Short Session Report: Game Changers

Session Title: Corruption and Health. How to save the patient? Action to be taken by all of us
Date & Time: 10/11/13 at 17:30-19:30
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Experts:

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Moderated by: Taryn Vian
Session coordinated by: Hady Fink, Max-Planck-Institute
Main issues raised in kick off remarks. What's the focus of the session?

The rules of the game in the health sector can and must be changed through both punctual and sector wide initiatives, the latter being an innovative approach.

The session highlights stories from different actors and different countries that address corruption in the health sector (Morocco, Argentina, Colombia, Peru, Uganda and Kenya).

There are different manifestations and risks of corruption in the health sector, depending on the context, the kind of health system and the political economy of the relationships between the actors involved. Thus, drugs and equipment suppliers, e.g. can be involved in corruption to unduly influence drug regulation policies, an issue so far under-researched, or to skew drug procurement processes and to influence prescription patterns through illegitimate or illicit pharma promotion. A key problem is information asymmetry accompanied by the opacity in the access to information. Or, for Providers, e.g. both public and private (hospitals and clinics) procurement is often the main corruption risk, together with the area of human resource mangement. In addition, informal payments, fraud in the health insurance system and in the access to services are also often characteristics of the provider-patience relationships.

Corruption manifestations are interlinked to each other and depend very much on how funds are mobilized, allocated and spent.

What initiatives have been showcased? Briefly describe the Game Changing Strategies

Morocco. Sectoral approach: Synergies between anti-corruption agencies and health authorities.
The Corruption Prevention Agency (ICPC) in Morocco developed a corruption risk map in the sector and strategy to tackle them involving the sector´s stakeholders. This participatory approach created ownership and appropriation by the main actors and lead to a win-win solution to corruption problems in the sector. Currently the strategy being implemented in 10 hospitals. One issue for discussion was the pros and cons of starting a sector strategies by addressing more feasible problems at the administrative corruption level or by going after the big fish.

Colombia. Private Sector and drug pricing issues. Prices of drugs in Colombia are among the most expensive in Latin America. The deregulation of the market influenced in this. But on the other side management of the basic health benefit package has been fraught with abuses, irregularities and corruption schemes which greatly impacted on the current health system crisis to a great extent due to corruption. Civil society monitoring of drug prices has played an important role in bringing drug price irregularities to light. Current responses to the problems include government regulations on maximum drug prices as well as the pursuit of reference prices. A more comprehensive approach to address the identified problems is being elaborated.

Argentina. In Argentina the publication of performance indicators of actors helped to empower geriatric providers and mental health organizations in the fight against corruption and bribery in the health sector. The information and the engagement of these organization, together with the cooperation of the Anti-corruption agency, helped to build and change health policies in the country. This case shows that beneficiaries of the heath system can use indicators to guarantee the services and prevent corruption.

Kenya. In Kenya an intervention tried to empower people riding in minibuses, or *matatus*, in order to reduce traffic injuries and deaths. The idea behind the intervention was to empower passengers to put social pressure on the drivers to be more responsible by posting stickers (reminders) in the mini-bus es. The reminders encouraged people to "heckle and chide" their driver—to speak up and ask the driver to slow down. At the end of the intervention, vehicles with the stickers were three times more likely to report heckling by passengers, so the messages seemed to work in encouraging citizen voice. Analysis showed that insurance claims declined by half to three-quarters, and claims involving injury or death fell 60%.

Uganda: a community-based monitoring program in 50 rural communities. The intervention used community-based organizations (CBOs)--as facilitators. They collected data on health facility performance and the opinions of service providers and community members. The findings were summarized into a report card. The CBOs then held three meetings with community members, facility staff, and both together to develop an action plan for improvement. After 1 year, the communities that implemented the intervention had 33% lower child death rates and 20% higher utilization of services. Absence rates were lower, waiting time was lower, and drug stock-outs were less frequent.

Peru. Empowerment of women in rural areas
To generate conditions of citizenship among the rural and indigenous women in Peru is crucial to guarantee access to health for this vulnerable group and to fight corruption in this sector. To empower women and public officials, who are also victims of the heath system, by facilitating access to information and creation of channels to complain and denounce are proven solutions to corruption in this sector. Moreover, sending key messages and providing information on radio and TV are key elements to create women and citizen control in rural areas, as well as the mobilization of the public opinion. TV and radio are means to reach the whole community.

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**Highlights: What are the main outcomes of this session? What's next?**

Corruption schemes in general and in the health sector in particular are becoming ever more sophisticated. Three of the cases presented put more emphasis on the need to understand and design solutions to address state and policy capture, in relation to drug policies and regulations and contract management in health insurance schemes.

All cases presented showed the tremendous importance of access to reliable, opportune and understandable information. This involves improvement of information systems in the public institutions as well as increasing and specialized capacity of civil society actors, including grassroots organizations, advocacy and monitoring NGOs, and professional organizations. In this sense the principles of OGP and the open contracting initiatives, e.g., will be relevant.

All cases underlined the great importance of civil society involvement in advocating for change and above all in monitoring performance of health institutions and service delivery. In this respect civil society involvement needs to be sought from the perspective of citizen engagement, building on and fostering genuine interests and stakes of the people. Programmes need to see people as having rights to services, not simply as beneficiaries.

The cases presented also highlighted that specific attention needs to be paid to empowering poor and marginalized people particularly in rural areas to break through abuse and corruption denying them quality access to services. In this regard public officials and front line health providers need to be equally empowered as they are often also victims of the system.

- Citizen engagement is key to motorize changes and end corruption in the health sector.

- The cooperation between anti-corruption agencies and other stakeholders of the health system leads to win-win solutions to corruption in the health sector.

- Access to information is the most powerful tool to empower people to fight against corruption in the health sector, to guarantee service delivery and to prevent price abuses and fraud.

- Denounce channels and complain mechanisms for both beneficiaries and public officials are necessary to create change and erradicate corruption in the sector.
- To increase accountability in the health sector people have to add positive and constructive pressure to providers.
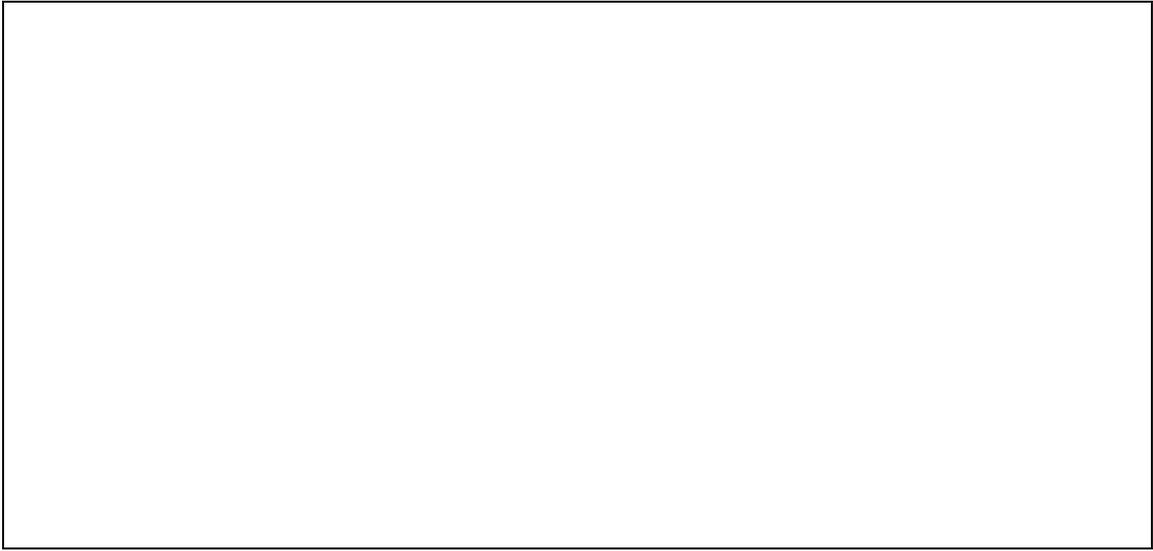
What are the recommendations, follow-up Actions (200 words narrative form)

Citizens need information to fight against corruption in the health sector and they need to feel that there is a cause to engage.

Scale up the good practice examples that were described above and try to transfer them to other countries – adapting them to the specificities of the setting there.

The examples provided have shown that citizen engagement can create a positive impact on all levels of the health sector. In some cases changing the situation by an action as easy as a sticker on a car or the uniform of doctors sparks engagement of the users and greatly reduces the quantity of corrupt incidents.

It is recommended to follow up on such easily achievable and cheaply available approaches to create quick wins.

It is also recommended to develop approaches and build capacity to get involved in state and policy capture monitoring in order to build up pressure for change.

Empowering people by "setting the stage" for them to be an active part rather than creating complicated mechanisms of oversight appears a recommendable way forward promising quick wins on all levels of the sector.

What should be done to create opportunities for scaling up the proven solutions discussed in the session? What and by whom?

In the case studies presented by the experts as well as by the participants, many good ideas were mentioned on how to make simple adjustments to the setting in which corruption takes place. They can be easily replicated in other settings. TI can and should

act as facilitator by collecting these examples (i.e. this report and other examples known) and publish it in form of a working paper or similar publication. (We are happy to contribute) and then facilitate it through the website and other means to NGOs who could do similar actions in other countries.

Key Insights Recommended to be included in the IACC Declaration

Please note that we are looking to prepare the publication mentioned above.

If possible, please announce it in the declaration that it will be distributed.

Rapporteur's name and date submitted

Luciana Torchiaro_