U4 Anti-Corruption Training Course

Corruption in the Health Sector

Week 1: Overview of problems, consequences, and reform directions

Welcome to week 1 of this three week U4 Anti-Corruption online course that deals with corruption in the health sector. To successfully complete the course you are encouraged to:

Watch the video that accompanies this reader.

Read the course text. If you have time, you may wish to consult some of the suggested optional reading material.

Complete the weekly assignment found at the end of the weekly reader.

Participate actively in the group online discussion.

Please feel comfortable reflecting on the ideas raised in the reader and videos, and we can all learn from the questions you raise.

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Under a grant from U4 Anti-corruption Resource Centre, Chr. Michelsen Institute, Bergen, Norway.

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Objectives

This week's text will emphasize how we can begin to analyze and set priorities for addressing the different vulnerabilities to corruption in the health sector.

At the end of this module, participants will be able to:

1. Describe the different types of corruption which can affect the health sector;
2. Discuss factors which cause corruption, including vulnerabilities, pressures, and incentive structures;
3. Describe the consequences of corruption for health sector goals and outcomes;
4. Identify possible actions which can reduce vulnerabilities to corruption;
5. Develop anti-corruption strategies and interventions for the health sector.

This is a pdf-version of the core text for the U4 Anti-Corruption online course. If you are reading this in printed version, please note that you can access all the internet links in this document by viewing the text in Adobe Acrobat/Reader, available by logging on to http://partner.u4.no/training. The course is intended for staff of the U4 Anti-Corruption Resource Centre's Partner Agencies: Norad, Sida, DFID, GTZ, MinBuZa, CIDA, and BTC.

a. Overview

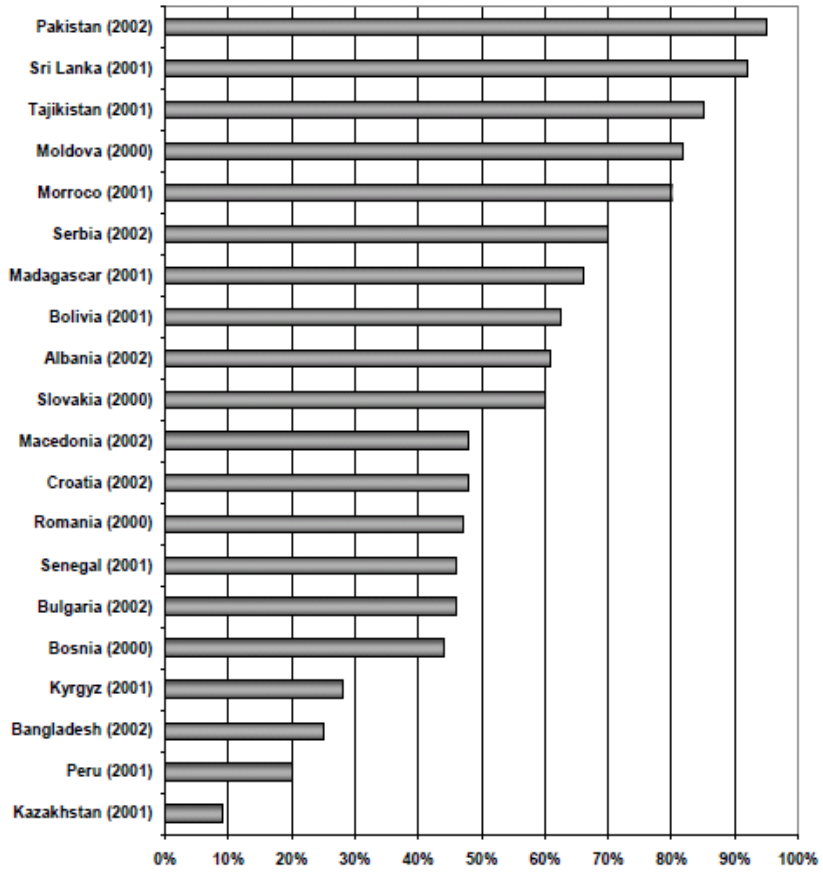
> In an Indian maternity ward, a nurse tells a mother that she has to pay a fee to see her newborn girl. She says the charge would have been higher if it had been a boy.
>
> In Costa Rica, a member of Congress is offered thousands of dollars if he will introduce legislation to approve a Finnish loan for the social security institute to import hospital equipment.
>
> In Cameroon, a local committee applies for a grant to build a health post. With the committee's consent, the village leader increases the grant request to include materials to improve his own house.
>
> In Albania, a private doctor prescribes a medication that a patient does not need because he has made an arrangement with the next door pharmacist to get a share of the price.
>
> Vian, Savedoff, and Mathisen. 2010. *Anticorruption in the Health Sector: Strategies for Transparency and Accountability*. Sterling VA: Kumarian Press.

Corruption is a serious threat to good governance in countries around the world, affecting health care as well as other social service sectors. Yet, fighting corruption in the health sector is a complex challenge, as the *Global Corruption Report 2006: Focus on Health*, makes clear (http://www.transparency.org/research/gcr/gcr_health). Corruption can undermine service delivery, and has an especially detrimental impact on the poor. According to Mary Robinson, former UN High Commissioner for Human Rights and former president of Ireland, it is also a human rights problem: "Corruption literally violates human rights, as people are denied the care that their governments are obligated to provide." (Global Corruption Report 2006, p. xiv).

Efforts to reform political structures, electoral systems and rule of law are important for controlling corruption. In addition, sector-level opportunities also exist to reduce vulnerabilities to corruption and strengthen an anticorruption environment.

The latest trend in the fight against corruption is to integrate or mainstream transparency and accountability initiatives into sector programs. The health sector is one where this strategy may work well, because people care deeply about their health, and studies have shown citizens in many countries are aware of corruption in the health sector and see it as a problem (Figure 1).

Figure 1: Percent Perceiving Corruption in the Health Sector (Lewis 2006)



In many countries, development partners and civil society organizations have already engaged on this topic, attempting to bring accountability, transparency, and good governance to the health sector. We will bring the lessons from their experience into the classroom through this course.

Many types of corruption can influence health systems and health outcomes. Agency personnel need to become familiar with definitions and types of corruption, and to understand the causes and consequences of corruption, as they consider anti-corruption strategies.

Discussion Question: In thinking about the Cameroonian situation in the box at the start of the Reader, is this corruption? Why or why not? How might the committee or the leader justify their actions?

b. Types of corruption

Defined as "abuse of public or entrusted power for private gain", corruption in the public sector occurs when a government agent who has been given authority to carry out public service goals instead uses his or her position to further personal interests.

The types of corruption or abuse of power which are most prevalent in the health sector include informal or "under-the-table" payments between care givers and patients, paying bribes to get or keep a government post, absenteeism ("stealing time"), bribes and kickbacks, other types of procurement fraud, theft of medicines or

other property, fraud (including insurance fraud, "ghost" patients, etc.), and embezzlement of user fees or other funds. Table 1 gives an explanation of these types of corruption and their potential impact on health sector goals and desired results.

Table 1: Selected List of Corrupt Practices and their Impact

Type of Corruption	Explanation	Impact
Informal payments	Payments given to health providers which are greater than official fees, or for services that are supposed to be free	Reduces access to care; undermines equity in access; increases financial burden on patients
Selling government posts	When a senior official requires a payment from government agents to secure or keep their position	Increases likelihood of unqualified staff; people may feel pressure to abuse power in order to finance the "purchase" of their job
Absenteeism	Stealing time by not coming to work, or private practice during work hours	Reduce access to and provision of services
Bribes	Money or something of value promised or given in exchange for an official action	Bribes in registration, selection, and procurement can result in high cost, inappropriate, or duplicative drugs, or sub-therapeutic or fake drugs allowed on market
Procurement corruption	Encompasses many types of abuse including bribes, kickbacks, fraudulent invoicing, collusion among suppliers, failure to audit performance on contracts, etc.	Procurement corruption raises the price paid for goods or services, thus increasing inefficiency; goods and services may not even be needed, may not be delivered, or may be of sub-standard quality
Theft or misuse of property	Stealing or unlawful use of property such as medicines, equipment, or vehicles, for personal use, use in a private medical practice or re-sale.	Results in higher unit costs; stock-outs of drugs, interruptions in treatment or incomplete treatment; antibiotic resistance. Can impede access to care as patients stop coming to facilities.
Fraud	Deliberate misrepresentation with intent to secure unlawful gain May include false invoicing, "ghost" patients or services (billing for patients who do not actually exist, or services not actually rendered), diversion of accounts receivables into a private account, or other types of deceit	The siphoning off of resources may result in insolvency of insurance funds; lower quality of care; denial of care for some patients or failure of programs to achieve results
Embezzlement of user fee revenue	Stealing or using funds which belong to an employer or a government agency	Less funding available for services; lower quality of care

Discussion Question: From your country experience, which type of corruption is most prevalent? Most serious? Are there types of corruption in the health sector which are missing from Table 1?

While the definitions above may seem clear, whether a situation is or is not corruption sometimes depends on circumstances and local norms. What is ok (not perceived as

corruption) in one culture, may not be ok in another. In addition, different groups of people within a country may not agree on definitions of corruption. To get a sense of what we mean, try the "Is it corruption?" exercise below.

Exercise: Is it corruption?

Read each of the descriptions below and check "yes" if you believe this situation is corruption, or "no" if you believe it is not.

1. A WHO health officer is given a cell phone and provided with airtime for work-related telephone calls. She is also on the social action committee in her church. She sometimes will use her work cell phone to make calls to organize church events. □ Yes □ No

2. Country A has a problem with sub-standard and counterfeit drugs in pharmacies. The drugs are produced by unlicensed drug manufacturers and disguised in packaging to pass as approved products. □ Yes □ No

3. A private pharmacy is located very close to the Provincial General Hospital. The pharmacy is owned by the Medical Superintendent in charge of the public hospital. □ Yes □ No

4. A nurse accepts a bag of mangos from a patient. □ Yes □ No

5. A Project Coordinator is able to select personnel from the Ministry of Health (MOH) who serve as trainers and facilitators for project training activities, and thus pay out sizable honorariums and per diems. She selects friends and people from her ethnic group for these positions. □ Yes □ No

Discussion Question: What percent of the questions did you think were corruption? If you said no to some questions, what was your reasoning? Which questions were difficult to decide, and why?

This exercise shows some of the complexities we encounter in defining corruption, including the need to decide whether all corruption is illegal, whether corruption must involve more than one party, the difficulty in distinguishing between gifts and bribes, and strong and conflicting social norms for what defines "good" behavior in a public official. These issues need to be discussed and debated in local settings before one can begin to design public policies for anti-corruption.

Corrupt, but legal?

While most people would say corruption is "wrong," it is not always illegal. For example, some countries tightly regulate physician conflict of interest in ownership of ancillary services such as laboratories and medical device companies, to assure that doctors do not put financial profit ahead of patient well-being, whereas other countries do not.

Even within a given country, not everyone will agree on the nature of corruption. In the United States, members of Food and Drug Administration advisory committees for drug approval routinely have financial ties to pharmaceutical companies: according to an analysis of committee records from 2000, in 55% of meetings, half or more of the advisors had conflicts of interest.[1] This is not considered corruption, even though such ties have been shown to influence government decision-making.[2]

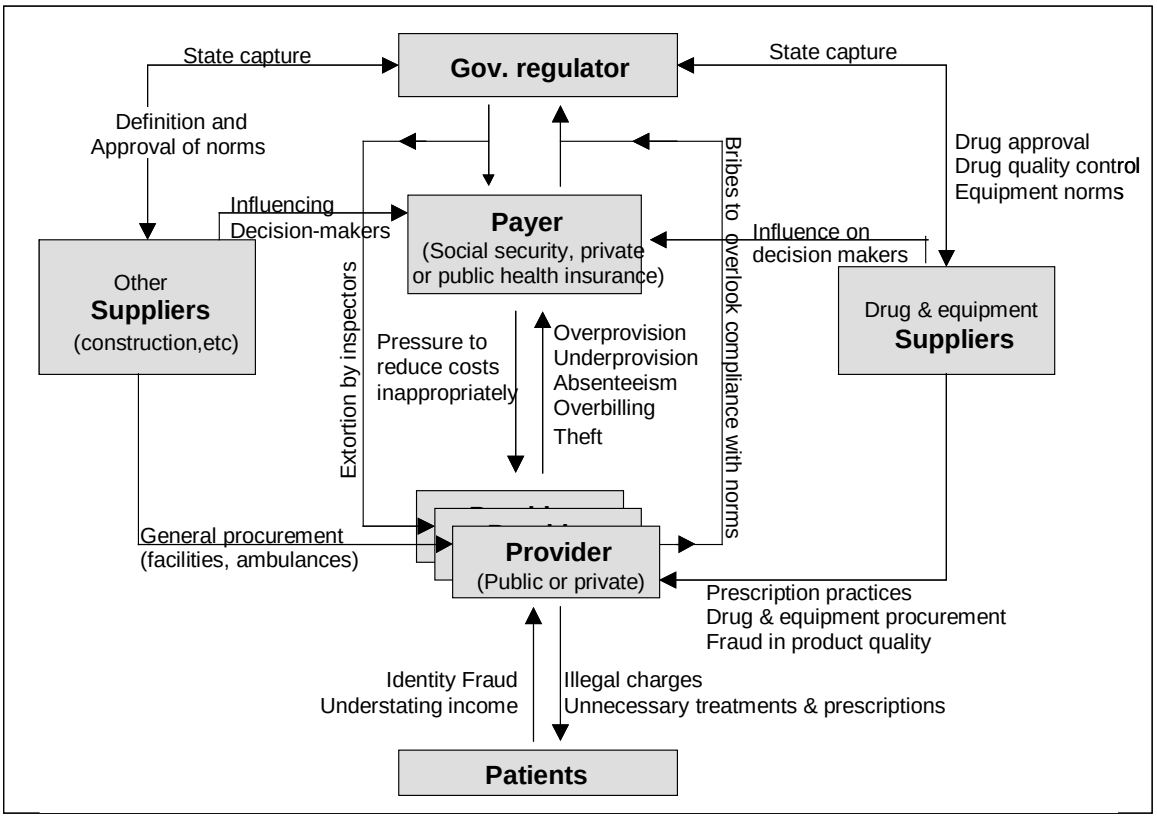
Sources:

[1]Angell M. *The Truth About the Drug Companies: How They Deceive Us and What to do About it*. New York: Random House; 2004.
[2]Kassirer J. The corrupting influence of money in medicine. In: Transparency International, ed. *Global Corruption Report 2006, Special Focus on Corruption and Health*. London: Pluto Press; 2006.

Discussion Question: Is there any practice in the health sector in your country which is "legal but corrupt"? Describe or explain. What can donors do to try to change the situation?

Another way to classify types of corruption is to examine relationships among health system actors (see Figure 2). This type of analysis can help determine abuses within a hospital's relationships to suppliers, insurers, regulators, patients and other hospitals. The complexity of the health system, where decision making roles are divided among all these actors, makes it difficult to promote transparency and to hold people accountable.

Figure 2 How corruption and fraud is manifested in health systems



Source: William Savedoff, 2007.
http://idbdocs.iadb.org/wsdocs/getdocument.aspx?docnum=1481625

Assessing problems

Development partners can play an important role in helping governments and citizens to identify important problems through vulnerability assessments. While many assessment tools exist, administrative systems in poorer countries are often weak, making it difficult to collect measures of corruption such as unauthorized absences recorded in personnel records, or the percentage of procurements that did not meet standards. Abuse of power is also hard to measure because corruption is a practice that is frequently hidden. To overcome these difficulties, researchers have used indirect measures such as perceptions of corruption or procurement price data which can identify over-payment for supplies (which may be due to many factors, including corruption).

Discussion Question: Has anyone done an assessment of risks of corruption in the health sector in your country? If so, what are some of the key findings? If not, what type of study do you think you most need to help illuminate the problem of corruption in the health sector?

- *Corruption perception surveys.* Surveys can provide a sense of whether citizens in a country consider the health sector to have serious problems. As Figure 1 showed, in many countries over 50% of respondents perceived high levels of corruption in the health sector. This kind of data can help development partners decide whether to target the health sector for assistance.

Surveys can also be used to compare the opinions of different types of staff, and to look at problems such as absenteeism or private use of public facilities and equipment. A disadvantage of perception surveys is that individuals' perceptions of corruption may not reflect actual experience with corruption (Krastev 2004).

- *Household and public expenditure surveys.* Household expenditure data can be an important tool for measuring accountability, documenting expenditures on government services that are supposed to be offered free of charge. They can also show whether public health spending is providing benefits according to government's stated priorities and budget. In Armenia, government officials used survey data to evaluate the impact of an initiative to reduce informal payments for birthing and inpatient pediatric care services (Crape et al. 2011).

- *Public Expenditure Tracking Surveys* (PETS) can highlight weaknesses in recordkeeping, oversight and control procedures, or other bottlenecks causing delays and losses. In one such study, the problem of non-payment of staff salaries was found to be caused not by insufficient budget allocations, but by processing at other levels (Khemani 2004), perhaps linked to corruption. Pinpointing the problem can target efforts to improve accountability.

- *Qualitative data collection*. Qualitative data can help to define the pressures and social norms related to corruption, and assess the detailed pathways by which corruption happens. Interviews with providers and patients in Albania and Tanzania revealed many details about why providers feel pressured to accept unofficial payments, and why patients feel pressured to make these payments (Vian, et al 2006; Mæstad and Mwisongo U4 Brief 2007:9).

- *Control systems review*. A control system review can help measure discretion, accountability, transparency, and enforcement. (See Box: Azerbaijan Control Systems Review in Health Sector.) The review starts by identifying areas with high inherent risk of corruption, such as units with frequent cash transactions (more at risk of theft), or offices that award approvals, permits, or licenses (vulnerable to bribes). The existence of safeguards is then assessed, looking for such things as clear operating policies and procedures, appropriate division of responsibilities, use of computers for collecting and analyzing data, and procedures for financial management and auditing (Coxson 2009). The control systems review approach works best when systems are stable, and is difficult to apply in countries where the health sector is undergoing radical but still uncertain changes in how services are organized, financed, and managed.

Related links:

2013 Study of corruption in the health sector in Europe: http://ec.europa.eu/dgs/home-affairs/what-is-new/news/news/2013/20131219_01_en.htm

World Bank PETS page:
http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALDEVELOP

MENT/EXTPCENG/0,,contentMDK:20507700~pagePK:148956~piPK:216618~theSitePK:410306,00.html

Box: Azerbaijan Control Systems Review in Health Sector

Function	Vulnerabilities	Possible Results
Human resources manage-ment	• Excessive discretion in hiring, promotion, and dismissal decisions. • Over-supply of medical professionals • Poor government pensions, disincentives to retire	• Personnel pay to get or keep job • To pay for job, personnel charge informally or see private patients using govt resources • Personnel are accountable to person who hired them and has power to fire them, rather than to the public or to the mission of the MOH
Service delivery	• Low salaries of medical personnel, combined with excessive discretion mentioned above • Budgeting based on inputs rather than in relation to activity • Provider payment unrelated to performance • Weak routine data systems • Medical staff punished for poor health outcomes	• Informal payments required for treatment • Medical personnel exaggerate diagnoses, favor more expensive treatment, require medically unnecessary tests/treatments in order to increase informal payments • No accountability for performance, personnel could be absent or not perform their functions • Falsification of health outcome data to avoid disciplinary action
Pharma-ceutical policy and manage-ment	• Poor enforcement of licensing policies, inadequate staffing, lack of mandate to impose fines • Conflict of interest, physician ownership of pharmacies • Lack of drug information or controls on physician-pharma interactions	• Bribes by private companies to bring drugs into country without licensing and registration • Public doctors who own private pharmacies have little incentive to assure drugs are available free in government facilities • Irrational prescribing, high drug costs, fake drugs
Financial manage-ment	• Silos of funding which make it difficult for everyone to know who is funding what • Lack of understanding of rules for official fees and collection systems	• Lack of accountability for efficient and effective use of resources to achieve objectives • Diversion of budgeted funds or official fee revenue
Global Fund program manage-ment	• Newly created management structures lacking experience • Pressure to complete budget within short time-frame • Large number of sub-grantees • Conflicts of interest affecting allocation of grant funds, monitoring and supervision	• Decisions favoring interests of organization represented by the person with conflict of interest, with direct financial benefit to the organization or individual • Loss of reputation, integrity of Global Fund program, trust in activities and reported results • Procurement fraud

Source: Vian T. 2007. Corruption in the Health Sector in Azerbaijan. Prepared for the USAID Anti-Corruption Strategy Study by Development Alternatives, Inc. www.bu.edu/actforhealth

c. Consequences

Corruption affects health outcomes by reducing government funding available for health services. Private companies are reluctant to invest in countries with high levels of corruption, which lowers overall economic growth. This in turn means less revenue available to the health sector. Even within the health sector, resource allocation decisions may be distorted because it is easier to solicit a large kickback on a hospital construction contract or on the purchase of expensive, sophisticated medical equipment than on primary health care programs.

Corruption in the health sector has a negative effect on access and quality of patient care. As resources are drained through embezzlement and procurement fraud, less money is available to pay salaries and fund operations and maintenance. This can demoralize staff, lower the quality of care, and reduce the availability and utilization of services. Studies have shown that corruption has a negative effect on health indicators such as infant and child mortality and there is evidence that reducing corruption can improve health outcomes by increasing the effectiveness of public expenditures (Lewis 2006 http://www.cgdev.org/content/publications/detail/5967%20)

A review of research on informal payments found evidence that informal payments for care reduce access to services by making care less affordable, especially for the poor. In Azerbaijan, one study estimated that 35% of births in rural areas take place at home, in part because of high informal fees for care in facilities, while in Armenia, families report having to sell livestock or assets, or borrow money from extended family and community members, in order to make the necessary informal payments to receive care.

Bribes to avoid government regulation of drugs and medicines have serious negative effects on health. Allowing medicines of sub-therapeutic value to be sold can contribute to the development of drug-resistant organisms and increase the threat of untreatable pandemics. Corruption in the form of theft or diversion of drugs can lead to shortages of drugs in government facilities, which may discourage people from seeking medical care. Procurement corruption can lead to inferior public infrastructure as well as high prices that government pays for materials, leaving less money for service provision.

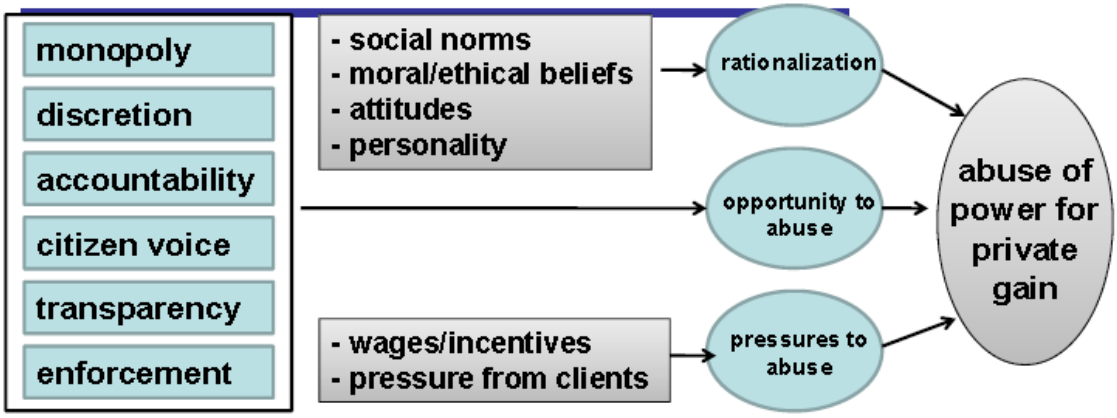
Discussion Question: The Reader states that “Corruption in the health sector has a negative effect on access and quality of patient care.” Is there proof of this in your country? How important is it to have country-specific proof in order to advocate for anti-corruption interventions?

Related links:
WHO Fact Sheet on Spurious, Falsely Labelled, Falsified, or Counterfeit Medicineshttp://www.who.int/mediacentre/factsheets/fs275/en/index.html
OECD. 2010. Working toward more effective collective donor responses to corruption. http://www.oecd.org/dataoecd/26/52/45019669.pdf

d. A framework for understanding corruption in the health sector

A framework for explaining why corruption happens is a useful tool to guide problem analysis and analyze prevention and control strategies.

Figure 3: Framework for corruption in the health sector



The four circles on the right of the model show how abuse of power is linked to pressures or incentives to abuse, opportunities, and rationalization on the part of government agents. These elements or "drivers" are often used in training fraud examiners to look for vulnerabilities to corruption.

The three elements must all be present for corruption to occur: **opportunity** to abuse suggests there is a structural or systems vulnerability, **pressure or incentive** to abuse implies an individual motive, and **rationalization** refers to how the corrupt agent attempts to justify his or her actions.

Opportunities are favorable circumstances that allow corruption to happen. They can include too much **discretion** (the autonomous power of a government agent to make decisions), **monopoly power** (government is only place where service is available, so people seeking care or permits have no choice but to pay any bribes demanded), lack of **accountability** (the obligation and willingness of government agents to explain or justify how they used their authority, power, and resources to achieve results which the citizens want and need), lack of **transparency** (a principle or code of conduct which defines the duty of civil servants, managers and trustees to act visibly, predictably, and understandably), **citizen voice** (mechanisms to allow citizens to express their needs, wants, and agreement or disagreement with public policies, decisions, and results), and **enforcement** (probability of corruption being detected and punished). Interventions in the health sector in Uganda and Bangladesh show that increasing knowledge of citizens in how to report corruption, and involving citizens in accountability activities such as service "report cards," can have positive effects in the fight against corruption in the health sector (Deininger and Mpuga 2005, Knox 2009).

Pressures/incentives provide motive for corruption. The economic perspective is that corruption is a rational choice after weighing the economic incentives. Other

perspectives see motives for corruption as including greed, financial problems at home, and social pressures from family & friends or clients.

Rationalizations are the reasons people give for acting corruptly. Examining rationalizations can help us refute them though information and education. Rationalizations can also be used to help elicit solutions. For example in Costa Rica, doctors are absent a lot and justify it on the basis of how poorly they are paid (reminiscent of the old proverb from Russia: "They pretend to pay us, and we pretend to work."). But if this is the rationalization, then the way to address it is to adjust the pay and hours to reflect reality. If Costa Rica rewrote doctors' contracts for the current level of pay and half the hours, then they would formalize current behavior and could begin to actually discipline those who break the new law.

Related link:
US National Public Radio (NPR) audio recording (18 min.) or you can read online with interesting graphics. "Psychology of fraud: Why good people do bad things." By Chana Joffe-Walt and Alix Spiegel. May 1, 2012.

http://www.npr.org/2012/05/01/151764534/psychology-of-fraud-why-good-people-do-bad-things

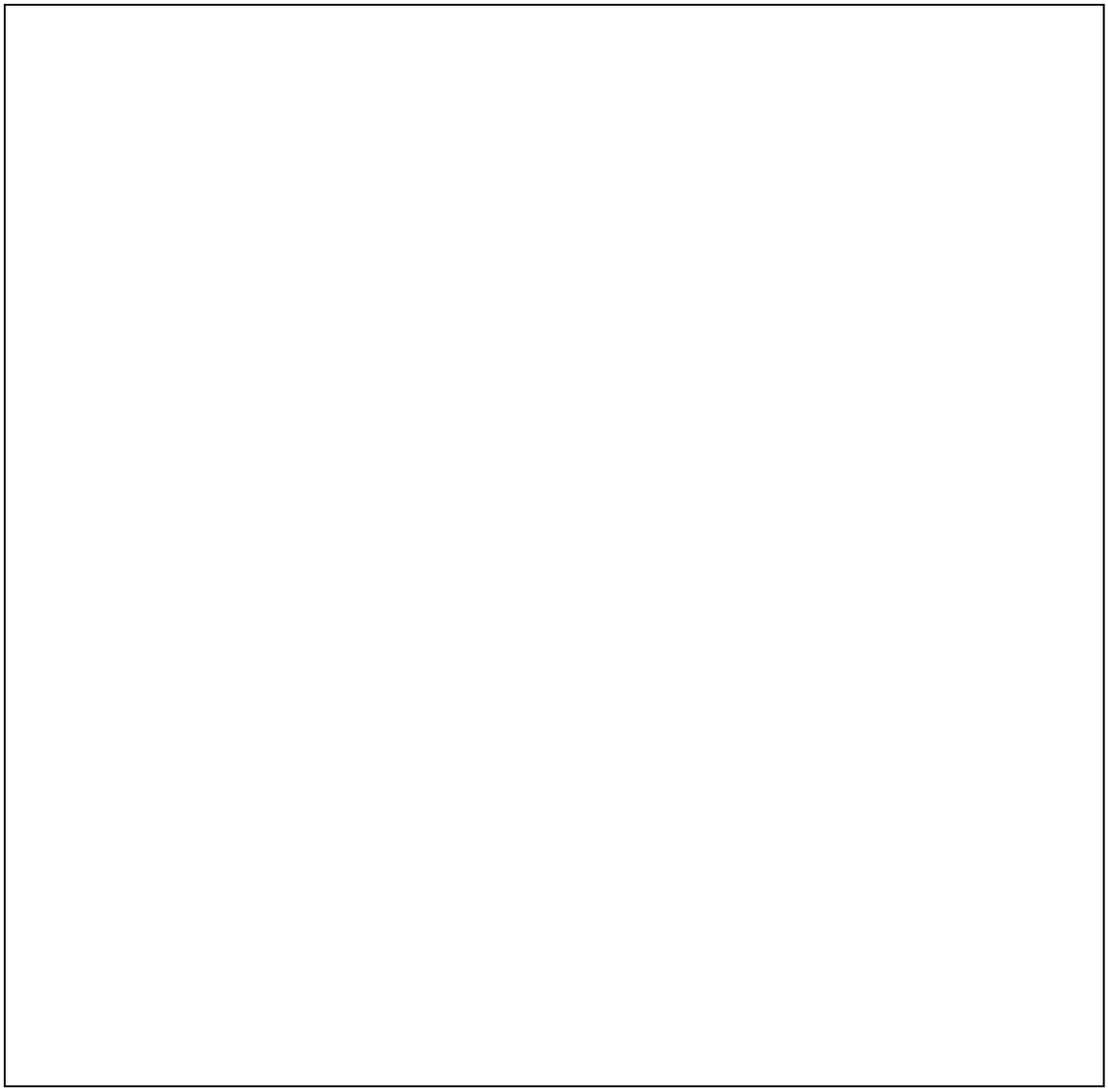
This story explores the social and psychological factors which facilitate fraud. As you listen to Toby's story, see if you can identify the opportunities, pressures, and (most interestingly) the rationalizations and decision framing that helped make this fraud possible.

Discussion Question: Consider the following case: John Parker, an international consultant, was hired by the GAVI Alliance to review financial management procedures in Yaounde, Cameroon. John noticed something strange in the records for purchase of paper. Looking at the counter of the only photocopy machine in the office, John noted that about 40,000 sheets of paper had been used in three years. However, adding up the number of sheets of paper appearing on the invoices paid by GAVI, he saw that 2,070,000 sheets of paper had been purchased. Moreover, according to other invoices it seemed that the office outsourced most of its photocopying work. Analyze this situation using the framework of drivers of corruption: opportunities, pressures or incentives, rationalizations. What opportunities did the project staff have to abuse their power, what pressures/incentives might have facilitated the corruption, and what rationalizations might they give to John to explain or defend their actions?

e. Anti-corruption reforms applied to the health sector

The framework described above provides a starting point for considering how we might curb corruption in the health sector. For example, separation of duties between cashiers and accountants can help control against fraud by reducing discretion. External audit of procurements, followed by administrative and criminal sanctions, can help to deter corruption by increasing the probability of being caught and punished. Requiring pharmaceutical or medical device companies to report on gifts or

payments made to doctors, increases transparency by making it more likely that we can detect bias in the prescription patterns and equipment purchases.
The box below provides more examples of how we can apply anti-corruption reforms within the health sector.



Discussion Question: Community monitoring was an effective strategy for increasing accountability in Ugandan and Bolivian health facilities. Do you think this strategy could be effective in your country? Why or why not? What preparation or prerequisites are needed for this type of strategy?

Moldova's Strategy for Anti-corruption in the Health Sector

Impetus: The anti-corruption strategy was developed and implemented from 2007-2009 as part of a Millennium Challenge Corporation (MCC) Threshold Country Program to help the country qualify for an MCC grant.
Goal: to promote good governance, reduce corruption and improve public sector service delivery in Moldova
Strategy: The program sought to reduce opportunities for corruption by: a) *decreasing the discretionary powers* of health care providers, budget managers and procurement agents through the establishment of norms and standards; and, b**)** *increasing accountability* through increased oversight.
Interventions:

1. Increasing transparency and accountability in the **hiring** process. A new system was put in place to select facility directors by open competition. Existing directors in 180 facilities were required to go through the selection process: 5 directors decided that they didn't want to compete for their jobs while others actually lost their jobs because they didn't meet the new standards.
2. Physician **licensing** review board. This process promoted greater accountability by requiring periodic licensing reviews of physician qualifications and patient complaints.
3. **Regular audits** of medical equipment purchases (using EU budget support funds) was both a deterrent and a way to measure & correct mistakes.
4. Creating **standard treatment guidelines** (STGs) to allow physician performance to be measured. Involved many stakeholders to be sure the 93 protocols were accepted and integrated into training curriculum and accreditation standards.
5. To assure that people used the new STGs, Moldova created **Quality Improvement Councils** which do peer chart review, a form of "internal auditing". Accreditation bodies and the national insurance fund were asked to incorporate external chart audit results into contracting and accreditation processes.
6. Finally, for external accountability Moldova conducts **annual patient satisfaction surveys** including a "quality score" and a "corruption score". As part of the latter, patients are asked if they paid for care, and if they did pay, was it a gift or did the provider ask/require it. The results of surveys are posted to the MOH web site.

Source: Personal communication with project staff and review of project documents, 2008.

f. Creating national anti-corruption strategy

Anti-corruption strategy in any country should be informed by the specific problems and context of the health sector. The effectiveness of approaches will depend on good problem analysis, but also many other factors, including the structure of the health sector, institutional and regulatory constraints and capacities, the history of health and anti-corruption reform efforts, and professional and organizational culture. Targeted approaches which address defined problems are better than broad, all-encompassing strategies. One example of a national anti-corruption strategy is Moldova's approach (see box). In addition, Hady Fink and Karen Hussmann have written an excellent *U4*

Practice Insight on how the Moroccan government developed its anti-corruption strategy for health (http://www.u4.no/publications/addressing-corruption-through-sector-approaches-exploring-lessons-from-the-moroccan-anti-corruption-strategy-for-the-health-sector/).

g. Assignment:

The Global Corruption Report 2006 has a special focus on Health and Corruption. Please read the section by William Savedoff and Karen Hussmann, "Why are health systems prone to corruption?" on pages 4-13 of the book (available for download or for online viewing here: http://www.transparency.org/whatwedo/pub/global_corruption_report_2006_corruption_and_health

The authors believe that the health sector is at especially great risk of corruption due to three factors: uncertainty, asymmetry of information, and a large number of dispersed public and private actors. These factors make it difficult for transparency and accountability initiatives to work.

In your paper, summarize how the authors define uncertainty, asymmetry, and the issue of dispersed actors. Considering changes in global policy priorities, the donor landscape, and health systems or governance initiatives that have taken place since this report was published in 2006, discuss whether the chapter's findings still hold, or suggest edits to update this chapter to reflect current realities in why health systems are prone to corruption.

Approximate length: 1-2 pages single spaced

Further Reading:

U4 Theme page on health: http://www.u4.no/themes/health-sector/
Coxson, S.I. (2009). Assessment of Armenian local government corruption potential. *Public Administration and Development*. 29: 193-203.
Crape, B., Demirchyan, A., Grigoryan, R. et al. (2011). Evaluation of the Child Health State Certificate Program. Yerevan: American University of Armenia. http://auachsr.com/UserFiles/File/Child%20Health%20State%20Certificate_AUA%20Final%20Report%202011--.pdf
Deininger, Klaus and Paul Mpuga. (2005). Does greater accountability improve the quality of public service delivery? Evidence from Uganda. *World Development*. 33(1): 171-191.
Khemani, S. (2004). Local government accountability for service delivery in Nigeria. Washington, DC, World Bank.
Knox Colin. (2009). Dealing with sectoral corruption in Bangladesh: Developing citizen involvement. *Public Administration and Development*. 29:117-132.
Krastev, I. (2004). Shifting Obsessions: Three Essays on the Politics of Anticorruption. Budapest, Central European University Press.
Lewis, Maureen. (2006). Governance and Corruption in Public Health Care Systems. Working Paper No. 78. December. Washington DC: Center for Global Development. http://www.cgdev.org/content/publications/detail/5967%20
Mæstad, O. and Mwisongo, A. (2007). Informal pay and the quality of health care: lessons from Tanzania. U4 Brief No. 9. http://www.cmi.no/publications/publication/?2746=informal-pay-and-the-quality-of-health-care
Savedoff, William D. and Karen Hussmann. (2006). "Why are health systems prone to corruption?" in Transparency International, *Global Corruption Report 2006*. London: Pluto Press, pp. 3-16.
http://archive.transparency.org/misc/migrate/publications/gcr/gcr_2006 Vian, Taryn. (2008). "Review of corruption in the health sector: Theories, methods, and interventions." *Health Policy & Planning*. 23:83-94. http://heapol.oxfordjournals.org/cgi/reprint/23/2/83?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=Vian+Corruption&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT
Vian, Taryn, William D. Savedoff, and Harald Mathisen. Eds. (2010). *Anticorruption in the Health Sector: Strategies for Transparency and Accountability*. Sterling, VA: Kumarian Press.