



INTEGRITY

IN ACTION

Assessment Report on the Implementation
of Anti-Corruption Measures for the Health Sector



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Integrity In Action

Assessment Report on the Implementation of
Anti-Corruption Measures for the Health Sector

November 2025

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Executive Summary

The health sector comprises 37 public authorities: 18 primary healthcare centres, 11 hospitals, and 8 other healthcare institutions.

At the request of the Agency for the Prevention of Corruption (hereinafter: the Agency) to submit the self-assessment report and accompanying means of verification, in accordance with the **Methodology for Assessing the Implementation of Anti-Corruption Measures in the Health Sector, 7 institutions in this system did not respond:**

1. Clinical–Hospital Centre Kotor
2. Primary Healthcare Centre Budva
3. Primary Healthcare Centre Kotor
4. Primary Healthcare Centre Nikšić
5. Primary Healthcare Centre “Dr Branko Zogović” Plav
6. Primary Healthcare Centre Tivat
7. Chamber of Pharmacists of Montenegro

Accordingly, 30 healthcare institutions decided to participate in the assessment of the implementation of anti-corruption measures.

Based on the analysis of data submitted in 30 individual reports — assessing the implementation of anti-corruption measures in the areas of corruption risk management, internal control, transparency and access to information, professional conduct, and ethical culture — the main findings are:

- The performance of healthcare institutions in implementing anti-corruption measures stands at 47.85%
- A total of 13 institutions achieved a moderate level of performance (50–75%), while 17 recorded a lower level of performance (20–50%). The Agency issued 717 recommendations to healthcare institutions. The overall performance results of the implementation of anti-corruption measures by healthcare institutions are presented in Table 1.

Table 1. Performance in the Implementation of Anti-Corruption Measures and Recommendations Issued

| No. | Institution | Performance (%) | No of recommendations issued |
|-----|--|-----------------|------------------------------|
| 1-2 | PHC “Dr Nika Labović” Berane | 68.82% | 11 |
| 1-2 | PHC Bijelo Polje | 68.82% | 15 |
| 3 | PHC Andrijevića | 67.65% | 12 |
| 4 | Institute for Medicines and Medical Devices of Montenegro (CInMED) | 65.13% | 14 |
| 5 | Clinical Centre of Montenegro | 64.94% | 20 |
| 6 | General Hospital “Blažo Orlandić” Bar | 62.64% | 18 |
| 7 | PHC Mojkovac | 61.76% | 17 |
| 8 | PHC Kolašin | 61.18% | 19 |
| 9 | Special Psychiatric Hospital “Dobrota” Kotor | 60.92% | 18 |
| 10 | PHC Cetinje | 57.65% | 21 |
| 11 | Special Hospital for Orthopaedics, Neurosurgery and Neurology “Vaso Ćuković” Risan | 55.17% | 18 |
| 12 | Special Hospital for Pulmonary Diseases “Dr Jovan Bulajić” Brezovik | 54.60% | 21 |

| | | | |
|-------|---|--------|----|
| 13 | PHC Pljevlja | 52.94% | 22 |
| 14 | PHC Bar | 48.82% | 25 |
| 15 | General Hospital "Danilo I" Cetinje | 48.28% | 24 |
| 16 | Institute of Public Health of Montenegro | 48.24% | 24 |
| 17-18 | Blood Transfusion Institute of Montenegro | 45.88% | 25 |
| 17-18 | PHC Danilovgrad | 45.88% | 26 |
| 19 | PHC Podgorica (Capital City) | 44.12% | 24 |
| 20 | General Hospital Bijelo Polje | 41.95% | 28 |
| 21 | Health Insurance Fund of Montenegro | 41.89% | 27 |
| 22 | General Hospital Nikšić | 38.51% | 30 |
| 23 | Clinical-Hospital Centre Berane | 36.21% | 29 |
| 24 | HCI Pharmacies of Montenegro "Montefarm" | 32.35% | 31 |
| 25 | General Hospital Pljevlja | 31.03% | 33 |
| 26 | PHC Herceg Novi | 29.41% | 35 |
| 27 | PHC Ulcinj | 28.24% | 34 |
| 28 | PHC Rožaje | 27.06% | 31 |
| 29 | Emergency Medical Service of Montenegro | 21.18% | 37 |
| 30 | Medical Chamber of Montenegro | 20.00% | 28 |

The performance by category is presented in Table 2.

| Category | Maximum score | Score achieved | Performance (%) |
|---|---------------|----------------|-----------------|
| Creating conditions for the implementation of regulations to prevent corruption | 1020 | 529.50 | 51.91% |
| Strengthening the institutional framework for preventing corruption | 1022 | 469 | 45.89% |
| Strengthening ethical culture | 493 | 266.50 | 54.06% |
| Deductible scores | -540 | -52 | -9.63% |
| TOTAL | 2535 | 1213 | 47.85% |

When viewed by category, institutions achieved their strongest performance in the category "Strengthening ethical culture," particularly in the application of conflict-of-interest rules, as well as through the establishment of Ethics Committees and Commissions for Quality Control of Healthcare Services.

In addition to the third category, a moderate level of success was achieved in the first category, which measures corruption risk management as an obligation arising from the Law on the Prevention of Corruption.¹ In this area, all institutions designated an integrity manager, developed an integrity plan, and prepared a report on its implementation.

However, despite this proactive approach, institutions recorded somewhat weaker performance in the category that largely relates to transparency in their work. Although the Agency for the Prevention of Corruption (APC) observed that integrity plans and reports on their implementation are published on institutional websites, practices vary regarding the obligations under Article 12 of the Law on Free Access to Information. For example, decisions approving access-to-information requests are published, but not all information requested through the applications.

Regarding negative Indicators, institutions had points deducted due to final court judgments ruled against them, as well as opinions of the Agency for the Prevention of Corruption establishing that the public interest had been endangered, indicating the presence of corruption.

¹ Official Gazette of Montenegro 54/2024.

The participation of healthcare institutions in applying the Methodology contributed to the implementation of a greater number of anti-corruption measures, which resulted in improved performance. More than half of the institutions, 17 in total, carried out 53 activities related to corruption prevention during the period designated for collecting verification materials, whether by preparing specific documents and/or establishing the necessary practices for preventing corruption.²

Introduction

In accordance with Article 82 of the Law on the Prevention of Corruption, APC monitors the adoption and implementation of integrity plans, provides recommendations for their improvement, and verifies assessments of their efficiency and effectiveness.

An integrity plan is a strategic document based on identifying corruption risks and defining measures to prevent them, with the aim of improving work quality, efficiency, professional standards, and ethical culture. Its development also enables the monitoring of other anti-corruption mechanisms.

To assess the implementation of measures from adopted integrity plans and other anti-corruption activities, the Methodology for Assessing the Implementation of Anti-Corruption Measures for the Health Sector (hereinafter: the Methodology) was developed in April 2025. It was finalised at a workshop in May with the participation of integrity managers from healthcare institutions.

The purpose of the Methodology is to determine whether healthcare institutions are implementing anti-corruption measures and whether these measures have led to change. It also aims to encourage institutions to take a proactive approach when planning and applying such measures.

Methodology for Assessing the Implementation of Anti-Corruption Measures

In developing the Methodology, the recommendations outlined in the description of the “Assessment of Anti-Corruption Initiatives,” conducted by the Anti-Corruption and Civil Rights Commission of the Republic of Korea, were taken into account. One of the key recommendations of this model is that countries interested in adopting a similar approach should begin with a limited number of simple criteria supported by quantitative Indicators.³

The Methodology consists of three main categories, eleven criteria, and sixty-two performance Indicators, with a total of eighty-seven points. These Indicators assess whether healthcare institutions have established mechanisms for corruption risk management and internal control, whether information on their work is publicly available, how professionally employees perform their duties, how awareness of ethics and integrity is raised among staff and management, and how conflict of interest, gifts, and ethical rules are managed.

The fourth category covers Indicators whose fulfilment leads to the deduction of points from an institution. It contains seven Indicators with a total of eighteen points and serves as a corrective measure for the Indicators from the first three categories. These Indicators can, among other sources, be monitored through data and reports of other oversight pointies.

² A detailed overview is provided in Annex 2.

³ For more details please refer to: **Introduction to Korea’s Anti-Corruption Initiative Assessment (2016)** www1.undp.org/content/seoul_policy_center/en/home/research-and-publications/ACRC.html

Institutions receive points for each category, and the sum of points across the three categories represents the total result: a higher score reflects a stronger performance in implementing anti-corruption measures.

The performance index is calculated as the ratio between the points achieved by an institution and the maximum number of points possible.

Self-assessments under the Methodology were conducted from 18 June to 8 August 2025, with institutions required to submit evidence, or verification materials, for each Indicator. For verification purposes, the following sources were used:

- a) documents in electronic or written form submitted by institutions to APC;
- b) data from APC's internal records;
- c) publicly available information on the work of institutions (official websites, reports of the State Audit Institution, etc.).

If an institution did not submit verification materials or submitted materials that did not confirm fulfilment of an Indicator, and fulfilment could not be verified through other sources, the score awarded was zero. If verification materials were submitted or obtained from other sources, between 0.5 and 5.5 points were awarded depending on the level of fulfilment. Fulfilment of Indicators in the fourth category resulted in the deduction of points. In cases of partial fulfilment, the number of points awarded depended on the degree to which the Indicator was met.

Due to differences in the applicability of certain Indicators, the maximum number of points is not the same for all institutions. For all primary healthcare centres, HCI Pharmacies of Montenegro "Montefarm," the Institute of Public Health of Montenegro, the Emergency Medical Service of Montenegro, and the Blood Transfusion Institute of Montenegro, Indicator 2.1.7 — which relates to the publication of waiting lists⁴ — was excluded as not applicable. For these institutions, the maximum possible score across the three categories is eighty-five. At the Institute for Medicines and Medical Devices of Montenegro (CInMED), nine Indicators were excluded, resulting in a maximum of seventy-six points. At the Health Insurance Fund of Montenegro, ten Indicators were excluded, giving a maximum of seventy-four points, while at the Medical Chamber of Montenegro, thirteen Indicators were excluded, resulting in a maximum of seventy points.

Report Preparation Methodology

The methodology for preparing the sector report is based on the statistical and content analysis of data from thirty individual reports prepared for the institutions that participated in the assessment of the implementation of anti-corruption measures. The individual reports were developed after the self-assessment was completed and verification materials confirming the fulfilment of the criteria were submitted. This process was carried out through the dedicated application www.integritet.me.

All participating institutions conducted a self-assessment, except for the General Hospital Pljevlja. In most cases, the institutions' self-assessments were higher than the scores assigned by APC. At the

⁴ For certain non-urgent diagnostic and treatment services, waiting lists may be established. The provision of healthcare services is carried out according to the order set in the waiting list (Article 50, paragraphs 2 and 4 of the Law on Mandatory Health Insurance, Official Gazette of Montenegro 145/21 and 048/24).

Clinical–Hospital Centre Berane, the self-assessment matched APC’s score, while at the General Hospital Risan, Primary Healthcare Centre Andrijevica, the Institute of Public Health of Montenegro, and the Blood Transfusion Institute of Montenegro, the self-assessments were slightly lower than the final points awarded by APC.

On 2 and 3 October 2025, APC submitted draft individual reports to institutions and allowed one week for comments or additional documentation. Following the submission of the drafts, institutions provided comments and supplementary materials through the application, which in some cases led to score adjustments. Detailed explanations of APC’s assessments are provided in the individual reports.

The structure of the individual reports mirrors the Methodology. In addition to scores and key findings for each criterion, the reports contain recommendations for implementing anti-corruption measures. A total of 717 recommendations were issued.

This report presents an overview of the points achieved and the maximum possible points for each category, criterion, and Indicator, together with performance percentages, in order to highlight areas requiring improvement. The tables show the percentage of fulfilment for each Indicator, while the narrative section outlines the results and examples of good practice.

The report concludes with findings and recommendations by category, indicating systemic shortcomings and the measures needed to address them, such as amendments to regulations or strengthened oversight.

Based on the findings of the Report, APC will be able to monitor the future implementation of anti-corruption measures, assess their efficiency and usefulness, and determine whether the identified challenges in the system have been resolved.

Results of the Application of Anti-Corruption Measures by Category

Category 1: Creating conditions for the implementation of regulations to prevent corruption

Within this category, the implementation of anti-corruption measures was assessed through three criteria and twenty-two Indicators and sub-Indicators, based on the framework set by two systemic laws: the Law on the Prevention of Corruption and the then applicable Law on Management and Internal Controls in the Public Sector.⁵

A very high level of performance was achieved in applying the core mechanisms required under the Law on the Prevention of Corruption (95.95%), while the weakest performance was recorded in establishing mechanisms for oversight and control of work processes (10.12%).

⁵ Official Gazette of Montenegro No. 075/18 of 23 November 2018. In the meantime, the Law on Management, Internal Control and Internal Audit in the Public Sector (Official Gazette of Montenegro No. 89/2025 of 5 August 2025) entered into force, and the recommendations were prepared in accordance with its provisions.

| Category – criteria | Maximum score | Score achieved | Performance (%) |
|---|---------------|----------------|-----------------|
| Category 1. Creating conditions for the implementation of regulations to prevent corruption | 1020 | 529.50 | 51.91% |
| Criterion 1.1. Establishing an internal corruption risk management mechanism | 420 | 403 | 95.95% |
| Criterion 1.2. Establishing a mechanism for oversight and control of work processes | 420 | 42.50 | 10.12% |
| Criterion 1.3. Establishing mechanisms for detecting and reporting corruption through whistleblower reports | 180 | 84 | 46.67% |

Criterion 1.1: Establishing an internal corruption risk management mechanism

The strongest performance in the implementation of anti-corruption measures was achieved under this criterion (95.95%). Almost all institutions met the obligations set out in the Law on the Prevention of Corruption, including the designation of an integrity manager, the development and implementation of an integrity plan, and the completion of the questionnaire for assessing the efficiency and effectiveness of the integrity plan.

As an **example of good practice**, APC highlights that institutions included risks and measures in specific areas relevant to their healthcare-related competencies, such as:

- patients' rights,
- advertising of medicines, medical methods, procedures and other pharmaceutical products,
- work of commissions for quality control in healthcare institutions and commissions for protection against hospital-acquired infections,
- monitoring and evaluation of work in healthcare institutions, and others.

Challenges observed:

Some institutions have still not entered the integrity plan into the [application](#) in accordance with the instructions. Instead of assessing each risk separately and defining a specific measure, responsible persons and deadlines, several risks are assessed jointly, with a group of measures entered at once. This approach makes it more difficult to monitor and report on the implementation of each individual measure.

| Criterion – Indicators | Maximum score | Score achieved | Performance (%) |
|---|---------------|----------------|-----------------|
| 1.1. Establishing an internal corruption risk management mechanism | 420 | 403 | 95,95 |
| 1.1.1. Integrity manager designated – 1 point | 30 | 30 | 100% |
| 1.1.2. Integrity plan developed in accordance with the Law on the Prevention of Corruption and the Rules for the Development and Implementation of an Integrity Plan: Integrity plan developed – 1 point | 30 | 30 | 100% |
| *If the adopted integrity plan is also entered into APC’s web application, the institution receives an additional 1 point | 30 | 30 | 100% |
| **If the adopted integrity plan is entered into the application in accordance with the user manual, the institution receives an additional 1 point . | 30 | 21 | 70% |
| ***If the integrity plan was updated at least once in the previous two years, the institution receives an additional 1 point . | 30 | 30 | 100% |
| 1.1.3. The integrity plan, in addition to general risk areas, includes specific risk areas relevant to the institution’s healthcare-related competencies: | | | |
| a) one specific risk area – 1 point | 90 | 82 | 91,11% |
| b) two specific risk areas – 2 points | | | |
| c) three or more specific risk areas – 3 points | | | |
| 1.1.4. Report on the implementation of the integrity plan for the previous year developed and submitted to APC by 15 April of the current year: | | | |
| a) in printed form – 1 point | 90 | 90 | 100% |
| b) through the web application – 2 points | | | |
| 1.1.5. Questionnaire for assessing the efficiency and effectiveness of the integrity plan completed for the last two years and submitted to APC: | | | |
| a) in printed form – 1 point | | | |
| b) through the web application – 2 points | 90 | 90 | 100% |

Indicator 1.1.1: Integrity manager designated

A 100% performance under this Indicator across all healthcare institutions shows that the application of this measure from the Law on the Prevention of Corruption has been fully institutionalised within the health system.

Indicator 1.1.2: Integrity plan developed

All institutions (**100%**) developed an integrity plan, updated it at least once in the previous two years, and entered it into APC’s web application.

A slightly smaller number of institutions (**70%**) entered their integrity plan into the application in the manner required by APC’s user manual. Nine institutions did not do so: Special Psychiatric Hospital “Dobrota” Kotor, General Hospital Nikšić, and the primary healthcare centres Bar, Bijelo Polje, Danilovgrad, Herceg Novi, Ulcinj, as well as HCI Pharmacies of Montenegro “Montefarm”.

The irregularity identified relates to the way measures for mitigating risks were entered: instead of entering each measure separately, several measures were submitted jointly. This approach makes it more difficult to monitor and report on the implementation of each individual measure, and APC therefore recommends entering each measure separately into the integrity plan application.

Indicator 1.1.3: Specific risk areas in the integrity plan

This indicator, which relates to the content of the integrity plan, also shows a high level of performance – **91.11%**, as most healthcare institutions identified risks and defined measures relating to specific areas within their competencies.

In most cases, the specific chapters referred to patients' rights, advertising of medicines, medical methods, procedures and other pharmaceutical products, the work of commissions for quality control in healthcare institutions, commissions for protection against hospital-acquired infections, and monitoring and evaluation of work in healthcare institutions.

Almost 94% of institutions (28 in total) assessed risks and defined measures in more than three specific areas. The Medical Chamber of Montenegro assessed risks in one specific area, while PHC Rožaje did not address any specific risk area.

Indicator 1.1.4: Report on the implementation of the integrity plan

Maximum performance (**100%**) was also achieved under this indicator. All institutions prepared the report on the implementation of the integrity plan for the previous year and submitted it to APC within the prescribed deadline in 2025..

Indicator 1.1.5: Questionnaire for assessing the efficiency and effectiveness of the integrity plan

In addition to being a legal obligation, the assessment of the efficiency and effectiveness of the integrity plan is a key part of the corruption risk management process.

Based on the results of this assessment, a new integrity plan is developed for the following two-year period, ensuring continuity and strengthening institutional resilience to corruption risks and other irregularities.

By responding to the questions prepared by APC, institutions analyse the extent to which measures from previous plans were effective in preventing corruption risks. The high level of fulfilment of this indicator, which stands at 100%, shows that institutions recognise the importance of this process.

Criterion 1.2: Establishing mechanisms for oversight and control of work processes

This criterion examines the application of anti-corruption measures prescribed by the then applicable Law on Management and Internal Controls in the Public Sector. The assessment focused on the implementation of internal audit, the preparation of a risk register and an internal procedures manual. Compared to the previous criterion, the level of performance is significantly lower, at 10.12%.

Challenges observed:

The internal audit system in the health sector is not sufficiently developed. Although a small number of institutions have formally established this function, only two institutions actually carried out an internal audit in the past two years, indicating the need to strengthen capacities to ensure that internal audit becomes fully functional in practice. A similar situation applies to the establishment of risk registers and the adoption of internal procedures.

| Criterion – Indicators | Maximum score | Score achieved | Performance (%) |
|--|---------------|----------------|-----------------|
| 1.2. Establishing a mechanism for oversight and control of work processes | 420 | 42.5 | 10.12% |
| 1.2.1. Internal audit mechanism established – 2 points | 60 | 10 | 16.67% |
| 1.2.2. Internal audit carried out (audit report prepared) in the past two years: | | | |
| a) one audit- 1 point | 60 | 4 | 6.67% |
| b) two or more audits – 2 points | | | |
| 1.2.3. Percentage of implemented internal audit recommendations in the last reporting period: | | | |
| a) from 50% to 70% – 1 point | 90 | 5 | 5.56% |
| b) from 70% to 90% – 2 points | | | |
| c) over 90% – 3 points | | | |
| 1.2.4. Risk register developed in accordance with Article 14 of the Law on Management and Internal Controls in the Public Sector: | | | |
| risk register established – 1 point | 30 | 3 | 10% |
| * If the register was updated in the past year, the institution receives an additional 1 point. | 30 | 3 | 10% |
| ** If the current risk register is published on the institution’s website, the institution receives an additional 1 point | 30 | 1 | 3.33% |
| 1.2.5. Annual report on notifications of suspected irregularities and fraud and measures taken, prepared in accordance with Article 53 of the Law on Management and Internal Controls in the Public Sector. | 30 | 2 | 6.67% |
| 1.2.6. Internal procedures manual developed in accordance with Article 50 of the Law on Management and Internal Controls in the Public Sector: | | | |
| procedures manual developed – 1 point. | 30 | 5,5 | 18.33% |
| * If the procedures manual was updated in the past two years, the institution receives an additional 1 point. | 30 | 5 | 16.67% |
| ** If the current procedures manual is published on the institution’s website, the institution receives an additional 1 point. | 30 | 4 | 13.33% |

Indicator 1.2.1: Internal audit mechanism established

The performance under this indicator is very low. Only five institutions have established an internal audit function: Special Psychiatric Hospital “Dobrota” Kotor, the Clinical Centre of Montenegro, the Health Insurance Fund of Montenegro, the Institute for Medicines and Medical Devices of Montenegro (CInMED), and the Institute of Public Health of Montenegro.

The primary healthcare centres Bijelo Polje and Herceg Novi informed APC that internal audit is carried out by the Ministry of Health, in accordance with Article 3(1)(8) of the Decree on Establishing Internal Audit in the Public Sector⁶.

However, the Decree stipulates that the Ministry of Health conducts internal audit only in public healthcare institutions that have not established an internal audit function. At the same time, Article 20 of the Law on Management, Internal Control and Internal Audit in the Public Sector⁷ prescribes three ways in which internal audit may be established—two of which were also provided for under the previous Law on Management and Internal Controls in the Public Sector, which was in force at the time of assessment:

6 Official Gazette of Montenegro 96/21, 134/22, 24/25.
7 Official Gazette of Montenegro 89/2025.

1. By organising an internal audit unit within the public sector entity, directly responsible to the management body;
2. By entrusting internal audit tasks to the internal audit unit of another public sector entity, based on an agreement and with the consent of the Ministry;
3. By establishing a joint internal audit unit, with the consent of the Ministry.

Therefore, when internal audit is to be conducted by the Ministry of Health, an agreement on entrusting internal audit tasks must be concluded for this arrangement to be considered formally established. According to the documentation submitted, none of the assessed institutions concluded such an agreement. PHC Podgorica (Capital City) informed APC that it had written to the Ministry of Health on 7 September 2017 requesting amendments to the systematisation act to create the required position, but it has not received a response.

However, even without such consent, the institution—in this case, PHC Podgorica—could have concluded an agreement with another public sector entity that has an established internal audit unit, but this legal option was also not used.

It was observed that, in practice, agreements to entrust internal audit tasks to another public sector entity often result in challenges in conducting the audit. The Institute of Public Health (IPH) concluded such an agreement with the Ministry of Finance on 6 April 2017. However, despite the formal framework being in place, the IPH informed APC that no internal audit had been conducted.

Indicator 1.2.2: Internal audit carried out (audit report prepared) in the past two years

Of the five institutions that established an internal audit function, internal audit was carried out in only two: the Health Insurance Fund of Montenegro (HIF), which has an Internal Audit Department, and the Institute for Medicines and Medical Devices of Montenegro (CInMED), where the audit was conducted by the Ministry of Public Administration under an agreement on entrusting these tasks.

This situation indicates a serious deficiency in meeting legal obligations and in the functionality of the internal control system.

Indicator 1.2.3: Percentage of implemented internal audit recommendations in the last reporting period

Of the two institutions mentioned above, the HIF implemented 86% of the recommendations, while CInMED implemented all internal audit recommendations, demonstrating good practice in the functioning of the internal audit mechanism.

Consistent implementation of internal audit recommendations is a key mechanism for strengthening management systems and increasing the efficiency of institutional work.

Indicator 1.2.4: Risk register developed

Only three institutions developed a risk register: the Health Insurance Fund of Montenegro, CInMED, and HCI Pharmacies of Montenegro “Montefarm”.

At the time the Methodology was developed and applied, the 2018 Law on Management and Internal Controls in the Public Sector was in force. Article 14(2) of that law required the head of an institution to establish a risk register and designate a person responsible for coordinating risk management activities. The new law adopted in August 2025 also retains the obligation to develop a risk register under Article 13. Therefore, there was no change in the scoring of this indicator or in the recommendations related to it.

All three institutions that developed a risk register also updated it, and only HCI Pharmacies of Montenegro “Montefarm” published it on its website.

Indicator 1.2.5: Report on notifications of suspected irregularities and fraud

HCI Pharmacies of Montenegro “Montefarm” was the only institution that fulfilled this indicator, in accordance with Article 53 of the then applicable Law on Management and Internal Controls in the Public Sector, and submitted the 2024 annual report to the Ministry of Finance.

The new law regulating internal control and audit no longer requires the preparation of an annual report on notifications of suspected irregularities and fraud. Instead, it refers to the Law on the Prevention of Corruption for procedures related to such notifications. For this reason, no recommendation was issued for this indicator in the individual reports.

Indicator 1.2.6: Internal procedures manual developed

The performance for this indicator is 18.33%. Of the thirty institutions, five developed an internal procedures manual: General Hospital Bar, the Clinical Centre of Montenegro, HCI Pharmacies of Montenegro “Montefarm”; the Health Insurance Fund of Montenegro, and CInMED. In addition, PHC Bijelo Polje partially fulfilled the indicator by publishing two procedures under the “Procedures Manual” section on its website, for which it received 0.5 points.

In assessing this indicator, the practice of institutions that publish procedures, rules, and guidelines relevant to their work in a dedicated “**Procedures Manual**” section on their websites was considered acceptable.

The list of documents forming part of the Integrated Management System (IMS)⁸ — the IMS Manual submitted by CInMED — was also accepted, as it includes all internal documents relevant to institutional operations.

The internal procedures manual of the Economic and Financial Affairs Service of the Clinical Centre of Montenegro, published on the [institution’s website](#), represents good practice in terms of structure and content. It contains all essential elements: procedure title, brief description, key risks, responsibilities and authorisations, links to related procedures, resources required for implementation, and a process flow diagram. Three other institutions also published their procedures: PHC Bijelo Polje, HCI Pharmacies of Montenegro “Montefarm”; and CInMED.

Of the six institutions that developed a manual, only the Clinical Centre of Montenegro did not update it.

8 An Integrated Management System (IMS) is a system that brings together multiple management systems (for example, quality, environmental protection, and occupational health and safety) into a single framework, enabling organisations to manage more efficiently and achieve better performance.

Given that the new law requires the head of the institution to establish rules for processes and activities that support the achievement of institutional objectives, and to ensure systematic adoption and regular updating of written procedures—instead of developing a single “procedures manual”—an appropriate recommendation was included in the individual reports.

Criterion 1.3: Establishing mechanisms for detecting and reporting corruption through whistleblower reports

The third criterion in this category concerns the measures taken to establish an effective mechanism for handling whistleblower reports. More than three quarters of institutions, or 76.67%, designated a person responsible for receiving and processing such reports.

Challenges observed:

While most institutions have designated a person responsible for receiving and handling whistleblower reports, only half made the information publicly available and developed procedures for handling reports, including criteria for selecting the responsible person.

| Criterion – Indicators | Maximum score | Score achieved | Performance (%) |
|--|---------------|----------------|-----------------|
| 1.3. Establishing mechanisms for detecting and reporting corruption through whistleblower reports | 180 | 84 | 46.67% |
| 1.3.1 A designated person or organisational unit for receiving and handling whistleblower reports, with at least one filled systematised position – 2 points . | 30 | 23 | 76.67% |
| * If information on the designated person or organisational unit is published on the institution’s website or made easily accessible in the workplace, the institution receives an additional 1 point . | 30 | 15 | 50.00% |
| 1.3.2. Procedure for handling whistleblower reports developed – 2 points | 60 | 30 | 50.00% |
| * If the procedure includes the method and criteria for selecting the person responsible for receiving and handling whistleblower reports, the institution receives an additional 2 points . | 60 | 6 | 26.67% |

Indicator 1.3.1: Designation of a person responsible for receiving and handling whistleblower reports

Although the Law on the Prevention of Corruption prescribes a fine⁹ for institutions that fail to designate a person responsible for receiving and handling whistleblower reports, provided they have at least twenty employees, there are still institutions that have not done so. In this regard, it is important to note that APC was not provided with data on the number of employees for all such institutions. A total of seven institutions did not designate this person: General Hospital Nikšić, PHC Herceg Novi, PHC Rožaje, PHC Ulcinj, the Health Insurance Fund of Montenegro, the Emergency Medical Service of Montenegro and the Medical Chamber of Montenegro. Although some of these institutions informed APC that they have fewer than twenty employees, it is nevertheless recommended that they designate the responsible person.

Information on the designation of the responsible person or organisational unit was made publicly available by 50% of the institutions, typically by publishing the decision on their website.

⁹ Article 108(1)(14) of the Law on the Prevention of Corruption prescribes a fine ranging from EUR 1,000 to 20,000 for a legal entity that fails to designate an impartial person or organisational unit responsible for receiving and handling whistleblower reports for the purpose of conducting the procedure referred to in Article 54 of the Law (Article 55(1)). Paragraph 2 prescribes a fine ranging from EUR 500 to 2,000 for the responsible person.

It should be noted that the law also prescribes a fine for institutions that fail to make information on the designated person or organisational unit available in the workplace and on their website.¹⁰

Indicator 1.3.2: Procedure for handling whistleblower reports

Fifteen institutions developed a procedure for handling whistleblower reports, five of which did so during the period of developing and applying the Methodology.¹¹

Only eight institutions included in their internal act the criteria for selecting the person responsible for receiving and handling whistleblower reports, which represents the weakest performance (26.67%) within this criterion.

One of the key steps in establishing an effective mechanism for reviewing whistleblower reports is appointing a person with appropriate personal, ethical and professional competencies. This builds whistleblowers' confidence that their reports will be handled properly. For this reason, it is important to clearly prescribe the method and criteria for selecting the responsible person, to ensure that the process is efficient and impartial.

Category 2: Strengthening the institutional framework for preventing corruption

In this category, the application of anti-corruption measures was assessed through three criteria and thirty-three indicators and sub-indicators. The assessment covered access to information, human resources management, and ethical and professional conduct of employees.

The strongest performance was achieved in the application of measures related to institutional transparency (51.90%), while the weakest performance was recorded in improving the ethical and professional conduct of employees (36.02%).

| Category – Criterioni | Maximum score | Score achieved | Performance (%) |
|--|---------------|----------------|-----------------|
| Category 2. Strengthening the institutional framework for preventing corruption | 1022 | 469 | 45.89% |
| Criterion 2.1. Strengthening transparency in the work of institutions | 525 | 272,50 | 51.90% |
| Criterion 2.2. Measures for improving human resources management | 236 | 102,50 | 43.43% |
| Criterion 2.3. Measures for improving the internal mechanism of ethical and professional conduct | 261 | 94 | 36.02% |

Criterion 2.1: Strengthening transparency in the work of institutions

This criterion assesses the extent to which institutions have made information about their work visible and accessible to the public, not only by fulfilling legal obligations but also through proactive publication of information. It also examines whether there were requests for access to information and how institutions responded to them. A high level of performance was recorded in areas where publication is a legal obligation, such as publishing the integrity plan, the access-to-information guide, and similar documents.

¹⁰ Article 108(1)(15) of the Law on the Prevention of Corruption

¹¹ A detailed overview of the institutions and the acts adopted during this period is provided in Annex 2.

Challenges observed:

Regarding the proactive publication of information required under Article 12 of the Law on Free Access to Information,¹² it was noted that this information is not fully accessible to the public. Although institutions are legally obliged to publish information for which access has been approved, most publish only the decisions granting access, rather than the information requested. It was also noted that only a small number of institutions use the information system for free access to information managed by the Agency for Personal Data Protection and Free Access to Information.

| Criterion – Indicators | Maximum score | Score achieved | Performance (%) |
|--|---------------|----------------|-----------------|
| 2.1. Strengthening transparency in the work of institutions | 525 | 272.50 | 51.90% |
| 2.1.1. Current integrity plan published on the institution's website – 1 point. | 30 | 29 | 96.67% |
| * If the document is accessible within three clicks or fewer from the homepage, an additional 0.5 points is awarded. | 15 | 14.5 | 96.67% |
| 2.1.2. Report on the implementation of the integrity plan for the previous year published on the institution's website – 1 point. | 30 | 25 | 83.33% |
| *If the document is accessible within three clicks or fewer from the homepage, an additional 0.5 points is awarded | 15 | 12,5 | 83.33% |
| 2.1.3. Annual report on the work of the institution published – 1 point. | 30 | 19 | 63.33% |
| *If the document is accessible within three clicks or fewer from the homepage, an additional 0.5 points is awarded. | 15 | 9,5 | 63.33% |
| 2.1.4. Access-to-information guide published. | 30 | 23 | 76.67% |
| Guide published – 1 point | 30 | 23 | 76.67% |
| *If the guide was updated in the past year, an additional 1 point is awarded. | 30 | 16 | 53.33% |
| **If the current guide is accessible within three clicks or fewer from the homepage, an additional 0.5 points is awarded . | 15 | 11,5 | 76.67% |
| 2.1.5. Complete and up-to-date information published in accordance with Article 12 of the Law on Free Access to Information: | 30 | 14 | 46.67% |
| a) list of civil servants and employees – 1 point. | 30 | 14 | 46.67% |
| b) list of public officials and records of their salaries and other income related to the performance of public office – 2 points | 58 | 17 | 29.31% |
| c) information for which access was approved – 1 point | 30 | 1,5 | 5.00% |
| *If all required information is accessible within three clicks or fewer from the homepage or the institution's page on the central government portal, an additional 0.5 points is awarded . | 15 | 1 | 6.67% |
| **If certain datasets are also published on the Open Data Portal, an additional 1 point is awarded. | 30 | 0 | 0.00% |
| 2.1.6. Share of approved and partially approved access-to-information requests, including notifications that the information is already published, in the total number of requests submitted in the previous two years (2023 and 2024): | 60 | 33 | 55.00% |
| a) share between 70% and 90% – 1 point; | 60 | 33 | 55.00% |
| b) share above 90% – 2 points. | 60 | 33 | 55.00% |
| *If the institution regularly uses the information system for free access to information and provides proof, an additional 0.5 points is awarded. | 15 | 2 | 13.33% |
| 2.1.7. Patient complaint form published – 1 point | 27 | 19 | 70.37% |
| *If the website is accessible to persons with disabilities, an additional 1 point is awarded. | 30 | 9 | 30.00% |
| 2.1.8 Waiting lists published on the institution's website and/or displayed in a visible location – 2 points | 20 | 16 | 80.00% |

12 Official Gazette of Montenegro 44/2012 and 30/2017

Indicator 2.1.1: Publication of the integrity plan

Almost all institutions (96.67%) published their integrity plan, and it is accessible within fewer than three clicks from the homepage. The only institution that did not publish the plan is the Medical Chamber of Montenegro.

Indicator 2.1.2: Publication of the report on the implementation of the integrity plan

Although most institutions (96.67%) published their integrity plan, a smaller share (83.33%) published the report on its implementation and made it accessible within three clicks. Five institutions (PHC of the Capital City, PHC Herceg Novi, General Hospital Pljevlja, the Health Insurance Fund of Montenegro, and the Medical Chamber of Montenegro) did not publish the report and therefore did not score points under this indicator.

Indicator 2.1.3: Publication of the annual report on work

Nineteen institutions (63.33%) published their annual report, accessible within three clicks from the homepage. Eleven institutions did not publish the report (General Hospitals Bijelo Polje, Nikšić, and Pljevlja; PHC of the Capital City; PHCs Herceg Novi, Rožaje, and Ulcinj; HCI Pharmacies of Montenegro "Montefarm"; the Health Insurance Fund of Montenegro; the Medical Chamber; and the Emergency Medical Service of Montenegro).

Indicator 2.1.4: Publication of the access-to-information guide

This indicator shows a relatively high level of fulfilment: 76.67% of institutions published their access-to-information guide within three clicks from the homepage. However, only 53.33% updated the document within the past year, indicating room for improvement in regular content maintenance.

Indicator 2.1.5: Publication of information in line with Article 12 of the Law on Free Access to Information

This indicator assessed how many of the mandatory datasets institutions published. No institution achieved the maximum number of points. Fewer than half (14 institutions) published the list of employees. Seven institutions published the list of public officials together with salary and allowance data, while three published only the list, without information on income. As a result, overall fulfilment is 29.31%.

Regarding information for which access was approved, institutions typically publish the decision on the request but rarely publish the information itself.

Good examples include the Special Psychiatric Hospital "Dobrota" Kotor, PHC Berane, and the Institute of Public Health of Montenegro, which published the information for more than half of the approved requests—either within the decision or as separate documents. Since this was not done for all requested information, they received half points.

Institutions that published information for only a third or a quarter of approved requests did not receive points.

In some cases, the requested information is contained directly in the decision; however, in

others, it is necessary to publish an additional document or specify where the information can be found.

Institutions that published most of the required information, along with the lists of employees and public officials with their income, received an additional half point for making the data accessible within three clicks from the homepage.

Although Article 12a obliges institutions to publish datasets for re-use on the Open Data Portal, none of them did so.

Some institutions were not sufficiently familiar with this obligation or did not clearly understand which datasets should be published.

Open data refers to datasets made available online for reuse for purposes different from those for which they were originally created. Reuse includes downloading, distributing, adapting, combining with other datasets, etc. Publishing data in open formats makes them accessible to a broader range of users.

Indicator 2.1.6: Approved access-to-information requests

The purpose of publishing information online is to provide public insight into the work of institutions. Through this methodology, institutions are assessed both on their proactive publication of information and on how they handle access-to-information requests when the requested data are not publicly available.

The indicator measuring the share of approved and partially approved access-to-information requests, including notifications that the information is already published, in the total number of requests submitted over the past two years, was fulfilled at a level of 55%.

For fifteen institutions (General Hospital Bar, Special Psychiatric Hospital “Dobrota” Kotor, General Hospital Risan, PHCs Andrijevica, Berane, Bijelo Polje, Cetinje, Capital City, Kolašin, Mojkovac and Pljevlja, the HIF, CInMED, the IPH, and the Blood Transfusion Institute of Montenegro), the share of approved and partially approved requests and notifications that the information is already published exceeded 90% of all submitted requests, while for the three institutions that submitted data—General Hospital Nikšić, the Clinical Centre of Montenegro and HCl Pharmacies of Montenegro “Montefarm”—this share ranged between 70% and 90%.

Only four institutions provided evidence of using the information system for free access to information: Special Psychiatric Hospital “Dobrota” Kotor, PHC Andrijevica, PHC Berane, and the Institute for Medicines and Medical Devices.

The most reliable way of keeping records is through the system itself, and an extract from the system serves as proof.

Indicator 2.1.7: Patient complaint form published

Fulfilment under this indicator amounts to 70.37%. Nineteen institutions published the patient complaint form on their websites.

Good examples include PHC Berane and HCI Pharmacies of Montenegro “Montefarm”, which enabled submission of complaints through a machine-readable online form.¹³

One third of institutions (nine in total) made their websites accessible to persons with disabilities.

Indicator 2.1.8: Publication of waiting lists

For PHCs, HCI Pharmacies of Montenegro “Montefarm”, the Institute of Public Health of Montenegro, the Emergency Medical Service of Montenegro, and the Blood Transfusion Institute of Montenegro, this indicator was excluded as not applicable.

Of the twenty institutions to which this obligation applies, sixteen published waiting lists on their websites.

Criterion 2.2: Measures to improve human resources management

This criterion examined whether internal acts clearly regulate recruitment, the engagement of persons outside employment (through temporary and occasional work, additional work, etc.), and whether institutions identified risks related to workforce planning, staff selection and advancement in their integrity plans. The results show that, in most cases, institutions included risks and related measures for workforce planning, the recruitment process and performance monitoring of employees in their integrity plans.

Challenges observed:

Only a small number of institutions considered it necessary to additionally regulate the engagement of individuals under contracts for temporary and occasional work or contracts for services, even though this area leaves considerable room for discretionary decision-making.

| Criterion – Indicators | Maximum score | Score achieved | Performance (%) |
|--|---------------|----------------|-----------------|
| 2.2. Measures to improve human resources management | 236 | 102.5 | 43.43 |
| 2.2.1 The institution adopted an internal rule/procedure that clearly regulates the criteria and standards for recruitment, including the duration of vacancy announcements, mandatory written and oral testing of candidates, clearly defined selection criteria, scoring method and a reasoned decision on the selected candidate – 2 points . | 58 | 19 | 32.76% |
| 2.2.2 The institution adopted an internal rule/procedure with criteria and standards regulating the management, conclusion, implementation, oversight and reporting on contracts for services and temporary or occasional work – 2 points . | 60 | 12 | 20.00% |
| 2.2.3 The institution established a register of approvals for additional work – 1 point . | 28 | 22.50 | 80.36% |
| 2.2.4 The integrity plan includes risks and measures relating to: | 30 | 26 | 86.67% |
| a) workforce planning and/or the recruitment process | 30 | 3 | 10.00% |
| b) performance appraisal and monitoring | 30 | 3 | 10.00% |
| c) rewarding / granting incentives and disciplinary measures. | 30 | 20 | 66.67% |

13 <https://domzdravljaberane.me/index.php/prava-pacijenata-2/podnesite-prigovor>
<https://montefarm.co.me/sr/zastitnik-prava-pacijenata/>

Indicator 2.2.1: Internal rule for recruitment

No institution regulated all elements required under this indicator in its internal act: detailed criteria and standards for recruitment, including the duration of vacancy announcements, mandatory written and oral testing of candidates, clearly defined selection criteria, the scoring method and a reasoned decision on the selected candidate.

On the other hand, nineteen institutions (32.76%) partially addressed the required elements in their internal acts, mainly by defining recruitment criteria and standards, the duration of vacancy announcements, the oral assessment process and the criteria and scoring method.

APC noted that most institutions consider the oral assessment of candidates as the primary method of evaluation. However, oral testing is susceptible to subjective judgement and makes objective comparison of candidates more difficult. Therefore, wherever compatible with the job description, it is important to introduce mandatory written testing of knowledge and competencies to ensure greater transparency and equal treatment of all candidates.

Indicator 2.2.2: Internal rule for concluding contracts outside employment

Only five institutions adopted a rule setting out criteria and standards regulating the management, conclusion, implementation, oversight and reporting of temporary and occasional work contracts. These institutions are the Clinical Centre of Montenegro and the PHCs Andrijevica, Berane, Bijelo Polje and Mojkovac.

Two institutions, PHC Danilovgrad and PHC Kolašin, adopted a Rulebook on the conditions and manner of engaging persons under contracts for services. PHC Danilovgrad adopted this act after becoming familiar with the Methodology and the assessment process.

Overall fulfilment of this indicator is very low, amounting to 20%.

Temporary and occasional work contracts grant decision-makers wide discretion, which may result in conflicts of interest, nepotism or the engagement of inadequately qualified staff. For this reason, it is essential to prescribe clear rules and criteria for such engagements, in order to reduce risks and ensure greater transparency and accountability.

Indicator 2.2.3: Register of approvals for additional work established

Unlike the previous indicator, this one shows a high level of fulfilment – **80.36%**.

Although the Rulebook on the detailed conditions for performing additional work by healthcare workers and associates¹⁴ requires healthcare institutions to maintain a register of written approvals for additional work, in either written or electronic form, five healthcare institutions have still not met this obligation. These are: General Hospital Pljevlja, the Clinical–Hospital Centre Berane, PHC Ulcinj, the Health Insurance Fund of Montenegro and the Emergency Medical Service of Montenegro. In addition, HCI Pharmacies of Montenegro “Montefarm” was awarded half points for this indicator, as it did not submit a register but provided copies of approvals issued in the previous six months.

14 The Rulebook was published in the Official Gazette of Montenegro, 64/2016, 17/2017 and 70/2017.

Indicator 2.2.4: Integrity plan and human resources management

This indicator assesses whether the integrity plans include risks and measures related to specific human resources management processes, such as:

1. workforce planning and/or the recruitment process,
2. performance appraisal and monitoring,
3. rewarding / granting incentives and disciplinary measures.

General Hospital Bijelo Polje, the Special Psychiatric Hospital “Dobrota” Kotor and PHC Cetinje are the only institutions that assessed all three categories in their integrity plans. In contrast, four institutions—General Hospital Risan, PHC Rožaje, HCI Pharmacies of Montenegro “Montefarm” and the Medical Chamber of Montenegro—did not include risks or measures for any of the three categories.

The remaining 23 institutions generally included risks and measures related to workforce planning and recruitment, and to rewarding, incentives and disciplinary measures.

These risks were most commonly identified under the section “Human resources policy, ethical and professional conduct of employees.”

The risks identified in workforce planning and recruitment mainly relate to insufficient transparency in advertising vacant positions, limited competitiveness in recruitment, inadequate staffing in certain organisational units and inefficient human resources planning.

To address these risks, the most frequently proposed measures in the integrity plans were: amending internal acts regulating recruitment; preparing a staffing plan and assessing staffing needs; publishing all decisions related to employment; and filling positions in accordance with the rulebook on systematisation.

For performance appraisal and rewarding, the identified risks included: deviation from established criteria when rewarding healthcare workers; the potential for discretionary decisions regarding variable pay; unclear criteria for objective performance appraisal and rewarding; and breaches of conditions and criteria for specialisation.

Measures proposed to mitigate these risks included: regular monitoring of the reward process; conducting internal reviews of professional work; and increasing transparency in appraisal and rewarding by publishing the list of rewarded employees on the notice board.

Criterion 2.3: Measures to strengthen internal mechanisms of ethical and professional conduct

This Criterion has the lowest performance level in the category, with an overall result of 36.02%. Positive practice was mainly observed in the establishment of patient-rights advocate functions.

Challenges observed:

Only a small number of integrity plans include risks and measures related to areas regulated by the Law on the Prohibition of Discrimination, Law on the Prohibition of Harassment at Work, Law on the Prohibition of Discrimination against Persons with Disabilities, and the Law on Gender Equality.

This indicates limited awareness and insufficient attention by the authorities to recognising and addressing risks linked to discrimination, harassment, and unequal treatment.

| Criterion – Indicators | Maximum score | Score achieved | Performance (%) |
|---|---------------|----------------|-----------------|
| 2.3. Measures to strengthen internal mechanisms of ethical and professional conduct | 261 | 94 | 36.02% |
| 2.3.1. A staff member has been designated to perform duties related to ethics, integrity, anti-corruption, advisory support, and similar functions, which are not duties already required under the Law on the Prevention of Corruption (e.g. integrity manager, members of the integrity plan working group, whistleblower-report contact point, etc.) a) if this is an additional responsibility of an existing staff member – 1 point b) if this is an exclusive responsibility or a dedicated organisational unit has been established for these functions – 2 points. | 60 | 5 | 8.33% |
| 2.3.2. The Patient Rights Advocate function has been established – 1 point. | 27 | 26 | 96.30% |
| *If the institution has regularly submitted annual reports on patient complaints for the previous two years – an additional 1 point is awarded. | 27 | 18 | 66.67% |
| **If contact information for the Patient Rights Advocate is published on the institution’s website or another clearly visible location – an additional 1 point is awarded. | 27 | 22 | 81.48% |
| 2.3.3 The integrity plan includes risks and measures related to the following legal areas: – Law on the Prohibition of Workplace Harassment – 1 point | 30 | 4 | 13.33% |
| a) Law on the Prohibition of Discrimination – 1 point | 30 | 16 | 53.33% |
| b) Law on the Prohibition of Discrimination against Persons with Disabilities – 1 point | 30 | 1 | 3.33% |
| c) Law on Gender Equality – 1 point | 30 | 2 | 6.67% |

Indicator 2.3.1: Designation of a staff member responsible for ethics, integrity, and anti-corruption functions

Only five healthcare institutions have designated a staff member to perform tasks related to ethics, integrity, anti-corruption efforts, and advisory support. These tasks are separate from those that employees are required to perform under the Law on the Prevention of Corruption (such as the duties of an integrity manager, members of the integrity plan working group, or the designated whistleblower contact point).

The Institute for Medicines and Medical Devices of Montenegro (CInMED) designated an Ethics Officer in 2024, while four institutions — the Clinical Centre of Montenegro and the primary healthcare centres in Andrijevisa, Bar, and Berane — designated this position after becoming familiar with the Methodology and the assessment process.

Several healthcare institutions stated that designating a person for ethics, integrity, and anti-corruption activities would be inefficient, arguing that these responsibilities are already covered by the integrity manager and the Ethics Committee. Instead of designating a new person, they recommended strengthening the role of the integrity manager, which in their view should be supported by the Agency for the Prevention of Corruption (APC).

It is therefore important to distinguish between these roles. In line with the Law on the Prevention of Corruption, the integrity manager is responsible solely for drafting and implementing the integrity plan and has no additional authority. The Ethics Committee, established under the Law on Healthcare, ensures that the institution operates in accordance with the principles of medical ethics and deontology. The Committee has five members: three representatives of the healthcare institution and two representatives from academic, expert, or professional bodies.

Given this framework, neither of these mechanisms performs continuous work on ethics, personal integrity, and anti-corruption matters (e.g. advising on conflicts of interest, gift acceptance, ethical dilemmas, organising trainings, or monitoring compliance with ethical rules). Although these tasks may be performed, by special decision, by the integrity manager or another staff member, they are not currently included within the formal responsibilities of the integrity manager.

Indicator 2.3.2: Functioning of the Patient Rights Advocate

Almost all institutions have established the Patient Rights Advocate function — **96.30%**. The only institution that did not provide evidence of this is the Emergency Medical Service of Montenegro.

Evidence of regularly submitting annual reports on patient complaints for the previous two years was provided by 18 institutions, while 22 institutions published the contact information of their Patient Rights Advocate on their websites.

Indicator 2.3.3: Inclusion of areas regulated by special laws in the integrity plan

This indicator assesses whether institutions have included risks and measures in their integrity plans related to the areas regulated by the Law on the Prohibition of Workplace Harassment, the Law on the Prohibition of Discrimination, the Law on the Prohibition of Discrimination against Persons with Disabilities, and the Law on Gender Equality.

Only the integrity plan of General Hospital Bar contains risks and measures covering all four legislative areas.

Sixteen institutions included risks and measures related to the prohibition of discrimination, primarily in the context of protecting whistleblowers from any form of discriminatory treatment.

Risks and measures related to the prohibition of workplace harassment were included in the integrity plans of four institutions: General Hospital Bar, the Clinical Centre of Montenegro, PHC Cetinje, and the Health Insurance Fund of Montenegro.

Assessment of risks in the area of gender equality was incorporated into the integrity plans of only two institutions: General Hospital Bar and the Clinical Centre of Montenegro.

Category 3: Strengthening Ethical Culture

Under this category, through four criteria and 17 indicators and sub-indicators, the assessment examined how effectively institutions raise awareness among staff and management in the areas of anti-corruption, ethics, and integrity, as well as the extent to which they apply internal rules on conflicts of interest and the acceptance of gifts by employees and public officials.

The strongest performance was achieved under the criterion related to the application of ethical rules and the quality of healthcare services (68.52%), while the weakest results were recorded in the area of ethics and integrity training (30%).

| Category – Criterion | Maximum score | Score achieved | Performance (%) |
|---|---------------|----------------|-----------------|
| 3. Strengthening ethical culture | 493 | 266.5 | 54.06% |
| 3.1. Raising awareness of ethics and integrity among managers and staff | 120 | 36 | 30.00% |
| 3.2. Existence and application of rules on conflicts of interest | 206 | 123.50 | 59.96% |
| 3.3. Existence and application of rules on gift acceptance | 59 | 33 | 55.93% |
| 3.4. Application of ethical rules and quality of healthcare services | 108 | 74 | 68.52% |

Criterion 3.1: Raising Awareness of Ethics and Integrity Among Managers and Employees

The performance achieved under this criterion is 30%, making it the weakest result within this category. The indicator measures participation in various training programmes on ethics, integrity, and anti-corruption by both employees and managerial staff.

Challenges observed:

Although managers are expected to demonstrate commitment to integrity through their own behaviour, they seldom attend such training programmes. With only 13.33% participation among managers, the overall result for this criterion was significantly reduced.

| Criterion – Indicators | Maximum score | Score achieved | Performance (%) |
|---|---------------|----------------|-----------------|
| 3.1 Raising awareness of ethics and integrity among managers and employees | 120 | 36 | 30.00% |
| 3.1.1 Number of thematically diverse training programmes related to anti-corruption, ethics, and integrity attended by employees over the past two years: a) up to two trainings – 1 point b) more than two trainings – 2 points | 60 | 28 | 46.67% |
| 3.1.2 Number of thematically diverse training programmes related to anti-corruption, ethics, and integrity attended by managers over the past two years: a) up to two trainings – 1 point b) more than two trainings – 2 points | 60 | 8 | 13.33% |

Indicator 3.1.1: Ethics and integrity training attended by employees

Based on the documentation submitted by institutions and the records maintained by the APC, it was established that institutions ensured attendance at one, or at most two, ethics-related training programmes for their employees.

No integrity manager attended the *Training Programme for Developing Key Skills for Integrity Managers* organised by the APC, although successful completion of this programme would have awarded two points to the institution. The integrity manager of PHC Tivat did complete

the programme, but this institution was not among the 30 healthcare institutions participating in the assessment.

The overall performance achieved under this indicator is **46.67%**.

Indicator 3.1.2: Ethics and integrity training attended by managers

Participation of managerial staff in training programmes was recorded at 13.33%, indicating a clear need for greater engagement in this area.

Managers in only eight healthcare institutions attended training related to ethics, integrity, and anti-corruption.

To strengthen a culture of integrity within institutions, it is essential that heads of institutions and senior managers demonstrate their commitment to ethical values through personal example — including continuous professional development in the areas of ethics, accountability, risk assessment, and corruption prevention.

Criterion 3.2: Existence and Application of Rules on Conflicts of Interest

The performance achieved under this criterion is 59.96%, making it one of the better-ranked criteria within this category. This result is largely due to the fact that many institutions have adopted ethical codes containing provisions on conflicts of interest and the consequences of failing to comply with them.

Challenges observed:

Only a small number of internal acts include provisions on avoiding conflicts of interest when prescribing and dispensing medicines, or rules governing the participation of healthcare workers in conferences organised by pharmaceutical companies.

Given that healthcare institutions maintain ongoing cooperation with pharmaceutical companies, the absence of such provisions increases the risk of undue influence and compromises professional impartiality.

| Criterion – Indicators | Maximum score | Score achieved | Performance (%) |
|---|----------------------|-----------------------|------------------------|
| 3.2. Existence and application of rules on conflicts of interest | 206 | 123.50 | 59.96% |
| 3.2.1 Existence of an internal rule regulating conflicts of interest among employees in the healthcare institution Internal rule adopted – 1 point | 30 | 20 | 66.67% |
| * If the internal rule also includes a definition of a related party, an additional 1 point is awarded. | 30 | 6 | 20.00% |
| ** If the internal rule includes provisions on avoiding conflicts of interest in prescribing and dispensing medicines, as well as rules for participating in conferences organised by pharmaceutical companies, an additional 1 point is awarded. | 29 | 3,5 | 12.07% |
| *** If the internal rule defines how compliance will be monitored and prescribes consequences for failing to follow the rules, an additional 1 point is awarded. | 30 | 16 | 53.33% |
| 3.2.2. All public officials within the institution who are required to do so have submitted their regular annual asset and income disclosure reports to the Agency for the Prevention of Corruption in a timely manner, including reports upon assuming office, starting from 1 January of the current year. | 87 | 78 | 89.68% |

Indicator 3.2.1: Existence of internal rules defining conflicts of interest, related parties, and the performance of other activities

Slightly more than half of the institutions (**65.67%**) have adopted an internal rule that provides detailed definitions of conflicts of interest and prescribes consequences for non-compliance.

The primary healthcare centres in Andrijevica, Berane, and Bijelo Polje developed these internal acts after becoming familiar with the Methodology, and their acts cover all key elements of conflict-of-interest management. These acts include a definition of an associated person; provisions on avoiding conflicts of interest when prescribing and dispensing medicines; rules governing the participation of healthcare workers in conferences organised by pharmaceutical companies; mechanisms for monitoring compliance; and defined consequences in cases of violations.

In eight institutions, internal acts do not contain provisions on how compliance will be monitored. Without a clearly defined monitoring mechanism, there is a risk that internal acts will not be implemented in practice or that they will be applied selectively.

Indicator 3.2.2: Submission of income and asset disclosure reports to the Agency

Based on the Agency’s official records, proceedings were initiated against public officials in three institutions due to their failure to submit the regular annual income and asset disclosure report for 2024 (due by 31 March 2025), or to submit a report upon assuming office during 2025. All other institutions submitted the required reports within the statutory deadline, resulting in a high performance level for this Indicator (**89.68%**).

Criterion 3.3: Existence and implementation of rules on the acceptance of gifts

In this Criterion, a performance rate of 70% was achieved in relation to the adoption of an internal act regulating the acceptance of gifts and the handling of gifts received by employees, while a lower performance rate (41.38%) was achieved regarding the additional regulation of how public officials handle gifts they receive.

Challenges observed:

The internal acts adopted in most cases contain only the provisions on the acceptance of gifts set out in the Law on the Prevention of Corruption, without further elaboration of procedures and the manner of disposing of gifts received by employees.

| Criterion – Indicators | Maximum score | Score achieved | Performance (%) |
|---|---------------|----------------|-----------------|
| 3.3 Existence and implementation of rules on the acceptance of gifts | 59 | 33 | 55.90% |
| 3.3.1 Existence of internal rules regulating the acceptance of gifts and the handling of gifts received by employees, applicable to all employees in the public authority – 1 point | 30 | 21 | 70.00% |
| 3.3.2 Existence of internal rules regulating the handling of gifts received by public officials – 1 point | 29 | 12 | 41.38% |

Indicator 3.3.1 Handling of gifts received by employees

Under this Indicator, an assessment was conducted of the extent to which public authorities are prepared to establish certain standards that are not always prescribed by law as mandatory, but whose application can influence ethical and professional conduct of employees.

Health care institutions regulate the acceptance of gifts by employees in different ways. Some have done so through their Code of Ethics, which contains provisions prohibiting the acceptance of gifts, while others have adopted a separate internal act.

After reviewing the Methodology, the primary health care centres Andrijevisa, Bijelo Polje, Danilovgrad and Pljevlja adopted a rulebook regulating the acceptance of gifts and the handling of gifts received by employees.

The overall performance for this Indicator is high – **70%**.

Indicator 3.3.2 Handling of gifts received by public officials

A somewhat lower performance (**41.38%**) was achieved in the detailed regulation of the acceptance of gifts by public officials.

A total of 12 public authorities established detailed rules governing the acceptance and handling of gifts received by public officials.

Following the submission of the Methodology, the primary health care centres Andrijevisa, Bijelo Polje, Danilovgrad and Pljevlja adopted a rulebook on the manner of disposing of gifts received by public officials.

Criterion 3.4: Application of ethical rules and quality of healthcare

The highest performance within this criterion was achieved under the Indicator relating to the existence of a Commission for Quality Control of Healthcare Services, with a fulfilment rate of **92.59%**. Challenges observed:

Although the authorities have appointed an Ethics Committee and a Commission for Quality Control of Healthcare Services, their work has not yet fully taken root and does not demonstrate full functionality.

| | | | |
|--|------------|-----------|----------------|
| 3.4 Existence and application of ethical rules | 108 | 74 | 68.52%% |
| 3.4.1 Existence of an Ethics Committee – 1 point | 27 | 22 | 81.48% |
| * If there is evidence of the Ethics Committee’s work, the authority is awarded an additional 1 point . | 27 | 11 | 40.74% |
| 3.4.2 Existence of a Commission or designated person (for authorities with fewer than 10 employees) for the quality control of healthcare services – 1 point | 27 | 25 | 92.59% |
| * If the Commission has prepared a report for the previous year (2024), the authority is awarded an additional 1 point . | 27 | 16 | 59.26% |

Indicator 3.4.1: Ethics Committee and its work

The Ethics Committee was appointed by 22 authorities.

As evidence of the Committee's work, the Agency received approvals issued to doctors for conducting research and for specialist work, decisions authorising scientific-research activities, as well as rules of procedure and reports on the work of the Ethics Committee.

Evidence of the Ethics Committee's work was submitted by 11 authorities, indicating that the full functionality of this body has not yet been established.

Indicator 3.4.2: Work of the Commission for Quality Control of Healthcare Services

This Indicator was excluded from the scoring of the Health Insurance Fund of Montenegro, the CInMED, and the Medical Chamber of Montenegro, as it is not applicable to their competences. Of the 27 healthcare institutions to which this obligation applies, 25 appointed the Commission, achieving a high performance of **92.59%**.

The Emergency Medical Service of Montenegro and HCI Pharmacies of Montenegro "Montefarm" did not submit evidence of having appointed the Commission.

A report on the Commission's work for the previous year was prepared by 16 authorities. As with the work of the Ethics Committee, it appears that most institutions have fulfilled their legal obligation to establish the Commission, but the practical functionality of this body has not yet been fully developed.

Category 4: Indicators whose fulfilment results in the deduction of points

This Category does not contain criteria but seven indicators whose fulfilment results in the deduction of points from the public authority. It serves as a corrective to the points awarded in the previous three categories, given that the data relevant to the fulfilment of these Indicators can largely be verified through the records and reports of other oversight bodies. Public authorities included in the assessment were also required to submit proof of fulfilment of the indicators or a declaration confirming that there were no irregularities, judgments, or other findings that would lead to the deduction of points.

The fulfilment of Indicators in this Category shows in which areas the measures from the previous three categories are not applied or are ineffective in practice.

Most public authorities stated that they had no situations that would lead to the fulfilment of any of the indicators.

The assessment in this category was based both on the evidence submitted by the authorities and on APC records and publicly available reports of the State Audit Institution (SAI). A total of 52 points were deducted from public authorities in this category, which represents 9.6% of the maximum points that could have been deducted.

Challenges observed:

The largest deductions resulted from APC opinions establishing endangerment of the public interest indicating the existence of corruption (20.69%), followed by finally adjudicated court proceedings ending against the authority (20.00%).

| Category 4 | Maximum score | Score achieved | Performance (%) |
|--|---------------|----------------|-----------------|
| Indicators whose fulfilment results in the deduction of points from the public authority | -540 | -52 | -9.63% |
| <p>4.1. Finally adjudicated court proceedings ending against the public authority from 1 January of the current year (all proceedings except those referred to in Indicator 4.3) – 3 points.</p> <p>* If the number of finally adjudicated court proceedings ending against the public authority is fewer than three, 2 points are deducted.</p> | -90 | -18 | 20.00% |
| <p>4.2 The Agency for Personal Data Protection and Freedom of Information has, since 1 January of the current year, identified irregularities during an inspection of the authority (related to preparing and updating the guide for access to information, proactive disclosure, and submitting documents and data required for the information system on access to information) – 2 points.</p> <p>* If evidence is provided that the authority has implemented the recommendations issued, the negative points may be reduced depending on the level of implementation.</p> | -60 | 0 | 0.00% |
| <p>4.3 The Administrative Court has, since 1 January of the current year, issued judgments against the authority for “administrative silence”, i.e. cases where a public authority failed to adopt an administrative act, decide on an appeal, undertake an administrative action, or decide on a complaint – 3 points.</p> <p>* If the number of finally adjudicated proceedings ending against the public authority is fewer than three, 2 points are deducted.</p> | -90 | 0 | 0.00% |
| <p>4.4 SAI opinion on financial management and compliance in cases where the authority was subject to audit by the State Audit Institution in the previous five years:</p> <p>a) qualified opinion: –2 points</p> <p>b) adverse or disclaimed opinion and/or negative findings in a performance audit report – 3 points.</p> <p>* If evidence is provided that the authority has implemented the recommendations issued, the negative points may be reduced depending on the level of implementation.</p> | -90 | -6 | 6.67% |
| <p>4.5 APC opinions issued in the previous two years establishing endangerment of the public interest indicating the existence of corruption – 3 points</p> | -87 | -18 | 20.69% |
| <p>4.6 In the previous three years there were cases where disciplinary proceedings (against employees) could not be initiated or conducted due to the statute of limitations – 2 points.</p> | -60 | -4 | 6.67% |
| <p>4.7 In the previous year there were cases where a healthcare worker or associate performed supplementary work without the required approval – 2 points.</p> | -60 | -6 | 10% |

Indicator 4.1: Court proceedings

Since 1 January 2025, final court judgments have been rendered against eight public authorities, resulting in a total deduction of 18 points.

The public authorities did not provide detailed information on the disputes they lost. Some noted that the cases concerned compensation of damages, employment-related claims, and similar matters. The remaining 22 authorities stated that no final court proceedings had been concluded to their detriment.

Indicator 4.2. Oversight by the Agency for Personal Data Protection and Free Access to Information concerning proactive disclosure

Almost all healthcare institutions indicated that, in the previous year, no irregularities were identified during the inspections conducted by the Agency for Personal Data Protection and Free Access to Information regarding proactive disclosure of information and the submission of acts and data required for the functioning of the information system, or that no such oversight had taken place.

As this indicator covers the period from 1 January 2025, verification through the Agency's annual report was not possible, as the report has not yet been published.

Indicator 4.3 Administrative Court judgments due to "administrative silence"

As with the previous indicator, the public authorities stated that there had been no judgments of the Administrative Court in the reporting period for "administrative silence", i.e. situations in which a public authority failed to adopt an administrative act, failed to decide on a party's appeal, failed to undertake an administrative action, or failed to decide on a party's objection.

Indicator 4.4 Opinions of the State Audit Institution (SAI)

For HCI Pharmacies of Montenegro "Montefarm" and the Health Insurance Fund of Montenegro, the maximum number of points under this indicator was deducted, as the SAI issued a negative opinion on the regularity of financial operations, and no evidence was submitted showing that any of the recommendations had been implemented, nor has the SAI issued a follow-up audit report indicating whether the recommendations were implemented. A total of six points was therefore deducted.

Indicator 4.5 Opinions of the APC on endangerment of the public interest

According to the records of the Agency for the Prevention of Corruption, in the previous two years endangerment of the public interest indicating the existence of corruption was established in six institutions: the Clinical Centre of Montenegro, PHC Berane, PHC Herceg Novi, PHC Rožaje, HCI Pharmacies of Montenegro "Montefarm", and the Institute for Medicines and Medical Devices of Montenegro.

A total of 18 points was deducted.

Indicator 4.6 Statute of limitations in disciplinary proceedings

A total of 4 points was deducted under this indicator, as HCI Pharmacies of Montenegro "Montefarm" and the Health Insurance Fund of Montenegro indicated, and submitted evidence, that in the previous three years there had been cases in which the statute of limitations expired for initiating and conducting disciplinary proceedings (against employees), which fall within the competence of healthcare institutions.

Indicator 4.7 Performing supplementary work without authorisation

General Hospital Nikšić, PHC Ulcinj and the Emergency Medical Service of Montenegro informed the Agency of cases in which healthcare workers and associates performed supplementary work without the director's authorisation. The other public authorities stated that no such cases had occurred.

Conclusions and recommendations

The Agency, in the process of applying the Methodology for the health sector, prepared 30 individual reports. Each report provides an overview of the situation at the level of a public authority regarding the application of anti-corruption measures and, based on the established findings, contains recommendations that the authorities should implement in the coming period. A total of 717 recommendations was issued.

The focus of the sector report is on recommendations whose implementation should lead to systemic solutions to the observed irregularities.

Given that public authorities in the health sector applied the Methodology for the first time, and that there were differing interpretations of certain Indicators, as well as difficulties in assessing some evidence that was not fully clear, the Agency, based on the analysis of the data across all Categories, Criteria and all established Indicators, reached the following conclusions:

Category 1: Creating conditions for the implementation of regulations to prevent corruption

The strongest performance in applying anti-corruption measures was achieved in establishing internal mechanisms for managing corruption risks. The majority of public authorities fulfilled the formal obligations under the Law on the Prevention of Corruption related to appointing an integrity manager, preparing and implementing an integrity plan, and completing the questionnaire for assessing the effectiveness and efficiency of the integrity plan.

There are still public authorities that have not entered their integrity plan into the application in the manner prescribed by the user manual. The observed irregularity concerns the way in which risk-mitigation measures were entered: instead of entering each measure separately, several measures were entered jointly. Such an approach makes it difficult to monitor and report on the implementation of each individual measure.

The system of internal audit in the health sector is insufficiently developed. Only five public authorities have established this mechanism. Most public health institutions did not act in accordance with the law, as they neither concluded agreements on delegating internal audit tasks nor established an internal audit unit. Even where formal agreements existed, internal audit was often not conducted in practice. This situation demonstrates a significant gap between the legal framework and its practical application.

Only three public authorities prepared a risk register, although this obligation was retained in the new law adopted in August 2025. It is positive that all three authorities updated the register, but only HCI Pharmacies of Montenegro "Montefarm" ensured full transparency by publishing it.

As regards the preparation of a procedures manual, some institutions published internal acts on their website under a section titled “Procedures Manual,” while others adopted a separate document containing multiple internal acts. However, in terms of content, a good practice example is the procedures manual of the Clinical Centre of Montenegro, published on the institution’s website (<https://www.kccg.me/wp-content/uploads/2025/08/Procedure.pdf>), which contains procedures related to work processes, the risks within those processes, and the responsible staff for each activity carried out.

Most public authorities (76.67%) acted in line with the legal obligation and designated a whistleblower contact point. However, only half of the authorities made the designation publicly available and adopted an internal act on handling reports, while only six authorities defined the method and criteria for selecting the designated person.

Recommendations:

- It is necessary, when developing the integrity plan and identifying residual corruption risks, to analyse all sources of risk (normative, organisational and human-resource related) and then define one or more measures aimed at reducing or eliminating those risks.
- When developing the integrity plan, each residual risk—or a group of several related risks—should be assessed individually. For each risk or group of risks, appropriate measures, deadlines and responsible persons should be defined. Each measure must be entered separately into the integrity-plan application to enable monitoring of its implementation.
- Vacancies in internal audit units should be filled, particularly in authorities that, through an agreement, have been entrusted with performing internal audit for another entity. Staffing should be based on an analysis of human-resource needs and the budgetary capacity of the authority.
- The Ministry of Health, in cooperation with the Ministry of Finance, should implement a capacity-building programme for internal audit across all public healthcare institutions, through training and recruitment of internal auditors.
- The Ministry of Health, in cooperation with the Ministry of Finance, should determine which healthcare institutions, due to their small number of employees, may entrust internal audit to another entity or jointly establish an internal audit unit on the basis of an agreement, to ensure efficiency and rational use of resources. An effective mechanism must be established for the implementation of the Law on Public Sector Management, Internal Control and Internal Audit by the Ministry of Finance and the Ministry of Health, to ensure the implementation of the measures prescribed by law.
- It is necessary to designate a person or organisational unit responsible for receiving and handling whistleblower reports, and to make information on the designated contact point available within the working environment and/or on the institution’s website.
- The internal act should regulate in more detail the procedure for receiving and processing reports, as well as the criteria for selecting the person responsible for receiving and handling whistleblower reports.
- When updating the integrity plan, authorities should review the weaknesses identified in this report and assess corruption risks and other irregularities in those areas.

Category 2: Strengthening the Institutional Framework for Preventing Corruption

In this category, a somewhat lower performance was achieved (45.89%). The strongest results were recorded in the implementation of measures related to the availability of documents and information on the work of public authorities, such as the integrity plan, the report on the implementation of the integrity plan, and the guide on free access to information.

Practices among institutions differ with regard to fulfilling the obligations under Article 12 of the Law on Free Access to Information. The APC noted a lack of understanding about which information must be published when access to information has been granted upon request. Most institutions published only the decision resolving the request, assuming that this satisfied the legal requirement. Although the requested information is sometimes contained in the decision itself, there are situations in which, in addition to publishing the decision, the institution must also publish the requested information or provide the applicant with a notice indicating where that information can be found (e.g. where previously published court judgments requested by the applicant are available).

The practice of using the information system for free access to information, managed by the Agency for Personal Data Protection and Free Access to Information, has still not been established. No institution has published datasets on the Open Data Portal, although this obligation is prescribed by law.

In terms of communication with patients, 70.37% of institutions have published a complaint form, while only one third of institutional websites are adapted for persons with disabilities. Publication of waiting lists shows a high level of compliance (80.00%), which represents good practice.

Two institutions that enabled online submission of complaints in a machine-readable format also stand out as positive examples. Most institutions that have an obligation to appoint a patient-rights advocate have fulfilled this requirement. However, it is necessary to ensure regular preparation and submission of their annual reports to the line ministry, as well as publication of contact information for the patient-rights advocate on the institution's website.

In the area of human resource management, most institutions lack an internal act that fully regulates the recruitment process—including the method of assessing competencies, clear Criterione, and a point-scoring system. The overall performance of 32.76% indicates a need for further normative development. Furthermore, only 20% of institutions have internal acts that regulate engagement under contracts outside of employment, which creates space for conflicts of interest, nepotism, and corruption. For this reason, it is essential to establish clear procedures and accountability mechanisms for engagement under service contracts or temporary and occasional work contracts.

Results show that most institutions included risks and measures related to recruitment planning, the recruitment process, rewarding/awarding incentives, and sanctions in their integrity plans, while significantly fewer included processes related to performance appraisal and monitoring.

A positive result was achieved in maintaining the register of approvals for supplementary work (80.36%), indicating a relatively good level of compliance with legal obligations in this area.

Institutions generally did not show readiness to establish internal mechanisms for ethical and professional conduct in terms of designating a staff member responsible for ethics and integrity. Only five institutions did so.

In assessing risks through the integrity plan related to protection from discrimination, gender equality, and workplace harassment, performance was very low. Only one institution included all relevant areas, while most recognised risks only in the context of prohibiting discrimination. Awareness is still insufficient that socially vulnerable groups—such as persons with disabilities, older persons, women, members of minority communities, and economically disadvantaged citizens—are particularly exposed to corruption risks. Their vulnerability stems from limited access to information, dependence on public services and institutions, and a lack of effective mechanisms for protection and enforcement of rights.

Recommendations:

- It is necessary to improve the practice of publishing information in accordance with Article 12 of the Law on Free Access to Information. If the decision granting access does not contain the requested information, the information must be published separately, in compliance with personal data protection regulations.
- Requests for free access to information must be recorded through the information system administered by the Agency for Personal Data Protection and Free Access to Information.
- Information on the work of the institution should be made available through the Open Data Portal (www.gov.me).
- The institution's website should be made accessible to persons with disabilities.
- Internal acts should regulate in more detail the engagement of persons under contracts outside employment (contracts for temporary and occasional work, service contracts, etc.).
- When updating the integrity plan, it is important to analyse risks in the area of human-resource management—those relating to workforce planning and recruitment procedures, performance appraisal and career progression, and reward and sanction systems—and to define measures for their mitigation.
- Consider designating a staff member or establishing a post responsible for ethics and integrity, corruption prevention, advisory functions and related duties.
- Contact details of the patient-rights advocate must be published on the institution's website and/or displayed in another visible location within the institution (noticeboard, etc.).
- In the next integrity-plan cycle, it is necessary to assess risks relating to the areas of prohibition of discrimination, workplace harassment, discrimination against persons with disabilities, and gender equality, and to define measures for their prevention.

Category 3: Strengthening the Ethical Culture

Although managers are expected to demonstrate commitment to integrity values through their own conduct, their participation in training programmes is rare (13.33%), while participation among employees is somewhat higher (46.67%).

To strengthen the integrity system, it is essential to ensure continuous and targeted training for integrity managers and managerial staff, and to encourage their active engagement so that they promote ethical values, professionalism and accountability within institutions by example.

Slightly more than half of the authorities (65.67%) have regulated conflict-of-interest management through an Ethics Code or a dedicated internal act. In relation to the submission of income and asset declarations, performance is high (89.68%), as most public officials submitted their reports to the APC on time. Proceedings were initiated only in three authorities due to delays or omissions.

The results show that health-sector authorities have partially established internal standards on the management of gifts received. Overall performance for employees is relatively high (70%), as many institutions have introduced rules through their Ethics Codes or separate internal acts. Performance is somewhat weaker (41.38%) in relation to detailed regulation of gifts received by public officials.

Most authorities have appointed an Ethics Committee and a Quality-of-Care Committee, but full functionality has not yet been achieved, given that only half of the institutions submitted evidence of their work. Various factors may contribute to this situation—limited availability of committee members, insufficient administrative or material support, or low awareness among staff of the importance of these bodies—but they should be examined in order to improve their functioning.

Recommendations:

- At the institutional level, it is necessary to identify the training needs of employees and managers (professional training, training on ethics and integrity, anti-corruption and related areas) in order to refer staff to appropriate programmes.
- It is necessary to consider updating the Ethics Code or the internal act regulating conflicts of interest and supplementing it with provisions relating to:
 1. the definition of an associated person,
 2. avoiding conflicts of interest when prescribing or dispensing medicines,
 3. participation of health-care workers in conferences organised by pharmaceutical companies,
 4. monitoring the application of the rules and determining consequences in case of breaches.
- It is necessary to raise staff awareness of the mandate and role of the Ethics Committee so that its existence has a tangible effect on ethical conduct within health-care institutions.
- All authorities should strengthen the capacity of, and provide administrative support to, the Quality-of-Care Committee, so that regular reviews are carried out and annual reports are prepared.

- When updating the integrity plan, it is necessary to assess the risk of non-compliance with the obligation to submit an annual declaration or a declaration upon assuming office, and to define measures and controls that will improve compliance (e.g. reminders issued by the integrity manager).

Category 4: Indicators Leading to Points Deduction

The assessment of Indicator fulfilment was based on the evidence provided by the authorities, in addition to the APC's records and the reports of the State Audit Institution (SAI). The highest number of points was deducted due to opinions issued by the APC indicating endangerment of the public interest and possible corruption, followed by final court judgments rendered against authorities in 2025, as well as qualified or adverse opinions of the SAI.

Recommendations:

- At the institutional level, it is necessary to conduct an analysis of court cases that were concluded to the detriment of the authority and, based on the findings, take appropriate measures—such as updating the risk register and integrity plan by identifying high-risk work processes and defining measures, or by developing or amending internal procedures.
- At the system level, it is necessary to carry out an analysis of final court judgments issued against health-care institutions in order to determine whether systemic causes exist—such as outdated legal provisions, excessive discretionary powers of decision-makers, etc.—that require resolution through amendments to the relevant legislation.
- Timely follow-up on the recommendations issued in the SAI report.
- When updating the integrity plan, it is necessary to assess risks related to compliance with the obligations of public officials prescribed by the Law on the Prevention of Corruption and to define measures that will improve compliance (e.g. informing officials of their obligations upon assuming office, adherence to restrictions on holding multiple positions, transfer of management rights in commercial companies).
- Establish effective oversight of supplementary work performed by health-care workers.

Annex 1. Table of points achieved by each institution by category and criterion

| Institution | 1.1 | 1.2 | 1.3 | 1 | 2.1 | 2.2 | 2.3 | 2 | 3.1 | 3.2 | 3.3 | 3.4 | 3 | 4 | Score | Performance |
|---------------------------------|-----|-----|-----|------|------|-----|-----|------|-----|-----|-----|-----|------|----|-------|-------------|
| PHC Berane | 14 | 0 | 6 | 20 | 15,5 | 6 | 5 | 26,5 | 2 | 7 | 2 | 4 | 15 | -3 | 58,5 | 68,82% |
| PHC Bijelo Polje | 14 | 2,5 | 6 | 21,5 | 13 | 5 | 4 | 22 | 2 | 7 | 2 | 4 | 15 | 0 | 58,5 | 68,82% |
| PHC Andrijevica | 14 | 0 | 6 | 20 | 13,5 | 6 | 5 | 24,5 | 1 | 7 | 2 | 3 | 13 | 0 | 57,5 | 67,65% |
| CInMED | 14 | 12 | 4 | 30 | 10,5 | 3 | 1 | 14,5 | 2 | 6 | 2 | N/A | 10 | -5 | 49,50 | 65,13% |
| Clinical Centre of Montenegro | 14 | 4 | 6 | 24 | 13 | 5 | 7 | 25 | 2 | 4,5 | 1 | 3 | 10,5 | -3 | 56,50 | 64,94% |
| General Hospital Bar | 14 | 2 | 4 | 20 | 13 | 4 | 8 | 25 | 1 | 4,5 | 2 | 2 | 9,5 | 0 | 54,50 | 62,64% |
| PHC Mojkovac | 14 | 0 | 5 | 19 | 13 | 6 | 3 | 22 | 1 | 6,5 | 2 | 2 | 11,5 | 0 | 52,50 | 61,76% |
| PHC Kolašin | 14 | 0 | 6 | 20 | 13 | 5 | 4 | 22 | 1 | 3 | 2 | 4 | 10 | 0 | 52,00 | 61,18% |
| Special Hospital Kotor | 13 | 2 | 4 | 19 | 16,5 | 2 | 4 | 22,5 | 1 | 4,5 | 2 | 4 | 11,5 | 0 | 53,00 | 60,92% |
| PHC Cetinje | 14 | 0 | 4 | 18 | 11 | 5 | 5 | 21 | 2 | 5 | 1 | 4 | 12 | -2 | 49,00 | 57,65% |
| Special Hospital Risan | 14 | 0 | 6 | 20 | 13 | 2 | 3 | 18 | 1 | 6 | 1 | 2 | 10 | 0 | 48,00 | 55,17% |
| Special Hospital Brezovik | 13 | 0 | 4 | 17 | 12 | 4 | 4 | 20 | 1 | 4,5 | 1 | 4 | 10,5 | 0 | 47,50 | 54,60% |
| PHC Pljevlja | 14 | 0 | 2 | 16 | 12 | 3 | 4 | 19 | 2 | 3 | 2 | 3 | 10 | 0 | 45,00 | 52,94% |
| PHC Bar | 13 | 0 | 3 | 16 | 9 | 4 | 3 | 16 | 2 | 4,5 | 1 | 2 | 9,5 | 0 | 41,50 | 48,82% |
| General Hospital Cetinje | 14 | 0 | 1 | 15 | 9 | 5 | 3 | 17 | 1 | 5 | 1 | 3 | 10 | 0 | 42,00 | 48,28% |
| IPH | 14 | 2 | 1 | 17 | 9,5 | 4 | 3 | 16,5 | 1 | 1,5 | 1 | 4 | 7,5 | 0 | 41,00 | 48,24% |
| PHC Danilovgrad | 13 | 0 | 5 | 18 | 6 | 5 | 2 | 13 | 1 | 3 | 2 | 2 | 8 | 0 | 39,00 | 45,88% |
| Blood Transfusion Institute | 14 | 0 | 2 | 16 | 6,5 | 3 | 4 | 13,5 | 0 | 4,5 | 1 | 4 | 9,5 | 0 | 39,00 | 45,88% |
| PHC Podgorica | 14 | 0 | 2 | 16 | 4,5 | 3 | 4 | 11,5 | 1 | 5 | 0 | 4 | 10 | 0 | 37,00 | 44,12% |
| General Hospital Bijelo Polje | 14 | 0 | 1 | 15 | 7,5 | 5 | 2 | 14,5 | 1 | 3 | 1 | 2 | 7 | 0 | 36,50 | 41,95% |
| HIF | 14 | 11 | 0 | 25 | 8 | 2 | 2 | 12 | 1 | 0 | 0 | N/A | 1 | -7 | 31,00 | 41,89% |
| General Hospital Nikšić | 13 | 0 | 0 | 13 | 9,5 | 3 | 3 | 15,5 | 1 | 5 | 1 | 3 | 10 | -5 | 33,50 | 38,51% |
| Clinical–Hospital Centre Berane | 14 | 0 | 1 | 15 | 7,5 | 1 | 2 | 10,5 | 1 | 0 | 2 | 3 | 6 | 0 | 31,50 | 36,21% |
| Montefarm | 10 | 7 | 2 | 19 | 7,5 | 1,5 | 3 | 12 | 1 | 4,5 | 1 | 0 | 6,5 | 10 | 27,50 | 32,35% |
| General Hospital Pljevlja | 14 | 0 | 3 | 17 | 4 | 1 | 1 | 6 | 1 | 3 | 0 | 2 | 6 | -2 | 27,00 | 31,03% |
| PHC Herceg Novi | 13 | 0 | 0 | 13 | 4 | 3 | 3 | 10 | 2 | 3 | 0 | 2 | 7 | -5 | 25,00 | 29,41% |
| PHC Ulcinj | 13 | 0 | 0 | 13 | 4 | 3 | 1 | 8 | 1 | 3 | 0 | 1 | 5 | -2 | 24,00 | 28,24% |
| PHC Rožaje | 11 | 0 | 0 | 11 | 3 | 2 | 1 | 6 | 1 | 5 | 0 | 3 | 9 | -3 | 23,00 | 27,06% |
| Emergency Medical Service | 14 | 0 | 0 | 14 | 4 | 1 | 0 | 5 | 1 | 3 | 0 | 0 | 4 | -5 | 18,00 | 21,18% |
| Medical Chamber of Montenegro | 12 | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | N/A | 2 | 0 | 14,00 | 20,00% |

Annex 2. Effects of applying the Methodology

Between the start of work on the Methodology and the submission of comments on the draft individual reports (7 May–13 October 2025), a total of 17 institutions carried out 53 activities, either by preparing documents or by establishing practices aimed at preventing corruption. The activities implemented are summarised below.

Clinical Centre of Montenegro

1. Internal procedure for receiving and handling whistleblower reports adopted (29 August 2025)
2. Internal rule on concluding contracts for temporary and occasional work adopted (29 August 2025)
3. Internal rule on concluding contracts for services adopted (29 August 2025)
4. Staff member designated to perform duties related to ethics, integrity and anti-corruption (25 August 2025).

General Hospital “Blažo Orlandić” Bar

5. Updated access-to-information guide (10 October 2025).

General Hospital Nikšić

6. Decision on the appointment of the Ethics Committee adopted (25 June 2025)

General Hospital Pljevlja

7. Internal rule adopted on handling and recording corruption reports within General Hospital Pljevlja, including the protection of the identity of the reporting person (1 July 2025)
8. Decision adopted on the designation of the person responsible for receiving and handling whistleblower reports (13 June 2025)
9. Decision on the appointment of the Ethics Committee adopted (7 August 2025)

Special Hospital for Orthopaedics, Neurosurgery and Neurology “Vaso Ćuković” Risan

10. Updated instruction for handling and recording corruption reports (7 October 2025)
11. Updated access-to-information guide (3 October 2025)
12. Updated rulebook on vacancy announcements for recruitment (7 October 2025)
13. Updated Code of Ethics (8 October 2025).

PHC Andrijevica

14. Rulebook on handling whistleblower reports adopted at PHC Andrijevica (7 August 2025)
15. Updated Rulebook on handling whistleblower reports at PHC Andrijevica (2 October 2025)
16. Rulebook on the procedure for managing contracts for services adopted (30 September 2025)
17. Rulebook on the procedure for managing temporary and occasional work contracts adopted (30 September 2025)
18. Decision prepared on the designation of the person responsible for ethics, integrity and anti-corruption matters (3 October 2025)
19. Rulebook on procedures for preventing conflicts of interest adopted (3 October 2025)
20. Rulebook on the content and manner of maintaining the gifts register adopted (8 August 2025)

PHC Bar

21. Updated access-to-information guide (7 August 2025)
22. Decision adopted designating the person responsible for maintaining records and handling whistleblower reports (8 October 2025)

PHC "Dr Nika Labović" Berane

23. Updated access-to-information guide (8 August 2025)
24. Rulebook on handling whistleblower reports adopted at PHC "Dr Nika Labović" Berane (8 August 2025)
25. Website adapted for persons with disabilities (October 2025)
26. Rulebook on the procedure for managing temporary and occasional work contracts adopted (26 August 2025)
27. Rulebook on the procedure for managing contracts for services adopted (26 August 2025)
28. Decision adopted on the appointment of the person responsible for ethics, integrity and anti-corruption at PHC "Dr Nika Labović" Berane (14 October 2025)
29. Rulebook on procedures for preventing conflicts of interest adopted at PHC "Dr Nika Labović" Berane (14 October 2025).

PHC Bijelo Polje

30. Internal procedure adopted for handling whistleblower reports concerning threats to the public interest indicating corruption or other irregularities (12 May 2025)
31. Rulebook adopted on the conditions and manner of engaging persons under temporary and occasional work contracts (29 July 2025)

- 32. Rulebook adopted on the conditions and manner of engaging persons under contracts for services at PHC Bijelo Polje (30 June 2025)
- 33. Internal instruction adopted on procedures for preventing conflicts of interest at PHC Bijelo Polje (18 July 2025)
- 34. Rulebook adopted on regulating the receipt of gifts and employee conduct regarding received gifts (30 May 2025)
- 35. Rulebook adopted on the handling of gifts received by public officials (19 June 2025).

PHC "Dimitrije Dika Marenić" Danilovgrad

- 36. Rulebook adopted on the conditions and manner of engaging persons under contracts for services (10 September 2025)
- 37. Rulebook adopted on regulating the receipt of gifts and employee conduct regarding received gifts (10 September 2025)
- 38. Rulebook adopted on the handling of gifts received by public officials (10 September 2025).

PHC Herceg Novi

- 39. Decision adopted on the appointment of the members of the Ethics Committee (22 July 2025)

PHC "Boško Dedejić" Mojkovac

- 40. Updated access-to-information guide (July 2025)
- 41. Rulebook adopted on the conditions and manner of engaging persons under temporary and occasional work contracts (7 August 2025)
- 42. Internal instruction adopted on procedures for preventing conflicts of interest (6 August 2025).

PHC Pljevlja

- 43. Updated access-to-information guide (31 May 2025)
- 44. Rulebook adopted on regulating the receipt of gifts and employee conduct regarding received gifts (30 July 2025)
- 45. Rulebook adopted on the handling of gifts received by public officials (30 July 2025)
- 46. Decision on the appointment of the Ethics Committee adopted (28 July 2025);

PHC Ulcinj

- 47. Decision adopted on the appointment of the Patient Rights Advocate (8 June 2025).

HCI Pharmacies of Montenegro “Montefarm”

48. Rulebook on recruitment adopted (11 July 2025).

Institute for Medicines and Medical Devices of Montenegro (CInMED)

49. Risk register prepared (June 2025)

50. Internal act adopted – Procedure for handling whistleblower reports (1 August 2025).

Blood Transfusion Institute of Montenegro

51. Annual report for 2024 published on the institution’s website

52. List of healthcare workers granted approval for additional work published

53. Updated Code of Ethics for employees of the Blood Transfusion Institute of Montenegro (8 September 2025).

