

Case study

A risk-based approach to tackle corruption in the health sector

Lessons from Tunisia



Introduction

Corruption in the health sector remains a critical obstacle to the achievement of the Sustainable Development Goals, including targets for universal health coverage. Research has shown that corruption in the health sector causes losses of US\$455 billion per year, contributing to weaker health systems and the diversion of fundamental health resources from those who need them. These effects can in turn lead to negative health outcomes, in particular for the poor and vulnerable. The COVID-19 pandemic has exacerbated the consequences of corruption for the most vulnerable, including direct risks to health, further underlining the need for transparent and accountable systems.

Recent years have seen significant growth in the scope and intensity of anti-corruption efforts worldwide. While this progress is visible at the level of national policies and global frameworks, significant gaps remain in the translation of these high-level commitments and strategies into results on the ground.

Historically, governments and their partners in the international development community have generally avoided tackling the issue of corruption head on with explicit and well-targeted programming. When pressed for action, the predominant approaches have tended to focus on generic, and by and large technical, governance reforms that focus on aspects like enhancing government functions, introducing modern working methods, and human resource management reforms. In cases where explicit anti-corruption action has been taken, it has often entailed disproportionate emphasis on criminal law enforcement and punitive measures over pre-emptive action and preventive interventions to systematically tackle the root of the problem.

These approaches have yielded limited impact, especially in contexts where the rule of law is weak, public trust in government is low, and public institutions are infiltrated by vested interests. Moreover, the overly broad and ambitious nature of national anti-corruption strategies adopted across the world in the last two decades has meant limited attention on the context-specific drivers of corruption in highly vulnerable sectors such as health. There is also broad recognition that health has been largely underrepresented in discussions about corruption.

To contribute to the evolution in approaches to anti-corruption that had unfolded over time in the Arab States, UNDP began to work with anti-corruption and governance communities in 2010 to explore and define evidence-based methodologies for corruption prevention. As part of these efforts, UNDP also developed new frameworks and tools to address corruption at the sectoral level. Building on lessons that emerged over the years through the UNDP Anti-Corruption and Integrity in the Arab Countries (ACIAC) programme and regional expert group consultations in 2015-16, UNDP developed a **Conceptual Framework for Corruption Risk Assessment at Sectoral Level** in 2016. Through the framework, UNDP has supported several countries to customize and test a targeted approach to corruption prevention, equipping partners with the conceptual underpinnings to focus on corruption as a starting point for more comprehensive governance reforms.

Tunisia became the first country to roll out the new framework in 2016. With an initial focus on four key sectors, the process involved the introduction of a risk-based approach to corruption prevention across several ministries, implementation of sector-specific Corruption Risk Assessments, and the prioritization and roll out of corruption risk mitigation measures at national and service delivery level based on the risk mapping.

Within the health sector in particular, this approach has enabled Tunisia to reduce corruption risk and enhance the transparency and efficiency of health services. The early achievements of the multi-stakeholder efforts to prevent corruption in the health sector provide an illustrative example of the value of the approach for other country contexts, including within COVID-19 response and recovery efforts. The process likewise illuminates the significance of locally-owned, inclusive processes for anti-corruption reform at the national level, complemented by a systematic means of assessing vulnerability across the health system to design and test mitigation measures at priority intervention points.

This case study outlines the **process, results, enabling factors, and lessons learned from the initial phase (2016-2018)¹ of implementing a Corruption Risk Assessment in the health sector in Tunisia**. It is intended to support practitioners, policymakers, and development partners working at the intersection of health and governance to operationalize risk-based, sector-specific action to combat corruption and enhance transparency and accountability.

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¹ Note that finalization of the Corruption Risk Assessment took place in 2019 and implementation of measures it informed continued into 2020, as part of the UNDP Tunisia KOICA-funded project “Strengthening Democratic Governance and Public Accountability in Tunisia.”

The context

Between 2016 and 2018, UNDP supported six Middle East and North Africa countries (Egypt, Iraq, Lebanon, Morocco, Palestine, Tunisia) to pilot the new Conceptual Framework for Corruption Risk Assessment at the Sectoral Level, drawing on the lessons generated by the implementation processes to continually refine the approach. In Tunisia, UNDP applied the methodology as part of its “Strengthening Democratic Governance and Public Accountability in Tunisia” project. Among the enabling factors that allowed for the uptake of the corruption risk approach in these pilot countries was the presence of high-level political will, resource availability, and adequate partner support on the ground.

Momentum for the first pilot to take root in Tunisia originated at the regional level. In 2016, Tunisia hosted the Arab Anti-Corruption and Integrity Network (ACINET) Ministerial Conference, which provided an opportune forum to translate theory into practice. The conference was key in informing the development of a standardized methodology for corruption risk assessments – the first step of the corruption risk management process – with wide applicability and relevance to different political systems and drivers of corruption. Equally critical, the platform for peer to peer exchange served to generate political will and interest in its use among countries. By engendering momentum for innovation, the high-level dialogue played an important part in contributing to commitments eventually made by Tunisia and its partners to adapt and test the methodology.

With the commitment of the Prime Minister, the involvement of the National Anti-corruption Authority, technical support from UNDP, and funding from the Korea International Cooperation Agency (KOICA), the Government convened a multi-sectoral planning and sensitization workshop 10 days after the Ministerial conference. It prioritized four initial sectors² to pilot the corruption risk assessment methodology in Tunisia – health, customs, security forces, and municipalities – bringing sectoral actors together with anti-corruption experts. The standard methodology for corruption risk management provided a common systematic basis from which each could develop sector-specific action plans and tailored corruption risk mitigation measures according to the unique vulnerability points in each.

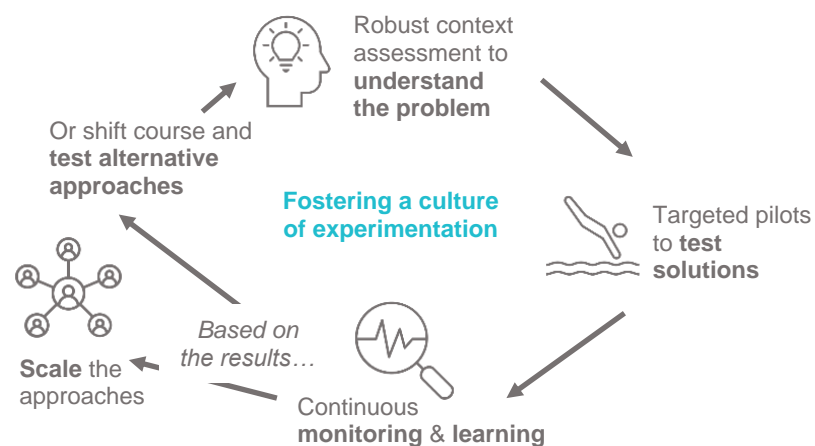
The **health sector was among the quickest to progress** in this process of rolling out the assessment and achieving concrete improvements through the resulting measures implemented at the health facility level. It has also sustained this progress, continuing to build on and scale the results following the launch of the initial pilots.

² Prioritization based on the 2014 National Statistics Institute Survey on Citizens' Perceptions of Security, Liberties and Local Governance

Applying the corruption risk approach in the health sector

There is no single approach to operationalizing a sectoral corruption risk management framework. **The early results and indicative measures of impact from interventions leveraging the UNDP-supported Corruption Risk Assessment (CRA) in the health sector in Tunisia, however, offer some lessons learned on important steps to facilitate the process.** While this process that began in 2016 is ongoing, with the health sector now at the stage of assessing and scaling effective corruption mitigation measures based on initial outcomes, its investments in institutionalizing the process of experimentation at the hospital level, establishing a sustainable governance structure at the national level, and instigating a culture shift across the health sector – from the policy to operational level – constitute critical milestones in and of themselves.

Given the long-term timeframe for realizing measurable reductions in corruption attributable to a specific mitigation measure, coupled with the uncertainties inherent in systems characterized by high degrees of complexity, cultivating a **culture of experimentation is foundational to success.**



This section outlines the key processes and initial results from piloting the corruption risk management framework in the health sector in Tunisia.

The process



Building a common language



Establishing a multi-stakeholder task force



Understanding the context & defining expected results



Assessing and mapping corruption risks



Validating the assessment & prioritizing mitigation measures



Interventions & capturing results at risk mitigation points



Scaling impact



1 Building a common language

As its first initiative, the Ministry of Health (MoH) convened a one-day workshop to introduce the conceptual framework for corruption risk assessment. This consultation constituted the first step toward establishing commitments across the health sector and laying the groundwork for effective multi-sectoral engagement. Most critically, the event brought together stakeholders from the anti-corruption community as well as a wide range of health sector functions.

In breaking down sectoral silos, the dialogue helped to constructively challenge assumptions about corruption among players in the health sector and to pave the way for new forms of

cooperation between health and governance actors who would not normally interact. Accordingly, a **primary objective for the workshop was to forge a common language and bridge conceptual divides** among key stakeholders, including hospital managers, policymakers, and technical experts from the national anti-corruption agency and the governance department of the prime minister's office. UNDP played an intermediary role in the process, providing support in a neutral advisory function to help foster common understanding across diverse technical backgrounds and priorities. In addition to providing a conceptual basis, the workshop entailed intensive training to provide stakeholders with the technical knowledge to conduct the CRA.

Language matters: lessons learned on changing perceptions towards corruption in the health sector

Among the most significant drivers, as well as outcomes, of the corruption prevention agenda rolled out in Tunisia was the shift in thinking around corruption itself. In many countries, national efforts to address corruption often couch the issue in generic language related to broader governance reforms, with a view to mitigating potential resistance. Among different stakeholders, there is usually a widely held perception that corruption was too sensitive an issue to discuss in explicit terms. Rather than stall progress or heighten tension on the issue, however, the corruption prevention efforts that unfolded in the health sector revealed that a direct approach using the language of 'corruption risk' in fact helped actors to tackle the problem at its roots. The role of the national workshop and subsequent health sector-specific trainings to gradually shape a common language around corruption and an understanding of the value of risk-based approaches for its prevention were therefore critical.

Some of the success factors behind the approach used in the trainings included:

- **Focusing on the system, not the individual:** Often, corruption becomes a taboo subject because of its association with punitive measures or certain ethical, cultural, or political connotations. In using the concept of risk management as an entry point to talk about corruption, the trainings removed the focus from the role of the individual in committing corrupt acts, to the role of systems in shaping individual behavior. Moreover, rather than suggesting that a given system was corrupt, the approach analyzed the ways in which components of a system may be vulnerable to corruption. The application of a pragmatic methodology to preemptively tackle the institutional drivers of corruption through a multi-stakeholder process therefore helped to mitigate pre-existing biases while also diverting attention away from subjective ideologies or opinions about corruption itself. This also helped in breaking the ice between the anti-corruption community and the healthcare community. Instead of the relationship being based on investigation of individuals for potential for corruption, a new relationship has been created where both communities can work together on vulnerabilities in the system.
- **Breaking down the system to identify precise points of action:** Rather than talking about the vulnerability of systems for health in general terms, such as the high vulnerability of procurement or payment processes, the corruption risk approach supported actors

to focus on specific ‘decision points’ across the system as the primary unit of analysis. Building on the UNDP-supported sectoral implementation guide, participants could break down the health sector into domains such as service delivery, quality regulation, insurance, and supply of medical products, map relationships, and analyze areas in which deviated decisions could take place. This not only provided a basis for thinking about corruption through the lens of risk management, but also provided concrete entry points for tackling an otherwise broad and complex challenge. Using process mapping to identify decision points for selected areas made it easy for practitioners to connect corruption to their familiar everyday lives, made things concrete and tangible, and helped anti-corruption experts to become more familiar with the sector.

- **Emphasizing the end goal of combatting corruption:** To achieve the buy-in among personnel whose primary concern and function did not necessarily pertain to governance or anti-corruption efforts, it was important that the workshops consistently tied the issue of corruption to the objectives of the sector. A key underlying message was that the fight against corruption was not only an end in itself, but also a means of strengthening the impact of the government’s existing priorities and investments in a given sector. In the case of health, for example, preventing corruption meant making medicines more available to those who need them, improving health outcomes, and reaching more people with essential services. Framing the issue of corruption in terms relevant to the daily work of health personnel helped to instill ownership over the work to combat it and to understand how corruption negatively contributes to a broader set of goals and outcomes.



2 Establishing a multi-stakeholder task force

The multi-stakeholder launch event set the stage for what would become a governance structure to carry forward the health sector response on corruption risk management. The health sector, like the customs sector, decided to **establish a national multi-stakeholder task force to ensure a consistent body for coordination and oversight** of the CRA and follow up activities.

While UNDP supported the MoH to conduct an initial stakeholder mapping to identify key representatives to participate in the task force, membership was left largely open throughout its early stages of development. This organic transition from an open working group to a formalized task force allowed for flexibility and a natural evolution of the group’s composition as the initiative began to take shape.

Eventually, the task force that materialized was comprised of more than 35 core members (see [Annex here](#) for more details), reflecting a balance of health sector staff and representatives from the anti-corruption body. Among the most important lessons

to emerge was the profound **role of a multi-sectoral composition in shaping the approach and mentality of those in the task force**. In addition to the centrality of bringing together health sector players with members of the anti-corruption and governance community, it was critical that the member composition reflected the functions of the health system most critical to the sector and considered highly vulnerable to corruption risk. This included, for example, staff working on public health insurance and security, health procurement, and quality regulation of medicines, as well as representation from civil society.

UNDP played an advisory role to the task force team, supporting initial training on the methodology and continued technical assistance. The key functions of the task force were to carry out the national corruption risk assessment, to issue a report on the priority accountability gaps in the health system, and to formulate recommendations for mitigation measures based on the assessment and prioritization exercise.

The value of a multi-stakeholder task force

Of the four sectors that piloted corruption prevention pilots in Tunisia, only the health and customs sectors established national multi-stakeholder task forces to facilitate their respective processes. The existence of these governance structures proved to be a crucial factor for both driving, scaling, and sustaining the corruption risk prevention approach.

Most notably, the health sector task force helped to:

- **Ensure adequate time investment:** The dedicated structure and assignment of roles to individuals ensured continued prioritization of the work, rather than engagement on an ad hoc basis.
- **De-link the process from individuals to promote sustainability:** While key players in government may infuse the initiative with initial momentum, it is the institutionalization of the approach across government that grants it sustainability. Having structures with multi-sectoral compositions in place has helped to ensure the continued survival of the corruption prevention agenda in Tunisia, even in the face of ministerial changes, sources of resistance, or the end of external support from partners.
- **Instill ownership:** The training conducted through the task force enabled existing staff in the sector to become the experts. Rather than contracting external independent experts to conduct the CRA, capacitating the task force to manage the entire process helped to ensure buy-in whilst laying the groundwork for a wider network of in-house expertise on corruption risk mitigation.
- **Understand the sector:** Having a wide diversity and representation helped facilitate access to information and understanding to the sector by having actors directly involved in the operations of the system. This also helped in applying the methodology to assess corruption risks and generate evidence to the assessment.
- **Mitigate biases:** The diversity of the members, coming from varying professional backgrounds, along with the use of a shared decision making process helped in reducing the potential for the assessments to be biased by the inputs of one stakeholder group.
- **Build consensus on priorities:** Due to the fact that it is important to prioritize interventions, the diversity helped to generate consensus about priorities and to negotiate them among stakeholders and offer justification for choices.





3 Understanding the context and defining expected results

Rather than solely following a standard linear process starting with the establishment of a task force, training of staff to conduct a CRA, prioritization of mitigation measures based on the results, and piloting interventions at select decision points, the methodology offers a two pronged approach. In this way, the MoH could conduct a preliminary rapid assessment in order to fast track the progression from assessment to implementation while in parallel establishing the task force and supporting the long term assessment process.

Whilst recognizing that the full analysis to be achieved through CRA would be the core basis for the design of interventions, the MoH made the strategic decision to start implementation of several small-scale pilots prior to the finalization of the task force and completion of the CRA to minimize the risk of delayed progress. This sequencing of steps was particularly apt in the context of opportunities that presented themselves at the time in Tunisia: while the Ministerial conference in September had helped to generate political will and resources that trickled down to the health sector, there was a **need to put the concepts to practice and produce some visible 'quick wins'** through its use to sustain the momentum and facilitate further buy-in at the operational level. These quick assessments and interventions would feed into the long term planning process.

The MoH conducted the rapid assessment in November 2016, two months after the Ministerial conference. This allowed the sector to **develop an accountability framework and identify an initial set of priority interventions**, in parallel to the formalization of the multi-stakeholder task force. The framework outlined interconnected work tracks at the national and sub-national level and defined a set of overarching expected outcomes for the year.

As a high-level results document endorsed by the MoH, the framework served as a benchmark for accountability and put forth a coherent vision to:

- 1) **Enhance the national governance and anti-corruption strategy of the MoH:** Activities to support this outcome included the establishment of the multi-stakeholder task force itself, training activities to capacitate the task force on the CRA tool, conducting the initial assessment of accountability gaps in the health sector, and national consultations to validate the findings through a participatory process.
- 2) **Strengthen accountability in systems for the delivery of health services:** The MoH prioritized entry points to address accountability gaps in the management and delivery of health services. Based on assessments of vulnerability to corruption across different domains of decision making, it prioritized entry points for action in two key areas: 1) the procurement and distribution of medicines and 2) health service delivery, including processes related to the management of health services, such as cost accounting controls and procedures and overall hospital governance frameworks.

It would support implementation of mitigation measures in three public hospitals³ through UNDP assistance, as part of an "Islands of Integrity" initiative, in addition to 12 university hospitals and 7 regional hospitals. The three "pilot island" hospitals were selected based on levels of representation and feasibility, commitment and willingness to change, and the possibility for replicating the initiatives in other sites at a national level. The hospitals were also chosen from three districts with different economic and demographic characteristics, to ensure a diversity of experience in testing the approach.

³ Djerba, Jendouba and Rabta-Tunis Hospitals

The introduction of a targeted set of initial mitigation measures in hospitals, such as the piloting of a cost analytics tool to increase transparency in hospital transactions with patients, on the one hand helped to sensitize MoH staff directly faced with issues of corruption risk on the purpose and vision of the initiative elaborated at the national level. Given the importance of ownership of the approach at the implementation level, it was important for staff to see the direct benefits of the interventions to their own daily work. At the same time, as the most direct and visible interface of the healthcare system for patients, public hospitals provided a strategic site to prioritize interventions that would be most directly felt by those for whom the anti-corruption

efforts were ultimately intended to benefit. By **giving visibility to this connection between anti-corruption efforts and issues of access, quality, and equity of healthcare**, the approach would help to raise broader awareness and public support for the campaign and reinforce the buy-in of health officials at hospital level. Through direct visits to the three hospitals, trainings conducted for the hospital teams, and representation of each of the hospitals' managers in the national task force, a direct link was initiated between the national strategic level process and the service points, making the connection between theory and practice and the applicability of the methodology more visible.





4 Assessing and managing corruption risk

As a departure from anti-corruption approaches grounded solely in punitive measures or a focus on cultural drivers of individual behavior, the strategy which followed in Tunisia embraced risk detection as a core sub-component of prevention. The CRA and accompanying sectoral guide allowed the task force to **systematically break down the sector into domains of decision making and examine the *likelihood* and potential *impact* of corruption across the entire health system.**

This entry point to scientifically assess and test potential solutions to points of vulnerability was not only critical for the team to identify high-potential mitigation measures to start testing, but also contributed to a more cohesive mentality towards the underlying drivers of corruption. Most notably, as a tool to enhance corruption detection and facilitate enforcement, the CRA illustrated to stakeholders in health and related sectors the interconnection between preventative and punitive measures in strengthening systems to deter corrupt acts.

The health sector started the CRA in 2016, building on the results of the rapid assessment. The assessment focused on **two core questions to analyze the level of risk at each decision point:**

- How likely is it that a deviated decision caused by a corrupt act will occur?
- If a deviated decision caused by a corrupt act occurs, what will be the negative impact on target outcomes?

The task force clustered the health sector targeted outcomes into 1) healthcare services and products, 2) health system performance, and 3) competitiveness of the industry, as interconnected domains for analysis of potential negative impact. Based on the rapid assessment completed before the full CRA, with a view to fast-tracking implementation, **the task force prioritized its initial focus on healthcare services and products, allowing it to launch concrete action plans** for interventions within target hospitals.

The assessment broke down 'healthcare services and products' into a series of decision points, identifying 14 decision points related to service delivery and 29 decision points related to the supply chain for medicines as key points around which to assess corruption risks. In the case of the supply chain of medical products, for example, this allowed health officials to see high-vulnerability areas where a corrupt act might occur in the different points of interaction from a health product's procurement by the central pharmacy to its receipt by the patient. Within the provision of care, the assessment identified risks around key decision points occurring in activities such as patient registration and scheduling of appointments; prescriptions for medication; medical referrals for other procedures (lab test, inpatient, surgery); and procedures for charging patients.

By producing comprehensive tables of decision points, potential corrupt acts at each point, and the range of 'distorted outcomes' on the health system resulting from these acts, the impact and likelihood could be further analyzed and the risk levels of the decision points could be determined and illustrated on the heat maps. The assessment provided the foundation for action plans to take shape and move from detection to mitigation.



5 Validating the assessment and prioritizing mitigation measures

The MoH held a dialogue to validate the results of the CRA and devise a set of interventions for the mitigation of identified risk areas at the selected public hospitals. In addition to generating a comprehensive risk profile of the healthcare delivery system, the CRA assessed the relative probability and severity of a given risk. The resulting **‘risk heat map’ was a critical tool for the prioritization process.**

As initiated with the first stakeholder workshop and development towards a formalized task force, the active engagement of stakeholders from both the health and anti-corruption arenas in this consultation was crucial for the prioritization process. On the one hand, this **diversity of expertise helped to ground the results of the assessment within the broader socio-political-economic context** and

triangulate the priority risks from the heat map with considerations of factors for implementation of proposed strategies. Among others, this included concerns relating to political priorities, budgetary availability, and logistical constraints.

On the other hand, the multi-stakeholder participatory process helped to ensure that those who would be called to implement the strategies were also involved in their prioritization and design. In this way, the projects that emerged from this central-level process – from the introduction of new technologies and systems in the public hospitals to wider governance reforms – were determined not only on the basis of the risk profile but also according to the feasibility for implementation and stakeholder buy-in, particularly at the local level.



6 Implementing interventions and capturing results at risk mitigation points

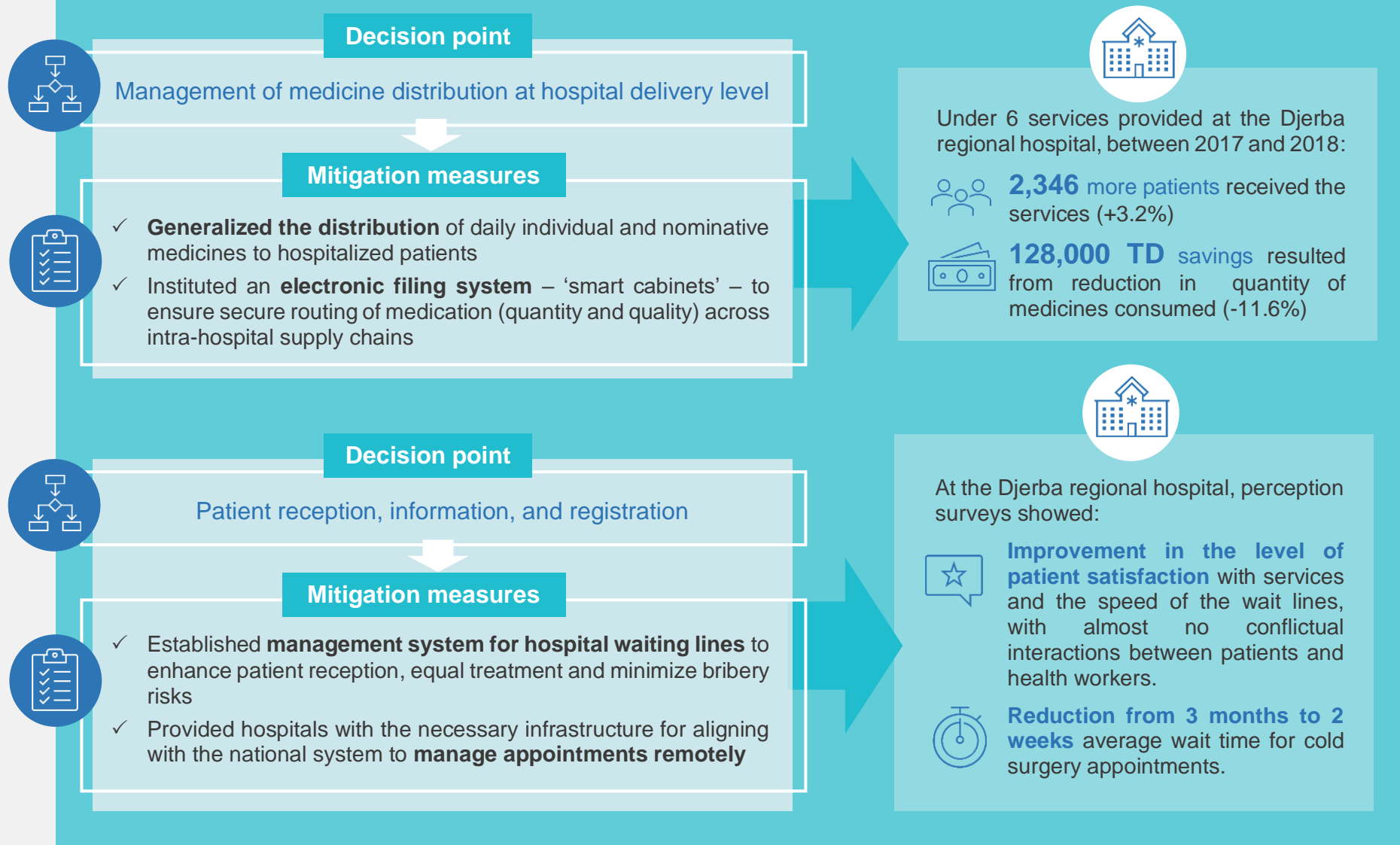
Following the multi-stakeholder validation process to finalize the CRA report, the national working group produced **action plans with mitigation measures for the prioritized decision points in health services and supply chains of medical products.** Backed by MoH ownership of the methodology and in coordination with ongoing central reforms, the pilot hospitals instituted several measures in each area, with ongoing technical assistance and capacity building support from the national working group. Measures consisted of new tools and processes, including the use of digital technology, to enhance accountability and reduce opportunities for corruption at high vulnerability areas.

For example, some of the measures related to the supply chain for medicines included the introduction of automated systems for stock management and the prescription and

dispensing of medications at public hospitals. In the domain of service provision, measures included establishing additional controls in the patient registration process and introducing automated processes for tracking patient referrals. Improvements to accounting procedures included the design and installation of an application to enable patient-specific cost analytics and enhanced financial reporting.

A broader focus on strengthening the systems for hospital governance also complemented the activities to address corruption risks at specific decision points. WHO supported to assess accountability gaps within the governance structures of pilot hospitals, to inform recommendations such as automatization of certain processes, the development of internal audit mechanisms, and capacity building activities for hospital leadership and MoH counterparts.

In the **first phase of implementation**, the measures instituted at public hospitals yielded **visible results in terms of enhanced efficiency, cost savings, and improved accountability and transparency** of processes at key decision points in the management of health services. Some results achieved at select decision points are highlighted below.





Decision point

Health care registration

Mitigation measures

- ✓ Design and implement a **digital application to verify applicant eligibility** and the accuracy of data



Decision point

Prescription of complementary medical exams

Mitigation measures

- ✓ Design and implement an **application – ‘health-lab’** – to link explorations with registration, medical visits, and billing
- ✓ Develop an **application for the radiology information system**/picture archiving and communication system (RIS/PACS)



Decision point

Medical visits

Mitigation measures

- ✓ **Strengthen procedural controls** through an electronic platform connecting medical visits to registrations, radiology exams and laboratory tests



At the National Institute of Neurology:



6,553 ineligible consultations prevented as a result of the digital system to verify eligibility of patient registrations in 2018.

At the Central University Hospital Farhat Hached, between 2016 and 2018:



963,557 TD in cost savings from reduction in ineligible patient consultations (from 35% to 13% of total appointments).



At the Central University Hospital Farhat Hached, between 2017 and 2018:



9,948 additional patients served by **56,058** more biology tests through the health lab application (16% activity increase).



26,037 additional patients received radiology services, with **3,117** more x-rays done with the use of the RIS/PACS.



Between 2017 and 2018, at the Central University Hospital Farhat Hached:



66% increased activity in dental consultations. **43%** increased activity in medical visits following an act of surgery. **6x** patients received medical implants.

At the Central University Hospital La Rabta:



27% increase in immunology lab tests. **57%** increase in hematology lab tests. ¹³



7 Scaling impact

The achievement of ‘quick wins’ early on through the pilot interventions in several hospitals not only contributed to concrete improvements in health service delivery at priority decision points, but also provided an important basis for the scale-up and sustainability of the measures. The value generated through such reforms, often in visible and quantifiable ways, helped to enhance recognition by hospital management and staff of the relevance of corruption prevention to their day to day work. This gradual process was important for minimizing resistance and generating buy-in and ownership of corruption risk mitigation initiatives at the operational level, with those in hospitals eventually helping to champion and inform the approaches elaborated at the national level.

At the same time, the results achieved at individual hospitals helped to shape a demand-driven process for their scale-up to other areas of the health system. *“After finishing the work and seeing the impact, it was not only the staff of those hospitals who became proponents of this approach, but other hospitals began to demand it as well,”* notes Dr. Mohamed Mefteh, Director General of the Central Governance Cell and former Chief of Staff, MoH. More broadly, the actions served

to raise awareness of the national efforts on corruption among the broader population, thereby strengthening the social contract and reinforcing political will for continued investments in the approach, as driven by citizen demand. The task team likewise leveraged the results to support external communication and advocacy on the project, including through the production of videos and television publicity, to sensitize the general public and catalyze further support from partners.

Drawing on the lessons from the first phase of implementation⁴ and building on the risk analysis generated through the CRA, the health sector task team will continue to focus on developing action plans for mitigation measures in other domains of decision making, such as health infrastructure and procurement. The MoH has also integrated a training session on the CRA into its annual curriculum programme for central unit staff. Further priorities for scaling the corruption prevention initiative include extending the project to the private sector, broadening the network of actors in health and related sectors committed to the fight against corruption, and strengthening synergies between management of corruption in the health sector and other programmes for good governance in Tunisia. This includes through implementation of the 2030 National Health Policy and the recommendations of the WHO-supported Health Societal Dialogue, which identified transparency and the fight against corruption as one of three keys for success.

Regional processes as a catalyst for national reform

In order to understand the multiple interconnecting factors that led Tunisia to adopt and successfully implement the approaches discussed in this case study, it is also important to consider the broader regional and global processes that formed part of the enabling environment for country-level interventions and policy reforms. The impetus to innovate and the **strategic underpinning behind the approaches leveraged in Tunisia were informed and catalyzed by a broader evolution in thinking which took place at the regional level.** This was in large part facilitated through multi-stakeholder, multi-country dialogue among Arab states that unfolded over the last decade, culminating in the development of new frameworks for understanding and responding to corruption risk. UNDP, WHO, and other multi-lateral actors played an important intermediary role to advance these government-led processes, helping to bring together global resources and national stakeholders across sectors to translate the momentum spurred by regional cooperation into action at country level.

⁴ More details on the progress and achievements of the CRA in Tunisia can be found in this [2020 MoH report](#) (Arabic)

Among the key platforms that helped to evolve the thinking on risk-based and sectoral approaches to anti-corruption in the Arab States was the creation of ACINET in 2008: the first Arab regional mechanism that brings together government and non-governmental entities to cooperate against corruption. Initially emerging under UNDP/OECD's MENA initiative focused on broader issues of good governance, the Network developed organically from a recognition of the need for more focused attention on anti-corruption as a governance reform priority on its own and not simply a by-product of other governance reforms. ACINET continues to grow and is now inclusive of 47 ministries and official agencies from 18 Arab countries, as well as peer observers from Brazil and Malaysia, in addition to a non-governmental group of 28 civil society organizations, as well as private sector and academia.

As a unique space for knowledge networking, capacity development and policy dialogue between countries and practitioners, the Network served a vital purpose in instigating collective examination of the effectiveness of existing national strategies and approaches employed by anti-corruption agencies in the region. By way of this open exchange, several commonalities were identified across country contexts, revealing, in particular, similar weaknesses among national anti-corruption frameworks characterized by an overemphasis on law enforcement and poor prioritization of interventions within overly broad governance strategies. **From this dialogue emerged a consensus among state actors on the need for innovative policy measures to address corruption, grounded in a focus on prevention-, risk-, and sectoral-based approaches**, signaling an important paradigm shift from past approaches.

Beyond refining the understanding of the gaps common across countries, the forum enabled government partners to formulate actionable hypotheses on potential alternative approaches that could be leveraged. It drew from the lessons gleaned from other countries, such as Korea and Singapore, which pursued prevention-based anti-corruption models.

The value of regional platforms for effective country-level action on corruption

The role of multi-country, multi-stakeholder mechanisms like ACINET and UNDP's ACIAC programme in shaping country responses to corruption prevention in the Arab region underline the role of regional fora to:

- Support more wholistic understandings of the issue of corruption through analyses of common gaps across different national strategies and the strengths and weaknesses of existing approaches;
- Facilitate more open and frank discussion on the drivers and challenges related to corruption, by offering a politically neutral space;
- Galvanize political will and promote knowledge sharing across countries;
- Enable the systematic application of a common methodology for corruption prevention across different country contexts, with a feedback channel to learn from and build on the experiences of country-specific implementation;
- Catalyze financial and technical support. UNDP's convening role – bringing together multi-sectoral stakeholders and resources at the regional and national level – underlined the unique value that development partners can bring to government-led action on corruption.

Lessons learned on starting and sustaining a corruption risk agenda

Entry points

The combination of enabling conditions which created entry points for interventions in Tunisia reveal lessons on the relationship between inclusive, sustainable processes driving reforms at the national level and the effectiveness of measures implemented at the sub-national, sectoral level. In particular:

- ⇒ **High-level political will is critical insofar as it catalyzes action:** In Tunisia, an important entry point for policy dialogue that eventually led to improved corruption mitigation in the health sector was the political commitment established from the outset. In its exchange with policymakers, UNDP established how preventive sector-based approaches can help save resources and achieve concrete change in how stakeholders perceive a certain sector, without entering into drawn out and expensive legal and political battles that often fail to achieve convictions. The adoption of a 2016-2020 national strategy for good governance and anti-corruption signaled the favorable political climate for reform. Building on this institutional framework and against a broader political backdrop characterized by a leadership open to change, Tunisia's role as host of the ACINET Ministerial Conference in 2016 proved a galvanizing force for further innovation. Backed by political commitments from the Prime Minister, the National Anti-Corruption Authority, and implicated sectors, the government was able to hold a multi-sectoral planning and sensitization workshop 10 days after the Ministerial meeting, with UNDP's technical support. The swift timing of this meeting was significant to sustain momentum.
- ⇒ **A multi-sectoral approach and common language must be established from the beginning:** The national follow-up workshop convened four sectors – health, customs, security forces, and municipalities – together with representatives from the national anti-corruption agency and the Prime Minister's Office. Among its primary objectives was to establish a common language on corruption across sectors and levels of government, recognizing that common definitions and practices could have different meanings to different stakeholders. This base understanding, coupled with an introduction to a standard framework, was instrumental for each sector to apply risk management processes.
- ⇒ **Political leadership is more than a ministerial commitment:** Rather than an end in itself, the political will conveyed by the highest levels of government was critical for securing the multi-layered, multi-sectoral political leadership necessary to operationalize a new corruption prevention agenda. Within the National Anti-corruption Authority and among relevant heads of agencies, a mentality underpinned by flexibility and an openness to experimentation was a critical dimension of the political leadership. This hands-on push from the top helped to bring together key players across all relevant sectors and put forward a strong guiding vision that permeated all layers of government. The resulting buy-in and common understanding established among mid-level managers and staff at the implementation level was fundamental to ensure that national plans would be taken forward by decision-makers across the system.

⇒ **Political will can be eroded without the right tools and support to sustain and channel it** into effective action. In Tunisia, the winning formula consisted of a combination of:

- **Resource availability:** In the aftermath of the Ministerial Conference in Tunisia, the government benefited from critical start-up funds obtained through the support of the Government of Korea and UNDP's regional anti-corruption programme for the implementation of the national project "Strengthening Democratic Governance and Public Accountability in Tunisia." The availability of funding from the earliest stages of the project allowed the government to quickly transition from the planning to implementation phase.
- **The right people and organizations:** While high-level commitments created a necessary entry point, sustaining political will requires that it goes beyond the motivation of any single individual. The initial multi-sectoral workshop held at national level was an important avenue to gather a robust community of experts around the seeds of interest that had formed. A strong mix of technical expertise helped to build an evidence-based, context-specific investment case for applying the strategic application of resources based on likelihood for impact. Effective stakeholder mapping was key to ensure that all relevant organizations were at the table to support planning and implementation at the sectoral level, which was institutionalized through the creation of the multi-stakeholder health sector task team. The technical support from UNDP Tunisia helped to convene actors, establish a common language, and build the capacity of the national task team to lead the assessment process and follow up. UNDP also conducted mapping within its own projects to ensure alignment and coordination with existing activities, such as work in e-health, that could complement the anti-corruption efforts.
- **The right approach:** Among the enabling factors for the uptake of the new approach to corruption risk management was the appeal of the methodology itself. With the diversity of stakeholders implicated in the process, coming from both technical and policy backgrounds, the initial sensitization activities that sought to instill a common conceptual language on corruption and risk played an important role in helping each segment of government to understand the relevance of the proposed methodology to their specific functional areas. In this way, Tunisia was able to cultivate **a sectoral corruption prevention approach guided by a common risk management framework**. By using 'risk' and 'prevention' as the basis, the approach centered the focus on vulnerability to corruption rather than attempting to chase problems and point fingers. This focus helped to bring together a diversity of stakeholders around a common ground for a reform agenda, while the concrete and tangible nature of the approach helped to drive their engagement.



Characteristics of the process

Among the four sectors to first pilot the corruption risk assessment in Tunisia, the health sector was the quickest to progress in the process and record quantifiable improvements in proxy indicators of transparency and accountability at several public hospitals. Some of the characteristics specific to the process that unfolded in the health sector that were key to this progress and which helped to lay the groundwork for sustainability and institutional change included:

- **The mentality of the sector:** Systems thinking and the scientific method are at the heart of a risk management approach. While the corruption risk assessment offers a framework for different sectors to apply a systems lens to understand and address the root causes of corruption, certain sectors tend to more readily embrace non-linear ways of working as a necessity. The complexity that characterizes the health sector, in particular, requires that actors understand how different parts of the system interact. Likewise, the ever-evolving nature of public health challenges calls on those in the sector to continuously innovate, lending itself to a mentality grounded in experimentation – a scientific approach to problem solving – that is key to the corruption risk management approach. A solid grasp of these principles, already embedded in the mentality of many in the health sector, helped to propel the implementation of corruption prevention efforts.
- **Strong alignment between national and sub-national processes:** Among the defining elements that underpinned the steps applied in the health sector was a dual focus on national and sub-national interventions from the beginning. Most notably, the MoH determined to establish a national governance and anti-corruption framework for action simultaneous to the initiation of pilot activities at priority intervention points, particularly in public hospitals. Whilst recognizing the importance of an established multi-stakeholder body to assess vulnerability points across the health sector and inform recommendations for pilot activities, the MoH prioritized a timely start to implementation in order to harness the opportunities at hand. Accordingly, it decided to conduct a rapid assessment and launch pilot projects alongside the development of the national governance body for the project, which also proved beneficial to informing the elaboration of the national strategy based on the experiences on the ground. This multi-layered approach was grounded in an understanding that efforts to mitigate corruption risk at a sectoral level complement, rather than replace, the work of enforcing punitive measures and strengthening governance at a country-wide scale.
- **Working relationship between decision makers and technical experts:** A key factor that helped to propel the integrated approach to implementation and strategy development was the continuous interaction between policy makers and staff operating at all levels and functions within the health system. In particular, the strong involvement of the Minister of Health and National Anti-corruption Authority leadership in all processes enabled staff tasked with implementing the corruption risk methodology to have direct access to the highest level of support, and for decision makers to be informed by relevant technical expertise.

The lessons and progress in Tunisia in advancing risk-based corruption prevention, particularly in the health sector, serve to inform parallel efforts across the region. As part of the ACIAC programme, UNDP has continued to work with government and non-governmental players across the health, anti-corruption, and governance communities at national, regional, and global levels to enhance sector-specific guidance for implementation of the tried and tested methodology. It has likewise helped to reinforce experience-exchange across country contexts, advance South-South cooperation and learning, and mobilize the expertise and support of global networks for risk management and health through the establishment of a regional community of practice.

In collaboration with WHO, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other partners, UNDP is now supporting the roll-out of the corruption risk methodology across other regions, building on the good practices that have emerged from the Arab States.