



UNDP Seoul Policy Centre Webinar Series

INNOVATIVE RESPONSES TO COVID-19: CONCRETE EXAMPLES FROM KOREA

Webinar #3

CREATIVE RESPONSE OF THE ANTI-CORRUPTION & PUBLIC COMPLAINT HANDLING INSTITUTION: EXAMPLE OF THE KOREAN ANTI-CORRUPTION & CIVIL RIGHTS COMMISSION (ACRC)

Wednesday, 13 May 2020

21:30-22:15 PM Seoul
08:30-09:15 AM New York

PRESENTER

Mr. Jungoh Son

Anti-Corruption Policy Advisor,
UNDP (ACRC Secondee)

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<https://undp.zoom.us/j/94307283274>



UNDP Seoul Policy Centre's
COVID-19 Webinar Series #3

(13 May 2020)

Responses to COVID-19 by Anti-Corruption & Public Petition Handling Institution

Example of the Korean Anti-Corruption & Civil Rights Commission (ACRC)

Jungoh Son

UNDP Global Anti-Corruption Project (ACRC Secondee)



Anti-Corruption &
Civil Rights Commission

Webinar Objectives

1. Share concrete experience of the Korean anti-corruption agency in responding to COVID-19
 2. Suggest practical actions that can be taken by ACA in the context of COVID-19, based on ACRC's experience and **lessons learned on corruption prevention**
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Brief Introduction of ACRC Korea

Integrated functions of anti-corruption, complaint-handling, and administrative appeals

Since 2008 (550 staff members)



"Strive to build a transparent government that listens to the people"

Strong Political Support to ACRC's work

“My Administration’s **mission** is to carry out **anti-corruption reform** and create a fair society.”

Anti-Corruption Policy Consultative Council Meeting for Fair Society, 8 Nov 2019



I

**Background:
Why Effective Response by
Anti-Corruption Agency
Matters during COVID-19**

Why anti-corruption matters for COVID-19 response

Corruption often thrives during time of crisis



Even in ordinary times, USD 500 billion lost around the world in health sector per year

A huge influx of cash flow and supply shortages create additional opportunities for corruption

Explosion of public needs & grievances *vs.* capacity of state institutions to meet the increasing needs

Corruption-prone areas during the pandemic

Procurement and contracts

collusion of bidders; over-pricing;
purchase of low-quality medical supplies

Delivery of health services

informal/extra payments from patients;
bribery & favoritism in medical services

Public Finance

false reimbursement; embezzlement

**Threat to health,
safety, and social
trust & order**

Challenges of Prioritizing AC in Crises



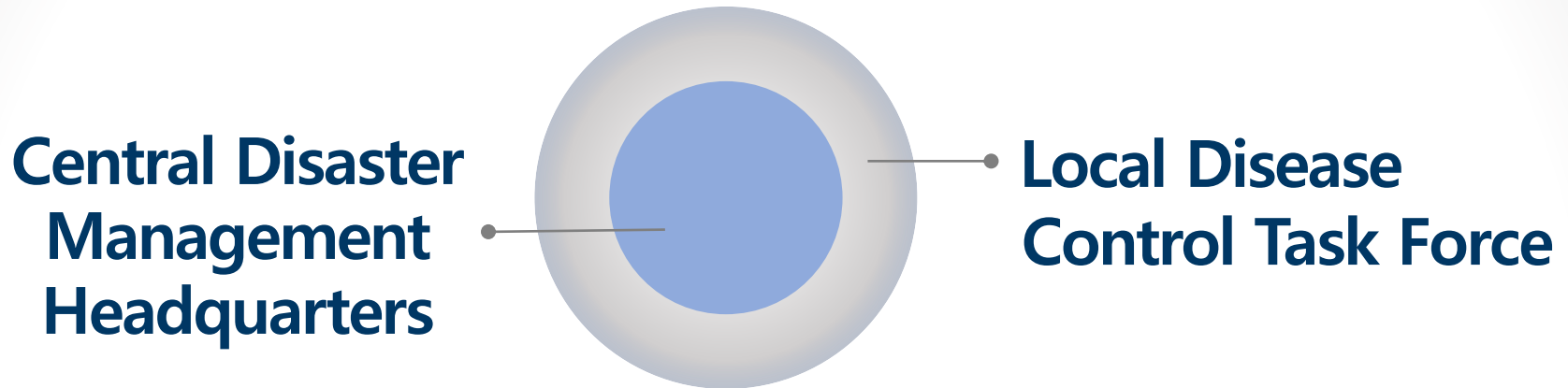
**Citizen's strong support
+ general agreement within
government on importance of AC**

**Lack of resources and time
+ AC efforts requiring longer-term
& systematic intervention**

III

Efforts by ACRC KOREA in response to COVID-19

COVID-19 Response System in Korea



✓ Central disaster management headquarters

Prime minister | Ministry of Health and Welfare | Korea centers for Disease Control and Prevention | Ministry of the Interior and Safety

✓ Local Disease Control Task Force

Every provincial local government (ex. Seoul Metropolitan city)

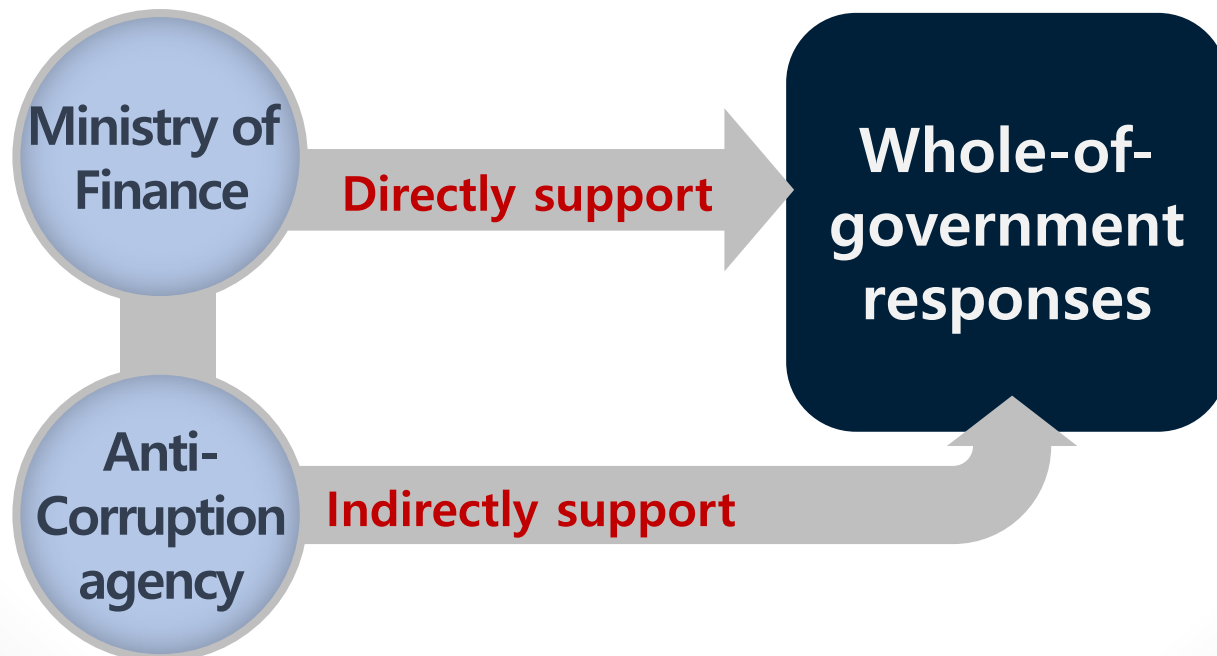
✓ Oversight Institutions

Anti-corruption and Civil Right Commission etc.

ACRC's role in COVID-19 response system

All government ministries and organizations are to directly or indirectly support COVID-19 responses within their mandates

➔ ACRC needed **a strategy to define & integrate** its role within this system.



ACRC's Responses to COVID-19

Swift processing of public interest violation reports

- Process reports on the violation **of Infectious Disease Control and Prevention Act**, Quarantine Act, and Medical Service Act, etc.
- Ensure that **whistleblowers can be protected** by ACRC's confidentiality measure, protection measure, physical protection measure, and prohibition of disadvantage measure.

Public awareness-raising on grievance-handling mechanism

- Raise public awareness on how to report grievances, through **clean.go.kr, ☎1339, etc.**

ACRC's Responses to COVID-19

Utilization of civil complaint handling function

- Received **civil complaints/petitions & channeled them** to relevant ministries and agencies by analyzing **52,118 cases** (20 Jan-19 Mar) through **e-people.go.kr, ☎110**, etc.
- * Types of civil complaints received: Disinfection measures 42%; 2) Remedy for daily inconveniences 32%; 3) Supplies for face masks; 4) 10.7%, illegal acts in everyday life 8.8%
- **Alerted** relevant institutions on widespread public demand on priority issues; and
- Urged them to make **improvements/ corrective** measures accordingly.

Examples of COVID-19 related public complaints

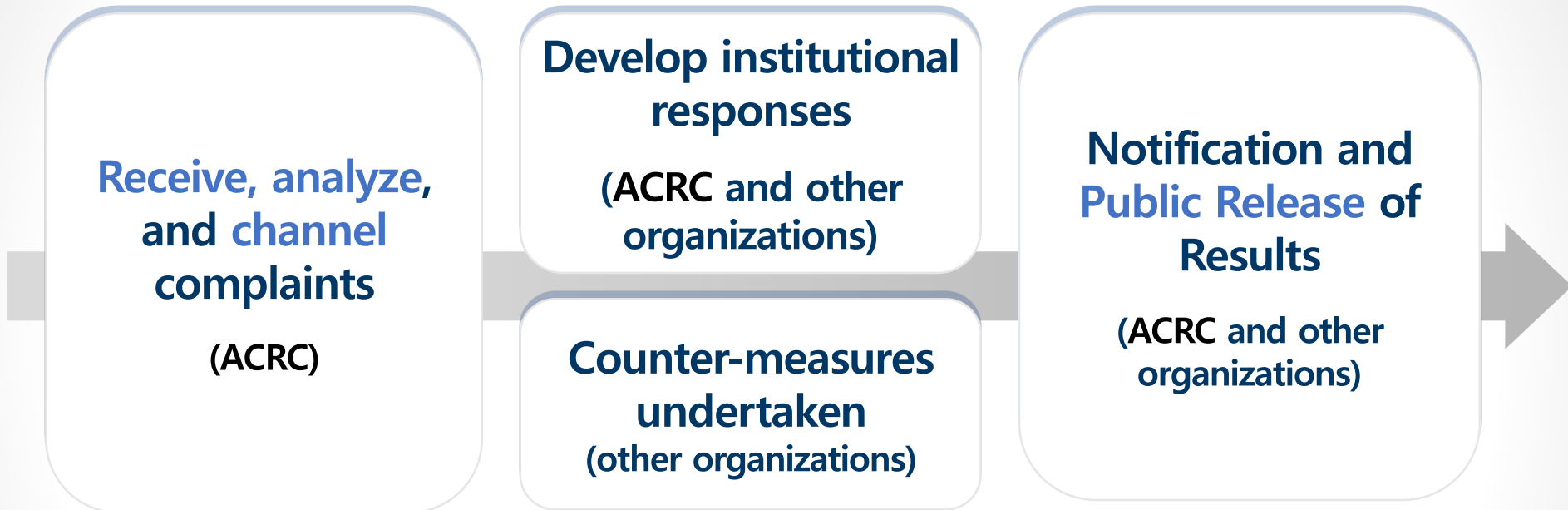
(Complaint 1) Calling for a crackdown on exaggerated advertisements (e.g. on mask sales) and sales of faulty masks online.

(Countermeasure 1) Korean National Police Agency (KNPA) conduct intensive investigations & crackdowns on fraudulent mask sales online

(Complaint 2) The sales dropped in the first half of this year, so I applied for government's emergency fund, but the evaluation process takes too long. It is really hard for me.

(Countermeasure 2) The Ministry of SMEs and Startups shortened the government's emergency loan qualification screening time by simplifying procedures (such as omitting on-site inspections)

Why this approach was effective in Korea



Made **ACRC relevant and useful for the public**, as well as for the government, by helping the government institutions **respond to citizens' grievances and demands**

Lessons Learned from ACRC's experience

Whether your institution has **a specific mandate** on public complaint handling or not **does not matter...**

1. All public institutions can **receive, channel** public petitions and **handle** grievances.
2. In crisis situation like COVID-19, **the public wants their voices heard.**
3. **Government institutions also need help** with managing public petitions.
4. Thus, **anti-corruption agency can take up the role** in receiving and channeling public complaints and contribute to forging counter-measures and improving institutions.
5. This also opens up **a space for more direct Anti-corruption** work as well.

III

Practical Actions for ACA to take during COVID-19

**Suggested “checklist” based on
Korea’s experience in anti-corruption**

Overview of this “checklist”

Focus on identifying effective short-term actions

 given that the crisis setting requires immediate actions.

For ACA and any other state institutions

 PM office or COVID-TF can adopt it in absence of ACA

**Includes both anti-corruption and
civil complaints handling work**

 together aims to eliminate malfunctions in the crisis.

Main Objectives of the Suggested Checklist

As a reference for prioritizing actions in consideration of “capacity” and “timeliness” it aims to help ...



**1) Organize
response
mechanism**

**2) Identify &
disseminate
information on
key corruption
risks**

**3) Develop
specific
corruption
prevention
measures**

3-①. Creating an AC response system

This is **the first step** for ACA or other agencies to implement corruption-prevention measures.

1. If there is no ACA, is there a **designated institution/TF in charge of overseeing anti-corruption work?**
2. Do the organizations/teams have a mechanism for **receiving corruption reports and public complaints** related to the COVID-19 situation? If so, specific officials have been designated as being in charge of this task?
3. Is there **an accessible, easy-to-use channel for citizens to submit their reports/ complaints/petitions?**
→ e.g. can utilize existing e-government websites, mobile-apps, hotlines, or SMS-based reporting system

3-②. Identifying Key Corruption Risks

ACA can inform public officials and citizens alike of “**what to watch out for**” & **promote self-inspection and countermeasures** for corruption prevention.

Public health institutions

1. Are executives, doctors, nurses and others at those institutions **arbitrarily setting the order of hospitalization or treatment** in exchange of bribes, entertainment, or any other favors from specific persons?
2. Are doctors or nurses **giving patients false information** that certain drugs or treatments are more effective than others, **due to their private interests**?
3. Are executives, doctors, nurses and others **purchasing or preferring to use particular types of medical supplies from certain contractors**, in exchange of bribes, entertainment, or any other favors?

3-②. Identifying key corruption risks

4. Have executives, doctors, nurses and others **embezzled or misused medical supplies and other resources** for private purposes?

Business sector

1. Have you or your company had any **experiences or indications** that public officials in government agencies including public health institutions **are seeking bribes, entertainment,** or any kind of benefits in exchange of awarding contracts or any other business opportunities?

The public

1. Have you had any **experiences or indications** that someone is **falsifying information/qualifications** to receive subsidies, medical supplies, or preferential assistance from authorities?

3-②. Identifying key corruption risks

state/government agencies

1. Is anyone giving out unjustified license, accreditation, or approvals in exchange of bribes, entertainment, or any other private benefits?
2. Is anyone providing subsidies to individuals or companies that do not qualify in exchange of bribes, entertainment or any other private benefits?
3. Are there any officials who embezzle or misuse financial or any other resources for private purposes?
4. Are there any inspection officials who neglect their duty to implement quarantine or business suspension orders in exchange of bribes, entertainment, or any other personal benefits?
5. Is there anyone who seeks private payments in exchange of providing information on subsidies, medicines, treatments, etc.?

3-③. Implementing corruption-prevention measures

1. Are corruption reports & public complaints being processed properly?

- Do ACA ensure law enforcement agencies **investigate** corruption cases reported and inform the media of the **results** of such investigations?
- Are **citizen complaints/petitions being channeled** to relevant institutions?
- Are they properly followed up by them? Do they **inform the citizens and the media** of their countermeasures?

2. Have **integrity trainings been conducted** for officials in high-risk areas (e.g. health service, procurement, contracts and budget oversight)?

- Have ACA or any other state institutions developed and provided integrity **training materials** for vulnerable groups?
- Does it include critical elements such as the importance of **whistle-blower protection**?

3-③. Implementing corruption-prevention measures

3. Are ACA or any other state institutions sending a clear and potent message on the importance of fighting corruption and illicit behaviors in COVID-19 response?

- Are there any clear political message from the top?
- Are the political leaders announcing zero-tolerance or one-strike-out principle regarding corruption?
- Is the message clearly sent out through the media and government's public communication channels?

4. Is there public participation mechanism for additional oversight?

- Is there public participation mechanism to provide oversight in health service delivery, resource distribution, emergency assistance, and budget spending?

Final Message

1. COVID-19 is not just a health crisis, also a **governance crisis**.
 2. The overall effectiveness of COVID-19 response is also affected by actions of **anti-corruption/oversight institutions**.
➡ These need to be strengthened in the mid-longer term.
 3. An unprecedented crisis can be overcome by **resilient system, public awareness, public participation, open governance** and our devotions.
➡ Anti-corruption agency and anti-corruption works are a critical part.
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Governance CoP for Peaceful Just and Inclusive Societies
Presents:



TRANSPARENCY, ACCOUNTABILITY AND ANTI-CORRUPTION DURING COVID-19 CRISIS MANAGEMENT AND RESPONSE

UNDP COVID-19 WEBINAR SERIES

5 May 2020

GUIDANCE NOTE

Transparency, Accountability and Anti-Corruption
Service Offer for COVID-19 Response and Recovery

30 April 2020

Immediate to Short-Term Crisis Response

Monitoring service delivery at the health sector (e.g., monitoring & oversight)

Ensuring transparent procurement processes (e.g., guidance on quality assurance, open contracting)

Ensuring transparent management of health funds (e.g., multi-stakeholder oversight & tracking mechanisms)

Promoting overall transparency, accountability & integrity of the health system (e.g., strengthen public awareness, access to info using tech, budget transparency, role of ACA and other oversight bodies)

Medium to Longer Term Recovery Priorities

Strengthen institutions to integrate AC measures in the health sector (e.g., risk assessment, institutional integrity, openness in contracting/procurement)

Using tech and innovation to promote transparency, accountability & integrity (e.g., e-procurement, open contracting, digital services, mobile apps for complaint handling, monitoring services)

Promoting business integrity and collective action for fair competition and improving business environment (e.g., beneficial ownership issues, due diligence)

Social accountability, inclusion & participation of communities & CSOs to enhance oversight



Thank you !



**Anti-Corruption &
Civil Rights Commission**



Q&A

Moderator: Ms. Ahjung Lee
Policy Specialist, Governance Team Leader
UNDP Seoul Policy Centre



Anti-Corruption &
Civil Rights Commission



UNDP's Anti-Corruption Offer

Dr. Anga Timilsina

Global Programme Advisor on Anti-Corruption

UNDP Global Center for Technology, Innovation, and Sustainable Development



**Anti-Corruption &
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