

Treating a social pathology

It is necessary to create legalised and "hard" institutional structures to combat corruption: measures to regulate (like NAMFISA regulates micro lenders to protect borrowers from exploitation), monitor (the Human Rights Association monitors human rights abuses) and penalise offenders (e.g. scandals, court cases and compulsory community work).

It is also important to implement "softer" measures: improving awareness and knowledge (e.g. the Anti-Corruption Commission's strategy to make people aware of the various forms of corruption), moral understanding (e.g. churches and faith-based organisations) and social accountability (e.g. Men on the Side of the Road, that assists with employment opportunities).

Cancer and HIV/AIDS patients need institutional and legal protection (for not being fired as a result of their health problems), financial assistance (for having an income and funds for treatment), social safety networks (like HIV/AIDS centres and the Cancer Association of Namibia), expert knowledge (of medical specialists) and counselling (e.g. the Cancer Association, Red Cross and Childline Namibia). Similarly, people resisting and reporting corruption need institutional and legal protection (e.g. against losing their jobs for whistleblowing and to ensure their personal safety), financial assistance (in cases where they do lose their jobs), social safety networks (for physical and moral support, e.g. witness protection programmes), expert knowledge (e.g. legal advice) and counselling (e.g. for handling pressure from corrupt individuals or organisations).

The examples used demonstrate that Namibia has some measures to manage to some extent corruption, cancer and HIV/AIDS.

PERSONAL OBLIGATIONS

However, unanswered questions include the following: Are public, private and civil society institutions effective in fighting corruption? Are they synchronised and integrated towards systemic outcomes? Is the public fulfilling its social accoun-



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tability role? Are you fulfilling your personal social obligation in fighting this national disease, or have you given up and "grease the wheels"?

The earlier a disease is diagnosed and treatment started, the better the patient responds. Similarly, anti-corruption agents and even the public, need to have expert knowledge and skills, as well as commitment to detect the symptoms of corruption as soon as possible.

When the state of health of institutions is monitored regularly, obvious and lucrative opportunities for abuse of power and possible corruption opportunities can be pre-empted or eliminated. One example is large capital projects. The more money involved the bigger the temptation. Other examples include unsupervised responsibilities (no one to check on the execution of tasks), excessively wide discretion (for interpretation and application of rules) and limited accountability. Indicators or red flags can be developed to diagnose and profile institutions susceptible to corruption.

New patients receive hope and inspiration from those who are responding positively to treatment and living sustainable and fulfilling lives. Similarly, Namibia can learn from success stories in the fight against corruption. Best practices, such as access to information and whistleblowing protection legislation, checks and balances in executive systems and anti-corruption agencies such as Singapore, can be tailored to develop strategies to fight corruption systemically.

References

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