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Preventing Corruption in Public Health

Abstract: Public health services can be exploited in the procurement of medical supplies, in influence peddling over prescription practices and drug testing, through poor service standards, and through over-billing and fraud. Understanding opportunity factors is, again, the key means to designing prevention systems and strategies. System vulnerabilities stem from excessive discretion, lack of scrutiny and transparency, and under-enforcement or non-enforcement of rules. The chapter reports on a number of intervention studies that provide promising examples of evaluated practice in corruption prevention in hospitals.

Corruption causes many different types of harm, for example, sub-standard infrastructure, urban blight, injustices including wrongful convictions, and loss of trust in public authorities, to name just a few. Corruption in public health is an area that is particularly insidious, with significant potential for injury, death and the denial of services essential for people’s health and well-being. Victims are disproportionately likely to come from vulnerable or disadvantaged populations – including children, pregnant women and babies, the elderly, the disabled and the poor, but people from all walks of life can be affected.

People who enter the health professions do so ostensibly to serve others, so when these people behave corruptly, a disillusion factor, bordering on an insult, can also be added to the harmful effects of corruption in public health. Health professions should be both professionally and social motivated, and for them to perpetrate the harms associated with corruption is particularly egregious.

From a prevention point of view, we can also see that in public health a high-trust model of integrity management is unlikely to succeed. Corruption in health systems is heavily influenced by rational choices and opportunity factors. The design of prevention strategies therefore needs to remain cognizant of agents’ perceptions of the likely risks and rewards entailed in corrupt practices. The approach to corruption prevention needs to be as systematic and thorough as possible in health as in any other sector. While anti-corruption measures should not unjustifiably impede the frontline delivery of medical services, there is a particularly compelling case for action given the high stakes entailed in failing to address corruption opportunities in the sector.

The nature and extent of corruption in public health

As we have seen in regard to other government sectors, types of corruption in public health are highly variable and levels of corruption are highly variable. For example, surveys conducted in Latin America by Di Tella and Savedoff (2001, p. 15) identified quite different types of abuses in the sector, including

-theft of medical supplies, absenteeism by doctors and nurses, illegal payments for services, excessive payments for inputs and contracted services, favouritism in appointments and promotions, unauthorised use of public facilities for private medical practice, unnecessary referrals to private consultations, and inducement of unnecessary medical interventions.