CORRUPTION IN HEALTH SERVICES

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Compiled by the
Anti-Corruption Helpdesk

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WHY FIGHT CORRUPTION IN THE HEALTH SECTOR?

Access to healthcare is one of the fundamental rights of every human being, enshrined in the International Covenant on Economic, Social and Cultural Rights.

It is fundamental to people's well-being and quality of life and an essential condition to inclusive human and economic development. As part of the 2030 Agenda for Sustainable Development, leaders from the world have committed to "ensure healthy lives and promote well-being for all at all ages" (SDG 3) by 2030.

Corruption in the health sector is a major impediment to these commitments. Empirical evidence shows that corruption reduces immunisation rates, delays the vaccination of new-borns, discourages the use of public health clinics, reduces satisfaction of households with public health services and increases waiting time at health clinics.[1] Corruption reduces public resources available for medical equipment, drugs, and salaries,[2] thereby undermining the quantity and quality of health services and of patient care.[3] It increases the risks of malpractice and hospital infections. It distorts health policies, denies citizens access to hospitals, medicines and qualified staff and undermines efforts to combat major health challenges, such as malaria and HIV/AIDS. This in turn has a direct negative effect on mortality rates and child mortality rates[4] and life expectancies at birth,[5] and leads to higher incidences of epidemics and disease.[6] Addressing corruption in the health sector is a matter of life and death.

Corruption in health services also has major economic impacts, raising the cost of healthcare for individuals, healthcare institutions and society in general.[7] Corruption also increases the cost of providing healthcare to citizens on an aggregate scale, as poor healthcare provision may result in incorrect diagnosis or inefficient treatments, which may evolve into other, more costly health conditions. Similarly, as low-quality prevention systems within healthcare lead to more serious disease outbreaks, corruption at the level of primary care provision can generate additional strains on public health systems.[8]

Corruption in healthcare also has significant effects on the persistence of poverty in developing countries.[9] As they are more reliant on public services to access healthcare, the poor are disproportionally affected by the impact of corruption in the health sector. In addition, corruption in healthcare can have negative effects on productivity and working hours, undermining people's livelihood as well as economic development and growth prospects.[10]

BOX 7: CORRUPTION AND THE OUTBREAK AND MANAGEMENT OF THE EBOLA CRISIS[11]

Between 2013 and 2015, the Ebola virus claimed thousands of lives, devastating fragile healthcare systems and ravaging the economies and societies of Sierra Leone, Liberia and Guinea-Conakry. Large flows of aid were channelled to these countries with weak institutions and governance structures to contain the epidemic. Corruption was a particular challenge for these countries' strained health systems, fuelling low trust levels in government institutions and leading Ebola-affected communities to resist the efforts of medical personnel to isolate and treat victims, collect data and dead bodies. Corruption further undermined efforts to contain and mitigate the disease, with diversion of relief funding and supplies, mismanagement by public officials and petty corruption compromising containment measures, such as roadblocks, quarantines, body collection and burials.

Yet, corruption in the health sector is widespread in many countries. World Bank surveys suggest that, in some countries, up to 80 per cent of non-salary health funds never reach local facilities.[12] There are a number of factors that make the health sector particularly vulnerable to corruption. Health systems are characterised by complex administrative structures and involve large-scale investments as well as a large number of public and private providers, making it harder to establish effective accountability systems.

At the same time, there are vast funds at stake and these financial flows are attractive targets for abuse. According to a 2008 WHO report, total expenditures on health worldwide represent 8 per cent of the world's GDP. Every year, more than US$3 trillion is spent on health services globally, primarily financed by taxpayers.[13] The sector is also characterised by a fundamental imbalance of information between health practitioners and patients and risks of conflicts of interest between health officials and private companies.

KEY ISSUES AND CHALLENGES

Forms of corruption in healthcare

All major forms of corruption are present in the health sector, ranging from petty bribery and nepotism to informal payments and mismanagement of resources, absenteeism and state capture. In many countries, health services are also affected by various forms of clientelism as personal relationships between patients, doctors or even key bureaucrats help people gain access to healthcare programmes take the form of patron-client relationships.

Corruption can affect every stage of the health service delivery chain, including policy formulation, management of organisational resources and procurement of medical supplies, as well as bribery and extortion at the point of service delivery. Areas that are particularly vulnerable to corruption include:[14]

1. provision of services by medical personnel

2. human resources management

3. drug selection and use

4. procurement of drugs and medical equipment

5. distribution and storage of drugs

6. regulatory systems

7. budgeting and pricing

As part of general healthcare reforms in certain regions, such as in Eastern and Southern Europe, other areas of vulnerability include the construction and equipping of new healthcare centres as public-private partnership projects, with specific corruption risks associated with such partnerships. Often these centres may become hotbeds of corruption when considering the types of machineries being purchased and used. In other countries, special healthcare programmes (such as prevention, monitoring and educational programmes) are not available to all, particularly not low-income and indigenous populations.[15]

These vulnerabilities across the health service delivery chain can be synthesised, as highlighted in the diagram on the following page.

Figure 3: Analysis of corruption along the health sector value chain

POLICY MAKING

Political influence in definition of health policy, priorities, primary vs hospital care, benefit packages, etc.; political influence and bribes in market regulation, insurance packages, etc.; bribes and political considerations in definition of drug policy, accreditation system for health professionals, etc.

ORGANISATIONAL RESOURCES

PERSONNEL

Ghost teachers; extortion of a share of salaries; favortism and nepotism in selecting ministry, department and facility level staff; selling and buying of positions and promotions (vertical corruption); bribes, extortion, collusion, nepotism in the licensing, accreditation and certification of health centre staff; absenteeism and use of publicly paid time for private practice; bribes to enter medical school and pass grades; nepotism, favouritism, bribes in selection of training; use of per diems

BUDGET

Political influence and bribes in resource allocation; budget leakages, embezzlement and fraud in transfer of budgets: diversion of public into private accounts

SUPPLIES/GOODS

Theft or unlawful use of equipment, vehicles, other inputs; bribes to influence monitoring and inspection of facilities; bribes to skew specifications of goods and medical equipment; bribes to speed the process or gain approval for drug registration, drug quality inspection or certification of good manufacturing practices; bribes to influence drug inspection; theft, diversion and reselling of drugs along the distribution chain

PROCUREMENT

Bribes to influence procurement process including tender specifications; collusion and contractors; bribes, collusion and political considerations to influence the specifications of bids and the tender process; bribes, extortion, collusion in monitoring and auditing the procurement process and delivery of drugs

SERVICE DELIVERY/CLIENT INTERFACE

Informal payments required/extorted from students and parents, including sexual extortion, stealing and reselling of books and supplies; bribes and payoffs for school entrances, exams, scholarships; examination results only released upon payment, exam questions sold in advance

Source: Transparency International. 2017.
Monitoring corruption and anti-corruption in the SDGs: A resource guide

POLICY FORMULATION

Governments are responsible for ensuring that health professionals are qualified and licensed and that health products, services and drugs are safe and effective.[16] At the policy stage, undue influence by interest groups can affect the design of health policies to the benefit of a particular societal group – usually the rich and the powerful – at the expense of others. For example, priority can be given to tertiary hospitals using costly equipment to the detriment of smaller primary care clinics that are left with inadequate staffing and equipment.

An area of particular concern at the regulatory level in the health sector is the registration and approval process of new drugs and the establishment of national lists of essential medicines.[17] The uneasy relationship between pharmaceutical companies, governments and health professionals, exacerbated by dubious lobbying and marketing practices make this process particularly vulnerable to capture by private interests. In many countries, including developed countries, pharmaceutical companies lobby and bribe government officials to favour their companies or have their drugs approved by the national drug monitoring agency.

ORGANISATIONAL RESOURCES

As with other public services, the health sector is characterised by large flows of money, specialised equipment and complex organisational structures, which makes the management of organisational resources, such as personnel, goods, supplies and budgets particularly complex and vulnerable to corruption.

Procurement of medical services and supplies are especially at risk of corruption, due to the high costs and technical complexity of medicine, machinery and specialist services (for example, specialised equipment maintenance). Private companies often compete for a few, but highly lucrative contracts, providing incentives for corruption and rent-seeking. In addition, pharmaceutical and medical supply companies often have more information about their products than the purchasing public officials, resulting in an information asymmetry that can be manipulated for corrupt purposes. As a result, budgets can be distorted with large portions of healthcare centre budgets diverted to purchase equipment and drugs that are not needed or in unjustified quantities. Bribery, undue influence through lobbying and gift-giving may distort medical considerations during contract negotiations. When medical professionals are not consulted during the

procurement process, contracts can be loaded with vague or unnecessary equipment and inputs. Further risks in the selection process include kickbacks from suppliers and payoffs so that selected drugs are not necessarily the most appropriate or cost-effective.

Fraud and embezzlement can lead to the provision of substandard goods and services, resulting in the supply of faulty equipment or weak, dangerous, useless or even counterfeited pharmaceutical drugs.[18]

Theft of medical supplies and budget leakages lead to drug shortages and poor-quality services. In Cambodia, it is estimated that between 5 per cent and 10 per cent of the health budget disappears before it is even transferred from the Ministry of Finance to the Ministry of Health. In Kenya in 2004, the US$41 million allocated to set up the National Aids Control Council was marred by corruption.[19] Such egregious budgetary practices have direct effects on target populations, denying millions access to essential medicines and proper treatment.

The management of health personnel, including appointment, training, promotion and compensation can also be affected by bribery, patronage and nepotism. In many developing countries, the quality of public service delivery is seriously undermined by high rates of absenteeism among medical staff.[20]

SERVICE DELIVERY/CLIENT INTERFACE

In many developing countries, corruption at the point of service delivery takes the form of extortive bribery, where doctors and nurses charge small informal payments to patients to supplement incomes, especially in countries where wages are below living standards. They may demand bribes for medication or services which should be free such as beds, bandages or anaesthetics.

There have been documented instances of collusive bribery between patients and healthcare professionals. Under the table payments can be made to medical staff for preferential treatment, timely care, better drugs and so on. Patients may bribe health professionals to obtain drugs that were not prescribed to them or to "skip the line" in operation or organ donation lists. The use of fraudulent prescriptions is an important factor in the illegal commerce of prescription drugs.[21]

However, corruption at the point of service delivery does not always involve any monetary transfer between medical professionals and patients. Physicians may provide preferential treatment to family members and friends, treating them first or in a better manner than those patients that need the service most. For severe

conditions that require organ transplant, for example, this practice can mean the difference between life and death.

Corruption in payment systems is also an area of concern in many countries, including waiving fees or falsifying insurance documents for particular patients or using hospital budgets to benefit favoured individuals. Risks also include the illegal billing of insurance companies, government or patients for services that are not covered or carried out, as well as the falsification of invoice records, receipt books or utilisation records, or creation of "ghost" patients.[22]

Doctors may perform unnecessary medical interventions to maximise fee revenue. Illegal referral of patients to specific private pharmacies to purchase prescribed medicines that are not on the supply list of the public facility is common practice, resulting from unethical arrangements between pharmacies/pharmaceutical companies and doctors. Some pharmaceutical companies use aggressive marketing practices and gift-giving to influence individual doctors to favour their company's drugs at the time of prescription. In countries such as the US, some doctors are practically paid by pharmaceutical companies to prescribe their drugs, sometimes on a commission basis.[23] This type of influence may not always illegal, but it may significantly influence the quality of healthcare provided and the types of drugs available to patients.[24]

It is also common for doctors in developing countries to run their own private practices while on the public health system payroll as a coping strategy to supplement their wages. Doctors are then likely to refer their public patients to their own private clinics, depriving the poorer clients of quality treatment and fuelling inequalities in access to healthcare.

Challenges for addressing corruption in health

Healthcare provision is extremely complex, with an intermingling of private and public actors, different government levels involved, weak and under-resourced regulatory systems, complicated health insurance systems, opaque relations between medical suppliers, healthcare providers and policy makers. Regulators, payers, healthcare providers, suppliers and consumers face a complex mix of incentives that pose major challenges for anti-corruption measures. In addition, health markets are often extremely volatile, leading to fluctuations in prices for pharmaceuticals and equipment which can make overpricing and accounting fraud easy to commit and difficult to detect. This

exacerbates the challenge of generating and analysing information, and distinguishing between corruption, inefficiency and honest mistakes.[25]

The fact that healthcare needs and outbreaks of diseases can be difficult to anticipate also makes it challenging for policy makers to effectively plan, manage resources and design robust health insurance schemes. The risk of corruption is even higher in emergency situations such as humanitarian crises, when medical care is needed urgently and oversight mechanisms are often bypassed.[26] Similarly, at the level of individual patients, combatting corruption in healthcare is problematic due to the emergency nature of many healthcare interventions: in life or death situations, corruption may be the only option, and critically ill patients are rarely in a position to make formal complaints.[27]

Another challenge is related to the asymmetry of information between doctors and patients who know more about what ails patients than the patients themselves. Particularly in public-private partnerships where private providers are contracted by the state to offer healthcare, this can leave patients vulnerable to over-diagnosis and maltreatment in facilities which may be unaccountable and poorly regulated.[28] Likewise, pharmaceutical companies know more about their products than public officials responsible for purchasing them. Knowledge in these cases gives enormous power to medical professionals and pharmaceutical companies who can misuse their power and information for private gain.

As healthcare provision is easily associated with issues of interpersonal trust, favouritism and patronage in the relationships between healthcare service providers and seekers, there may be many societal and cultural conditions under which transparency and corruption are not opposite poles. In countries where face-to-face and informal relations are the norm, it may be less important to promote anti-bribery and gift policies than to grant efficient and fair access to services among the population.[29]

Finally, the health sector in many countries is under-staffed and under-resourced. In India, where 47 per cent of children are underweight,[30] public spending on healthcare hovers around 1 per cent of GDP and the majority of this is typically on recurrent items like salaries, rather than capital investment in infrastructure or capacity building.[31] Doctors and healthcare professionals operate under poor and stressful working conditions and, in many cases, deal with delayed pay, no vacation days or long working hours. In many situations, corruption is a coping strategy for health professionals to supplement their meagre income or repay costly medical school bills.

APPROACHES TO ADDRESS CORRUPTION IN THE HEALTH SECTOR

Budget transparency and oversight

Budget transparency can limit opportunities for the budget to be misused to serve vested interests. Governments and health authorities need to publish regularly updated information on health budgets and performance at the national and local levels and ideally by individual clinics. The information needs to be published in easy-to-understand formats and in plain language to enhance transparency and possibilities for public scrutiny. Participatory budgeting has also been used as a tool to enhance transparency and accountability by providing citizens with an opportunity to participate in the budget from the formulation stage. Government departments, hospitals, health insurance entities and other agencies handling health resources also need to be subject to robust oversight mechanisms. Regular external and internal audits can help ensure budgets are allocated and spent appropriately.

Codes of conduct and prevention of conflicts of interest

Codes of conduct for physicians date back as far as the Hippocratic Oath. Raising ethical standards among health professionals, including regulators, medical practitioners, pharmacists and health administrators can be done through the promotion of codes of conduct combined with ethical training across the health system. These codes can be developed by professional bodies, such as doctors' associations, or published by health ministries. They should cover the prevention of conflicts of interest, provide for effective and dissuasive sanctions for breaches of the code and include enforcement mechanisms overseen by an independent body. Sanctions for non-compliance can range from debarment from practising and temporary or permanent revocation of licences to fines and criminal sanctions.

It is also important that pharmaceutical, biotech and medical device companies commit to refraining from bribery, adopt and enforce robust anti-corruption programmes and policies such as Transparency International's Business Principles for Countering Bribery. Codes of conduct should disqualify individuals or groups with interests in the manufacturer from participating in clinical drug trials. Similarly, regulators and medical licensing authorities need to define specific conflict of interest rules for physicians, regulate the promotion of medicines, restrict the ability of doctors to overprescribe drugs, and ensure closer monitoring of relationships between health departments and the pharmaceutical industry.[32]

Proactive transparency: price indexes and citizen rights

Transparency can go a long way to help prevent corruption at all stages of the health delivery chain.

At the procurement stage, public disclosure of medical goods' supply prices can help prevent collusion. Government ministries can cooperate with private companies to update and publish market prices related to medical equipment and pharmaceutical supplies to keep hospitals and other healthcare facilities from being overcharged. This includes establishing lists of reliable and well performing suppliers as well as making price information widely available and providing information on the availability of less expensive drugs by smaller pharma companies. At the global level, initiatives such as the WHO's Drug Price Information Service or the MSH International Price Guide aim to make price information more widely available to allow comparisons in order to improve procurement of medicines for the lowest possible price.[33]

BOX 8: THE IMPACT OF PRICE TRANSPARENCY ON HOSPITAL CORRUPTION IN BUENOS AIRES[34]

In the late 1990s, the city of Buenos Aires started collecting information about prices paid for a wide range of medical supplies – including needles, syringes, intravenous solutions, x-ray films and sanitary materials – and reported back this information to hospital procurement offices, allowing comparisons for basic medical goods and services. The publication of hospital procurement prices revealed a very wide dispersion of prices, up to 10 times higher in some facilities than in others. Purchase prices for the monitored items immediately fell by an average of 12 per cent, possibly due to fear of detection by corrupt procurement officers. Prices eventually began to rise again, but stayed below the baseline purchase price. However, lessons from this experiment establish that, unless there are consequences for fraud and malpractices, monitoring and publishing price information is unlikely to guarantee sustained gains over time.

Information about tender processes, including offers to tender, terms and conditions, the evaluation process and final award decisions should be made publicly available online and subject to public scrutiny.

Integrity pacts can also be used for preventing corruption in health procurement. These consist of a signed document committing a contracting authority and all bidders to comply with best practice and maximum transparency. They are typically monitored by a third independent actor, usually a civil society organisation.

The public also need to be informed on drug development and effectiveness. Medical associations can provide governments with information about drug trials, composition, effectiveness and adverse effects. Effective nationwide systems for reporting adverse drug effects can be established and physicians incentivised to report such effects. Reporting by the drug industry on clinical drug trials should also be made mandatory and a public database listing the protocols and results of all clinical drug trials be accessible to the public.

There online platforms that publicise the findings of drug trials, such as the WHO's clinical trial database or the US National Institute of Health's ClinicalTrials.gov database. All financial contributions made to medical research units from pharmaceutical companies should also be disclosed.[35]

Proactive transparency can be useful at the point of service delivery to inform citizens about their rights and entitlements when accessing health services. This includes their rights to privacy and the cost of the services to prevent patients from being charged for services that are supposed to be free.

Management of HR resources

As with other public services, HR management provides many entry points to raise the ethical standards of health professionals. Expectations for ethical behaviours are typically communicated to staff via codes of conduct and training programmes. But ethical behaviour can also be influenced by mainstreaming ethical values in HR processes. This can include transparent and merit-based recruitment that screens candidates for ethical behaviour, adequate and fair compensation systems, performance appraisals that consider not only technical and team factors but also ethical standards, on-going personnel development and career management that rewards ethics, restrictions to external activities and outside interests of staff to prevent conflicts of interests and effective disciplinary policies in the event of wrongdoing.[36]

Health information management systems

Transparency in the health sector can be supported by information management systems and access to information mechanisms for both regulatory agencies as well as by the public.

Integrated management systems aim to store a wide range of health-related data within a centralised and coordinated system of data management. This can include data related to beneficiary, health facilities and practitioners, the flow and management of funds, the financial status of the different entities of the system, the costs and quality of health services delivered, contract management with health insurers and health providers, and the prices and quality control of drugs.

Integrated management systems allow oversight and regulatory institutions to analyse large quantities of data to assess the effectiveness of doctors and services, the prescription rates of certain medicines, and the effectiveness of procured drugs and equipment, among others. These systems, though costly (in both resources and time) to implement, allow for fast diagnoses of problems and can prove effective in identifying issues with medical professionals and input suppliers.[37] Leveraging ICT for managing health resources through the development and implementation of a comprehensive health management information system can be an important tool to detect and address areas of vulnerability. A pre-requisite is to ensure a good and accountable management of data, especially sensitive information and big data on patients that may, in cases of misconduct, be misused by private entities for marketing purposes.

Quality control testing

Establishing and enforcing quality standards in healthcare services is a good starting point to tackle corruption. By developing quality standards and testing hospital performance against these criteria, anti-corruption practitioners can identify problem areas and red flags in service delivery. Rating systems can also be used to incentivise health service providers to raise standards. Patients can also be involved in quality control through citizen scorecards, crowdsourcing platforms and patient feedback. Quality testing is especially important for drugs and medical supplies. By testing samples distributed among patients and comparing them to standard certified drugs, effective auditing can be undertaken to identify fraudulent drugs and their suppliers.

Complaint mechanisms and whistleblower protection

Complaint mechanisms are also important accountability mechanisms that can be instrumental to detect instances of fraud and corruption. They can provide useful insights for auditing and quality control processes undertaken by government authorities. For example, Transparency International Uganda established a monitoring system of hospitals linked to a virtual complaint mechanism. Patients are invited to present their complaints about corruption and low-quality service through these platforms. Complaints are then presented to government authorities to assist them in identifying problem areas in the hospitals. Governments also need to introduce effective reporting channels and whistleblower protection for individuals working in procurement bodies, health authorities, health service providers and suppliers of medicines and equipment. Such approaches should also be introduced by pharmaceutical companies.

RESOURCES ON CORRUPTION IN HEALTH SERVICES

BACKGROUND PAPERS AND CASE STUDIES

Tim Macke Bryan Liang. 2013. *Combating Healthcare Corruption and Fraud with Improved Global Health Governance.*

https://www.semanticscholar.org/paper/Combating-healthcare-corruption-and-fraud-with-imp-Mackey-Liang/e4b6252f5a8b98df3cecad86b60952dc1baec436

Corruption poses major challenges to global health outcomes, with severe financial and health consequences. Yet, endemic forms of corruption affect global health systems worldwide in public and private sectors, and in developed and resource-poor settings alike. Fraud and misuse of resources in global health initiatives also undermine future investment. Current domestic and sectoral-level responses are fragmented and have been criticised as ineffective. To address this issue, the authors propose a global health governance framework calling for international recognition of "global health corruption" and development of a treaty protocol to combat this crucial issue.

European Commission. 2013. *Study on Corruption in the Healthcare Sector.*

https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-is-new/news/news/docs/20131219_study_on_corruption_in_the_healthcare_sector_en.pdf

This study aims to promote a better understanding of the extent, nature and impact of corrupt practices in the healthcare sector across the EU and to assess the capacity of the member states to prevent and control corruption within the healthcare system. It also considers the effectiveness of these measures in practice, with a particular focus on medical service delivery; procurement and certification of medical devices; and procurement and authorisation of pharmaceuticals. The latter part of the study explains current anti-corruption efforts in the health sector and provides general recommendations that are applicable to medium and high-income countries. The report finds that what is needed is a combination of effective generic anti-corruption policies and practices (legislation, enforcement), policies and practices aimed at addressing fundamental health system weaknesses (managerial and financial), a general rejection of corruption by society (including a self-regulation by health sector actors), as well as specific anti-corruption policies and practices in healthcare.

Jillian Kohler & Natalia Ovtcharenko. 2013. *Good Governance for Medicines Initiatives: Exploring Lessons Learned.* **U4 Issue 2013:3.**

http://www.u4.no/publications/good-governance-for-medicines-initiatives-exploring-lessons-learned/

Corruption in the pharmaceutical system results in wasted resources, limited access to health services and poorer outcomes. This U4 Issue paper explores select global initiatives promoting good governance and medicines by the World Bank, WHO, Global Fund and the Medicines Transparency Alliance that have been applied since the year 2000. These initiatives have been particularly useful in generating greater awareness about the issue, as well as fostering political and policy dialogue around the issue of pharmaceutical good governance systems.

The initiatives are found to have some success in identifying weaknesses in the pharmaceutical system and providing baseline data. They have also created important multi-stakeholder alliances and implemented sector-specific governance initiatives. However, a significant gap between the identification of problems, the strategic design to address problems and their implementation remain. Recommendations include the need for political analysis, and monitoring and evaluation – particularly in the measurement of results – and the streamlining and uniformity of assessment tools across institutions.

Soren Holmber and Bo Rothstein. 2010. *Dying of Corruption.* **Health Economics, Policy and Law.**

http://www.tryggaremanskligare.goteborg.se/pdf/kalendarium/Korruption2.pdf

In many poor countries, over 80 per cent of the population have experienced corrupt practices in the health sector, while in rich countries, corruption takes other forms, such as overbilling. This article explores

the correlation between corruption, healthcare quality and health indicators, by reviewing the literature and then running regressions based on the assumptions of previous theoretical studies. Using cross-sectional data from more than 120 countries, this paper finds that a quality of government variable is positively associated with higher levels of life expectancy, lower levels of mortality rates for children and mothers, higher levels of healthy life expectancies and higher levels of subjective health feelings. In contrast to the strong relationships between the quality of government variables and health indicators, the relationship between the health-spending measures and population health are rather weak most of the time and occasionally non-existent. The authors conclude improving health levels around the world, in rich countries as well as in poor countries, will require improved quality of government rather than spending. A secondary finding is that healthcare systems primarily financed with public rather than private money are more effective.

Taryn Vian and Carin Nordberg. 2008. *Corruption in the Health Sector. Bergen: Chr. Michelsen Institute. U4 Issue 2008:10.*

http://www.u4.no/publications/corruption-in-the-health-sector-2/

This comprehensive article outlines the complexities of fighting corruption in the health sector, providing an elaborate overview of the factors that contribute to health sector corruption. It focuses on procurement and financial resources management, the management of medical supplies and healthcare provider-patient relationships. It provides several strategies to combat corruption in health, including budget transparency and participation, improved resource control and accounting systems, decentralisation, tracking resource flows and information campaigns. The paper concludes with a literature review of important material on healthcare corruption.

William Savedoff. 2008. *The Impact of Information and Accountability on Hospital Procurement Corruption in Argentina and Bolivia. U4 Brief.*

http://www.bu.edu/actforhealth/pdf/the-impact-of-information.pdf

Argentina and Bolivia have both attempted to curb corruption in the procurement of hospital supplies by monitoring and publicising information on prices. In the late 1990s, the city Buenos Aires collected information about prices paid for a wide range of non-pharmaceutical medical supplies commonly purchased by hospitals, allowing a comparison of the prices that

different hospitals paid. Data collected showed that the dispersion of prices, as well as the average price, fell quite dramatically in the first months of the experiment. In the same period, Bolivia devolved numerous responsibilities to municipalities and to representative bodies that included local citizens. Local supervision appeared to be more effective at controlling corruption than the standard "vertical" controls embedded in the management and administrative channels of the public health system. However, lessons drawn from these experiences suggest that, unless there are consequences attached to identified malpractice, monitoring and publicising information will not guarantee sustained gains.

Jillian Cohen, Monique Mrazek & Lorraine Hawkins. 2007. *Corruption and Pharmaceuticals: Strengthening Good Governance to Improve Access.*

https://openknowledge.worldbank.org/bitstream/handle/10986/6848/399850REPLACEM101OFFICIAL0USE0ONLY1.pdf?sequence=1&isAllowed=y

Inequalities in access to pharmaceuticals are caused by many variables, including poverty, high drug prices, and poor health infrastructure and corruption, and has a devastating impact on a country's health outcomes. Inadequate quality control regulations can result in unsafe counterfeit drugs, with severe health and economic consequences. Capture of the pharmaceutical regulatory system can result in irrational public spending on medicines that are appropriate, effective or even safe.

The chapter of "*The many faces of corruption: tracking vulnerabilities at the sector level*" provides an overview of the pharmaceutical sector's vulnerabilities to corruption, provides examples of how corruption occurs, highlights diagnostic tools for detecting it and offers recommendations designed to minimise its occurrence.

Transparency International. 2006. *Global Corruption Report: Corruption and Health.*

http://www.transparency.org/whatwedo/publication/global_corruption_report_2006_corruption_and_health

The Global Corruption Report 2006 focused on corruption and health. The book includes expert reports on the risks of corruption in different healthcare systems; the scale of the problem, from high-level corruption in Costa Rica and counterfeit medicines in Nigeria to healthcare fraud in the United States; the costs of corruption in hospital administration and

the problem of informal payments for healthcare; the impact of corruption at various points of the pharmaceutical chain; and anti-corruption challenges posed by the fight against HIV/AIDS.

Rafael Di Tella, and Ernesto Schargrodsky. 2003. *The Role of Wages and Auditing during a Crackdown on Corruption in the City of Buenos Aires. Journal of Law & Economics 46, no. 1 (April 2003): 269–92.*

http://www.people.hbs.edu/rditella/papers/JLECorrHospital.pdf

This study measured the effects anti-corruption campaigns have on the prices that hospitals pay for basic equipment, pharmaceuticals and hygiene products in Argentine hospitals. The study finds that during the anti-corruption campaigns (which involved specialised auditing of hospital accounts), prices paid for these inputs tended to drop. The authors found that, while increasing wages in the hospitals also led to a drop in prices, anti-corruption campaigns had a greater effect.

STANDARDS AND GUIDELINES

World Medical Association's International Code of Medical Ethics.

https://history.nih.gov/research/downloads/ICME.pdf

The International Code of Medical Ethics, first adopted in 1949 and last amended in 2006, establishes a code to which all medical physicians should adhere. The code is meant to complement and guide existing national medical codes. The code gives three specific nods to healthcare sector integrity namely: i) physicians shall not allow their judgement to be influenced by personal profit or unfair discrimination; ii) physicians shall deal honestly with patients and colleagues, and report to the appropriate authorities those physicians who practice unethically or incompetently or who engage in fraud or deception; and iii) a physician shall not receive any financial benefits or other incentives solely for referring patients or prescribing specific products.

European Association Medical Devices of Notified Bodies (TEAM NB) Code of Conduct.

http://www.team-nb.org//wp-content/uploads/2015/05/documents2015/CodeofConductMedicalNotifiedbodiesv3-3dd14-1-2015.pdf

This code of conduct is directed at medical equipment manufacturers and health procurement officials and aims to provide an ethical framework to follow when contracting or buying medical equipment. Among its central policies is the use of a common certification system to grade quality.

World Health Organisation. 2014. *Good Governance for Medicines Model Framework.*

http://www.who.int/medicines/areas/governance/ggm_modelframe_updated/en/

The model framework for good governance for medicines is intended to be a guideline and can be adapted by each country according to its needs. It includes the basic components required by the Good Governance for Medicines programme and steps necessary to achieve these. This framework is comprised of two major complementary strategies: i) a value base strategy that includes the definition of key ethical principles, a code of conduct, the "socialisation" of the key ethical principles and the promotion of ethical leadership; and ii) a discipline-based strategy covering enforcement of existing anti-corruption legislation, mechanisms for whistleblowing, sanctions on reprehensible acts, transparent and accountable regulations and administrative procedure, collaboration among anti-corruption and transparency initiatives and management, coordination and evaluation. The first edition was published in 2008 and is revised annually by experts and country representatives. The framework was updated in 2014.

PRACTICAL INSIGHTS: HANDBOOKS AND TOOLKITS

Sujata Chaturvedi. 2014. *Combating Corruption in Healthcare Organisations: Methods, Tools, and Good Practices.* Medicine and Society 1 No. 2.

http://astrocyte.in/article.asp?issn=2349-0977;year=2014;volume=1;issue=2;spage=150;epage=153;aulast=Chaturvedi

This article provides a comprehensive analysis of the different anti-corruption tools available for health management professionals, primarily focused on: procurement processes; so-called "speed money"; theft, pilferage and malpractices; and staff recruitment. The article details a methodology of how to choose and implement different tools, as well as a taxonomy of available tools and practices. Tools that can be used to address corruption in hospital procurement include: a two-bid system of technical and price bid; demanding users' lists, demonstration, or onsite visits to ensure equipment meets the required standard; transparency initiatives; and participation of users and anti-corruption networks. Risks of informal payments or speed money can be addressed by encouraging and facilitating users' feedback, involving hospital neighbourhoods in anti-corruption efforts and introducing video surveillance in key areas. Administrative vigilance and strict handling of the instances of theft, pilferage and malpractice are argued to serve as a deterrent. Having a labour law professional or a trustworthy NGO on recruitment panels is posited as one way of reducing corruption in recruitment, especially in the case of contractual jobs.

Taryn Vian. 2013. *Complaints Mechanisms in Health Organisations.* Bergen: Chr. Michelsen Institute (U4 Brief 2013:6) 4 p.

http://www.bu.edu/actforhealth/pdf/U4-brief-2013-complaint-mechanisms.pdf

Complaints mechanisms have been promoted as a strategy to increase transparency and accountability, providing channels for organisations to respond to individual suspicions of corruption and other grievances. This U4 Brief discusses two cases of successful complaints mechanisms, one in India and the other in the United States. These cases suggest that complaints mechanisms should be reinforced by political and judicial systems that support investigation and prosecution. A focus on individual level grievances should be balanced with institutional reforms that address any management and accountability problems that complaints may uncover.

Taryn Vian & Laura Sabin. 2012. *Per Diem Policy Analysis Toolkit. U4 Issue 2012:8.*

http://www.u4.no/publications/per-diem-policy-analysis-toolkit/

Most organisations use per diems to reimburse out-of-pocket expenses for travel and to encourage staff to attend professional development activities. However, weaknesses in policy design and control of spending can cause problems, including distortions of human resource systems, fraud and abuse by staff. Governments and NGOs need to adopt and implement fair, transparent and efficient policies which provide adequate compensation for work-related travel without creating adverse incentives.

This toolkit proposes a methodology to study per diem policies of the health sector in a given country, whether in government, international or non-governmental organisations. It presents tools designed to describe and analyse the different types of per diems, policy characteristics and control systems, per diem spending, and attitudes and perceptions of staff as a means for identifying corruption risks.

Karen Hussman. 2011. *Addressing Corruption in the Health Sector: Securing Equitable Access to Healthcare for Everyone. U4 Brief.*

http://www.u4.no/publications/addressing-corruption-in-the-health-sector-securing-equitable-access-to-health-care-for-everyone/

The development community is striving to achieve results and value for money with its investments in health around the world. Yet, donors often work in countries where the risk of corruption is high and where public management and oversight systems are weak. In many countries, international assistance has strengthened accountability bodies, such as anti-corruption commissions and the office of the auditor general. This U4 Issue aims to increase awareness of corruption in the health sector and provide practical guidance on how to identify and prevent it by: i) explaining the different forms corruption can take in the health sector; ii) identifying vulnerabilities to corruption and mitigating strategies; iii) presenting instruments to identify and track corruption in health; and iv) suggesting ways to integrate anti-corruption approaches into health sector programmes.

UNDP. 2011. *Fighting Corruption in the Health Sector: Tools, Methods and Good Practices.*

http://www.undp.org/content/dam/undp/library/Democratic%20Governance/IP/Anticorruption%20Methods%20and%20Tools%20in%20Health%20Lo%20Res%20final.pdf

This publication presents methods, tools and good practices to map corruption risks, develop strategies and sustain partnerships to address challenges and tackle corruption in the health sector. This report considers several quantitative and qualitative studies that analyse and present evidence of the negative impact of corruption on health outcomes. The study reviews existing literature and discusses methods, tools and good practices on how to address corruption at various levels in the health sector. Finally, it presents concrete evidence for building multi-stakeholder partnerships, including with direct beneficiaries of the public health sector, to promote accountability and improve service delivery.

Taryn Vian. 2009. *Approaches to Teaching and Learning About Corruption in the Health Sector. U4 Brief 2009:30.*

http://www.u4.no/publications/approaches-to-teaching-and-learning-about-corruption-in-the-health-sector/

This U4 Brief highlights how training and education programmes which deal with the topic of corruption and health can help change the way people approach their jobs as public administrators or development agency workers, and increase transparency and accountability. It summarises experiences and approaches to educating new and experienced public health professionals and donor agency practitioners about how to analyse problems of corruption in the health sector and design strategies to address them. Lessons learned are drawn from educational programmes which have already been developed, including a graduate-level course for in public health masters students, and professional workshops aimed at development agency staff and government officials in several countries.

ASSESSMENT TOOLS AND DATABASES

Transparency International. 2017. *Monitoring Corruption and Anticorruption in the SDGs: A Resource Guide.*

http://www.transparency.org/whatwedo/publication/monitoring_corruption_and_anti_corruption_in_the_sustainable_development_go

As part of its follow-up and review mechanisms for the SDGs, member states are encouraged to conduct regular national reviews of progress made towards the achievement of these goals through an inclusive, voluntary and country-led process. This guide explains the role of civil society organisations in monitoring corruption in the SDGs, as well as how to identify potential indicators and data sources for this purpose. Throughout the guide, there are country examples of indicator selection, inclusive follow-up review processes and approaches to corruption monitoring. A chapter is dedicated to mainstreaming anti-corruption in monitoring SDG 3.

Management Sciences for Health. 2016. *International Drug Price Indicator Guide.*

http://mshpriceguide.org/en/home/

This tool by Management Sciences for Health provides practitioners and healthcare procurement agents with an effective guide of international drug prices. It obtains these prices from pharmaceutical suppliers and procurement agencies and cross-checks the prices with those obtained from international development organisations and government agencies. The tool has been active since 2001 and currently contains drug prices from 2014.

Maureen Lewis & Gunilla Pettersson. 2009. *Governance in Healthcare Delivery: Raising Performance.*

http://documents.worldbank.org/curated/en/792741468330936271/pdf/WPS5074.pdf

The impacts of healthcare investments in developing and transition countries are typically measured by inputs and general health outcomes. This paper contends that measures of performance should rather reflect whether health systems are meeting their objectives and whether public resources are being used appropriately. The authors propose performance

indicators that offer the potential for comparable measures and whose collection is not overly complex nor costly. These measures, when available, are useful tools for cross-country comparisons and for tracking relative health performance, and provide the context for the discussion of good governance in health service delivery.

Health Action International (HAI). No date. *Medicine Promotion: Assess the Nature and Extent of Countries' Pharmaceutical Promotion Control and Its Impact on Promotional Practices.*

http://haiweb.org/wp-content/uploads/2015/05/ Assessing-the-Nature-Extent-and-Impact-of- Regulation-of-Medicines-Promotion-Methodology.pdf

With the support of the Medicines Transparency Alliance (MeTA), HAI has developed an innovative methodology to assess the nature and extent of countries' pharmaceutical promotion control. The methodology aims to investigate the regulatory framework of medicines promotion in the context of national settings. As a tool to gather data on regulation, it complements WHO's Ethical Criteria for Medicinal Drug Promotion. The project has been conducted under the guidance of an advisory group of international experts. HAI's methodology combines desk research, interviews and data collection to provide a complete profile of the national situation, highlighting the strengths and weaknesses of the regulatory framework and provide analysis of stakeholder positions.

Brenda Waning. 2008. *Transparency and Accountability in an Electronic Era: The Case of Pharmaceutical Procurements. U4 Brief 2008:10.*

http://www.u4.no/publications/transparency-and- accountability-in-an-electronic-era-the-case-of- pharmaceutical-procurements/

Secrecy in the pharmaceutical industry and the intentional non-disclosure of information on medicine prices have made it difficult for purchasers to negotiate a fair price and hold procurement staff accountable for good procurement practices. In addition, procurement systems which allow critical decisions to be made by a few powerful public officials exacerbate corruption risks in the procurement of antiretroviral (ARV) medicines for treatment. Transparency of ARV prices is the first step towards identifying and minimising corruption in procurement. Recent advances in information technology can help improve transparency in drug price information, and to help manage and store drug procurement information in electronic formats. This U4 Brief describes how international partners and national procurement agencies have used information technology to improve transparency and increase accountability in the procurement of HIV/AIDS medicines. In particular, it describes how Boston University researchers drew on publicly available data from the Global Fund to Fight AIDS, TB, and Malaria (GFATM) and WHO's Global Price Reporting Mechanism to improve transparency in medicine procurement by strengthening data quality, creating performance indicators and benchmarking reports, and promoting public dialogue.

RESOURCES FROM THE ANTI-CORRUPTION HELPDESK

Maira Martini. 2013. *Corruption in the Health Sector: Hospital Management, Procurement and Interest Groups' Influence.*

Available on request: tihelpdesk@transparency.org

This answer looks at corruption risks and possible solutions to prevent and combat corruption in the healthcare sector, focusing on the appointment of hospital chief executive officers, oversight practices post-hiring, procurement processes, as well as lobbying by pharmaceutical industries. In all these three areas, transparency and accountability mechanisms combined with effective and dissuasive sanctions may help to enhance quality in healthcare delivery and reduce opportunities for corruption. More specific interventions, such as the disclosure of medicine prices, the adoption of meritocratic procedures to appoint hospital directors, or the establishment of a mandatory register of lobbyists may help to further enhance transparency and therefore curb corruption.

Marie Chêne. 2010. *Gender, Corruption and Health.*

http://www.u4.no/publications/gender-corruption-and-health/

The consequences of expensive, ill-tailored, inaccessible or unsafe health products and services hit women particularly hard. This is because they often have higher and differentiated needs for health services and because they bear the brunt of inadequate services as primary providers of homecare and are less able to demand accountability and assert entitlements. Corruption in the health sector, therefore, contributes to and exacerbates persistent disparities in access to health services. This has hugely detrimental effects, not only on the health of women but also on their capabilities for educational attainment, income-generation and thus, ultimately, their status and the attainment of gender equity. Strategies to address gender disparity in access to health caused by corruption include support for women's participation in both the design of health services that are responsive to women's needs and their delivery.

Marie Chêne. 2009. *Approaches to Corruption in Drug Management.*

http://www.u4.no/publications/approaches-to-corruption-in-drug-management/ There

There is a broad consensus and much anecdotal evidence that corruption in drug management affects the price, availability and quality of drugs, undermining safe and affordable access to essential medicines in many developing countries. The complexity, heavy regulation and opacity of health systems combined with the large flows of money involved provide opportunities for fraud and corruption at all points of the pharmaceutical chain, from the registration, selection, procurement to distribution and the promotion of medicines. This is likely to have a long-term impact on health and economic outcomes, especially in developing countries affected by the AIDS pandemic. A number of initiatives are currently being implemented at national and international levels to address corruption risks in drug management. Approaches to address corruption risks in drug management include the enforcement of strong and harmonised drug

regulations, the promotion of open, transparent and competitive procurement processes, the establishment of effective and participatory monitoring mechanisms, and vigorous prosecution of health related corruption. Cutting across most promising anti-corruption interventions is the need to promote transparency at all stages of the drug supply chain system, especially in the quality, availability and prices of medicines.

SELECTED ACTORS AND STAKEHOLDERS

European Healthcare Fraud and Corruption Network (EHFCN).

http://www.ehfcn.org/

EHFCN was created in 2004 by the EU to help member countries with enforcement activities in all areas of healthcare and pharmaceutical systems. It is a not-for-profit organisation whose members are healthcare and counter-fraud organisations in Europe.

Gavi Alliance.

http://www.gavi.org/about/

Created in 2000, Gavi is an international organisation – a global vaccine alliance, bringing together public and private sectors with the shared goal of creating equal access to new and underused vaccines for children living in the world's poorest countries.

Global Healthcare Anti-Fraud Network (GHCAN).

http://www.ghcan.org

GHCAN's mission is to promote partnerships and communications between international organisations to reduce and eliminate healthcare fraud around the world. GHCAN aims to further this mission by raising awareness internationally about the issue of healthcare fraud, gathering and sharing information on the trends, issues, facts and figures relating to the problem, working cooperatively to improve international standards of practice around fraud prevention, detection, investigation and prosecution and developing joint educational training programmes to bolster and prepare the world's healthcare anti-fraud professionals.

Health Action International.

http://www.haiweb.org

HAI works to increase access and improve the rational use of essential medicines. Since 2001, it has partnered with the WHO to provide technical guidance on drug price monitoring and drug usage monitoring. Two of its most important programmes relate directly to healthcare integrity: one concerning international drug price monitoring and another on conflicts of interest. The former is not only concerned with drug prices but also the process of evaluation of prices by procurement agencies within governments and how the prices are generated by pharmaceutical distributors. The latter programme provides advice on how to monitor and control conflict of interest in the health sector.

Medicines Transparency Alliance (MeTA).

http://medicinestransparency.org/

MeTA brings together all stakeholders in the medicines market to improve access, availability and affordability of medicines for the one-third of the world's population to whom access is currently denied. In the pilot phase, participants made existing information on the medicines supply chain publicly available and added data where there were gaps in information. This data opacity included information on availability, price, promotion and use of medicines, and MeTA considered possible ways of overcoming these challenges. The second phase of MeTA began in August 2011, and is being guided by the WHO and HAI who together provide the secretariat to the seven countries in which the pilot took place during 2009 and 2010.

World Health Organisation.

http://www.who.int/en/

The World Health Organisation is a UN Agency that focuses on health and healthcare systems. During the last decade, WHO began to focus on governance issues related to the health sector, publishing several studies on corruption in the health sector and some insights into the relationship between corrupt health management officials and pharmaceutical companies. Additionally, WHO has the Good Governance for Medicines programme, aimed at reducing corruption, overpricing and fraud in relation to procurement of medicines.

World Medical Association.

http://www.wma.net/es/index.html

The World Medical Association (WMA), founded in 1947, is an international organisation representing physicians. The organisation was created to ensure the independence of physicians and to work for the highest possible standards of ethical behaviour. Its main areas of focus related to healthcare sector integrity refers to ethics, human rights and integrity in healthcare systems. It has produced several guides for practitioners and physicians that aim to increase the ethical treatment of patients worldwide.

Transparency International UK: Pharmaceuticals & Healthcare Programme.

http://www.transparency.org.uk/our-work/pharmaceuticals-healthcare-programme/

This programme by Transparency International's UK chapter is a multi-country initiative to shed light on illicit or unethical dealings between pharmaceutical companies and healthcare facilities and governments. The programme aims to engage pharmaceutical and healthcare companies, civil society, regulatory bodies and international organisations to gather knowledge, expertise, insight and funds regarding the relationship between pharmaceutical companies and healthcare providers.

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