Corruption in the health sector

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Anti-Corruption requires control and prevention
Magnitude of the problem in Europe

- Spending on health is 3-11% GDP
- $56 billion euros a year lost to corruption (80 m. euro per day)
Magnitude of the problem in Europe

<table>
<thead>
<tr>
<th>Question</th>
<th>Spain</th>
<th>France</th>
<th>Germany</th>
<th>Italy</th>
<th>UK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corruption has gotten worse in past 3 years</td>
<td>73%</td>
<td>66%</td>
<td>70%</td>
<td>65%</td>
<td>67%</td>
</tr>
<tr>
<td>Have paid a bribe for health services in past year</td>
<td>2.3%</td>
<td>5.1%</td>
<td>0.7%</td>
<td>10.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Agree that ordinary people can make a difference in fight</td>
<td>79.1%</td>
<td>68.8%</td>
<td>62.5%</td>
<td>67.2%</td>
<td>76.7%</td>
</tr>
</tbody>
</table>

*More likely to think you can make a difference if you are older, urban, more educated, higher income

Source: TI Global Corruption Barometer, 2010-2011

Governance and Health Systems Strengthening

- Informal Payments
- Stealing drugs
- Absenteeism
- Selling posts
- Over-payment of supplies (kickbacks)
- Theft and diversion
- Spending on “pet” projects
- Lack of transparency
- No accountability for results
- Embezzlement of user fees

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Framework of corruption in the health sector

- social norms
- moral/ethical beliefs
- attitudes
- personality

- wages/incentives
- pressure from clients

Health care system and structure
- Insurance
- Payer-provider split
- Role of private sector, etc.

Type of abuse
- Hospital construction
- Procurement
- Informal payments, etc.

Resources
- High or low incomes
- Donor dependence, influx of funding

Source: Vian 2008
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Applying the framework: Project ABC

- Pressures to abuse
  - Mistress needs apartment

- Opportunity
  - Discretion in how to report
  - Confusing flows of funds
  - No performance audits, so could falsify results

- Rationalization
  - Others have done worse
  - Not hurting anyone

Systems level: problem analysis

- Step 1: describe and measure
- Step 2: understand the drivers (pressures, opportunities, rationalizations)
- Step 3: consider levers to restrict opportunities, reduce pressures or change incentives, address rationalizations

### WHO Pharmaceutical System

#### Vulnerability Analysis

<table>
<thead>
<tr>
<th></th>
<th>Bolivia</th>
<th>Indonesia</th>
<th>PNG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>8.6</td>
<td>7.2</td>
<td>4.3</td>
</tr>
<tr>
<td>Promotion</td>
<td>4.7</td>
<td>7.6</td>
<td>1.7</td>
</tr>
<tr>
<td>Inspection</td>
<td>6.2</td>
<td>8.7</td>
<td>2.6</td>
</tr>
<tr>
<td>Selection</td>
<td>7.6</td>
<td>5.5</td>
<td>4.5</td>
</tr>
<tr>
<td>Procurement</td>
<td>6.2</td>
<td>7.0</td>
<td>6.6</td>
</tr>
</tbody>
</table>

0.0-2.0 = extremely vulnerable; 2.1-4.1 = very vulnerable
4.1-6.0 = moderately vulnerable; 6.1-8.0 = marginally vulnerable
8.1-10.0 = minimally vulnerable

Pharmaceutical procurement

Figure 10.2 High price outlier analysis, Nevirapine 200 mg

May indicate corruption


Levers: Accountability

The process of holding actors responsible for actions. (Fox & Brown, 1998)

Complicated by:

• Difficulty measuring what we do in health
• Power differentials in accountability relationship
Levers: Accountability

Dana Farber Cancer Center

- Commitment to quality
- 56 newspaper articles exposing problems: public pressure for accountability

Transparency

Those affected by decisions should know not only the facts and figures but also the mechanisms and processes by which decisions are made.

Transparency International

International Budget Partnership

www.internationalbudget.org
Moldova Experience Improving Governance in Health Sector

- Health Sector component
  - decrease discretionary powers of health personnel
  - increase accountability
- Civil Society Monitoring component
  - media training, communications

Moldova: Health interventions to decrease discretion

- Create competitive selection process for facility directors
- Physician licensing
- Create standard treatment guidelines
- Procurement audits
Moldova: Health interventions to increase accountability

- Quality Councils, clinical audits
- Annual patient satisfaction surveys with “satisfaction score” and “corruption score” (informal payments)

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. Do you know the services you are entitled to within the Unified Program of mandatory medical insurances?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Did you get acquainted with the list of paid services and their corresponding prices?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15. Is the price list of paid services posted in a visible place in the facility?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>16. Did you pay for services at the cashier?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>17. If yes, did you get a receipt?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>18. Did you leave an unofficial payment in the doctor’s office?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>19. If you did leave an unofficial payment, was this because</td>
<td></td>
<td></td>
</tr>
<tr>
<td>It was a gift from you</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>The doctor asked/demanded it</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
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Motivating people to act with integrity

- Values based communication: expand messaging to appeal to workers’ best values and aspirations
- Harness powerful drivers of ethical behavior through decision framing and group membership dynamics
Thank you!