

New course from U4:

## Corruption in the Health Sector

### Causes, consequences, and avenues for action

The latest addition to the U4 Anti-Corruption Resource Centre's training portfolio is an in-country course designed to develop skills for assessing risks to corruption in the health sector. The workshop program will focus on analyses of specific problems, weighing the relative merits of alternative strategies for control and prevention, and considering interventions to promote accountability and transparency. Prior to each workshop, a needs assessment exercise will be carried out in cooperation with the host agency in order to tailor the workshop to the needs of the donor group and national counterpart. Teaching methods include lectures, case studies, exercises, and group work.

#### After the course, participants will be able to:

1. Define corruption and identify the types of corrupt activities that occur in the health sector.
2. Explain why corruption occurs, applying principles of economics, governance, and crime prevention to understand the issues involved.
3. Assess specific risks which make corruption more likely in certain settings, and identify the consequences which can result from corruption.
4. Identify the core elements of corruption prevention and control programs.
5. Examine how corruption can be reduced in drug supply, financial systems, and informal payment for health services.
6. Become an effective advocate for anti-corruption strategies and reforms to promote accountability and transparency in health programs.

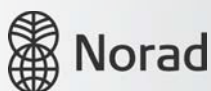


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## Audience

This course is ideal for donor agency program managers, health professionals, and policy makers from partner organizations, governments, and civil society organizations who are interested in designing grants, programs, and projects in ways that minimize opportunities for abuse, and maximize development impact.

### Who can access this course?

This workshop module can be requested by all agency staff in Sida, CIDA, DFID, Norad, GTZ, MinBuZa, BTC, and their national Ministry of Foreign Affairs counterparts. Suggestions may also emerge through national counterparts. Such requests must be directed via the local embassies or stations.

Any parties interested are kindly requested to get in touch with the respective contact person in a U4 Partner Agency. Please see the list of contact persons on [www.u4.no/about/partneragencies.cfm](http://www.u4.no/about/partneragencies.cfm)



## Generic workshop program

### Day 1

(Morning)

#### Welcome and introductions

- 1. Corruption basics**  
Definitions, causes, consequences and corruption as a problem for development
- 2. Corruption in the health sector – an overview**  
Lecture tailored to the specific country's health sector structure and financing arrangements, i.e. types of risks that occur in countries with a similar situation: provider-payer split, reliance on health insurance and private sector providers
- 3. Health and corruption in Country X**  
Identifying recent and upcoming health reform initiatives, recent events highlighting corruption, transparency, accountability issues, and resources available for fighting corruption (presentation by a host country spokesperson)
- 4. Group work – corruption problems in the country's health sector**  
Structured exercises to identify problems, scope, seriousness, and discussion of priorities

(Afternoon)

- 1. Corruption and funding cycles**  
Aid delivery mechanisms and corruption, timing of risks and appropriate interventions
- 2. Anti-Corruption Toolkit – Core elements of control and prevention in the health sector**
  - Diagnosis tools (studies, indicators)
  - Transparency (active disclosure vs. right to know, role of whistle-blowing and complaint offices, making data useful)
  - Accountability (i.e. who is accountable to whom, internal vs. external accountability, role of civil society)
  - Other core elements of prevention and control (i.e. competition, citizen voice, regulation, internal control systems, enforcement)
- 3. Group work/work in pairs – analysis of a case/problem**  
Suggest a way to apply one or more of the AC tools  
Report out to large group (if time)  
Discussion

## Day 2

(Morning)

### 1. Overview of corruption in drug supply

- Overview of the drug management cycle
- Risks of corruption in drug regulation, selection, procurement, distribution, use

### 2. Corruption in Procurement and drug logistics systems

- Measures and indicators
- Strategies for prevention
- Case examples: Price transparency in Argentina; MeTA database of global AIDS drug prices, drug distribution agency in S. Africa

### 3. Group work

Can transparency tools be applied to improve transparency and accountability for drug supply in the relevant country? How?

(Afternoon)

### 1. Conflict of interest

- Pharmaceutical companies & physicians
- Conflict of interest in ownership of pharmacies
- Strategies to control COI (disclosure, distance)
- Case studies or group work

### 2. Informal payments

- Review of evidence, causes and consequences
- First step: how to document the problem
- Strategies for reducing informal payments
- Case studies: Albania, Cambodia, Kyrgyz Republic

### 3. Group work

Analyze the country's problem with informal payments. What is known? What more do we need to know? What strategies should be considered?

Use a stakeholder analysis model to determine the interests of different parties in keeping status quo versus implementing reforms. Identify stakeholders whose views are opposed to reform, and develop arguments to convince them.

## Day 3

(Morning)

### 1. Fraud in health care facilities

- User fee systems
- Embezzlement
- Other types of fraud
- Strategies for prevention – internal control, audit, transparency in financial reporting
- Case study: Kenya cash registers, other examples

### 2. Measuring performance

- How accountability requires us to match resources with outputs
- Practical problems in performance measurement (manual systems, lack of integration of financial and clinical data systems)
- Budget reforms, accountability, and corruption
- Role of civil society
- Case study: South Africa health expenditure analyses at district level

Afternoon

### 1. Group work – Action Planning

### 2. Summary of Workshop

### 3. Workshop closing

## Trainers

### Taryn Vian

Taryn Vian has over 22 years' experience in the health care sector as a manager, project leader, and policy analyst. She is Assistant Professor in International Health at Boston University, School of Public Health where she currently teaches courses in health care management, financial management, and transparency in governance. Prior to joining BU in 1999, she worked for two international consulting firms, Management Sciences for Health (MSH), and Abt Associates, Inc. Taryn lived in the Philippines, where she managed a multi-million dollar USAID-funded project to improve the quality of child survival and family planning services after decentralization. Aside from her Philippines work, Taryn has traveled to 24 other countries working to improve management and to enhance the quality of health care services. She has designed and evaluated health projects in Chad, Cameroon, Democratic Republic of Congo, Senegal, and Poland. More recently, she evaluated Global Fund governance structures and assessed vulnerabilities to corruption in Azerbaijan and Albania, and worked with a team of BU investigators to evaluate Pfizer Corporation's Global Health Fellows Program, an international volunteering initiative active in 25 countries. Taryn's research interests include cost analysis, program evaluation, and transparency and accountability in governance. In the U.S., Ms. Vian has held senior positions in health care decision support companies. She is fluent in French.



### William D. Savedoff

William D. Savedoff is Senior Partner at Social Insight, an international consulting firm with expertise in economic and political analysis of public policy. Dr. Savedoff has worked extensively on questions related to improving the accessibility and quality of social services in developing countries. His primary expertise relates to aligning incentives for better provision of services through changes in institutions, organizations, contractual arrangements and payments. For more than 15 years, Dr. Savedoff has worked on these issues, first as an Associate Researcher at the Instituto de Pesquisa de Economia Aplicada (Rio de Janeiro) and later as an economist at the Inter-American Development Bank (Washington, DC), and the World Health Organization (Geneva). In addition to preparing, coordinating, and advising development projects in Latin America, Africa and Asia, he has published books and articles on labor markets, health, education, water, and housing. Prominent publications on corruption include the introductory chapter to The Global Corruption Report 2006 (Transparency International) and 'Diagnosis Corruption: Fraud in Latin America's Hospitals'. He speaks English, Spanish, Portuguese and French.



### Harald Mathisen

Harald Mathisen is a political scientist with a wide geographical and topical experience within the field of governance and anti-corruption. As project coordinator of U4 Anti-Corruption Resource Centre since 2003, his experience includes: workshop facilitation and training, research coordination, anti-corruption analysis and strategy development, website development, project management. Mathisen has published extensively and is regularly presenting at conferences and seminars on anti-corruption strategies and the work of the international community in this field. He has led several donor funded consultancies.

