

EUROPEAN HEALTHCARE FRAUD AND CORRUPTION NETWORK

Good Governance in Health Systems The Council of Europe Approach

Prof. Dr. med. Ulrich Laaser DTM&H, MPH



**Recommendation CM/Rec(2010)6
of the Committee of Ministers to
member states on
good governance in health systems**
*(Adopted by the Committee of Ministers
on 31 March 2010 at the 1081st meeting
of the Ministers' Deputies)*

[https://wcd.coe.int/wcd/ViewDoc.jsp?Ref=CM/Rec\(2010\)6](https://wcd.coe.int/wcd/ViewDoc.jsp?Ref=CM/Rec(2010)6)

Recalling the **Warsaw Declaration** (2005) wherein it is stated that: “effective democracy and good governance at all levels are essential for preventing conflicts, promoting stability, facilitating economic and social progress”

The Committee of Ministers recommends that governments of member states develop and adopt a set of ethical principles for health system governance, with special emphasis on the structural determinants, legislative guidelines and codes of conduct in health systems, which aim to prevent and counter corruption, manage conflicts of interest and monitor good governance;

The Committee of Ministers recommends that governments of member states take necessary steps to implement the *guidelines* contained in the appendix to this recommendation.



V. A good governance framework against fraud and corruption

19. Fraud and corruption should be explicitly defined and tackled in all relevant regulatory frameworks at every level of the health system, making it an integral part of all health regulations.

20. Member states should consider establishing an *independent anti-corruption body*, covering all sectors of activities, at national level. Such a body should be able to take legal and other actions should the need arise.

21. To foster a culture of integrity and thus to prevent corruption, fraud and nepotism, a comprehensive and *systemic strategy* should be in place. This strategy should include:

- specific guidelines for *transparency and enforcing* mechanisms at every level of the health system, from national to individual institutional level;
- a high level of political priority and *public visibility* for the fight against corruption and fraud;
- provisions for *professional investigation* and public reporting of all cases of detected or alleged health system fraud and corruption;



- arrangements for the possible enforcement of multiple *sanctions*, such as civil, criminal and/or disciplinary processes, should health system fraud and corruption be proved;
- a system *of compensation for the resources lost* to fraud and corruption, and the return of the recovered losses;
- a *national reporting system with periodic reports* on the progress made against fraud and corruption.

VI. Preparing health-related professionals for good governance

22. Governments of member states should promote the idea of establishing a framework for the education and training of health-related professionals to include the *acquisition of adequate competences for good governance and efficient management* of health institutions and programmes.

23. Member states should ensure that *a competent post-graduate training institution is available at national level*, as well as in large regions, with links to both academic and health administrations. Such an institution should contribute to the dissemination of developments in public health and health-service research, as well as serving as a resource for the development, reform and evaluation of health systems.

III. Monitoring good governance of health systems (*incl. attachment II to the guidelines*)

10. Member states are encouraged to develop *assessment tools* to monitor good governance in health systems.

II/2. Values and principles underpinning the framework: human dignity, equity, solidarity and professional ethics as articulated in the Ljubljana Charter on Reforming Health Care (World Health Organisation, 1996) and the World Bank governance indicators.

6. Areas to be covered by the assessment matrix:

- a. control of corruption – measuring the ability of state institutions and agencies to tackle fraud and prevent corruption;
- b. transparent and participatory decision making processes – measuring the level and quality of the equal involvement of all stakeholders in decision-making processes;

- c. accountability – measuring the impact of existing arrangements established to achieve accountability for performance;
- d. rule of law – measuring the effective compliance with rules and laws;
- e. open reporting – measuring the openness and willingness of governing bodies to present and share information publicly.

1. Transparency:

- Does a central register for lobbyists exist in this Member State (MS)?
- Does a complaint and redress mechanism exist?
- Are inspection reports available to the public?

2. Participation:

- Are patient views represented...?

3. Accountability:

- Does the MS have a national code of conduct for administrators and clinical practitioners?

4. Efficiency:

- Do MS' agencies or institutions participate in the EHFCN?



Thank you for your attention !

