Corruption and Health Care

Last week's Lancet carried an instructive lecture on corruption in global health by Patricia J Gracia[1] (*link below*). It makes me think if all money wasted in this manner is redirected towards Primary Health Care, it is more likely to attain SDGs and Universal Health Coverage. Transparency International has called it the "ignored pandemic" and goes on to define Corruption to include absenteeism (ie, gaining additional income from working elsewhere during paid hours); informal payments from patients (voluntary or involuntary); theft and embezzlement (of money or medical products); kickbacks, overcharging, and unnecessary treatment; favouritism; and manipulation of data (eg, fraudulent billing).[2]

Prompted by these articles, I am tempted to share my own experience and frustrations in number of areas whilst working in the Primary Health Care field. The most striking area is payments to health care providers to attend training sessions, almost as a rule. To quote Patricia, "… isn't training part of their job and an incentive"? The tradition of additional payment to health workers during work hours for training is so ingrained that health workers think that they are doing a favor to organizers by attending the training programme. No one wants to attend training without extra payment. Moreover, once training schedule has been passed on to senior officers to enable field workers to attend the session, most of the names provided are of the senior officers who never go to the field, either to provide services or to supervise the health workers. The amount of incentive is often determined by multilaterals (usually in USD terms) which may be much more than their daily wage, causing a tussle among health workers to attend the meeting. When we tried to alter this tradition in Laos we came up with great resistance from the district and provincial health officers. Finally, we concentrated on the job field training to the relevant health workers; it was remarkable to observe that the lowest level of PHC workers were keen to learn and motivated to be more effective. There are better ways of rewarding conscientious and hardworking staff. This process of payment is applicable, all the way from the ministerial level to the district level health workers down the ladder.

How foreign aid is spent requires some mention. Nearing the end of financial year, there is usually a spending spree by many organizations. I recall a country wise distribution of newborn incubators to all district hospitals in Laos by a multilateral agency, without realizing that the district hospitals were least equipped to use them. Problems with power supply, lack of trained staff to use the expensive machines and with no round the clock support has resulted in these machines, lying unused and covered with old sheets, in the hospital corridors. Another example is the supply of battery-operated electronic gadgets to monitor fetal heartbeat, the function that has been efficiently managed with fetoscope or stethoscopes, at a fraction of the cost. Moreover, fetoscope and stethoscope is always handy, not requiring batteries and prone to breakdown. The same organization supplied duplicate office machines to all the districts in our project area whilst we had provided them with the same machines much earlier and had informed the agency of these supplies. (see pictures below). Irresponsible spending by funding organisations is also corruption and can be added to the definition of corruption by Transparency International. The money wasted by the unnecessary supply of feto-meters and duplicate equipment would have easily funded yearlong growth monitoring and MCH outreach

programme to all the primary health centers in the province, with much more accountable improvements in health of the communities.

Building on what has been achieved through a project is often ignored and new projects starts without evaluating the old one. A leading funding agency in Papua New Guinea, after five years of family planning programme did not bother to evaluate and learn from past experience, but went on to start a new programme for the next five years.

We have learnt that most of the rural health workers, especially in low-income countries, are listening people. In spite of being literate, reading from books or thick files is neither practical nor popular. Story telling is the norm. But funding agencies measure productivity by documents generation, ease of costing items/objects rather than improved indicators. These documents, once produced, gather dust on shelves and are never used for whom they were intended. Most practical way of teaching is in the field, as they perform their daily tasks. To deal with complications of pregnancy in the labor room, simple one laminated sheet protocols for each complication, were hung on the delivery bed for health workers' use during delivery with effective results.[3] Positive and negative outcomes need to be shared with health workers tangibly so that they see the rewards of their hard work and learn from their mistakes.

Governments receiving foreign aid have a responsibility to monitor how the funds are spent in the country. Health workers training is always included in the job description, and supervisors need to ensure that part of the job description is understood and accepted by all health workers. Training and performance are the criteria for promotion and salary raise.

Multilaterals, bilateral and other NGOs are equally responsible to be efficient and cost effective whilst implementing funds and aim at sustainable programmes. Many poor countries are so dependent on foreign aid that it is impossible for them to imagine health service provision without funds from outside.

Both, governments and funding agencies, are equally responsible for transparency and their actions and should be accountable.

Universal Health Coverage requires Primary Health Care to be strengthened through sustainable health programmes. Infrastructure is already there in most countries. Meaningful training and empowering health workers with simple already proven measures is the way forward. Some of the issues to address these areas are previously discussed in this website and can be accessed under Old Items.

References:

[1] Patricia J Gracia. Corruption in global health: the open secret. Lancet 2019; 394: p2119-24.
[2] Editorial. 2020-30: the decade of anti-corruption? Lancet Global Health. Vol 8 January 2020.
[3] This website. More > Maternal and Child Health > Maternal Health - A case study.