

THE INSPECTORATE OF GOVERNMENT

REPORT ON SYSTEMIC INVESTIGATION INTO THE RECRUITMENT OF DIRECTOR GENERAL HEALTH SERVICES AND OTHER SENIOR POSITIONS AT THE MINISTRY OF HEALTH HEADQUARTERS BY THE HEALTH SERVICE COMMISSION

The Inspectorate of Government received complaints wherein it was alleged that there were irregularities in the process of recruiting staff for various positions at the Ministry of Health (MOH) headquartersby the Health Service Commission (HSC).

It was also specifically alleged the specifications for the post ofDirector General of Health Services (DGHS) and twelve (12) senior positionswere submitted to the HSC without the knowledge of the Permanent Secretary, MOH. That in addition, specifications were tailored to suit the qualifications of particular individuals.

It was further alleged that Dr.Mbonye (Ag. DGHS) personally determined the person specifications for the position of DGHS in which he was interested and finally applied for. That as a result he acted in conflict of interest when he determined the specifications for that position. It was further alleged that Dr.Mbonye did not follow required procedures and put the image of the Public Service indisrepute when he authored an article entitled "*The dilemma of pursuing a double career*" which was published in the New Vision newspaper on Wednesday 14th December 2016.

Given the number of positions involved and the high profile of the same, the IGcarried out a systemic review of the process and following is a summary of the findings:

- 1. Upon Cabinet approval the new structure of the MOH headquarters, the Permanent Secretary in the Ministry of Public Service (MoPS)granted authority to the Permanent Secretary MOH to fill two hundred fifty five (255) positions at the MOH headquarters inclusive of the twelve (12) positions of:
 - a. Director General Health Services;
 - b. Commissioner Health Services (Community Health);
 - c. Commissioner Health Services (Planning & Policy);
 - d. Commissioner Health Services (Integrated Epidemiology and Surveillance);
 - e. Assistant Commissioner (Community Health);
 - f. AssistantCommissioner (Information &Knowledge Management;
 - g. Assistant Commissioner (Epidemics);
 - h. Assistant Commissioner (Vector Borne Diseases);
 - i. Principal Entomologist;
 - j. Principal Epidemiologist;
 - k. Senior Entomologist; and,
 - 1. Senior Epidemiologist.
- 2. In exercise of the powers conferred upon him by Regulation 10(6)(b) of the Health Service Commission Regulations (HSC Regulations) and after consulting the Human Resource Department MOH, Dr.AsumanLukwago, then Permanent Secretary, prepared the person specifications for the positions above, among others. He then forwarded the same in form of draft advertisements to the HSC and declared eighty one (81) vacancies inclusive of those mentioned above for filling. In compliance with Regulation 11(2) of the HSC Regulations, the HSC approved the person specifications after consultations with the Permanent Secretary MOH and the Permanent Secretary MPS.

There was no evidence found at this point that the person specifications for some positions were tailored to suit the qualifications of particular individuals or that they were sent to the HSC without the knowledge of the Permanent Secretary MOH.

- 3. Before the advertisement of the positions by the HSC in the New Vision newspaper of 17th October 2016, under External Advertisement No.3, Dr.Mbonyewho was at the time the Caretaker DGHS at MOH seized the opportunity whileacting as caretaker of the position of Permanent Secretary MOH and submitted revised person specifications for some positions to the HSC inclusive of that of the DGHS, a position he was admittedly interested in. Dr.Mbonye further admitted that he designed the specifications in a manner favourable to himself. By so doing Dr.Mbonye was found to have violated the Uganda Public Service Standing Orders and the Code of Conduct and Ethics which prohibit conflict of interest.
- 4. It was found that there was no evidence that the Board of the HSC responsible for short-listing for the position of DGHS had taken into consideration the requirement for a postgraduate qualification in administration and management and in so doing erroneously shortlisted Dr.Mbonye who had no evidence that he hadthe said qualifications.
- 5. It was also found that there may have been some discrepancies in the short-listing exercise for the positions of Principal Epidemiologist and Senior Epidemiologist.
- 6. It was also found that Dr. Mbonye authored the article that was published in the <u>New Vision</u> Newspaper of 14th December 2016 entitled "*The dilemma of pursuing a double career*". However, while it was noted that the contents of the article were personal in nature Dr. Mbonyesubmitted the article in his official capacity as caretaker DGHS. This therefore meant that the article was subject to approval by the Responsible Officer but he did not obtain it before he had the articlepublished to the general public.

In view of the findings above it is recommended as follows:

- 1) The Permanent Secretary MOH should:
 - a) Revisit the assignment of duties to Dr. Anthony Mbonye the Director of Health Services (Clinical & Community) as Caretaker DGHS on account of the integrity issues apparent in the manner in which he conducted himself regarding the recruitment process for DGHS;
 - b) Require Dr. Anthony Mbonyeto show cause why he should not be submitted to the Health Service Commission for for acting in conflict of interest when he knowingly and actively participated in determining the person specifications for the position of DGHS, a position he was interested in competing for, contrary to the Uganda Public Service Code of Conduct and Ethics, in particular sections 3.0 (on the principle of being honest) and 4.6(1) at Appendix F-5 of the Standing Orders; and
 - c) Caution Dr.Mbonye against making statements to the media in his official capacity even if the subject is private in nature. This is because byinterfacing with the press in his official capacity, the Government of Uganda becomes automatically drawn into what would otherwise be private matters.
- 2) Despite the fact that not every contingency can be planned for in a recruitment exercise, it would be prudent for HSC to review all the complaints surrounding this recent recruitment process with a view to establishing whether any measures can be takenin future to prevent a recurrence of similar complaints.
- 3) The HSC should further consider putting in place guidelines concerning preparation of specifications for positions they intend to fill in order to ensure that sufficient consultations are made as early as possible, as well as protect the process from situations of conflict of interest where interested parties get involved in designing specifications.

- 4) It is further recommended that the HSC:
 - a) Take steps to ensure that in future no applicant for a position it has to consider is approved as a member of an interview panelfor positions being considered in the same recruitment cycle so as to avoid any suspicions of manipulation of the process and preserve the integrity of therecruitment process;
 - b) Review the short-listing of Dr.Mbonye for the position of DGHS who, on the face of it, did not meet all the conditions and academic requirements for that position as advertised;
 - c) Proceed with the recruitment process for the positions of Commissioner Health Services (Community Health), Assistant Commissioner (Information & Knowledge Management), Commissioner Health Services (Integrated Epidemiology and Surveillance), Assistant Commissioner (Epidemics) and Assistant Commissioner (Vector Borne diseases); and,
 - d) The HSC is advised to reconsider the short listing report it approved with regard to the short listing for the positions of Principal Epidemiologist and Senior Epidemiologist whichhad some discrepancies as highlighted in the report.

This is to inform you that the order of this office concerning these recruitments issued to you at the commencement of this investigation is hereby lifted as the process of filling the positions at the MoH headquarters should be concluded.

The report was signed by Irene Mulyagonja Kakooza, the Inspector General of Government, addressed to the Chairperson Health Service Commission and copied to the Minister of Health and Permanent Secretary of the Ministry of Health to take note of the recommendations relevant to her office.