REPUBLIC OF MALAWI

MINISTRY OF HEALTH

FRAUD AND CORRUPTION PREVENTION POLICY

August, 2025

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FOREWORD

The Ministry of Health realizes that corruption adversely affects the delivery of health services particularly the poor and marginalized. In this respect, the Ministry developed the Fraud and Corruption Prevention Policy in upholding the Malawi Government's stance on zero tolerance to corruption. This Policy is therefore necessary as it will pro-actively promote adequate measures to prevent, detect and report fraudulent and corrupt practices in the Health Delivery System.

The Policy will provide guidance to the Ministry in its anti-fraud and corruption drive in the Health Delivery System. Further, the Policy will play a critical role in eradicating the malpractices in the system. This will be achieved through promotion of the corruption prevention initiatives, strengthening the internal control systems and leadership and governance.

This Policy is in line with the aspirations of the Malawi Growth and Development Strategy III under the theme of Governance that advocates transparency, accountability and institutional strengthening to realize radical mindset change in attitudes and perception on corruption. Further, National Anti-Corruption Strategy II (NACS) also requires a holistic approach to the fight against corruption. In addition, the Policy is in line with Health Sector Strategic Plan II that calls for universal health coverage of quality and client satisfaction.

Therefore, I call upon all employees and players in the Health Delivery System to comply with and conduct our business in accordance with dictates of this Policy and at all costs avoid fraudulent and corrupt behaviors. Government through the Ministry is strongly committed to providing necessary leadership, support and enabling environment for the successful implementation of the Policy.

Hon. Khumbize Kandodo Chiponda,

MP Minister of Health

PREFACE

Ministry of Health fully recognizes that corruption is a complex and pervasive problem affecting the Health Delivery System. In this respect, the Ministry will ensure that employees and stakeholders uphold the code of conduct and ethics governing the delivery of health services. The Ministry further stresses the importance of consistently acknowledging and applying the principles of ethical considerations, accountability, human rights-based approaches and equity as stated in the Health Sector Strategic Plan (HSSP) III. (2023 – 2030)

The Ministry acknowledges the impact fraud and corruption would cause to all its stakeholders in the provision of quality health services including the risk to loss of life of its clients. All acts of fraud and corruption in the Health Care Delivery System are not acceptable. Therefore, the Fraud and Corruption Prevention Policy creates a framework on which every employee and stakeholder should prevent fraudulent and corrupt practices in the delivery of services.

A Task force comprising of the Institutional Integrity Committee (IIC) members was identified to draft the policy. The development of this Policy involved a desk review of literature, drafting of the document, and a series of consultative and validation meetings involving Ministry of Health Senior Management Team, District Hospital Management Teams and Central Hospitals Management Teams. The Anti-Corruption Bureau (ACB) and Office of the President and Cabinet (OPC) provided the technical support. Some of the documents which the drafting team reviewed include the guidelines for the development of national policies issued by the OPC, the Malawi Growth and Development Strategy (MGDS), the National Healthy Policy, and the Health Sector Strategic Plan (HSSP) III and the Malawi Vision 2063.

In order to effectively implement the Policy, the Ministry will ensure that the Institutional Integrity Committee (IIC) is given the necessary support. IIC shall develop annual work plans and ensure monitoring the implementation.

Finally, the Ministry would like to thank the drafting Task force Members for their effort which made this Policy a reality.

Dr. Samson Mndolo

Secretary for Health

LIST OF ACRONYMS AND ABBREVIATIONS

MGDS	Malawi Growth and Development Strategy
NACS	National Anti-Corruption Strategy
HSSP	Health Sector Strategic Plan
IIC	Institutional Integrity Committee
ACB	Anti-Corruption Bureau
OPC	Office of the President and Cabinet
IPDC	Internal Procurement and Disposal Committee
MoH	Ministry of Health

GLOSSARY

Abuse of official discretion refers to using authority or discretion or any responsibility or position entrusted by or in respect of any matter involving Ministry of Health and Population to improperly benefit oneself or another person, employee, or organization whether directly or indirectly. It also includes using one's official position to influencing or directing or colluding with an employee of Ministry of Health and Population to use vested authority or discretion for another person's benefit or to do anything contrary to established procedures or practice for the benefit of oneself or someone else.

Abuse of privileged information refers to using privileged information and knowledge which a person holds by virtue of his or her position or by virtue of being an employee or official of Ministry of Health and Population to give unfair advantage to another person or organization.

Benefit: refers to obtaining of an advantage, wealth, property, profit or business interest for oneself or another person.

Bribery: refers to the offering, giving, receiving, obtaining, soliciting or demanding of any advantage to influence the action of an employee of Ministry of Health or any other person or official concerned with or connected with any matter or transaction involving Ministry of Health in the discharge of the duties of that employee or other person or official or to obtain any favours or benefits or advantage for oneself or other person.

Conflict of Interest: refers to a situation which raises a potential conflict between personal or private interest and the interest of Ministry of Health which may reduce the likelihood of an objective and independent judgment to be exercised by the person involved.

Corruption: refers to the conduct of a public official involving a breach of the public official's duty or the misuse or abuse of his or her position; to gain a reward or benefit or for any dishonest or improper purpose.

Custodian of the Policy: refers to the overseer of the Policy as regards production and application of any terms and actions specified in the policy. In this case, the Secretary for Health is the custodian of this Fraud and Corruption Prevention Policy.

Embezzlement: refers to the theft or misappropriation or fraudulent appropriation of cash or property belonging to Ministry of Health and Population by or in collusion with persons entrusted with the authority and control of such cash or property.

Employee: refers to any person under the employment of Ministry of Health and Population whether such employment is temporary, permanent, part-time, paid or unpaid and includes staff on contract, interns and consultants.

Extortion: refers to the demanding or receiving or offering or giving of a fee or other payment which is not sanctioned by Ministry of Health and Population or contrary to what is officially authorized or is larger than justified.

Favouritism or Nepotism: refers to appointments, the assignment of services or resources according to family ties, party affiliation, tribe, religion, sect, gender and other preferential groupings.

Fraud: refers to the use of misrepresentations, deception or dishonest conduct in order to obtain an unjust advantage over another or, to cause detriment to Ministry of Health and Population, Fraudulent conduct includes: theft of assets; unauthorized or illegal use of assets, use of information or services for private purposes; misappropriation of funds; or falsification of records.

Gift: refers to any property, item, cash and also including hospitality and entertainment, that is offered or given to an employee or any other person in connection with the performance of official duty or by virtue of one's official status, position or responsibility or employment under Ministry of Health and Population.

Influence Peddling: refers to using influence with persons in authority at Ministry of Health and Population to obtain favors or preferential treatment for oneself or another person in return for an advantage.

Institutional Integrity Committee: refers to a committee of the Ministry of Health and Population appointed in pursuant to the National Anti-Corruption Strategy 2008.

Official: refers to any person engaged by the Ministry of Health and Population to carry out official duties on its behalf; whether temporary, permanent, part-time, paid or unpaid.

Stakeholders: refers to the individuals and entities that are directly or indirectly involved in or affected by the activities of the Ministry of Health and Population.

Victimization: refers to any unfair action directly or indirectly inflicted on an employee, stakeholder or official.

Whistle-blower: refers to an employee or any other person who reports or gives information concerning any suspected fraud or corrupt practices.

CHAPTER 1: INTRODUCTION

1.1 The Fraud and Corruption Prevention Policy

The Ministry of Health is committed to offer quality health care services in the best interest of the general public. In fulfilling this commitment, the Ministry has developed this Policy to guide its activities towards improving efficiency and effectiveness in resource utilization and management. The Policy will ensure that the Ministry acts in the best interest of the public by upholding the principles of honesty, integrity and transparency, which are key to promotion of good governance and prevention of corrupt practices.

This Policy spells out the Ministry's position on issues of fraud and corruption and reinforces management commitment to promote integrity and good governance. It will guide in designing, developing and implementing programmes aimed at preventing corrupt practices in the Ministry.

The Policy also serves as a framework for harnessing the efforts of the Ministry and its stakeholders to effectively and efficiently deal with fraud and corruption.

The Policy will be implemented through the following priority areas: Internal Control Systems; Fraud and Corruption Prevention and Detection System; Leadership and Governance.

Processes to deal with Fraud and Corruption are very dynamic in nature and require regular reviews. The Policy shall therefore be reviewed at least every five years of implementation or earlier depending on the magnitude of emerging issues that require fresh policy directions.

1.2 Background

The Ministry receives a lot of resources in order to deliver its services. The bulk of these resources are from donors. According to 2022 National Health Accounts, development partners' contributions accounted for an average of 54.5% of total health expenditure, while own Government resources accounted for an average of 40.3%. In the HIV/AIDS subsector, donor contributions average 95% of total financing.

The Ministry considered the following as high risk areas for fraud and corruption in the health sector:-

a. Pharmacy;
b. Stores;
c. Procurement and assets disposal
d. Finance (Revenues and expenditures);
e. Human resource management and development ie recruitment, promotions, training
f. Administration ie fleet management, fuel management, assets d;
g. Infrastructure.
h. Curative and medical rehabilitation services including referral services
i. Diagnostic services

Fraud and corrupt practices can be identified in so many forms. Outlined below are some examples of such practices:

a. medical personnel charging on free services;
b. overpricing in procurement;
c. non delivery of goods and services paid for;
d. falsification of information;
e. abuse of official fuel;
f. getting unmerited or unjustifiable allowances/locum;
g. abuse of institutional assets;
h. favoritism in awarding trainings/scholarships/contracts;
i. drug pilferage;
j. abuse of privileged information related but not limited to contracts, interviews and procurement process;
k. administration of external referrals.

1.3 Problem Statement

The health sector has a long history of resource pilferage particularly medicines and medical supplies through fraud and corrupt practices. The Ministry's response to issues of fraud and corrupt practices has been erratic and uncoordinated resulting in more resource wastage. The Ministry recognizes that fraud or corruption has the potential to cause significant financial and non-financial harm. It should therefore be recognized that, the prevention and control of fraud and corruption should feature prominently within the systems and procedures of the Ministry.

1.4 Purpose of the Policy/Rationale

The rationale for the development of the Policy is to demonstrate the commitment the Ministry of Health has in ensuring that services are provided in a corrupt free environment. Furthermore, the policy will provide guidance to all service providers and other stakeholders on how to report, prevent and identify fraud and corrupt practices.

CHAPTER 2: LINKAGES WITH OTHER POLICIES, LEGISLATION AND GUIDING PRINCIPLES

2.1 Linkages with other Policies and legislation

The Policy, just like any other public sector policy, draws from other existing legal and policy frameworks at both national and global levels.

The Policy is aligned but not limited to the following national legislations, policies and strategies:

- The Constitution of the Republic of Malawi 2016;
- Malawi Growth and Development Strategy III
- Health Sector Strategic Plan III (2023 – 2030);
- National Ant-Corruption Strategy II (2019 – 2024)
- The Corrupt Practices Act 2004;
- Public Service Act 1996;
- Public Finance Management Act 2003;
- Public Audit Act 2003;
- Employment Act 2000;
- Pharmacy Medicines Regulatory Authority 2019

2.2 Guiding Principles/Core Values

The Ministry of Health will act in the best interest of the general public and conform to the following core values that will guide the implementation of the Policy:

a. ***Fairness****:* The Ministry will be impartial in the implementation of this Policy and in its health service delivery.
b. ***Transparency and accountability****:* The Ministry will be transparent and accountable in all its operations.
c. ***Efficiency and effectiveness****:* The Ministry shall act with efficiency and effectiveness in the management of resources such as; medicines, fuel, cash, property and other assets.
d. ***Integrity:*** The Ministry shall perform its duties in accordance with work ethics and principles.
e. ***Honesty****:* All employees in the Ministry shall work in an honest manner to ensure optimum provision of service.

CHAPTER 3: BROAD POLICY DIRECTIONS

3.1 Overall Policy Goal

The overall goal of the Policy is to curb fraudulent and corrupt practices in the health delivery systems**.**

3.2 Overall Policy Outcomes

The Policy will achieve the following when effectively implemented:

a. increased knowledge in prevention, detection, reporting and investigation of fraud and corrupt practices;
b. strengthened internal control systems; and
c. improved service delivery in Health Systems.

3.3 Policy Objectives

The broad objectives of this Policy are to:

a. strengthen an environment and culture that is intolerant to fraud and corruption;
b. promote guidelines and procedures for preventing, detecting, reporting and investigating fraud and corruption;
c. raise awareness about detection and prevention of fraudulent and corrupt practices.
ensure efficient, effective and equitable health service delivery at all levels

3.4 Scope of the Policy

The Policy covers all employees of the Ministry and its institutions, suppliers, client, patients, guardians, private practitioners and stakeholders dealing with the Ministry, and members of the general public.

3.5 Custodian of the Policy

The custodian of this Policy is the Secretary for Health.

The custodian of the Policy, shall:–

a. oversee implementation of the Policy;
b. provide direction on Policy effectiveness in achieving its objectives;
c. report on activities undertaken to implement this Policy to the Secretary to the President and Cabinet.

CHAPTER 4: POLICY PRIORITY AREAS

The Policy will prioritise three areas in its quest to effectively eradicate fraud and corrupt practices in the Health Care Delivery System. The priority areas are: Internal Control Systems, Fraud and Corruption Prevention System and Leadership and Governance.

4.1 Policy Priority Area 1: Internal Control Systems

The Policy will focus on strategizing and strengthening a number of internal control systems that the Government had put in place to oversee the operations of the Health Care Delivery System. Some of the legislations in the Public Service that underpin the internal control systems include: Public Financial Management Act (2003), Public Procurement and Disposal of Assets Act (2017), Public Audit Act (2003), Public Service Code of Conduct and Ethics (2013) and Malawi Public Service Regulation (MPSR). However, due to other factors in the Ministry, enforcement of these legislations have been laxed or completely absent as attested to by many audit queries at the end of the fiscal year. The Policy will therefore promote enforcement of internal control systems governing the Health Care Delivery System in order to address issues of fraud and corruption.

Policy Statement:

The Ministry will ensure enforcement of internal control systems to eradicate fraudulent and corrupt practices in the Health Care Delivery System at all levels.

Strategies:

The following strategies will be applied to reinforce the internal control systems and address fraud and corruption in the Sector:

a. Supporting whistle blowing mechanism;
b. Promoting fraud and corruption risk assessment.
c. Monitoring and evaluation of internal controls

4.2 Policy Priority Area 2: Fraud and Corruption Prevention and Detection System

Prevention and detection is the most important aspect in the fight against fraud and corruption. In this respect, the Policy will further focus on developing and implementing an effective prevention and detection system in the Health Care Delivery System.

The existing mechanisms on prevention and detection are not adequately addressing the dynamic nature of fraud and corruption in the Health Care Delivery System. Furthermore, most employees and stakeholders of the Ministry have limited knowledge on prevention and detection of fraud and

corruption, a situation that requires development of effective mechanisms that will empower employees and stakeholders to easily prevent and detect the malpractices.

Policy Statement:

The Ministry will ensure that an effective fraud and corruption detection and prevention system is created and functional at all levels

Strategies

a. Institute / enact and implement Fraud and Corruption Awareness Strategy;
b. promote publicity of Client Service Charter for the Ministry;
c. strengthening capacity building to IIC members and key stakeholders.

4.3 Policy Priority Area 3: Leadership and Governance

Given the amount of resources in the health sector and prevailing inefficiencies, leadership and good governance will be central to ensuring an effective and corrupt free environment. It is envisaged that improved leadership and governance will generate additional fiscal value specifically through reduced leakage of medicines and medical supplies, and more efficient and transparent procurement processes and strengthened financial management capacity at all levels.

Policy Statement:

The Ministry will strengthen leadership, management and governance functions and structures at all levels.

Strategies

a. Develop and implement guidelines and procedures for preventing, detecting, reporting and investigating fraud and corruption;
b. Promote adherence to code of conduct and ethics;
c. Promote effective reporting mechanisms;
d. Enforce adherence to the contents of Fraud and Corruption Prevention Declaration Forms to all members of staff.

CHAPTER 5: IMPLEMENTATION ARRANGEMENTS

5.1 Institutional arrangements

The Policy shall be implemented by the Ministry of Health in collaboration with various stakeholders at all levels. These include Government Ministries, Departments and Agencies, Private sector organisations, Development partners, Civil Society Organisations and Non- Governmental organizations. The role of key stakeholders in the implementation, monitoring and evaluation of the policy is as follows:

5.1.1 Institutional Integrity Committee (IIC)

Establishment and Appointment:
There shall be an Institutional Integrity Committee (IIC) appointed by the Secretary for Health. The committee shall be composed of members drawn from various Directorates of the Ministry.

There shall also be IIC Task Teams in all Central Hospital facilities.

The committee shall appoint a Chairperson and a Secretary subject to approval by the Secretary for Health. Such appointments shall be inclusive, gender sensitive and with vertical representation. Members to be appointed into the committee shall be those that demonstrate the following values, among others:

a. honesty;
b. professionalism;
c. integrity;
d. ethical conduct and decision-making

Tenure of Office:

The IIC shall hold office for a period of two years.

If a vacancy exists in the IIC during or before the expiry of the two years, the Chairperson, shall immediately inform the Secretary for Health who shall appoint someone to fill such a vacancy. Any member appointed as a result of filling a vacancy shall hold office for the remaining period of the two years.

However, any vacancy which may arise six months or less before the expiry of the two years shall not be filled pending new committee appointments. Members shall be eligible for reappointment. However a member shall hold office for a maximum of two consecutive terms.

Appointment of new committee shall be made one month before the expiry of the tenure of office of the existing committee.

The Secretary for Health shall remove any member from the committee when his/her integrity is compromised or due to his/her inactivity in the committees' affairs.

Inactivity shall mean failure to attend two consecutive IIC quarterly meetings for no valid reasons or failure to discharge assigned IIC activities.

Upon expiry of term of office, it shall be the responsibility of the outgoing committee to prepare handover notes. Among other things, the handover notes shall include all outstanding cases being investigated, stage of the investigations and any other relevant issues. A copy of such handover notes shall be given to the Secretary for Health.

5.2 Confidentiality:

The Policy requires that all persons dealing with issues of fraud and corruption should handle them with the highest level of confidentiality. The Policy guarantees confidentiality by ensuring that the following are undertaken:

a. Oath of Secrecy (Appendix 6); and
b. Disciplinary action against the one who breaches the Oath of Secrecy.

5.3 *Reporting of Suspected Fraud and Corruption*

Any irregularity suspected against any person to whom this Policy applies, reporting shall be done internally to the following:

a. Secretary for Health;
b. Institutional Integrity Committee members.

Any suspected fraud and corruption involving members of the IIC, report shall be made to the Secretary for Health.

Suspected fraud and corruption can also be externally reported to the Anti-Corruption Bureau (ACB) or the Police.

Any suspected fraud and corruption involving the Secretary for Health; shall be reported to the ACB.

Reporting of suspected fraud and corruption may be done using any of the following methods:-

a. Tip-offs anonymous number **113** to ACB through any network
b. phone;

c. letter;
d. in person;
e. fax;
f. e-mail;
g. special boxes placed in strategic areas within the premises of the Ministry or health facilities.

Any employee or person who makes a report which is false or made with malicious intent shall be subject to disciplinary action.

Where an allegation is made in good faith but is not proven, after the investigation, no action shall be taken against the whistleblower.

Any employee or official is encouraged to include his or her name in all reports of suspected fraud and corruption or other irregularities.

Reports made anonymously may be investigated, taking into consideration the seriousness of the suspected fraud and corruption or other irregularities raised in the report, credibility of the report; and the likelihood of establishing the reported fraud and corruption and other irregularities.

Any report of suspected fraud and corruption received and investigated by IIC will be treated confidentially. Any member of IIC who fails to keep confidentiality will be dealt with in accordance with the relevant policies and laws.

The IIC shall maintain a confidential register of all cases reported.

5.4 Protection of Whistleblowers and other Persons:

Where a person acts in good faith in reporting suspected fraud and corruption or provides any information during an investigation, the Ministry shall take all necessary steps to protect the person against victimization.

Any person who victimizes a whistleblower or any person who provides information during an investigation shall be dealt with in accordance with Section 51 (A) of the Corrupt Practices Act (2004).

5.5 Conflict of Interest:

Any employee of the Ministry and other persons to which this Policy applies who will participate in decision making involving activities of the Ministry, and faces a possible conflict of interest, shall declare it and may not participate in the matter or decision under consideration.

The declaration shall be made using the Conflict of Interest Declaration Form obtainable from the Human Resource Management and Development Directorate or any other designated office as attached in Appendix 3.

5.6 Gifts, Hospitality and Entertainment:

All employees of the Ministry shall refrain from offering, soliciting and receiving gifts in the course of discharging official duties.

The Policy, however, recognizes that in certain circumstances rejection of gifts may look inappropriate and, in such circumstances, they may be accepted. This is exceptional to gifts of intrinsic value or those offered for promotional purposes e.g. calendars, pens, diaries. However the case, such gifts shall be declared and surrendered to the IIC for disposal.

Declarations shall be made using a Gifts, Hospitality and Entertainment Declaration Form (Appendix 4) which will be filled and signed by the declarant. The form shall be accessed in all offices.

The IIC shall develop and disseminate the guidelines on disposal of such gifts.

5.7 Investigations and Resolution:

Reports of suspected fraud and corruption, or other irregularities shall be investigated internally or referred to external agencies such as the ACB or the Police.

Matters of fraud and corruption involving any employee shall be investigated in accordance with the rules of natural justice.

Any person assigned to receive reports or investigate suspected fraud and corruption shall sign a Confidentiality Declaration Form (Appendix 5*)* and shall be liable to disciplinary action if the person is found to have breached confidentiality.

Investigations shall commence after a report is received. Investigations shall be concluded within three (3) months from the date of commencement of the investigations and a report shall be compiled and submitted to the appropriate authorities for action. If an investigation is not concluded within three (3) months, the investigating team shall seek the authority of the Secretary for Health to continue with investigations beyond the three (3) months.

Every employee shall cooperate with the persons appointed to investigate suspected fraud and corruption by providing relevant information. Any employee who deliberately withholds information from or deliberately gives false information shall be liable to disciplinary action in accordance with relevant laws and regulations.

Any person who interferes or attempts to interfere with the process of investigation shall be liable to disciplinary action or be dealt with in accordance with relevant laws and regulations.

Interference may include the following examples:

a. frustrating or delaying the process in any way;
b. using one's discretion, authority, position or responsibility to delay, stop or frustrate the process; or
c. using physical or any other means to threaten investigators.

If a suspicion of fraud and corruption by an employee is substantiated by the investigation, actions shall be taken in accordance with relevant laws.

If a suspicion of fraud and corruption by any person or entity other than employees of the Ministry is substantiated action will be taken in accordance with applicable laws.

The Ministry shall also take disciplinary action on the basis of findings of an investigation, audit or any similar exercise by any external agency such as the ACB or any appropriate authority if they fall within the scope of issues covered under this Policy.

5.8 Implementation plan

The Policy will be implemented by the Ministry of Health through coordination and collaboration by the IIC and IIC Task Teams. The IIC will develop Annual Work Plan and provide technical guidance and coordinate interventions to ensure effective implementation.

Appendix 1 presents an outline of the implementation plan for the Policy, which specifies overall goal, objectives, strategies, the responsible entities, and the timelines for implementation.

5.8.1 Roles and Responsibilities in Policy Implementation:

Management:

Management shall:

a. provide resources for the implementation of this Policy;
b. ensure that all employees of the Ministry of Health and partners are aware of the Policy;
c. detect and control fraud and corruption;
d. create conducive environment for investigation of suspected corrupt activities;
e. ensure adherence to internal controls and measures for the prevention of fraud and corruption;

f. put in place appropriate policies and procedures to prevent, detect and monitor fraud and corruption;
g. ensure that a Risk Management framework is in place.

Institutional Integrity Committee (IIC):

The IIC shall be responsible for:

a. conducting sensitisation sessions to members of staff on fraud and corruption prevention measures;
b. developing and reviewing Fraud and Corruption Prevention Policy;
c. reviewing systems and procedures prone to fraud and corruption;
d. developing and publicising reporting mechanisms to members of staff and stakeholders;
e. carrying out investigations on suspected fraud and corruption.

Employees and Stakeholders:

Every employee and stakeholder have a responsibility to;

a. avoid corrupt behavior;
b. report any incident of suspected breaches of this Policy;
c. cooperate in investigations;
d. familiarize with contents of this Policy.
e. Complete fraud and corruption prevention policy declaration form (Appendix 6)

Through the various outlined strategies, the Implementation Plan will operationalize the Policy statements contained in the Policy to achieve its overall goal and objectives.

CHAPTER 6: MONITORING AND EVALUATION

The Ministry commits to track progress of implementation of the Policy through monitoring and evaluation system as presented in Appendix 2. The monitoring exercise will be done through quarterly reports and external assessments All institutions covered by the Policy will report progress of their activities quarterly to the Ministry's headquarters through their respective IIC Task Teams. The IIC will coordinate and lead the monitoring and evaluation process and ensure timely reporting.

APPENDICES:

Appendix 1: Policy implementation plan

POLICY PRIORITY AREA 1: Internal Control Systems				
Policy Statement 1: ***The Ministry of Health will ensure enforcement of internal control systems to eradicate fraudulent and corrupt practices in the Health Delivery System.***				
Objectives	**Strategy**	**Activities**	**Responsibility**	**Timeframe**
To promote guidelines and procedures for preventing, detecting, reporting and investigating fraud and corruption	Institute whistle blowing mechanism	Develop guidelines on whistleblowing	DA, IIC, ACB	2025-2026
		Procure and allocate ccorruption reporting boxes and hotlines	DA, IIC	2025-2026
		Conduct coordination meetings with Hospital Ombudsman	IIC	Ongoing
		Publicise the reporting mechanisms	IIC, ACB	2025-2030
	Promoting fraud and corruption risk assessment.	Conduct internal fraud and corruption risk assessments	IIC	2025-2030
POLICY PRIORITY AREA 2: Fraud and Corruption Prevention and Detection System				
Policy Statement 2: ***The Ministry of Health will ensure creation of an effective fraud and corruption detection and prevention system.***				
Objectives	**Strategy**	**Activities**	**Responsibility**	**Timeframe**
To raise awareness about detection and prevention of fraudulent and corrupt practices.	Developing and implementing Fraud and Corruption Awareness Strategy	Conduct sensitization meetings on fraud and corruption.	IIC, PRO, HEU	2025-2030
		Conduct dissemination meetings on Fraud and Corruption prevention Policy.	DA, IIC, PRO, HEU	2025-2030

		Conduct meetings on development of Information Education and Communication materials	DA, IIC, HEU	2026-2027
		Translate the Policy to vernacular languages	DA, IIC, PRO, HEU	2026-2027
	Develop Client Service Charters	Conduct Client Service Charters development workshops for all Heath facilities	DA, IIC Task Teams, IIC, PRO, HEU	Ongoing
	Promote publicity of Client Service Charter for the Ministry	Visibly display service charters	IIC, IIC Task Teams	Ongoing
		Upload the Client Service Charter on Ministry's website	IIC, ICT	2026-2027

Policy Priority Area 3: Leadership and Governance

Policy Statement 3: ***The Ministry will ensure that leadership and management functions and structures at national, district and community levels are strengthened***

Objective	Strategy	Activity	Responsibility	Time frame
To sstrengthen an environment and culture that is intolerant to fraud and corruption.	Promote monitoring and evaluation of the Policy	Conduct monitoring exercise on the implementation of the Fraud and Corruption prevention Policy	DA, IIC, ACB	2025-2030
		Conduct Policy midterm reviews	IIC, ACB	2027-2028
	Strengthening capacity building to IIC members and key stakeholders	Conduct tailor made and refresher training courses, on corruption	DA, DHRM. ACB	2025-2030

		Conduct stakeholders (IICs in other MDAs) collaboration meetings.		2025-2030
	Promoting effective reporting mechanisms	Conduct sensitisation meeting on Fraud and Corruption Prevention Declaration Forms to all employees	DA, IIC	2025-2030

Appendix 2: Monitoring and Evaluation framework

POLICY PRIORITY AREA 1: ***Internal Control Systems***						
Outcome 1: Increased knowledge in prevention, detection, reporting and investigation of fraud and corrupt practices						
Policy Statement 1: The Ministry of Health will ensure enforcement of internal control systems to eradicate fraudulent and corrupt practices in the Health Delivery System.						
Objective	**Output**	**Performance Indicator**	**Target**	**Baseline**	**Means of Verification**	**Assumptions/Risks**
To promote guidelines and procedures for preventing, detecting, reporting and investigating fraud and corruption						
	Whistle blowing mechanism (Corruption reporting boxes, hotlines) Instituted	Percentage of Ministry's institutions (MOH Hqs & all 5 CHs) that have put in place whistle blowing reporting mechanisms.	100%	25%	Functional whistle blowing mechanism	Commitment of IIC Availability of funds
	Whistleblowing guidelines developed	Guidelines in place	1	0	Approved Guidelines document	Commitment of IIC Availability of funds
	Corruption risk assessment for the Ministry conducted.	Number of corruption risk assessment sessions conducted	3	0	Corruption risk profile reports	Stakeholders and employee's commitment
POLICY PRIORITY AREA 2: ***Fraud and Corruption Prevention and Detection System***						
Outcome 2: Strengthened internal control systems						
Policy Statement 2: The Ministry will ensure creation of an effective fraud and corruption detection and prevention system.						
Objective	**Output**	**Performance Indicator**	**Target**	**Baseline**	**Means of Verification**	**Assumptions/Risks**

To raise awareness about detection and prevention of fraudulent and corrupt practices.	Fraud and Corruption Awareness Strategy developed and implemented	Fraud and Corruption Awareness Strategy in place	1	0	Approved Fraud and Corruption Awareness Strategy in place, reports	Commitment of stakeholders, Availability of financial resources
	Client Service Charters for the Ministry publicized	Percentage of clients and patients aware of Client Service Charter			Survey reports	Commitment of employees and stakeholders
	Client Service Charters for Health facilities developed	Number of clients and patients service charters developed			Service charters in place	Availability of resources, Commitment of employees and stakeholders
	Visibly display service charters	Service Charters visibly displayed			Service Charter in place	Commitment of employees and stakeholders
	Sensitization and dissemination meetings on fraud and corruption conducted.	Number of meetings conducted per year	8	0	Reports	Availability of resources
	Meetings on development of Information Education and Communication materials conducted	Number of meetings conducted per year	2	0	Reports	Availability of financial resources
	Policy document translated into vernacular languages	Number of copies of Policy documents translated	500	0	Translated documents	Availability of financial resources
POLICY PRIORITY AREA 3: ***Leadership and Governance***						
Outcome 3: Improved service delivery in Health Systems						

Policy Statement 3: ***The Ministry will ensure that leadership and management functions and structures at national, district and community levels are strengthened***						
Objective	**Output**	**Performance Indicator**	**Target**	**Baseline**	**Means of Verification**	**Assumptions/Risks**
To strengthen an environment and culture that is intolerant to fraud and corruption.	Vacancies in the IIC filled	Vacancies filled	100%	60%	Percentage of vacancies filled	Availability of Staff in the Ministry
	Tailor made and refresher training courses, on corruption conducted	Trainings conducted per year	4	0	Number of training courses conducted	Availability of funds Commitment

Appendix 3: Conflict of interest declaration form

REPUBLIC OF MALAWI

MINISTRY OF HEALTH

CONFLICTS OF INTEREST DISCLOSURE FORM

NAME: _____ **DATE:** _____

POSITION: _____

DEPARTMENT/SECTION: _____

CONTACT NUMBER: _____

DESCRIPTION OF THE CONFLICT OF INTEREST:

NOTE: Add more forms as required.

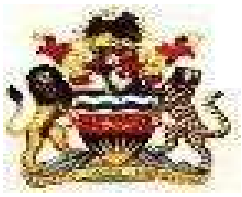
VERIFICATION: To the best of my knowledge, I declare that the information I have provided on this form is accurate and complete.

Employee Name: _____**Signature:** _____**Date:** _____

Name of Supervisor: _____**Signature:** _____**Date** _____

Witness Name: _____**Signature:** _____**Date:** _____

Appendix 4: Gifts, hospitality and entertainment declaration form



REPUBLIC OF MALAWI

MINISTRY OF HEALTH

GIFT, HOSPITALITY AND ENTERTAINMENT DECLARATION FORM

Name: _____ **Date**: _____

Position: _____ **Section**: _____

Contact Details: _____

Subject of Disclosure (Tick Next To Subject)

Gift ☐ Entertainment ☐ Hospitality ☐

Description of the Gift/Entertainment/Hospitality

Name of Source: _____

Reason For Providing the Gift:

_____

_____

_____

Relationship between Source and Recipient: _____
Number of Times the Gift is Being Offered: _____

Place Where the Gift was Offered: _____

Declaration: To the best of my knowledge I declare that the information I have provided on this form is accurate and complete.

_____ _____ _____

Name **Signature** **Date**

For Official Use:

Part A: IIC Review and Decision

Date When Integrity Committee Reviewed Disclosure Form: _____

Members Present at the Meeting:

Decision by Integrity Committee:

Reasons for Decision:

_____	_____	_____	_____
Chairperson Name	**Signature**	**IIC Member Name**	**Signature**

Part B: Confirmation by the Secretary for Health

_____	_____	_____
PS's Name	**Signature**	**Date**

Appendix 5: Confidentiality declaration form

REPUBLIC OF MALAWI

MINISTRY OF HEALTH

CONFIDENTIALITY DECLARATION FORM

I .....being called upon to exercise the function of member/ co-opted member/ witness of Institutional Integrity Committee of the Ministry of Health declare that I shall not, directly or indirectly, reveal to any unauthorized person contents of any document, communication, or information related directly or indirectly to any corruption proceedings, which may come to my knowledge while executing my duties.

Signature……..

Date…….

Declared before the Chair of Institutional Integrity Committee/ Investigation Team

Date……

Appendix 6: Fraud and Corruption prevention policy declaration form

REPUBLIC OF MALAWI

MINISTRY OF HEALTH

FRAUD AND CORRUPTION PREVENTION POLICY DECLARATION FORM

I ..... hereby acknowledge that Ministry of Health has a Fraud and Corruption Prevention Policy. I hereby make this solemn declaration that I understand the provisions of this Policy. I further pledge to abide by the Policy during my employment with the Ministry.

…… ……..

Employee's Signature Date

…….. ……..

Witness Signature (HR) Date