

Corruption is an “ignored pandemic”

A new report documents how corruption hampers health care, particularly for infectious diseases. Talha Burki reports.



A new report by the non-governmental organisation Transparency International has warned that corruption is jeopardising global efforts to achieve universal health coverage. “Corruption in the health sector kills an estimated 140 000 children a year, fuels the global rise in antimicrobial resistance, and hinders the fight against HIV/AIDS and other diseases”, wrote the authors. “Unless the most harmful forms of corruption are curbed, universal health coverage is unlikely to be achieved.”

The report is based on a review of the existing literature, since corruption typically occurs in secret and there is a scarcity of research into the subject, so the findings ought to be interpreted with caution. Transparency International lists more than 20 unsolved research questions. The figure for the number of childhood deaths attributable to corruption is taken from a 2011 modelling study. The same year, the UK-based Centre for Counter Fraud Studies estimated that 7% of health-care expenditure was lost to fraud; applying that percentage to current global expenditure implies that more than US\$500 billion is lost every year, which far exceeds the \$370 billion that WHO estimates is required annually until 2030 to achieve universal health coverage.

A 2015 analysis of antimicrobial resistance in 28 European countries concluded that the greater the level of corruption in a nation, the greater the rate of resistance, although the authors were not able to explain exactly why this should be the case. Transparency International speculates that drug thefts and consequent stock-outs can help drive resistance. Staff absenteeism, which may or may not be down to corruption, can also have a serious impact on patients’ wellbeing. A study of mothers-to-be in Kenya

found that those whose first visit to a clinic occurred at a time when the nurse was not present were less likely to learn their HIV status, give birth in hospital, or obtain drugs to prevent mother-to-child transmission of HIV.

The Transparency International report focuses on service delivery level, the point at which patients come into contact with the health system. It addresses five forms of corruption. Some of these are clear-cut: theft and embezzlement, manipulation of data, and favouritism. Others are more ambiguous: absenteeism and informal payments.

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“We have to be very careful how we frame any discussion of corruption”, explains Stefan Baral (Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA). He cites the example of government doctors in Myanmar, who earn around \$160 per month. In such circumstances, a physician who refers patients to the private clinic they run either before or after their shift in the government clinic is doing no more than trying to make enough money to live. Transparency International points out that in some countries, the health system is more or less dependent on informal payments; their abolition would have catastrophic consequences. Absenteeism can be driven by an array of factors, from staff reluctant to attend work because the environment is unsafe and under-resourced, to doctors supplementing their income in the private sector, in some places to make ends meet, in others to buy a flashy car.

“Corruption is very contextual”, said Sarah Steingrüber (Transparency International, Berlin, Germany). “The way it manifests itself and its implications differ from country to country, but what we do know is that the front-line corruption that affects patients is usually symptomatic of a much bigger problem at a higher level.” It is difficult to prove corruption and donors have a vested interest in turning a blind eye, so as not to undermine confidence in their projects. “Certainly, there is corruption in every country in the world, but often you cannot know what the truth is”, explains Mario Raviglione, former director of the WHO Global TB Programme. “For example, you might find that certain countries are reluctant to introduce certain drugs and you cannot understand why; then you speculate that it might be the case that there is some kind of connection between the policymakers and the drug industry.”

Given the enormity of the issue, Transparency International recommends concentrating on tackling the forms of corruption that are most damaging to health outcomes. Richard Sullivan (King’s College London, London, UK) stresses the importance of ensuring that procurement processes are externally audited and that the rule of law is enforced. Paying staff properly is a prerequisite for reducing incentives to top-up salaries. “That is the number one problem in a lot of countries—doctors can be earning as little as a twentieth or thirtieth of what their living wage ought to be”, said Sullivan. Baral agrees. “If a health-care system does not allow health-care providers to take care of themselves and their families, then the providers are going to look for additional sources of income”, he told *The Lancet Infectious Diseases*.

Talha Burki

For the **report by Transparency International** see <http://ti-health.org/wp-content/uploads/2019/03/IgnoredPandemic-WEB-v2.pdf>

For more on **child mortality and corruption** see <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0026990>

For more on **antimicrobial resistance and corruption** see <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0116746>

For more on **HIV and corruption** see <https://www.aeaweb.org/articles?id=10.1257/app.5.2.58>