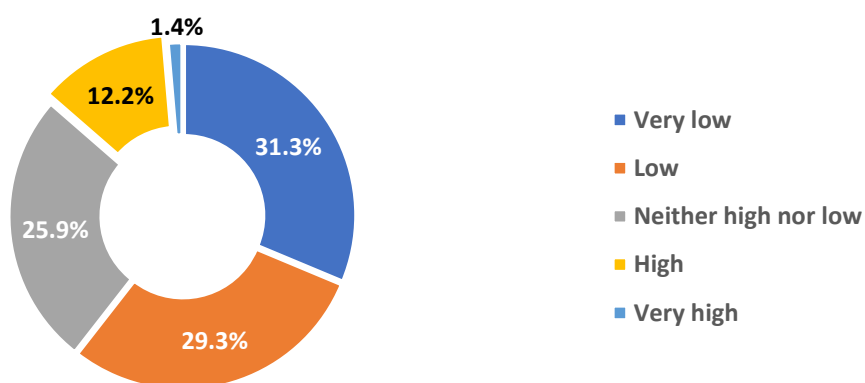
In order to have an overview on making informal payments, respondents were asked to estimate the total amount they had to spend on unofficial payments during their hospital treatment. Thus, 10.53% indicated that they offered unofficial payments higher than 5000 lei, 29.47% between 1501 and 5000 lei, 23.16% between 501 and 1500 lei, and most of the respondents, 36.84%, made unofficial payments of up to 500 lei.

Graph 21: Unofficial payments made

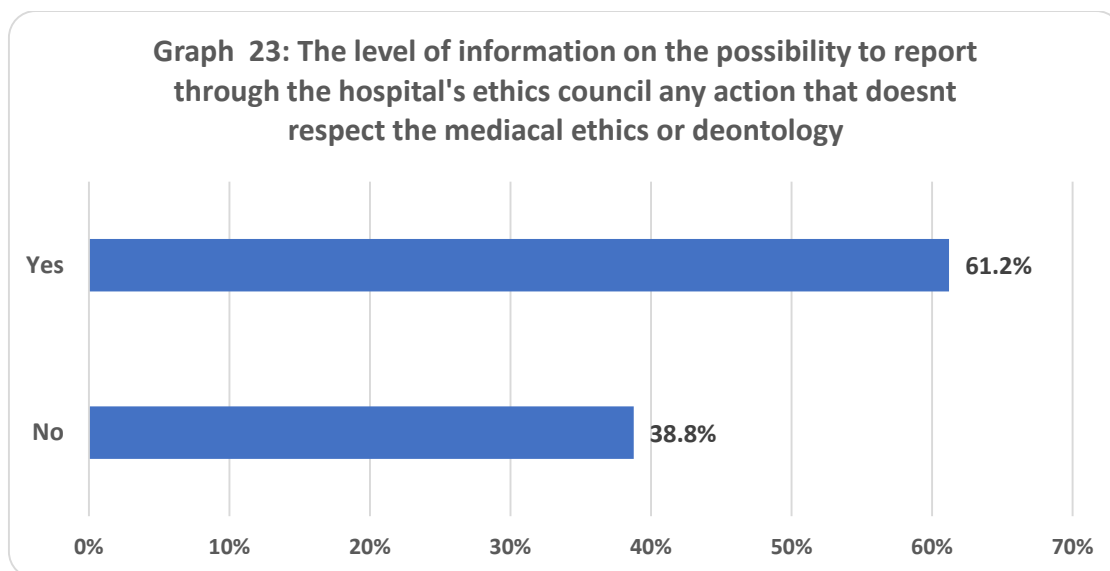


Level of confidence in the medical system of the Republic of Moldova: To the question related to the level of confidence that the respondent patients provide to the healthcare system in the Republic of Moldova, the following answers were found. 60.5% said they had a very low or low level of trust in the public health system of the Republic of Moldova, 25.9% said they were neutral, saying they had neither high nor low level of confidence and only 13.61% said that have a high or very high level of trust in the Moldovan healthcare system.

Graph 22: The level of trust in the public health system of the Republic of Moldova



The results of the study show that patients know their rights and know what tools are needed to identify / report any kind of offense. Thus, to the question whether they know that they can report through the hospital's ethics council any action that doesn't respect the medical ethics or deontology (professional attitude, lack of patient informed consent, other violations of patient rights, conditioning of medical act, etc.). .), most of the respondents, 61.2% said that they know they can make these complaints, and 38.8% said they didn't know about these possibilities.



B. Questionnaire results and data analysis –questionnaire for the medical staff

General aspects

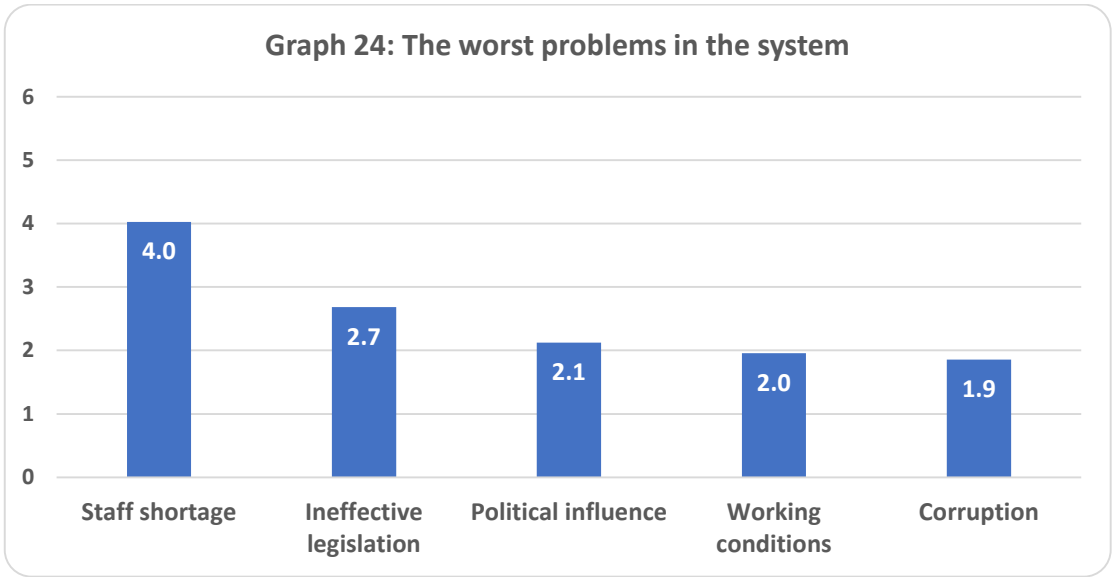
This questionnaire was launched during October 8, 2018 - October 22, 2018. Territorially, the questionnaire was sent to 54 medical institutions from Moldova. A total number of 70 people replied to the questionnaire, representing 19 medical institutions of the country, 15 of the district centers and 4 hospitals from Chisinau. The respondents of this questionnaire were those who hold management positions within medical institutions. In the process of data analysis, reference will be made on the number of respondents and not on the number of medical institutions. The aim was to collect opinions in a more aggregate form.

This questionnaire was structured on 7 components, containing 21 items. which addresses the following aspects:

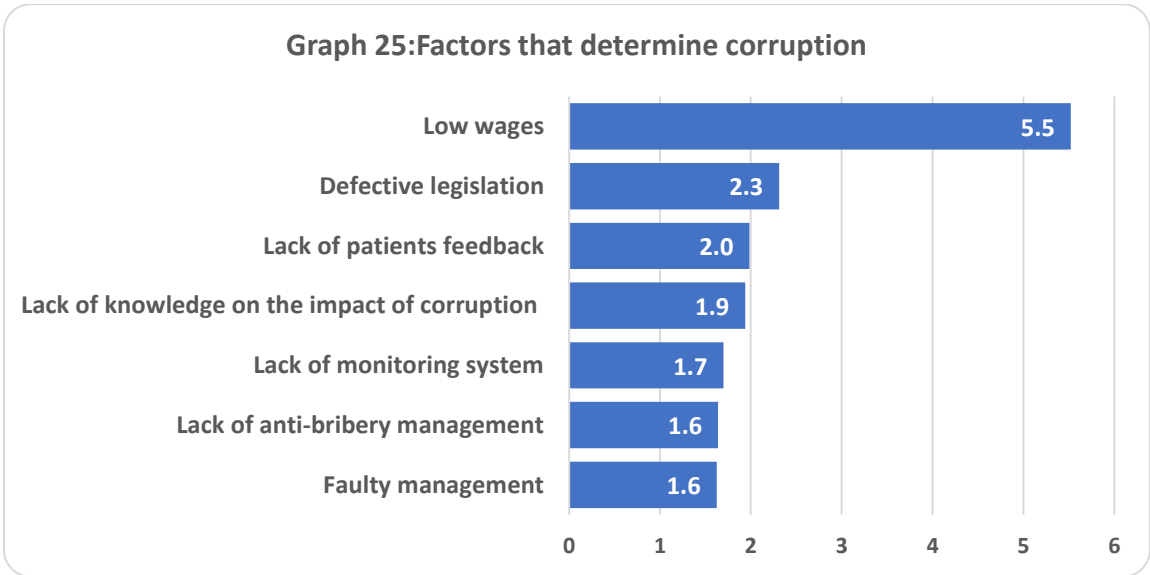
- the perception of the medical staff regarding corruption;
- anti-corruption commitments;
- ethics and professional deontology;
- conflict of interest;
- procurement of goods and services;
- control systems and risk management;
- incidents of integrity.

Perceptions of medical staff regarding corruption: At this question the respondents had the possibility to identify from a series of listed problems which are the most serious for the hospital in which they work and to identify additional problems that were not reflected in the questionnaire. Thus, in order to have a fair assessment of the hierarchy of identified problems, we averaged the answers given from 1 to 6 (1 - less serious, 6 - the worst). As we can see from Figure 24, staff shortages remain the most serious problem for the medical system. The second problem identified is ineffective legislation, followed by the influence of politics in the health system. Corruption is not considered to be a serious problem in the system, gaining a score of 1.9. Some respondents also emphasized the existence of other problems in the system, namely: the

uncertainty of the reforms, the poor technical endowment of the hospitals, the lack of financial resources.

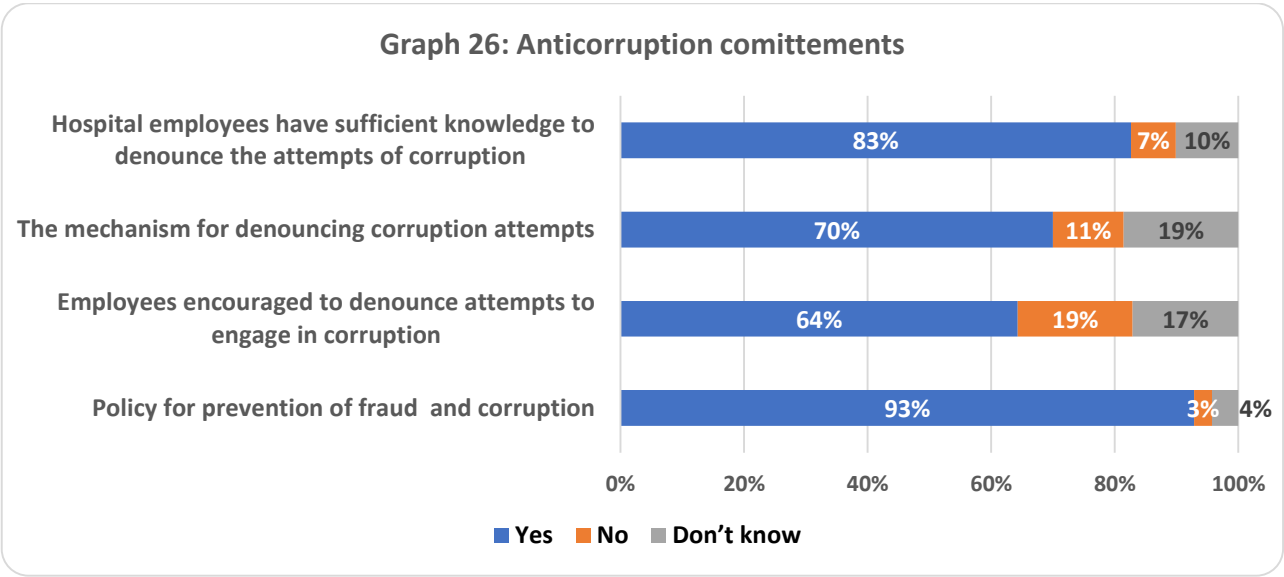


At the question related to the factors that determine the occurrence and the continuation of the phenomenon of corruption in the medical system in the Republic of Moldova, the respondents said the following. The most important factor that causes corruption is the low salary. The average score for this factor is 5.5, standing at a rather large gap to the other factors causing corruption in the health system in the Republic of Moldova. Poor management and lack of an anti-bribery management system are not perceived as priority factors that would trigger corruption.



Anticorruption Commitments: Within this component, we can see that the respondents state the existence of internal mechanisms for denouncing corruption, there is a fraud prevention and corruption policy (93% affirmatively answered this question), as well they ensured that the hospital employees have sufficient knowledge to denounce the manifestations of corruption. However, there is a fairly large proportion of 19% indicating that they don't know about the

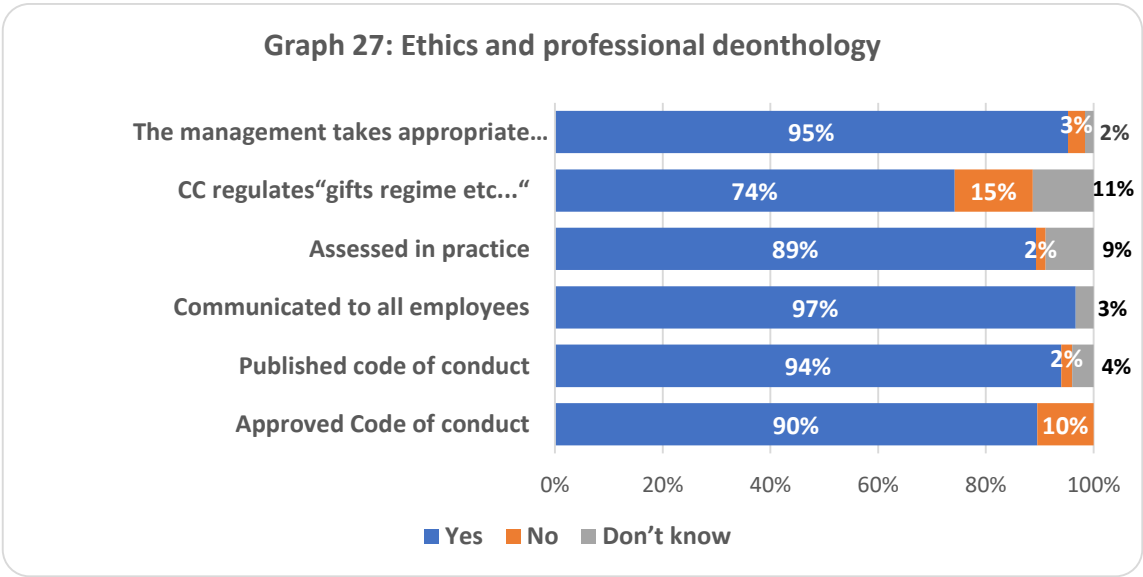
mechanism of denouncing corruption manifestations or have stated that this mechanism doesn't exist -11%.



Comments: On the question if in the hospital is set up a mechanism for denouncing corruption manifestations and inappropriate influences, respondents were asked to describe this mechanism. Only a very small number of respondents described the mechanism. Some examples:

- It is performed according to the normative requirements;
- Information panels, discussions;
- I was informed about the law no. 235 and the Government Decision no. 707 from 2013.

Ethics and professional deontology: As the survey data indicate, practically most hospitals have an approved code of conduct (90% answered affirmatively) and only 10% said that in the hospitals where they work there doesn't exist an approved code of conduct. It is also worthwhile to pay attention to the answers at the question related to regulation of gifts regime, hospitality, donations and similar benefits in the Code of Conduct. In this context, 74% of the respondents answered affirmatively, a significant part of 15% answered no, and 11% of the respondents didn't know this.

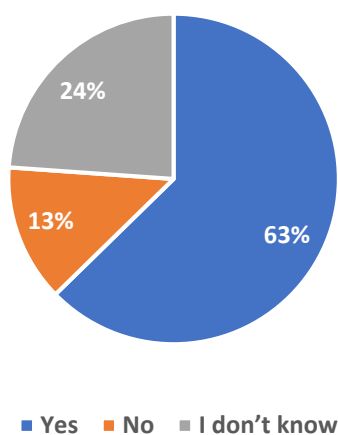


Comments: If there were cases of violation of the rules of conduct and sanctioning of employees, the respondents were asked to describe them. Thus, we received the following responses:

- *Administrative sanction;*
- *During the year 2018 there were 9 cases related to medical workers' behaviour that were discussed in the bioethics commission. In all cases, the performance indices have been revised in accordance with the provisions of the Regulation on the remuneration of medical workers under compulsory health insurance;*
- *All cases were discussed at the meetings of the bioethics committee;*
- *Disciplinary sanctions.*

Conflict of interest: At the question related to the existence of an approved policy for identifying and handling the conflict of interest within the hospital were found the following answers. 63% of respondents answered yes, 13% no, and 24% responded that they didn't know.

Graph 28: Regulation of conflict of interest

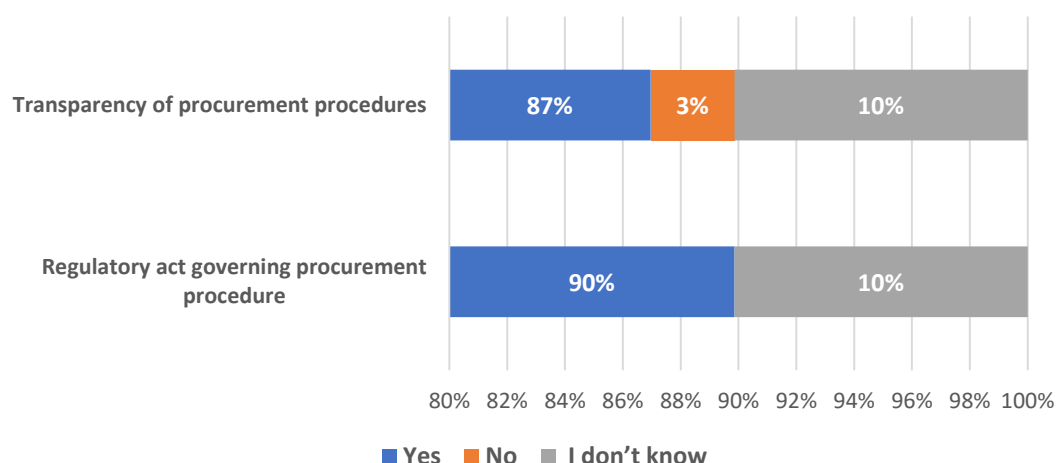


Procurement of goods, works and services: Two aspects have been addressed in this component:

If an administrative act has been approved in the hospital, according to which the procedure for acquiring hospital goods, works and services is carried out, and if the principle of transparency of procurement procedures for goods, works and services is ensured within the hospital?

These questions have the following answers: 90% of the respondents attest that there is an administrative act at the hospital level governing the procurement procedure and the principle of transparency of procurement procedures is ensured in hospitals. However, 10% of the respondents are unaware of the existence of a regulatory act governing the procurement procedure, also they don't know if the principle of transparency of procurement procedures is ensured. And 3% said that this procedure was not followed.

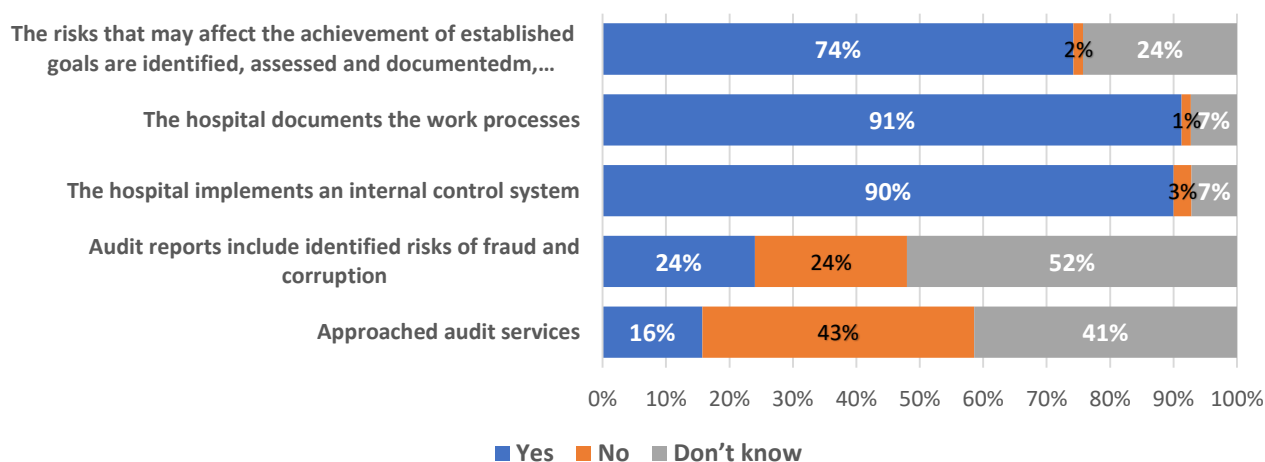
Graph 29: Procurements



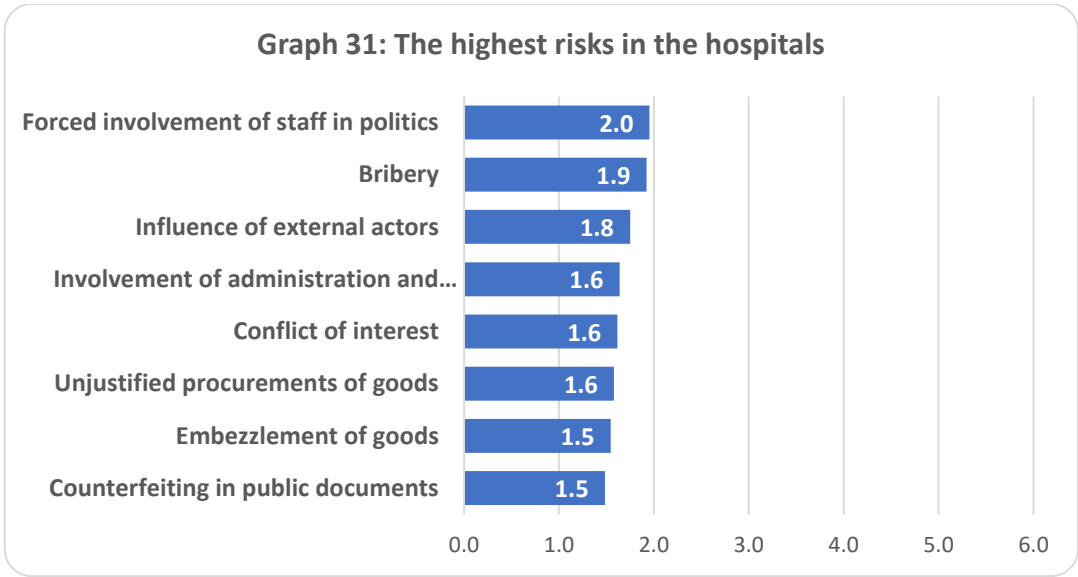
Comments: Additionally, respondents were asked to indicate where are published the procurement plans, invitations / notices to participate to the the procurement procedures and the lists of awarded contracts. In this context, only half of the respondents came up with additional answers. Thus, the following responses were identified: Procurement plans can be found on the website of the hospital, indicating the site. The announcements of the procurement procedures can be found on www.tender.gov.md , www.achiziti.md , in the press (without mentioning the source), the hospital panel. The list of contracts awarded, says respondents, can be found on the hospital's website.

Control systems and risk management: In this component, only 16% of respondents say that their institution benefited of the services of an audit firm in the years 2017-2018, 43% responded that they didn't benefited of audit services and 41% didn't even know if the institution where they work asked for an audit service. However, 90% of respondents find that the hospital in which they operate implements an internal control system as well as documents the work processes.

Graph 30: Control system and risk management

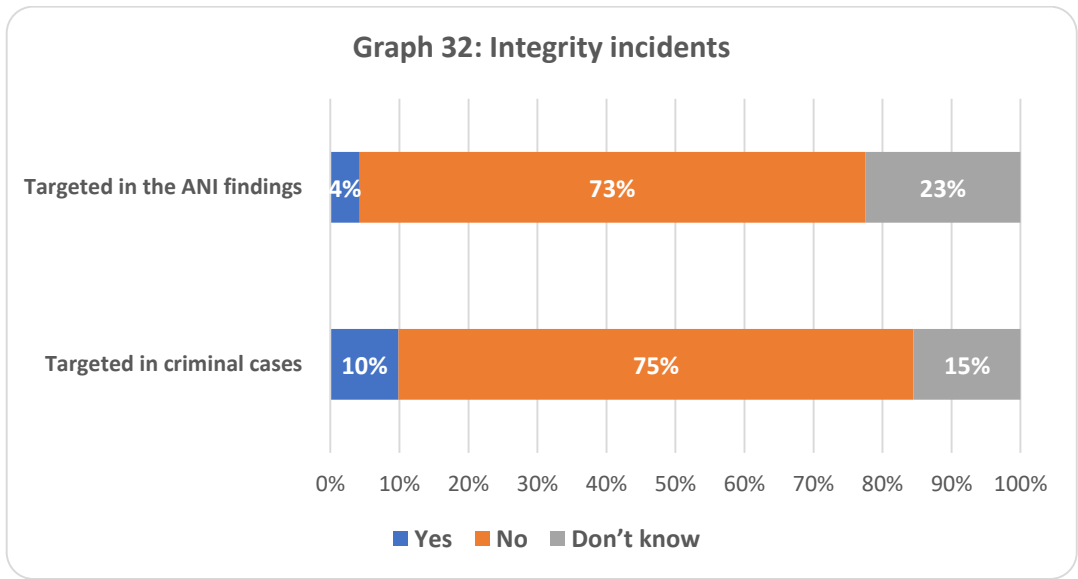


The risks perceived as most important in hospitals were as indicated in the figure below: the highest risk is the forced involvement of hospital staff in politics, bribery and the influence of external actors.



Incidents of integrity: At this component, a clear majority affirms that the institution where they work was not targeted in the National Integrity Agency's findings (73%) and nor in criminal cases (75%). We have to add that a part of the staff in order to avoid a cut answer answered neutral, stating that they didn't know whether their institution was targeted in ANI's findings or targeted in criminal cases.

Data analysis revealed that there are major differences among the answers offered by the employees of the same institution.



5. PROMOTING AN ANTI-BRIBERY POLICY THROUGH THE IMPLEMENTATION OF A MANAGEMENT SYSTEM IN ACCORDANCE WITH THE INTERNATIONAL STANDARD SM ISO 37001: 2016

An effective tool for combating corruption is the implementation of the international standard SM ISO 37001: 2016 Anti-bribery management system. In the Republic of Moldova, the international standard was adopted as a national standard in 2016, but its implementation is almost absent in the health system in Moldova. Health system representatives don't have sufficient knowledge on how to implement this standard and they aren't aware of the benefits that its implementation can bring.

Considering that the standard represents an international consensus on good management practices that ensures that once implemented, the organization can continuously deliver the product or service that meets the customer's quality requirements (in our case the patient) meets the applicable regulatory requirements, increases customer satisfaction, continuously improves performance of the organization, we believe that its implementation will help to improve hospital management processes, but also will ensure the control of the services provided by the institution.

Governments have made progress in fighting bribery through international agreements such as the Convention on Combating Bribery of Foreign Public Officials in International Business Transactions adopted by the Organization for Economic Co-operation and Development and the United Nations Convention Against Corruption and by its own national laws.

However, only the law is not sufficient to solve this problem. Organizations have the responsibility to proactively contribute to fighting bribery. This can be done through an anti-bribery management system, which is provided by the international standard SM ISO 37001: 2016 Anti-bribery management systems. Requirements with guidance for use.

The international standard SM ISO 37001: 2016 Anti-bribery management systems was developed by the ISO/PC 278 project committee created in 2013 by the International Organization for Standardization (ISO). The standard was developed by representatives from over 53 countries and was published on 15 October 2016 by ISO.

The standard specifies requirements and provides guidance for establishing, implementing, maintaining, evaluating and improving an anti-bribery management system. The system can be implemented separately or can be integrated into a global management system. It specifies international measures, recommendations and best practices on bribery and treats all types of bribery, as well as taking and giving bribes.

The international standard SM ISO 37001: 2016 Anti-bribery management systems is applicable to small, medium and large organizations in all sectors, including public, private and not-for-profit sectors. The bribery risks facing an organization vary according to factors such as the size of the organization, the locations and sectors in which the organization operates, and the nature, scale and complexity of the organization's activities.

The standard proposes the following framework methodology „Plan – Do – Check – Act”



Why to implement the standard?

- Increases customer confidence in the organization;
- Reduces the risk of bribery by preventing or detecting risk before having a negative impact on the organization;
- Avoids negative reputation - consequence of involvement in bribery;
- Demonstrates the organization's commitment to fighting corruption against all stakeholders;
- Ensures that top management and high level management exercise adequate supervision and meet legal requirements;
- Provides the organization with a competitive advantage over other competing organizations both at national and international level.

6. RECOMMENDATIONS FOR HOSPITALS FROM THE REPUBLIC OF MOLDOVA ON “STEP BY STEP” IMPLEMENTATION OF THE ANTI-BRIBERY STANDARD

1. Establishing the organization's internal and external context

The hospital shall determine external and internal issues that are relevant to its purpose and that affect its ability to achieve the objectives of its anti-bribery management system;

The assessment of the organization's internal context includes an analysis of the factors related to:

- the identification of the organization
- brief history of the organization and description of its activity
- leadership, organizational structure, roles and responsibilities
- policies, goals and implementation strategies
- capabilities in terms of resources and knowledge
- organizational culture
- relationships with internal stakeholders, their perceptions and values.

The assessment of the organization's external context includes an analysis of political, economic, social, technological, environmental and legislative factors (PESTEL Analysis) which also includes relations with external stakeholders, their perceptions and values.

The implementing organization must determine how it will identify the needs and expectations of stakeholders. The organization could opt for questioning, as well as through direct discussions, in events, sessions, etc..

The organization will determine the scope of the anti-bribery management system (ABMS).

2. Development of a plan of implementation of the standard. Determining the departments, processes relevant to ABMS implementation.

3. Establishing an anti-bribery policy and objectives.

Anti-bribery policy	prohibits bribery
	requires compliance with anti-bribery laws that are applicable to the organization
	is appropriate to the purpose of the organization
	provides a framework for setting, reviewing and achieving anti-bribery objectives
	includes a commitment to satisfy anti-bribery management system requirements
	encourages raising concerns in good faith
	includes a commitment to continual improvement of the anti-bribery management system
	explains the authority and independence of the anti-bribery compliance function
	explains the consequences of not complying with the anti-bribery policy

Objectives must meet the following characteristics:

- Be consistent with policy;
- Be measurable;
- Be achievable;
- Be monitored and communicated to employees;
- Be updated.

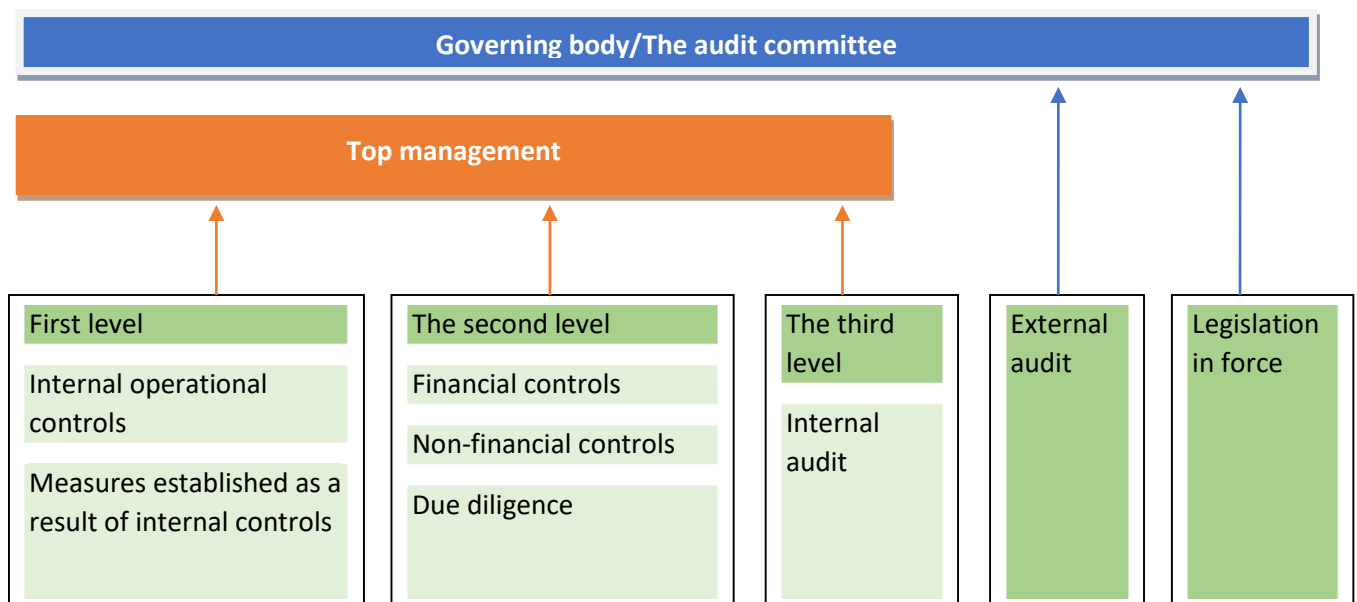
4. Identification, analysis, assessment and prioritization of bribe risks.

The organization shall:

- Identify the risks of bribery that they could reasonably expect;
- Analyze, assess and prioritize identified risks of bribery;
- Evaluate the adequacy and effectiveness of existing controls to mitigate the assessed risks of bribery.

Risks of bribery are reviewed on a regular basis or if significant changes are made to the structure or activities of the organization.

The model proposed by the standard to avoid the risk of bribery



Prevention	Detection	Reporting
<ul style="list-style-type: none"> ▪ Code of conduct ▪ Policies, procedures, processes and internal controls ▪ Education and counseling ▪ Stimulation 	<ul style="list-style-type: none"> ▪ Dialogue and confidential reporting ▪ Due diligence made by third parties ▪ Monitoring, analysis and Internal audit ▪ Data analysis 	<ul style="list-style-type: none"> ▪ Management of incidents and bribery cases ▪ Investigations ▪ Corrective actions ▪ Correction

5. Planning controls.

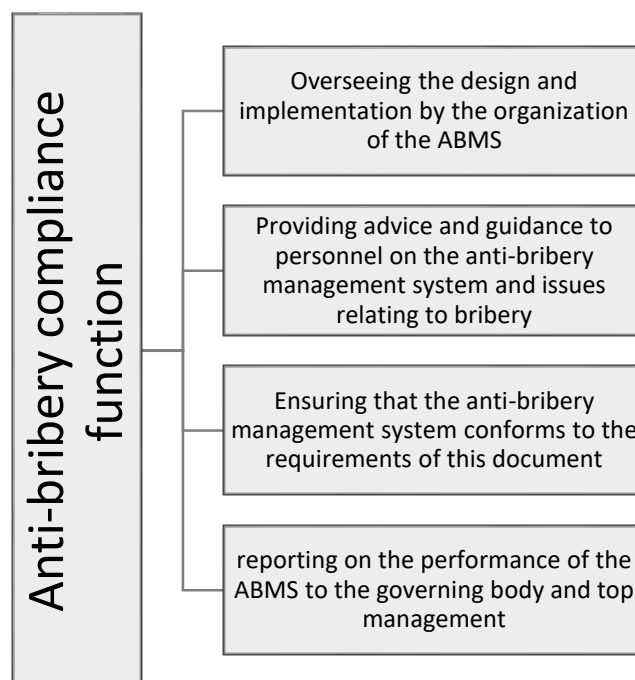
The organization will plan the controls annually and will take into account that they are in line with the organization's objectives.

6. Defining governance and organization structure for ABMS management.

The organization's responsibilities will be assigned to managing ABMS as follows:

- Governing body
- Top management
- Anti-bribery compliance function
- Staff

7. Designation of an anti-bribery compliance function.



The anti-bribery compliance function shall be adequately resourced and assigned to person(s) who have the appropriate competence, status, authority and independence.

The anti-bribery compliance function shall have direct and prompt access to the governing body and top management in the event that any issue or concern needs to be raised in relation to bribery or the anti-bribery management system.

8. Development and maintenance of the necessary documentation to ensure an efficient management system tailored to the specific needs of the organization.

At this stage, the organization will develop documented information for general, operational and support processes. This will document the receipt of anti-bribery policies by the staff, making the policy available to business partners, bribe risk assessment results, anti-bribery training, reasonable preventive investigations, internal audit results and measures taken, decisions taken within management review, etc.

9. Training and awareness raising among staff

All employees who have responsibilities in managing ABMS should be trained to ensure that they have the necessary skills to carry out the intended tasks. At the same time, the organization must ensure that all staff relevant to ABMS is aware of the relevance and importance of anti-bribery management and how they contribute to achieving ABMS goals

Staff should be trained on the following topics:

- The organization's anti-bribery policy, procedures and anti-bribery management system, and their duty to comply;
- The bribery risk and the damage to them and the organization which can result from bribery;
- The circumstances in which bribery can occur in relation to their duties, and how to recognize these circumstances;
- How to recognize and respond to solicitations or offers of bribes;
- How they can help prevent and avoid bribery and recognize key bribery risk indicators;
- Their contribution to the effectiveness of the anti-bribery management system, including the benefits of improved anti-bribery performance and of reporting suspected bribery;
- The implications and potential consequences of not conforming with the anti-bribery management system requirements;
- How and to whom they are able to report any concerns;
- Information on available training and resources.

In case of malpractice, improper behavior or other risks, the organization must implement procedures that:

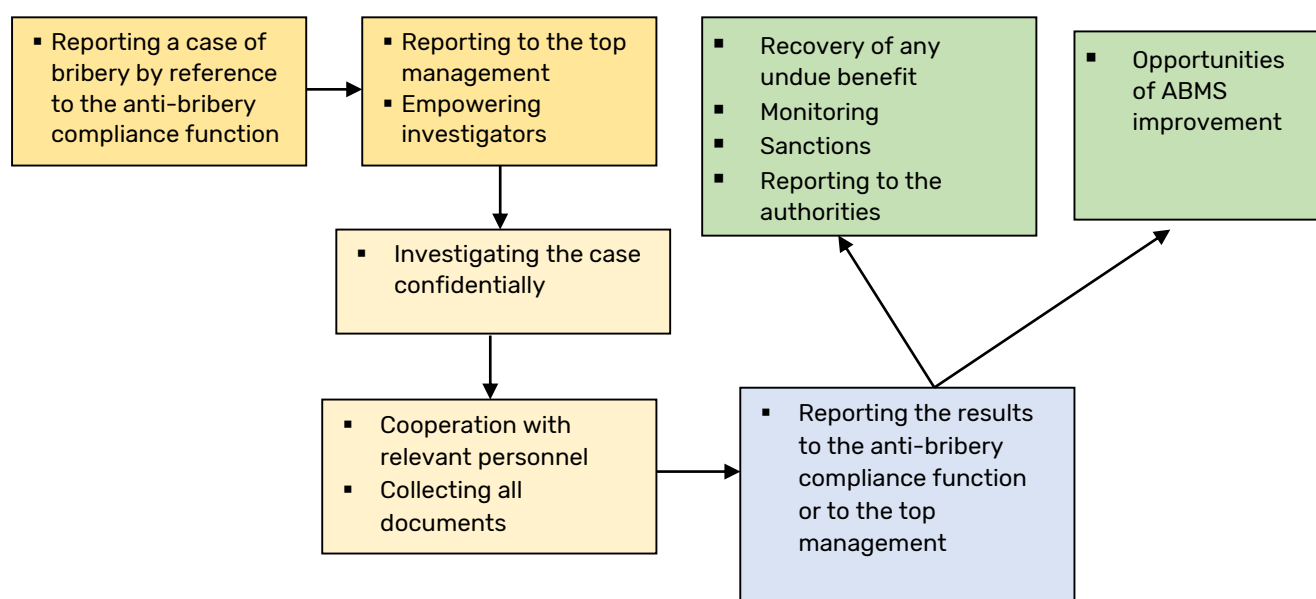
- Encourage and allow people to report in good faith bribery attempts, actual bribery cases and those suspected of anti-bribery compliance;
- Treat reports confidentially, protect the identity of the reporter and the persons involved or mentioned in the report;
- Allow anonymous reporting;
- Prohibit reprisals and protect reporters;
- Allow staff to be counseled by a suitable person.

10. Communicating to stakeholders on understanding bribery issues, organization policies and procedures, and enhancing stakeholder perception and confidence in the organization.

11. Establishing a culture at the organization level.

Communication and training of staff. Establish clear rules and monitoring. Establishing sanctions for non-conformities. Promoting a Code of Conduct at the organization level.

How to address corruption cases



12. Monitoring, measuring and evaluating the effectiveness of the ABMS implemented and verifying the extent to which the anti-bribery targets have been achieved.

After assessing the relevant bribe risks, the organization may determine the type and level of anti-bribery controls to be applied to each risk category.

Due diligence	Financial controls	Non-financial controls
<ul style="list-style-type: none"> ■ When the evaluation reveals that the risk of bribery is higher than that considered to be low; ■ <i>Planned or current relationships with specific categories of business partners;</i> ■ <i>Specific categories of staff in certain positions.</i> <p>Methods:</p> <ul style="list-style-type: none"> ➤ Questionnaire sent to business partners; ➤ Web search for business partner, its shareholders, and top-level management; ➤ Studying adequate government, legal, and international resources; ➤ Check public lists that include information about organizations that have restrictions or prohibitions on concluding contracts with public or governmental entities owned by local governments or multilateral institutions, the World Bank; ➤ Requests for information from other relevant parties about the ethical behavior of the business partner; ➤ Designate other persons or organizations with relevant expertise to conduct the investigation 	<p>Accountancy Transactions</p> <p>Methods:</p> <ul style="list-style-type: none"> ➤ Implement a separation of tasks so that the same person can not initiate and approve a payment; ➤ Implementing adequate levels of authority to approve payments (significant transactions require several approvals at the level of senior management); ➤ Requesting at least two signatures for payment approval; ➤ Requesting appropriate supporting documentation to be attached to payment approvals; ➤ Restricting cash use and implementing effective cash control methods; ➤ Requesting categorizations and descriptions of payouts in accountancy that are prescriptive and clear; ➤ Implement management's regular review of significant financial transactions; ➤ Implement independent and regular financial audits and change the auditor. 	<p>Supply Operational activities Commercial activities HR Legal and Regulated Activities</p> <p>Methods:</p> <ul style="list-style-type: none"> ➤ Assessing the need and legitimacy of the services to be provided to the organization by a business partner; ➤ Evaluation of the correct delivery of services; ➤ Asking at least two people to evaluate the tender dossiers and agree to award a contract; ➤ Staff approving the award of a contract should be different from the one who applies for the contract; ➤ Requesting the signatures of at least two people on contracts and documents amending the terms of a contract or approving the activities carried out and the products provided by the contract

13. Performing internal audit.

The organization's representatives will objectively assess the activity of the organization in accordance with the requirements of the standard and the incidence of previously identified nonconformities.

14. Performing management review.

The responsible person with ABMS implementation will hold meetings with the top management and high level management to conduct periodic and methodological reviews on the relevance and effectiveness of ABMS.

15. Handling nonconformities - eliminating the causes of nonconformities and ensuring continuous improvement of ABMS.

16. Continuous improvement - Ensuring that ABMS goals are aligned with the organization's goals and that plans and procedures are continually updated.

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