CurbingCorruption

Sector by sector reforms research & strategies

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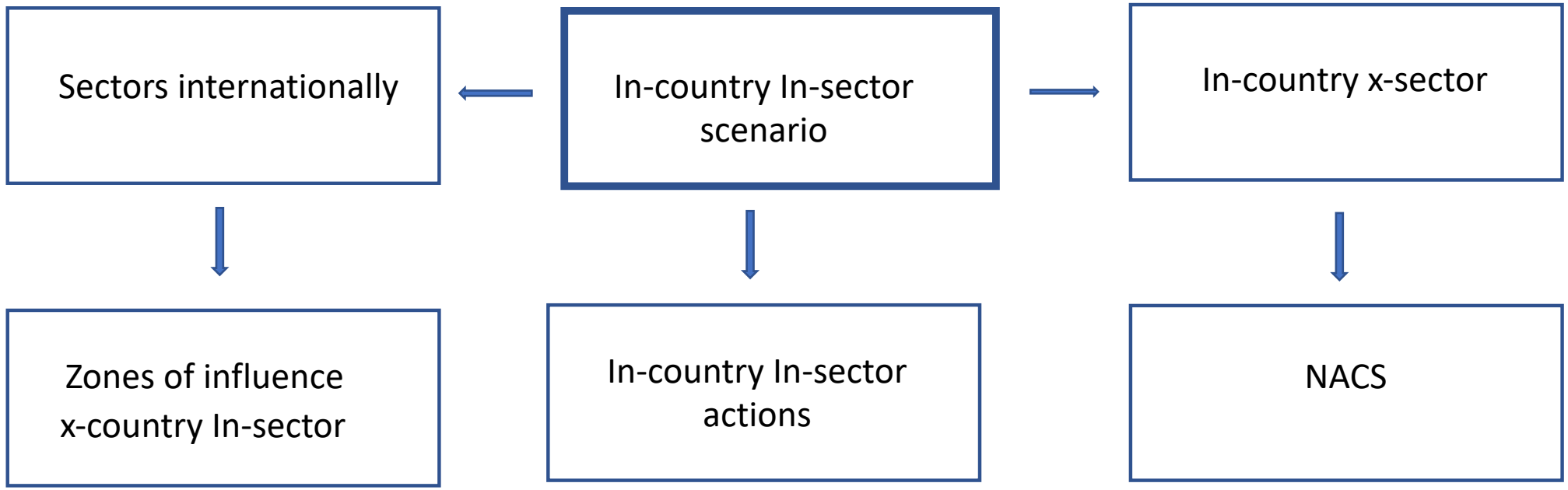
Corruption reform in the health sector & in water; and an international, sector-focused improvement strategy

Mark Pyman: Oil industry CFO in West Africa, China, Hong Kong – Transparency International Defence & Security Programme – Afghanistan Anti-Corruption Commissioner – Sector initiatives

Sarah Steingrüber: Health professional – former lead of TI's Global Health Programme – founder member of ACTA (Global Health Network of Anti Corruption, Transparency & Accountability)



Building momentum in-sector for improved effectiveness through reduced corruption

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In-country, in-sector scenario

Sitting with the Minister of Health

Typology of Health sector corruption issues	Multiple examples of health sector corruption reforms	Options for priorities, entry points, reforms, strategies, data	Practical corruption reform guidance from the global health sector

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International, x-sector perspective

Health sector	Tax sector
Water sector	Extractives sector
Electricity sector	Fisheries sector
Forestry sector	Public Works sector
Defense sector	Telecoms sector
Education sector	Religious affairs

‘Sector’

Minister, Ministry
Agencies

Companies, SOEs
Industry associations

Regulatory agencies
Monitoring agencies

Professionals & training
Professional associations

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International, x-sector perspective

Dominant role of multilaterals; subject seen as very sensitive

Health sector	Tax sector
Water sector	Extractives sector
Electricity sector	Fisheries sector
Forestry sector	Public Works sector
Defense sector	Telecoms sector
Education sector	Religious affairs

Leading role of one country to change norms on IFF and tax

Major role of a small number of companies

Active professional network with OECD secretariat

Minimal progress

Big role of INGOs

One NGO leading change

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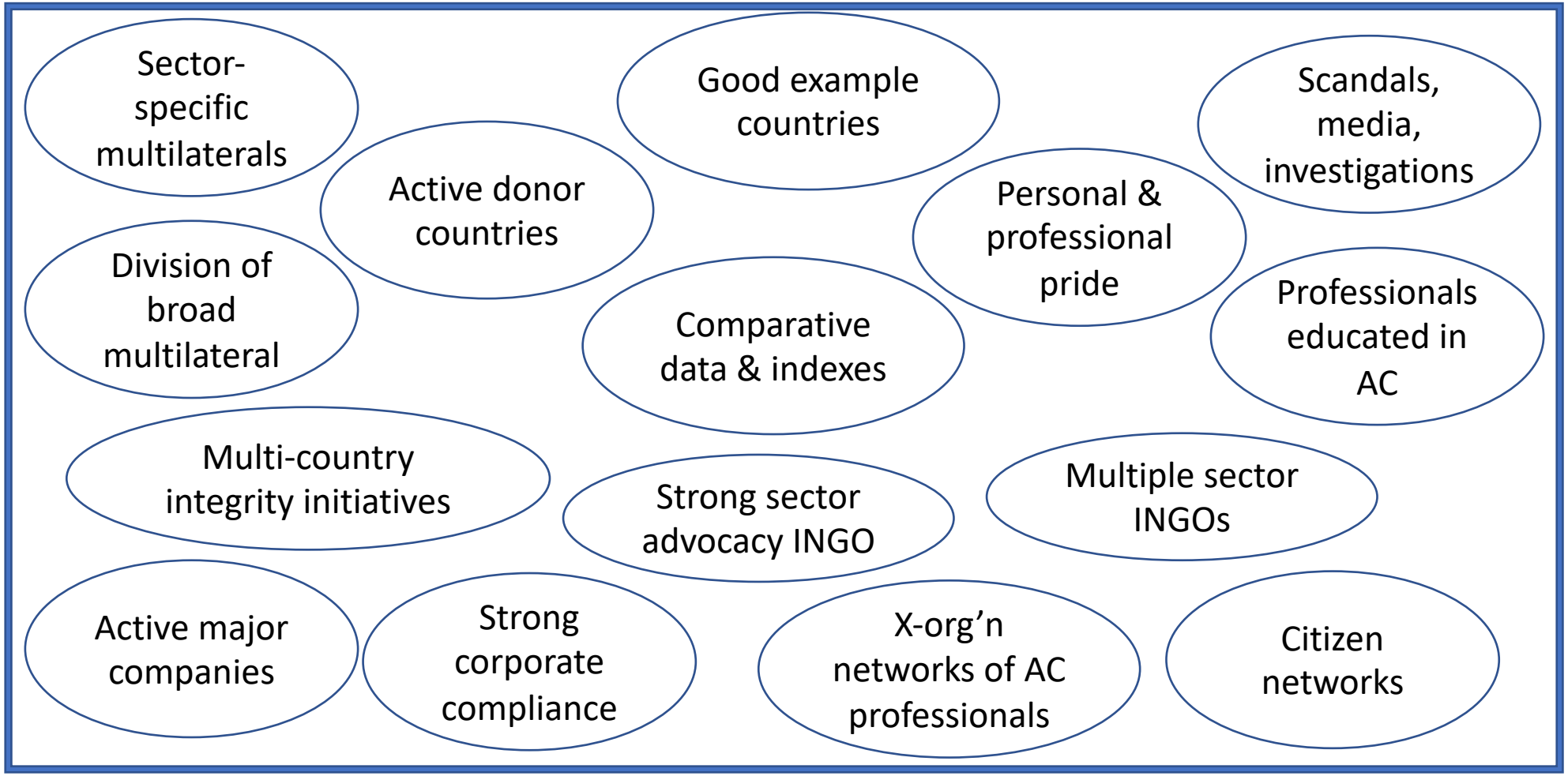
Zones for possible change at international level
Possible entry points



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In-country, in-sector actions

1. Corruption issues

Unnecessary interventions

Out of pocket payments

Bureaucratically driven deviance

Absenteeism

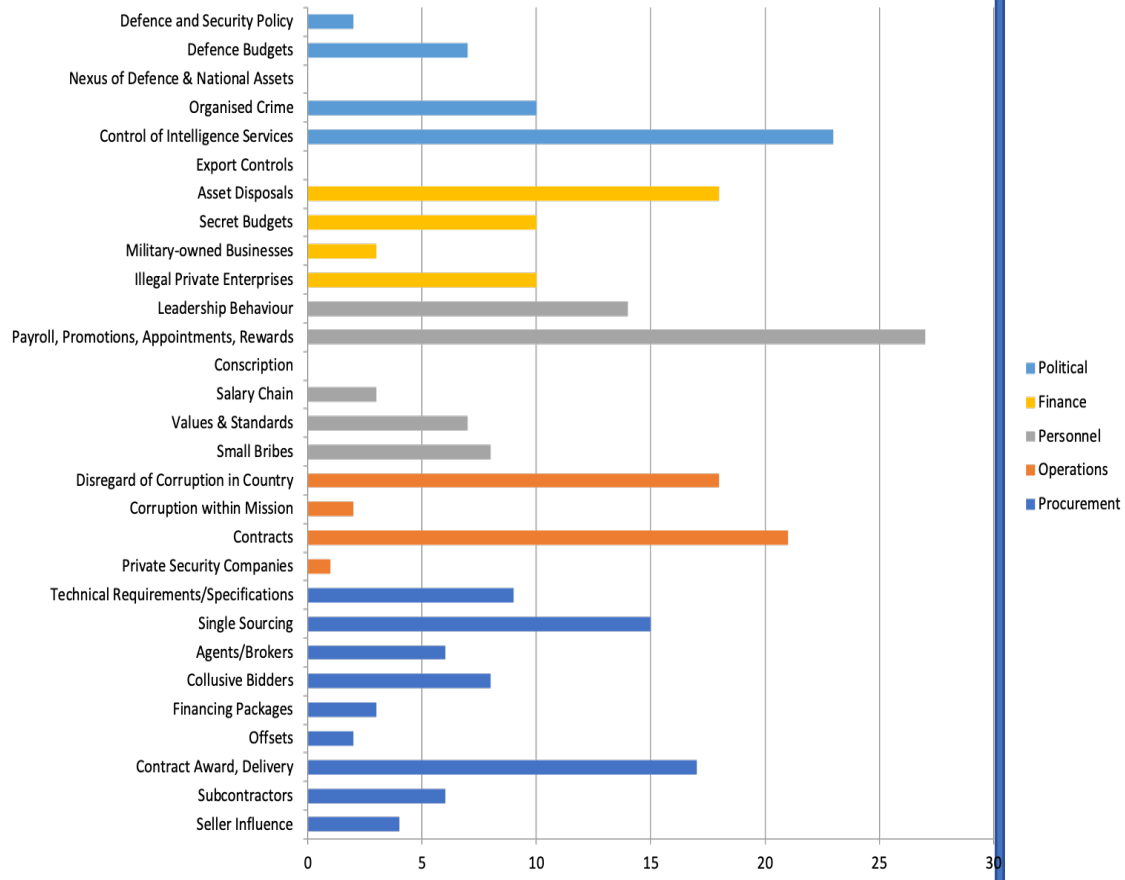
Overpriced medicines

Falsified medicines

Self-serving clinical protocols

etc

2. Prioritising



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In-country, in-sector actions

3. Strategy options

Narrow 1: Bribery in surgery wait lists

Narrow 2: Reducing Doctors' power

Narrow 3: Contract out primary care

Narrow 4: Professionals network x-org'ns

Integrity: Ask doctors to lead reform

Citizens 1: Empower the patient groups

Citizens 2: Work with scaling-up INGO

Discipline 1: Move offending doctors to low-status positions

Discipline 2: Build up strong investigations/ prosecution unit

Broad: Full Ministry initiative

4. Entry points

Via Ministry

Via Monitoring Agency

Via Independent monitoring

Via non-threatening working group

Via the sector profession

Via injecting professional leaders

Via comparative data

Via AC training & training capability

Via front-line small fixes

Via single region or city

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In-country, in-sector actions

5. Comparative data

Technical Index of ministry corruption vulnerability across countries

Technical Index across countries of interest, eg in the region

Technical Index of sector companies corruption vulnerability

Indicators on corruption within sector, over time (eg BEEPS)

Data on money lost to corruption, sector outcomes not achieved

Number of corruption problems being fixed

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Corruption thinking at 4 levels:

1st: Fiduciary level	No misuse; recovery of funds. Strong policies, procedures, guidance & practice in protecting funds. Via a) Bilateral; b) Multilateral	NOT sector specific
2nd: Project level	Do not make corruption worse via the project – 'do no harm'.	Sector specific
	Improve project outcome by preventing corruption if you can	Sector specific
	Plus: some projects that focus directly on improved governance and/or anti-corruption	Could be either
3rd: Sector level	Corruption barriers that are constraining the desired sector outcomes, sector entry points	Sector specific
4th: Country level	Laws, NACS, Anti-Corruption agencies, ROL structures, FATF, PFM	NOT sector specific

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WHO's ACTA workstream

The WHO's ACTA workstream is co-led by the Gender, Equity and Rights (GER) team and Health Systems Governance and Financing (HGF) Department.

Initially funded by DFID to:

1. Support an enhanced focus on ACTA in select WHO guidance materials addressing aspects of health system strengthening for UHC (in conjunction with relevant WHO programmes).
2. Delineate how ACTA can be integrated in WHO work on governance (including on National Health Policies, Strategies and Plans, and Health Systems Assessments).
3. Convene an interagency/multi-stakeholder network on ACTA in the health sector to refine areas of collaboration, share evidence, and synergize approaches.

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Why ACTA in health?

Corruption Costs Lives

An estimated 140,000 child deaths per year are caused by corruption.

Bribery was correlated with higher death rates for women giving birth, even after adjusting for per capita income and share of total spending on health in 64 countries.

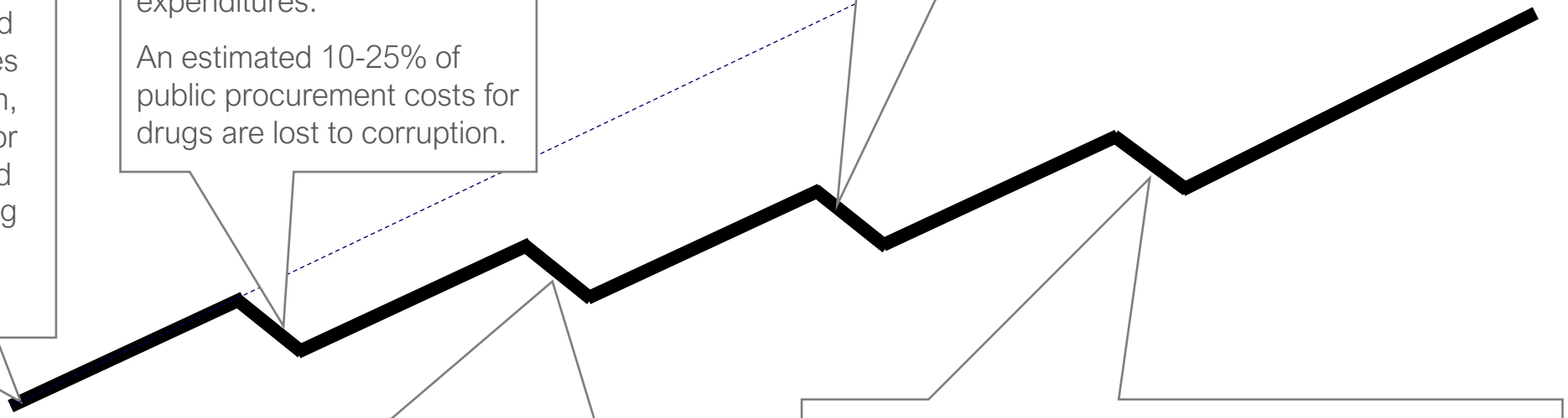
Corruption Costs Resources

The global average annual losses from healthcare fraud and abuse are estimated to be 6.19% of total health expenditures.

An estimated 10-25% of public procurement costs for drugs are lost to corruption.

Corruption is one of the barriers that prevents health outcomes being achieved

SDGs 2030



Corruption Weakens Systems

Substandard and falsified (SF) medical products enter markets in part due to regulatory failures connected to corruption. Recent World Bank Service Delivery Indicator Survey data from Africa show absent rates ranging from 14.3% of health facility staff in Tanzania, to 33.1% in Niger.

Corruption Exacerbates Inequalities

Income inequality within countries has been rising in recent decades, reaching unprecedented levels in the post-World War II period. A study of 33 African countries found that informal payments were concentrated among the poorest, i.e., regressive.

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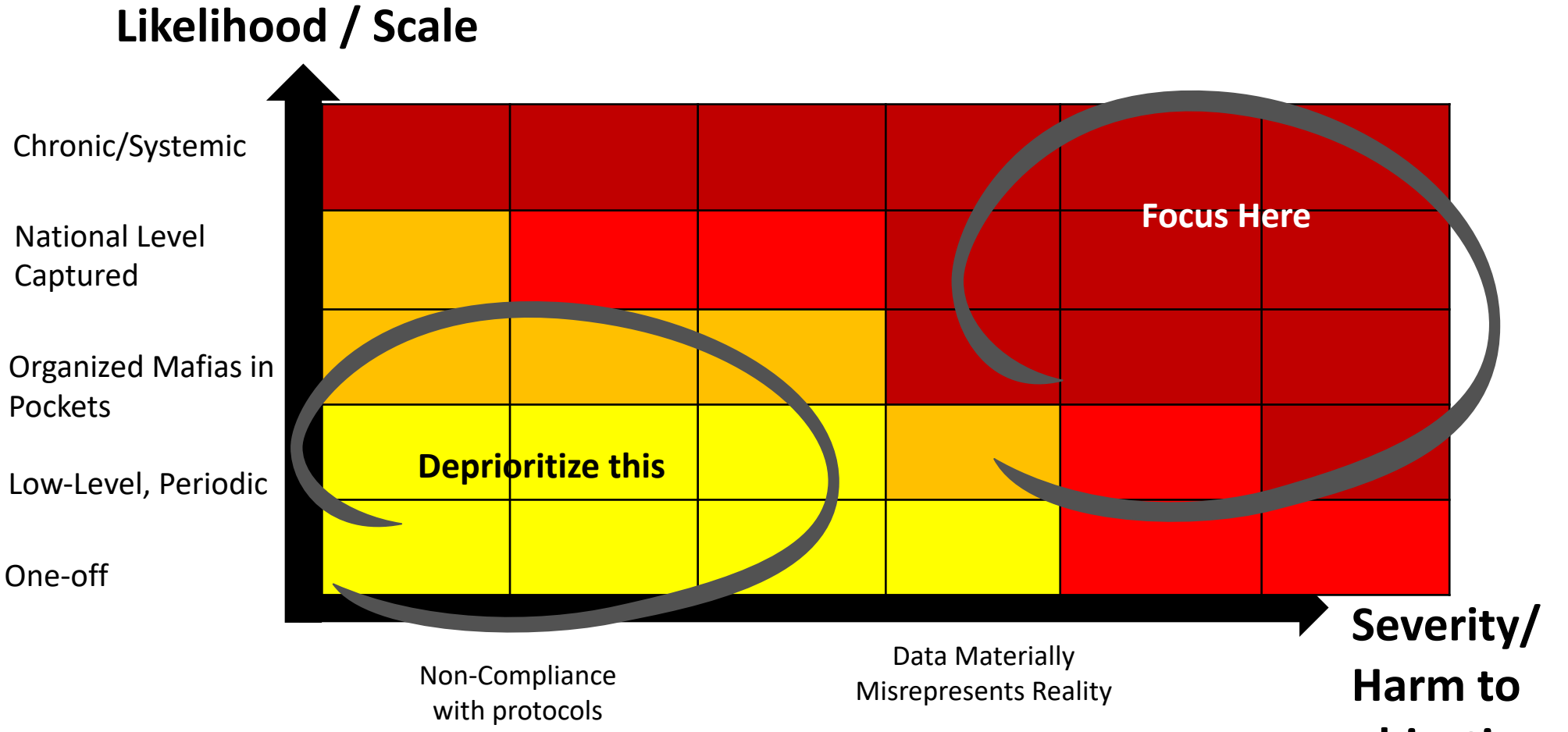
Fraud prevention should be risk-based and focus on those forms of fraud that may harm process objectives.



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The Alliance Workstreams aim to generate the basis for systemic prevention of corruption in health.

Health-related SDG targets delivered through health institutions that are effective, accountable and inclusive

Systemic/chronic corruption materially managed in health systems

Stakeholder Leadership

- Ministers of Health & Finance
- Heads of State
- Civil Society Watchdogs
- WHO Leadership and Board
- Donor Boards/Audit Committees
- Donor Leadership

Barriers to Reform Mitigated

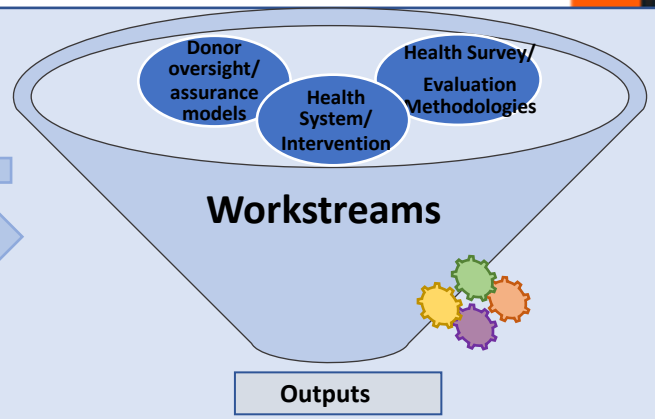
Bespoke Anti-Corruption Mechanisms Applied

ACTA 4 Health Alliance

Governance Body
(Institutional Members)

Specialists

- Health System Specialists
- Risk Specialists
- Fraud Specialists
- Donor Portfolio Managers
- Development Economists
- National Audit Bodies
- Public Health Specialists
- Health System Managers
- International Audit Community
- Corruption Researchers
- Donor Investigator Community
- Anthropologist
- Sociologists
- Finance Specialists
- M&E Specialists



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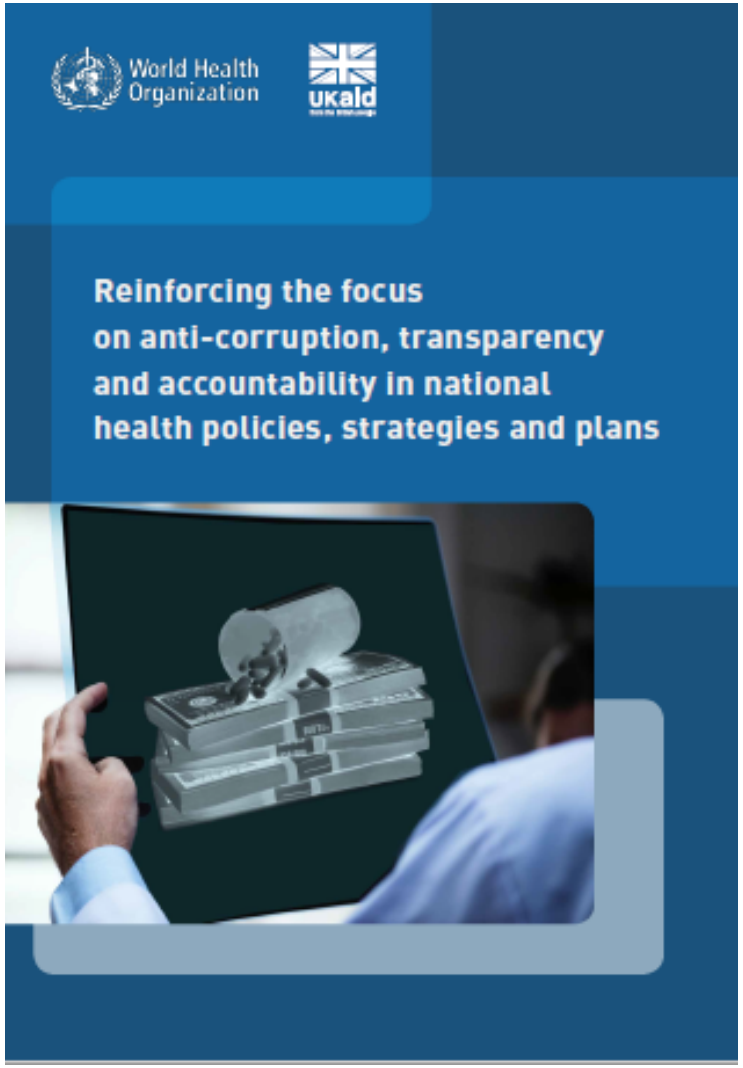
ACTA publications up to date



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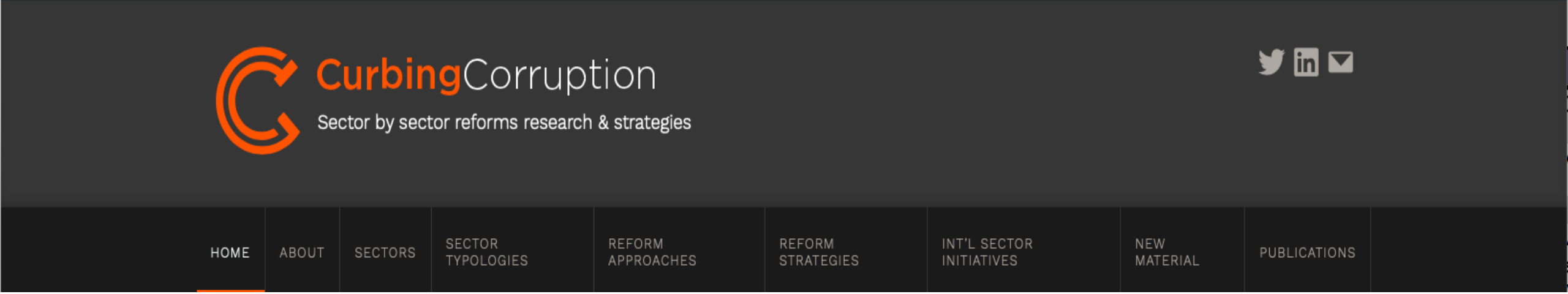
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