

# **Prevention and Fight against Corruption**





TERMS OF REFERENCE		
CONTRACT NO:	2017/386-597, PREVENTION AND FIGHT AGAINST CORRUPTION	
OBJECTIVE (S)	SUPPORT THE IMPLEMENTATION OF ACTIVITIES RELATED TO REDUCE CORRUPTION IN VULNERABLE AREAS (HEALTH SECTOR, TAXATION AND CUSTOMS, EDUCATION, THE STANDING CONFERENCE OF TOWNS AND MUNICIPALITIES (SCTM), THE PRIVATIZATION PROCESS, PUBLIC PROCUREMENT AND POLICE)	
EXPERT CATEGORY:	SENIOR NON-KEY EXPERT (4 POSITIONS)	
POSITION:	<ol> <li>SNKE: Anti-Corruption Institutional Capacity Building Expert (2         positions)</li> <li>SNKE: Legal Expert (2 positions)</li> </ol>	
RESULT (S):	RESULT 2 - PREVENTION OF CORRUPTION	
ACTIVITY No:	<ul> <li>2.6.1: CONDUCT CORRUPTION RISK ASSESSMENT/GAP ANALYSIS IN THE HEALTHCARE SECTOR, WITH PARTICULAR ATTENTION ON ACTIVITIES UNDER CHAPTER 23 AC AND OF NACS AP TO: I) EXPLORE THE MAIN VULNERABILITIES TO CORRUPTION IN THE SYSTEMS THAT AFFECT SERVICE DELIVERY AND II) IDENTIFY FACTORS THAT FAVOR CORRUPTION AND PROVIDE RECOMMENDATIONS ON HOW TO ELIMINATE OR MINIMIZE THEM;</li> <li>2.6.2: CONDUCT 3 ONE-DAY WS WITH MOH ANTI-CORRUPTION WORKING GROUP TO DEVELOP INTERNAL POLICIES AND PROCEDURES IN REGARD TO REDUCING OF THE CORRUPTION RISKS WITHIN THE HEALTH CARE SYSTEM;</li> <li>2.6.3: PREPARE AND INTRODUCE THE "ANALYSIS ON EU AND REGIONAL BEST PRACTICES ON PREVENTION OF CORRUPTION IN HEALTHCARE SYSTEM";</li> <li>2.6.4: PREPARE ASSESSMENT OF THE COMPLAINTS AND APPEALS PROCEDURE IN PLACE AND INTRODUCE RECOMMENDATIONS/MODEL FOR IMPROVEMENTS OF THE PROCEDURES, WHERE NECESSARY;</li> <li>2.6.5: CONDUCT 2 ONE-DAY WORKSHOPS TO SUPPORT WORK OF THE INTERNAL AUDIT DEPARTMENT IN REGARD TO THE RISK ASSESSMENT OF THE CORRUPT PRACTICES IN THE HEALTHCARE SYSTEM;</li> </ul>	
DAYS ALLOCATED:	260 W/D IN TOTAL FOR ALL EXPERTS  65 W/D FOR EACH SNKE: ANTI-CORRUPTION INSTITUTIONAL CAPACITY BUILDING EXPERT  65 W/D FOR EACH SNKE: LEGAL EXPERT	
LOCATION:	SERBIA	
START/END OF THE TASKS	OCTOBER 2018 – APRIL 2019	

# I. Background

### 1.1 Beneficiary country

Republic of Serbia

# 1.2 Contracting authority

European Union Delegation in the Republic of Serbia.







### 2.1.1 Relevant Project Background

### 2.1.2 Project Purpose

To strengthen national mechanisms for prevention and fight against corruption in accordance with the National Anti-Corruption Strategy and Action Plan for Chapter 23.

### 2.1.3 Overall Objective

Improve overall efficiency in the fight against corruption and reduce all forms of corruption

### 2.1.4 Specific objective(s)

- Explore the main vulnerabilities to corruption in the health systems that affect service delivery.
- Carry out field research and consultations within the health sector.
- Identify factors that favour corruption and provide recommendations on how to eliminate or minimize them.

### II. Scope and content of the assignment

The health sector is considered as one of the most corrupted sectors in Serbia. Total health expenditures in Serbia are estimated at approximately 10,3% of GDP¹ (2014). Hospital care takes the largest portion of budget spending, approximately 74%. The system of financing is still input based and hospitals are paid according to the number of occupied beds in a year. This results in unnecessary lengthy treatment of patients.

Primary care spending is around 25%. On the other hand, investment in preventive care and health promotion is very low. The expenditure from out-of-pocket payment for health care is very high and according to the Household Budget Survey it takes between 4-5% of total household expenditure. This money is mainly going to purchasing of drugs (30%), hospital expenditures and outpatient expenditures. The pharmaceutical sector is highly fragmented and drug prices are higher in Serbia than in neighbouring countries.

Corruption in health involves bribes from private suppliers to win government procurement contracts, misappropriation of public resources for private gain and government employers extorting under the table payments from patients. It is very difficult to get exact information, but it can be easily expected that corruption in the health sector is present in almost every aspect of work of the government and it most probably includes bribes, kickbacks and political considerations influencing contracting process, specifications and winners of the bids when it comes to construction and rehabilitation of health facilities, purchasing equipment and supplies (including drugs). Corruption is highly present in the health sector when it comes to distribution and use of drugs and registration of drugs.

When it comes to regulation of quality in products and services, facilities and professionals: influence on results of inspections of suppressing findings is present, as well as application of sanitary regulations, licensing and registration of products.

At the level of service delivery there are many cases of unnecessary referrals to private practice and use of public facilities and equipment for private practice. In Serbia, private practice has no adequate monitoring, control and inspection of work of private health practices, which gives a possibility for a wide range of activities which are not entirely legal.

Informal payments from patients are widely present in all public services not only among medical staff but also administration.

<sup>&</sup>lt;sup>1</sup> https://tradingeconomics.com/serbia/health-expenditure-total-percent-of-gdp-wb-data.html (01//9/2017)

Performed under the overall supervision of the Team Leader the contribution of the requested Senior Non-Key Experts-Anti-Corruption Institutional Capacity Building Expert and Health Sector Reform/Policy Expert will address the following activities within the implementation phase:

Tasks	Deliverables		
Hold meetings with TL to define the methodology on data collection needed to conduct the corruption risk assessment.      Hold meetings with all institutions in Serbia relevant for the assignment.	<ol> <li>Brief summaries of the meetings and of the review of the relevant proposals.</li> <li>Prepare action plan in implementation of the corruption risk assessment</li> </ol>		
2.6.1: CONDUCT CORRUPTION RISK ASSESSMENT/GAP ANALYSIS IN THE HEALTHCARE SECTOR, WITH PARTICULAR ATTENTION ON ACTIVITIES UNDER CHAPTER 23 AC AND OF NACS AP.			
2. The assignment will be conducted in 3 phases:			
Phase 1 – Review (assessment of available document sources): The NKEs will i) review and analyse the legal and operational framework in the health sector, ii) review and analyse crucial internal procedures and business-processes in the health sector, iii) analyse recruitment and promotion systems in the health sector and iv) analyse public procurement in the health sector.	Draft review on i) the legal and operational framework in the health sector, ii) crucial internal procedures and business-processes in the health sector, iii) recruitment and promotion systems in the health sector and iv) public procurement in the health sector.		
Phase 2 – Consultation (visits and interviews). NKEs will i) develop a consultation methodology and carry out inclusive consultations with relevant authorities and relevant civil society organisations and ii) confirm and/or modify initial analysis to reflect information from consultations	<ol> <li>Interview / survey methodology determined;</li> <li>Analyze the data through conducting field interviews (quantitative and qualitative)</li> <li>Draft Report on Corruption Risk Assessment with recommendations to decrease corruption risks in the health sector</li> </ol>		
Phase 3 – Design/development of the corruption risk assessments report: NKEs will conduct the corruption risk assessment and develop recommendations to decrease corruption risks in the health sector.			
2a. Draft Report on Corruption Risk Assessment with the TL and representatives of Ministry of Health of RS (MoH).	<ul><li>5. Prepare summary of the consulting meeting;</li><li>6. Prepare report on Corruption Risk Assessment with recommendations to</li></ul>		
2b. NKEs will amend the draft report in line with recommendations raised in meetings under task 2a.	decrease corruption risks in the health sector.		
2.6.2: CONDUCT 3 ONE-DAY WS WITH MOH, ANTI-CORRUPTION WORKING GROUP TO DEVELOP INTERNAL POLICIES AND PROCEDURES IN REGARD TO REDUCING OF THE CORRUPTION RISKS WITHIN THE HEALTH CARE			
SYSTEM			
3. The NKEs will coordinate 1-day WS with the representatives of the MoH AC working group and conduct desk research to collect all information needed to prepare planned output.	<ul> <li>7. Prepare summary of the WS conducted;</li> <li>8. Draft internal policies and procedures to reduce corruption risks within the health care system.</li> <li>9. Maintain lists of participants at WSs</li> </ul>		

3a. The NKEs will prepare drafts of the internal policies and procedures regarding the reducing of the corruption. 3b. Developed draft internal policies and procedures will be discussed at 2 WS with the MoH AC working 3c. NKEs will amend the draft internal policies and procedures in line with recommendations raised on meetings under task 3d. 2.6.3: PREPARE AND INTRODUCE THE "ANALYSIS ON EU AND REGIONAL BEST PRACTICES ON PREVENTION OF CORRUPTION IN THE HEALTHCARE SYSTEM" 4. The NKEs will, in close cooperation with TL and representatives of the MoH, prepare draft Analysis. 4a. Developed draft analysis will be discussed with 10. Prepare analysis of EU and regional best the MoH AC working group at a joint meeting. practices on prevention of corruption in healthcare system 4b. NKEs will amend the analysis in line with recommendations raised during meeting under task 4a. 2.6.4: PREPARE ASSESSMENT OF THE COMPLAINTS AND APPEALS PROCEDURE IN PLACE AND INTRODUCE RECOMMENDATIONS/MODEL FOR IMPROVEMENTS OF THE PROCEDURES WHERE NECESSARY. 5. The assessment of the complaints and appeals procedure in place will be included in the conducted corruption risk assessment/GAP analysis implemented under the activity 2.6.1. 2.6.5: CONDUCT 2 ONE-DAY WORKSHOPS TO SUPPORT WORK OF THE INTERNAL AUDIT DEPARTMENT IN REGARD TO THE RISK ASSESSMENT OF THE CORRUPT PRACTICES IN THE HEALTHCARE SYSTEM. 6. The NKEs in cooperation with the TL and responsible person from MoH will agree on training agenda/topics to be covered. 11. PowerPoint presentations prepared; 6a. According to the agreement the NKEs will 12. Other training material prepared; prepare and adopt training for the focus group and 13. List of participants prepared. deliver all training materials needed. 6b. The NKEs will deliver 20ne-day trainings for the focus group. 2.6.6: SUPPORT THE MOH IN IMPLEMENTATION OF THE RECOMMENDATIONS DRIVEN FROM GAP ANALYSIS 7. After the GAP analysis is agreed the NKEs and TL will, in cooperation with MoH, meet and agree on 14. Meeting notes prepared; activities that will be supported by the project. 15. Update WP; 7a. According to the agreement, the project WP will 16. Outputs of agreed activities prepared. be amended and NKEs will assist MoH in implementation of the agreed activities. Mission report 8. At the end of mission the joint NKE Mission report

shall be delivered.

17. NKEs Mission Report prepared.

9. The project TAT will coordinate the activities and arrangements needed to fulfil the assignment under the ToR. NKEs will coordinate all activities under the ToR with TAT and responsible person of MoH. Responsible person of the MoH will be identified prior to the NKEs mission.

#### VI. Qualification and skills:

1. SNKES: ANTI-CORRUPTION INSTITUTIONAL CAPACITY BUILDING EXPERT

#### General professional experience

- University degree in law/political science/public administration / economy / social sciences or any other appropriate discipline for this assignment;
- Not less than 7 years general professional experience relevant to the assignment.

#### Specific professional experience

- Must have direct experience and demonstrate concrete results in providing technical guidance and support in designing, carrying out or monitoring of anti-corruption policies and measures;
- Demonstrated experience in carrying out corruption risk assessments would be considered as advantage;
- Experience in supporting the implementation of anti-corruption measures would be an advantage;
- Have hands-on experience working in the field of prevention and combating of corruption;
- Have previous hands-on experience in development and/or assessment of the strategic documents;
- Teamwork and good communication skills;
- Fluency in English is required. Knowledge of Serbian would be considered an advantage.

#### 2. SNKES: LEGAL EXPERT

#### General professional experience

- University degree in the area of law or any other discipline appropriate for this assignment;
- Not less than 7 years general professional experience relevant for the assignment;
- Good understanding of the legislative framework of the Republic of Serbia understanding of the legislative framework that regulates health sector would be an advantage;

### Specific professional experience

- Knowledge of anti-corruption measures in general;
- Have previous hands-on experience in developing sector legal and/or policy assessments in a relevant sector.
- Have previous hands-on experience in development and/or assessment of strategic documents;
- Experience in supporting the implementation of anti-corruption measures would be an advantage;
- Teamwork and good communication skills;
- Fluency in English and Serbian is required.

### III. Annexes

- Project ToR
- NACS and its AP
- Chapter 23 AP
- NKE Mission Report template

### **Application**

- \* apply via e-mail to stevan.stepanovic@pwc.com
- \*\*apply only with CVs in Europass form (include supporting documents for relevant experience stated in your CV) and specify for which concrete position you are applying for
- \*\*\*Please note that only short-listed candidates will be contacted