THE RISKS OF CORRUPTION IN THE HEALTHCARE SECTOR IN MALAYSIA

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Introduction

Corruption has enormous effects on the efficiency of the healthcare sector.

Henceforth, the healthcare sector is a very complex and challenging sector for preventing corruption.

2021: 62/180

• Transparency International Corruption Perception Index 2021: Malaysia scored 48/100
Allegations Statistic
Received by MACC with the issue against Ministry of Health (MOH) staff from 2015 to July 2020

<table>
<thead>
<tr>
<th>Type of Allegations</th>
<th>Total from 2015 to 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information received</td>
<td>586</td>
</tr>
<tr>
<td>Open investigation paper</td>
<td>114</td>
</tr>
<tr>
<td>Arrest</td>
<td>87</td>
</tr>
<tr>
<td>Conviction</td>
<td>29</td>
</tr>
<tr>
<td>Charges</td>
<td>23</td>
</tr>
</tbody>
</table>

![Pie chart showing the distribution of allegations from 2015 to 2020]

- **Info received**: 586
- **Open IP**: 114
- **Arrest**: 87
- **Convictions**: 29
- **Charges**: 23
*Ministry of Health has approximately 257,000 staff*
Research Questions

1. What are the risk factors of corruption identified in the healthcare sector in Malaysia?

2. How do related legal framework, policy and good practice assist in minimising the risk factors of corruption in the healthcare sector in Malaysia?

3. What are the prevention and control measures to curb the risk factors of corruption in the healthcare services?
Research Objectives

1. To investigate the risk factors of corruption identified in the healthcare sector in Malaysia

2. To evaluate the roles of the related legal framework, policy and good practice in minimising the risk factors of corruption in the healthcare sector in Malaysia

3. To identify prevention and control measures to curb the risk factors of corruption in the healthcare services, as well as future goals and challenges
The Concept of Corruption in the Healthcare Sector

Taryn Vian, 2008

• Problems to corruption “inappropriate ordering of tests and procedures to increase financial gain; under the table payments for care; absenteeism; and use of government resources for private practice”

Global Infrastructure Anti-Corruption Centre (GIACC), 2020

• Corruption involves the act of “bribery, extortion, fraud, cartels, abuse of power, embezzlement, and money laundering”

J.B.H. Yap, K.Y. Lee and M. Skitmore, 2020

• The corrupt behaviour may be influenced by power, opportunities, and lack of moral values and can be exacerbated by “personal greed towards money”
Factors Leading To Corruption In The Healthcare Sector

**Naher et al., 2020**
- The complexities of the healthcare system which lead to poor governance characterised by lack of transparency, weak accountability and inefficiency

**K. Hussman, 2011**
- Officials have discretion without adequate control of this decision-making authority and inadequate accountability for decisions or results

**W. D. Savedoff, and K. Hussmann, 2006**
- The temptation to abuse their power is driven by healthcare providers and facilities' incompliance, including pharmaceutical companies
MACCA 2009

- **Secs 16 & 17(a)**: The offence of accepting gratification or bribery
- **Sec 17(b)**: The offence of offering or providing bribery
- **Sec 18**: The offence of intending to deceive principal by an agent using the false claim
- **Sec 23**: The abuse of power using office or position for gratification
- **Sec 17A**: A corporation can be held liable together with a director of the company for failure to prevent bribery

Penal Code

- **Sec 165**: Receiving or obtaining valuable thing without consideration
- **Sec 420**: Cheating, extortion, putting fear to a person
Legislative Framework For Corruption in the Healthcare Sector

Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 (AMLATFPUAA 2001)

- The AMLA listed at least **356 offences** under 42 laws in light of the Second Schedule.
- Numerous ministries are involved in the enforcement of these predicate offences.
- The AMLA provisions are enacted for legal actions against property, and these offences are referred to as the predicate offences.

- Under normal circumstances, the suspect is charged under other law(s) for soliciting or accepting bribery and is accompanied by the provision of the AMLA.
- **Section 4(1)** falls under the predicate offence to control money laundering.
- **Section 4A** provides for structuring transactions to evade reporting.
METHODOLOGY

QUALITATIVE

QUANTITATIVE
A mixed Method Approach
Qualitative & Quantitative

Combination of methods
Data Collection
Qualitative & Quantitative

Data Analysis
Data Integration
Qualitative & Quantitative
Qualitative Research Methodology

- Observation
- Examination of Articles and Documents
- Focus Group Discussion
  Officers from the Integrity Unit of the Ministry of Health
- Semi Structured Interviews
  Officers from the Hospitals
Quantitative Research Methodology

387 respondents
Data collected from the questionnaire were analysed by Statistical Package for Social Sciences (SPSS) and Excel
Pilot Study- 38 respondents
FINDING & DISCUSSION

QUALITATIVE ANALYSIS

QUANTITATIVE ANALYSIS
The Risk Areas

Data from the Semi Structured Interviews
3 Main Areas

1. PROCUREMENT AND FINANCE
2. ENFORCEMENT
3. ADMINISTRATION
The Risk Areas

1 PROCUREMENT AND FINANCE

• (a) Monopoly of services and some IP providers for Hospital Management System (HMS).
• (b) Fake claims - allowances for shoes and uniforms
• (c) SOP and Audit
• “the expert doctor suggested that one orthopedic company, which belongs to his sibling, supply the substance to the hospital” (Respondent 5, MOH)

1 PROCUREMENT AND FINANCE

• “In the context of Perolehan Kewangan, it is different in terms of the tender. If he wants the project, he knows the people inside the PK, who conduct the project, who know the prices, he will pay those involved to get the tender”. (Respondent 5, MOH)
• ”The home landscape of some of the obvious potential corruption cases would be ... monopoly of services ... and some IP providers for Hospital Information System (HIS). Because it involves direct negotiation and top down procurement meaning goes minister of high level people in industry and we as hospital, it is much just executed. We often see directions to meet so and so.” (Respondent 3, University Hospital)
2 ENFORCEMENT

- (a) The approval stage related to the import of medicine into the country made by the National Pharmaceutical Bureau from the enforcement division.

- (b) Pharmacies and clinics are selling medicines. The enforcement officers are checking whether these outlets are following the rules and regulations.

- (c) Enforcement perspective - Whistle Blower Act 2010 (no data provided by Integrity Unit). But there is a platform for the whistle blower to make a report.

2 ENFORCEMENT

- “We have many pharmacies, such as in Klang Valley; they have 5,000 pharmacies and clinics. Just imagine the enforcement officer had to go to a clinic and pharmacy to check the supplier of the medicine whether it is in line with the law. Therefore, because we have some constraints to operate, the officer and enforcement officer, if they got the money, the summons are not given” (Respondent 5, MOH)

- “I just want to add from the enforcement perspective, under the Whistleblower Act 2010. This is more on the enforcement aspect. To the involved whistleblower, we take care of them. If anything happens to them, we can take action” (Respondent 7, MOH)
The Risk Areas

3 ADMINISTRATION

• (a) Some processes can be skipped depending on the discretion of the officer involved- potential corruption.

• (b) Corpse management in Selangor- the deceased’s family needed to pay certain amount of money before the corpse could be released and 5 staff were involved in this case.

• (c) Controlling and Surveillance Mechanism

3 ADMINISTRATION

• “They do not directly deal with the parties who seek the corpse, but maybe they deal with the parties who managed the corpse according to religious belief. It is agreed that there is an NGO in charged of handling the corpse in some states and deal with the hospital”. (Respondent 5, MOH)

• “they received bribes from business people to manage the corpse.” (Respondent 5, MOH)
The Risk Areas

3 ADMINISTRATION

- “If the person works in a low-risk area, the temptation is low. But if he works in a high-risk area, such as the morgue, which is something that we never expected but the business person can think about it. ............When the risk is high and less integrity, then corruption may happen” (Respondent 6, MOH).

- “All those involving corruption usually will happen if we do not follow the SOP. If we skip one step, there will be probably corruption. ..........For instance, the client wants an early turn for vaccination; thus, he pays the person incharged”. (Respondent 5, MOH).
Qualitative Data from an open-ended question: Main Reasons for Corruption (suggestions from the 387 respondents)
The Risk Factors for Corruption

- Financial influence
- Personal gain
- Malfeasance
- System failure
Quantitative Data

387 respondents

Data collected from the questionnaire were analysed by Statistical Package for Social Sciences (SPSS) and Excel

Pilot Study- 38 respondents
Sample Characteristics

- **Age**
  - 18 to 29 (12.66%)
  - 30 to 39 (46.25%)
  - 40 to 49 (28.94%)
  - 50 & above (12.66%)

- **Ethnicity**
  - Malay (71.06%)
  - Others (23.26%)
  - Chinese (3.62%)
  - Indian (2.07%)

- **Religion**
  - Muslim (81.65%)
  - Christian (13.95%)
  - Buddhist (2.84%)
  - Hindu (1.29%)
  - Others (0.26%)

- **Residential**
  - Urban (55.81%)
  - Suburb (18.35%)
  - Rural (25.84%)
Sample Characteristics

Education
- Form 3 (1.03%)
- SPM (27.91%)
- Professional cert (0.78%)
- Diploma (37.21%)
- Bachelor degree (25.84%)
- Postgraduate (7.23%)
- Administration (43.15%)
- Nurses (24.03%)
- Dentist (6.46%)
- Top management (4.39%)
- Therapist (1.29%)
- Medical (10.08%)
- Academician (0.26%)
- Others (10.34%)

Healthcare position
- Administration (43.15%)
- Nurses (24.03%)
- Dentist (6.46%)
- Top management (4.39%)
- Therapist (1.29%)
- Medical (10.08%)
- Academician (0.26%)
- Others (10.34%)
Sample Characteristics

**Income**
- < RM 1K (0.52%)
- RM 1K – RM 5k (73.13%)
- RM 5K – RM 10k (20.93%)
- > RM 10k (5.43%)

**Work Experience**
- < 1 year & not applicable (5.42%)
- 1 – 5 years (18.09%)
- 6 – 10 years (25.06%)
- 11 – 15 years (23%)
- 16 – 20 years (13.95%)
- > 20 years (14.47%)

**Experience dealing with corruption**
- Yes (12.66%)
- No (87.34%)
Table 1 – Reliability Test

<table>
<thead>
<tr>
<th>Section</th>
<th>No of items</th>
<th>Cronbach’s Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section II: Perception and views on the risk factors of corruption in the healthcare sector in Malaysia</td>
<td>10</td>
<td>0.899</td>
</tr>
<tr>
<td>Section III: Perception and views on accountability and transparency in the healthcare sector in Malaysia</td>
<td>10</td>
<td>0.984</td>
</tr>
</tbody>
</table>

- The table shows the strength of association with the questions asked.
- Cronbach alpha value of 0.8 or greater indicates a very good level of reliability. While 0.01 to 0.60 is non-acceptable.
Table 2 – Perception and views on the risk factors of corruption in the healthcare sector in Malaysia

<table>
<thead>
<tr>
<th>No</th>
<th>Item</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Mean (Standard Deviation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Personal greed towards money</td>
<td>29 (7.5%)</td>
<td>19 (4.9%)</td>
<td>60 (15.5%)</td>
<td>97 (25.1%)</td>
<td>182 (47.0%)</td>
<td>3.99 (1.225)</td>
</tr>
<tr>
<td>2.</td>
<td>Special relationship between the parties</td>
<td>39 (10.1%)</td>
<td>21 (5.4%)</td>
<td>54 (14.0%)</td>
<td>111 (28.7%)</td>
<td>162 (41.9%)</td>
<td>3.87 (1.292)</td>
</tr>
<tr>
<td>3.</td>
<td>Lack of transparency</td>
<td>34 (8.8%)</td>
<td>16 (4.1%)</td>
<td>64 (16.5%)</td>
<td>91 (23.5%)</td>
<td>182 (47.0%)</td>
<td>3.96 (1.263)</td>
</tr>
<tr>
<td>4.</td>
<td>Lack of ethical standards</td>
<td>31 (8.0%)</td>
<td>20 (5.2%)</td>
<td>50 (12.9%)</td>
<td>106 (27.4%)</td>
<td>180 (46.5%)</td>
<td>3.99 (1.235)</td>
</tr>
<tr>
<td>5.</td>
<td>Large amount of money involved</td>
<td>40 (10.3%)</td>
<td>34 (8.8%)</td>
<td>68 (17.6%)</td>
<td>96 (24.8%)</td>
<td>149 (38.5%)</td>
<td>3.72 (1.331)</td>
</tr>
<tr>
<td>6.</td>
<td>Multivarious license or permits</td>
<td>34 (8.8%)</td>
<td>25 (6.5%)</td>
<td>85 (22.0%)</td>
<td>109 (28.2%)</td>
<td>134 (34.6%)</td>
<td>3.73 (1.244)</td>
</tr>
<tr>
<td>7.</td>
<td>Lack of rigorous supervision</td>
<td>23 (5.9%)</td>
<td>25 (6.5%)</td>
<td>63 (16.3%)</td>
<td>103 (26.6%)</td>
<td>173 (44.7%)</td>
<td>3.98 (1.186)</td>
</tr>
<tr>
<td>8.</td>
<td>Concealment of works</td>
<td>30 (7.8%)</td>
<td>19 (4.9%)</td>
<td>73 (18.9%)</td>
<td>110 (28.4%)</td>
<td>155 (40.1%)</td>
<td>3.88 (1.214)</td>
</tr>
<tr>
<td>9.</td>
<td>Low-income level</td>
<td>26 (6.7%)</td>
<td>46 (11.9%)</td>
<td>91 (23.5%)</td>
<td>92 (23.8%)</td>
<td>132 (34.1%)</td>
<td>3.67 (1.245)</td>
</tr>
<tr>
<td>10.</td>
<td>Intense competitive nature</td>
<td>37 (9.6%)</td>
<td>34 (8.8%)</td>
<td>91 (23.5%)</td>
<td>109 (28.2%)</td>
<td>116 (30.0%)</td>
<td>3.60 (1.262)</td>
</tr>
</tbody>
</table>
Quantitative Data: Explanation for Table 2

• The older group (aged 40 and above) has lower perception on risk factors as compared to the younger group (aged 40 and below).

• Malay respondents tend to have lower perceptions on risk factors as compared to other ethnicity groups.

• Respondents with incomes range from RM1000 to RM5000 has the highest perception as compared to the other groups.

• Expert staff perceives risk factors better than the new staff group.

• The older group (aged 40 and above) has lower perception on risk factors as compared to the younger group (aged 40 and below) due to their longer period of experience in the working area.
### Table 3 – Perception and views on accountability and transparency in the healthcare sector in Malaysia

<table>
<thead>
<tr>
<th>No.</th>
<th>Item</th>
<th>Always Acceptable</th>
<th>Usually Acceptable</th>
<th>Sometimes Acceptable</th>
<th>Not Acceptable</th>
<th>Mean (Standard Deviation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A staff being recruited on the basis of family ties and friendship networks</td>
<td>35 (9.0%)</td>
<td>107 (27.6%)</td>
<td>72 (18.6%)</td>
<td>173 (44.7%)</td>
<td>2.01 (1.043)</td>
</tr>
<tr>
<td>2.</td>
<td>An officer asking for an incentive to speed up administrative procedures</td>
<td>39 (10.1%)</td>
<td>97 (25.1%)</td>
<td>16 (4.1%)</td>
<td>235 (60.7%)</td>
<td>1.84 (1.114)</td>
</tr>
<tr>
<td>3.</td>
<td>A contractor offering an incentive to an officer to speed up administrative procedures for contracts</td>
<td>49 (12.7%)</td>
<td>86 (22.2%)</td>
<td>22 (5.7%)</td>
<td>230 (59.4%)</td>
<td>1.88 (1.166)</td>
</tr>
<tr>
<td>4.</td>
<td>An officer taking funds/medicine/things for private use</td>
<td>44 (11.4%)</td>
<td>86 (22.2%)</td>
<td>39 (10.1%)</td>
<td>218 (56.3%)</td>
<td>1.89 (1.090)</td>
</tr>
<tr>
<td>5.</td>
<td>An officer using his power to assist his community</td>
<td>54 (14.0%)</td>
<td>100 (25.8%)</td>
<td>89 (23.0%)</td>
<td>144 (37.2%)</td>
<td>2.17 (1.079)</td>
</tr>
<tr>
<td>6.</td>
<td>A law enforcement officer (police, customs, immigration, army) asking for an incentive</td>
<td>47 (12.1%)</td>
<td>85 (22.0%)</td>
<td>26 (6.7%)</td>
<td>229 (59.2%)</td>
<td>1.87 (1.133)</td>
</tr>
<tr>
<td>7.</td>
<td>An officer asking for an incentive/gift from a job applicant</td>
<td>37 (9.6%)</td>
<td>86 (22.2%)</td>
<td>21 (5.4%)</td>
<td>243 (62.8%)</td>
<td>1.79 (1.091)</td>
</tr>
<tr>
<td>8.</td>
<td>A doctor issuing fake medical certificates</td>
<td>30 (7.8%)</td>
<td>95 (24.5%)</td>
<td>19 (4.9%)</td>
<td>243 (62.8%)</td>
<td>1.77 (1.065)</td>
</tr>
<tr>
<td>9.</td>
<td>An officer who travels a lot as part of his work submit claims for his reimbursement which are far above from the real cost to him</td>
<td>43 (11.1%)</td>
<td>87 (22.5%)</td>
<td>34 (8.8%)</td>
<td>223 (57.6%)</td>
<td>1.87 (1.110)</td>
</tr>
<tr>
<td>10.</td>
<td>A contractor offering an incentive to an officer to speed up administrative procedures</td>
<td>42 (10.9%)</td>
<td>86 (22.2%)</td>
<td>24 (6.2%)</td>
<td>235 (60.7%)</td>
<td>1.83 (1.113)</td>
</tr>
</tbody>
</table>
Quantitative Data: Explanation for Table 3

- All age group of respondents do not agree with corruption practices.
- Minor variations among the perceptions of 4 categories of income range.
- No obvious difference in perception on accountability and awareness on corruption practices between the two working experience groups.
Distribution of Medians across Four Various Background of Respondents (Section II)

**Age range (a)**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 - 29</td>
<td>4.4</td>
</tr>
<tr>
<td>30 - 39</td>
<td>4.2</td>
</tr>
<tr>
<td>40 - 49</td>
<td>3.9</td>
</tr>
<tr>
<td>50 - above</td>
<td>3.9</td>
</tr>
</tbody>
</table>

**Income Range (c)**

<table>
<thead>
<tr>
<th>Income Range</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>RM1k - below</td>
<td>3.75</td>
</tr>
<tr>
<td>RM1k-RM5k</td>
<td>4.1</td>
</tr>
<tr>
<td>RM5k-RM10k</td>
<td>4.0</td>
</tr>
<tr>
<td>RM10k - above</td>
<td>4.0</td>
</tr>
</tbody>
</table>

**Ethnicity (b)**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malay</td>
<td>4.2</td>
</tr>
<tr>
<td>Indian</td>
<td>4.3</td>
</tr>
<tr>
<td>Other</td>
<td>4.4</td>
</tr>
</tbody>
</table>

**Working Experience (d)**

<table>
<thead>
<tr>
<th>Experience</th>
<th>Median</th>
</tr>
</thead>
<tbody>
<tr>
<td>new</td>
<td>3.9</td>
</tr>
<tr>
<td>expert</td>
<td>4.3</td>
</tr>
</tbody>
</table>
## Results of Medians Comparisons based on four backgrounds of Respondents (Section II)

<table>
<thead>
<tr>
<th>Null Hypothesis</th>
<th>Chi-Square Values</th>
<th>Sig</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The medians are the same across categories of Age Range</td>
<td>13.119</td>
<td>0.040</td>
<td>Reject the null hypothesis</td>
</tr>
<tr>
<td>2. The medians are the same across categories of Ethnicity</td>
<td>0.870</td>
<td>0.351</td>
<td>Do not reject the null hypothesis</td>
</tr>
<tr>
<td>3. The medians are the same across categories of Income Range</td>
<td>0.397</td>
<td>0.334</td>
<td>Do not reject the null hypothesis</td>
</tr>
<tr>
<td>4. The medians are the same across categories of Working Experience</td>
<td>1.439</td>
<td>0.286</td>
<td>Do not reject the null hypothesis</td>
</tr>
</tbody>
</table>
Distribution of Median Perceptions across Four Various Background of Respondents (Section III)

- **Age range (a):**
  - 18-29: 1.6
  - 30-39: 1.9
  - 40-49: 1.9
  - 50-above: 2

- **Ethnicity (b):**
  - Malay: 1.8
  - Indian: 2
  - Other: 2

- **Income Range (c):**
  - Rm1k - below: 1.7
  - Rm1k-RM5k: 1.9
  - RM5k-RM10k: 1.9
  - RM10k-above: 1.7

- **Working Experience (d):**
  - New: 1.8
  - Expert: 1.9
### Results of Medians Comparisons based on four backgrounds of Respondents (Section III)

<table>
<thead>
<tr>
<th>No.</th>
<th>Null Hypothesis</th>
<th>Chi-Square Values</th>
<th>Sig</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The medians are the same across categories of Age Range</td>
<td>3.38</td>
<td>0.040</td>
<td>Do not reject the null hypothesis</td>
</tr>
<tr>
<td>2.</td>
<td>The medians are the same across categories of Ethnicity</td>
<td>0.870</td>
<td>0.351</td>
<td>Do not reject the null hypothesis</td>
</tr>
<tr>
<td>3.</td>
<td>The medians are the same across categories of Income Range</td>
<td>0.387</td>
<td>0.357</td>
<td>Do not reject the null hypothesis</td>
</tr>
<tr>
<td>4.</td>
<td>The medians are the same across categories of Working Experience</td>
<td>0.811</td>
<td>0.368</td>
<td>Do not reject the null hypothesis</td>
</tr>
</tbody>
</table>
CONCLUSION

RECOMMENDATIONS
Recommendations

1 PROCUREMENT AND FINANCE

- Establishment of Anti Bribery Management System (ABMS)
- ABMS is a mechanism effectively deals with governance, integrity and corruption in Government Link Corporations (GLCs) and private sectors.
- This internal control will enhance any current monitoring and surveillance system of the corporation.

1 PROCUREMENT AND FINANCE

- Establishment of Anti Bribery Management System (ABMS)
- The ABMS is a recognition for a certification under the ISO known as ISO 37001:2016.
- The ISO certification allows private entities to prepare themselves with the essential tools and knowledge related to bribery risks.
- Suggestion to convert the ABMS into a compulsory mechanism for all private sectors
- Incentives may also be provided for the small private businesses that deal with financial limitations engaging auditors for the certification.
Recommendations

1 PROCUREMENT AND FINANCE

- **Strengthening the Organisational Anti Corruption Plan (OACP)**

- At the national level, the National Anti-Corruption Plan (NACP) NACP 2021-2025 is introduced.

- The master plan was from the Ministry and the states will customise accordingly following the policy from the Prime Minister’s Office.

- This move promotes more transparency and integrity in all agencies.

- **Vision:** Zero tolerance against corruption in healthcare service.

- **Mission:** Provide competent health services with elements of accountability and professionalism.

1 PROCUREMENT AND FINANCE

- **Strengthening the Organisational Anti Corruption Plan (OACP)**

- **Purpose:**
  - (a) Reduce related complaints integrity, investigation and reporting breach of the code of conduct.
  - (b) Improving level of compliance against the rules and that base in force.
  - (c) Creating for citizens the work of the MOH competent and be accountable.
Recommendations

1 PROCUREMENT AND FINANCE

• Strengthening the Organisational Anti Corruption Plan (OACP)

• Four strategies:
  1) Strengthen the efficiency of service delivery of the MoH.
  2) Strengthening the efficiency of financial management, including transparency in procurement.
  3) Strengthening the accountability of the MoH enforcement.
  4) Implement good governance in statutory bodies and corporate entities of the MoH.

• Improving internal audit structures needed additional human resources and close collaboration with other audit units.

• Examine the SOP and the regulations frequently.

• Improvise the rotation system.

• Continue having a supervision process with random and frequent inspections.
Recommendations

1 PROCUREMENT AND FINANCE

• Regulatory strategies are required from legislation enforcement to administrative directives and information dissemination.

• All ministries should collaborate in designing and launching the anticorruption strategy so that the public and employees are aware of the execution and improvement within five years to guarantee that all agencies operate openly and honestly.

• Build well-defined legal frameworks to discourage informal payment techniques better while also enhancing management practices matched with adequate incentives to induce desired behaviour change.

1 PROCUREMENT AND FINANCE

• No more pharmaceutical representatives are permitted under legislative norms that must be defined and enforceable upon everyone. – Doctors may have particular clauses in their contracts to regulate the misuse of dual practice, whereas other employees require subsidiary legislation to deal with absenteeism and professionalism.
Recommendations

1 PROCUREMENT AND FINANCE

• Establishing a fiduciary duty or/ and duty of skill, care and diligence for a director

• Adoption of the provisions of the Companies Act 2016 for improving the MACCA 2009. Section 213, 218(1), 214(2).

• Director’s fiduciary duty and duty of skill, care and diligence in a department or unit of the public authority (MoH) dealing with discrepancies’ in the administrative and financial report of each department promotes a higher position of accountability and integrity.

• This move may compliment Section 23 of the MACCA 2009 that requires a presumption of the existence of an interest in order to establish a case.

1 PROCUREMENT AND FINANCE

• Establishing a fiduciary duty or/ and duty of skill, care and diligence for a director

• The provisions in the Companies Act 2016 may provide some guidelines. Whilst Section 213 of the Companies Act 2016 highlights the need to act for proper purpose and good faith, section 218(1) explains further details the act for proper purpose.

• Section 214(2) of the Companies Act 2016 may provide an example in drafting conditions to be fulfilled by a director to establish that he has deemed to have exercised his duty. The director performed his business judgment in accordance with the law.

• Cooling off Period. Healthcare retired officers are not allowed to be involved in transactions related to the healthcare sectors for at least 2-3 years for any corporations.
Recommendations

1 PROCUREMENT AND FINANCE

• Declaration of Beneficial Ownership
• There is a need for the declaration of Beneficial Ownership of an officer or staff related to the subject matter involved in a transaction.
• Management of the conflict of interest.
• Section 218 and section 214 (2) of the Companies Act 2016 echo a similar requirement to declare personal interest in the subject matter.

1 PROCUREMENT AND FINANCE

• Advancement of the Process Using Technology
• An introduction for the use of emerging technology may provide assistant in making the transaction transparent.
• Use of blockchain-based is an example of a secured transaction in which the parties involved can identify the potential seller and buyer to a contract.
• Good governance- standardization of a system for registration and administration of patients for all hospitals in Malaysia.
Recommendations

2 ENFORCEMENT

• **Strengthening the Legislative Approach**

• Reconsider the penalty of repeated offenders. Currently no clear policy and law to address them. Suggestions are to penalise them with mandatory whipping and a higher fine.

• Section 24 of MACCA 2009 highlights the severe penalty of imprisonment up to twenty years and monetary up to five times the value for the offender without specific attention to repeated offenders.

• **Lesson from the Singapore system**: The offender should pay the whole bribery sum or an amount equal to the amount he gained, as practised in Singapore.

2 ENFORCEMENT

• **Strengthening the Legislative Approach**

• The implementation aspect of Rule 3C of the Disciplinary Conduct 1993. Under this rule, the supervisors need to control their subordinate officers to ensure that the law can be enforced accordingly.

• This is likely as, in civil cases, alternative dispute resolution is available, but in criminal cases, the DPA may be used to avoid a court trial in exchange for a penalty payment.

• **Lesson from the UK system**: Reinforces the idea of using the Deferred Prosecution Agreement (DPA) to improve the enforcement of corporate financial crimes into the current MACCA. It is an agreement between the prosecution and the corporate entity to address any charge of economic crimes, such as bribery and corruption, without going through a full criminal trial, but instead suspending the court prosecutions by paying a large sum of money to the court.
Recommendations

2 ENFORCEMENT

• Advancement of the Process Using Technology
• Enhancement of the process at all levels using emerging technology.
• The use of advanced and emerging technology in the healthcare is urged to be one of the important agendas in strengthening the system from internal regulatory control to the enforcement stage.

2 ENFORCEMENT

• Advancement of the Process Using Technology
• The use of Artificial Intelligence applications in whistleblowing of internal auditors must be embedded in all public-sector agencies, including the healthcare sector.
Recommendations

3 ADMINISTRATION

• **Promotion of the Awareness Approach**

• Boosting awareness programmes to improve the integrity and ethical standards of governmental officials.

• The integrity awareness initiatives, as well as the distribution of the manual for managing and reporting disciplinary cases.

• The hospital personnel need to declare properties and possession to avoid stealing or illegal use of property such as medicines, equipment or any other acts that may contribute to corruption.

• **Section 17A** – a clear understanding of “adequate procedure” by private sector and third parties. Proactive initiatives to collaborate with MACC to educate the third parties.

4 ADMINISTRATION

• **Promotion of the Awareness Approach**

• Modules on ethics, accountability and integrity together with the engagement of employees in certain integrity programs at the departmental level will enhance the understanding of the existing public officials about the disadvantages of corrupt practices.

• Findings based on Table 2 and Table 3 raised an alarming issue that certain percentage of healthcare employees perceived activities related to corruption as common practices.

• Creating an integrity committee at each department, integrity inter department audit and programs, integrity boot camps, integrity badges, integrity corner, integrity debates, integrity essay, poetry and song competitions and other relevant programmes.
Recommendations

3 ADMINISTRATION

• Advancement of the Process Using Technology
  Introducing a blockchain-based health policy implementation system that records healthcare occurrences from a citizen's birth to death, in line with the progress quality of technology.

• An advanced integrated system with medical histories and essential information about a patient made available to all public and private sectors using the latest technology.

• However, this advancement need to be approached with caution dealing with privacy and data protection of a patient.

• A specific security and privacy protection is important in making sure this system is a success.

3 ADMINISTRATION

• Introduction of a Rotation system
  An officer or an employee holding a higher position in the healthcare sector is rotated within 3 years.

• Rotation is introduced at inter-department exchange in the same hospital/entity for first stage where appropriate.

• The second stage may further involve inter-district and the last stage inter-state exchange.

• A rotational system operating at three levels provides flexibility and practicality to transfer a particular healthcare personnel.

• Leadership issue
  Succession plan is very important to ensure the future leaders are of good character and uphold integrity in their leadership.