

Potential corruption risks in health financing arrangements

Report of a rapid review of the literature



World Health
Organization

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ISBN 978-92-4-000439-9 (electronic version)

ISBN 978-92-4-000440-5 (print version)

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Printed in Switzerland

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Acknowledgements

In the 2018–2019 biennium, the World Health Organization (WHO) is advancing a workstream on strengthening anti-corruption, transparency and accountability in health systems. The workstream is a partnership between the Gender, Equity and Human Rights team and the Health Systems Governance and Financing department of WHO headquarters, Geneva, Switzerland, in coordination with other partners with expertise and interest in promoting transparency and accountability mechanisms in health systems. Theadora Swift Koller (Technical Officer, Equity; Gender, Equity and Human Rights) and David Clarke (Team Leader, Universal Health Coverage and Health Systems Law; Health Systems Governance and Financing) of WHO headquarters jointly lead the workstream.

This rapid literature review contributes to the anti-corruption, transparency and accountability workstream. One objective of the workstream is to support the enhanced focus on anti-corruption, transparency and accountability in WHO normative guidance on health systems strengthening. Three areas were identified for furthering this focus in 2018–2019: health financing; health systems governance; and human resources for health.

With funding from UK aid, this document was commissioned to Jillian Clare Kohler, PhD, Professor at the Leslie Dan Faculty of Pharmacy, the Dalla Lana School of Public Health and the Munk School of Global Affairs, University of Toronto, Toronto, Canada. The lead author was Jillian Clare Kohler and the co-author was Benoît Gomis.

Marcia McLean led the research assistance work with support from Anna Wong and Emily Schepers. The rapid literature review was elaborated through inputs from the Health Financing team at WHO headquarters. Matthew Jowett (Senior Health Financing Specialist) was the counterpart and provided essential technical orientations. The publication was produced through WHO APW Contract 202056995 with the Gender, Equity and Human Rights team of WHO headquarters.

The document was informed by discussions at the Technical meeting on advancing a WHO approach to support Member States to strengthen transparency and accountability in health systems, held on 28–29 November 2017, and the WHO workshop on anti-corruption, transparency and accountability in the health sector: implications for health system assessments and national health planning, held on 22–23 March 2018. A draft version of the review provided the background for policy discussion during a multistakeholder consultation on a proposed global network on anti-corruption, transparency and accountability in health systems (GNACTA), held on 26–28 February 2019 in Geneva, Switzerland, convened by WHO, the Global Fund and the United Nations Development Programme (UNDP).

Special thanks are extended to Maureen Lewis, Bill Savedoff and Sophie Witter for their valued inputs on a draft version of the paper.

Key messages

- Corruption in health financing arrangements is a potential risk to the achievement of universal health coverage and other health policy goals.
- Studies show that corruption can enter each of the four main health financing functions: revenue raising; pooling (viewed within the wider context of public sector management); purchasing; and benefit design.
- Literature is not uniform in terms of what is considered as “corruption” in health financing arrangements.
- More research is needed on policy interventions to reduce corruption in health financing. There is no one-size-fits-all response to the range of issues found by the rapid review, and limited data exist on the effectiveness of policy interventions.
- Studies highlight potential measures to reduce the risk of corruption in health financing, including: ensuring adequate funding to health systems; enhancing transparency and accountability; raising awareness; improving monitoring and oversight; integrating anti-corruption, transparency and accountability into health financing diagnostics and policy; and building effective accountability mechanisms.

Executive summary

Introduction and purpose

Corruption in health financing poses a significant risk to the achievement of universal health coverage and the health-related targets of the Sustainable Development Goals. Corruption in health systems not only wastes limited public resources and/or development funds allocated to the health sector, but also limits population access to goods and services, undermines citizens' trust in governments and causes health services to deteriorate. Poor and marginalized populations typically suffer the most from the consequences of corruption in health systems. Accordingly, anti-corruption, transparency and accountability measures are central components of health systems strengthening for universal health coverage. Such measures are also critical for upholding the right to health.

The purpose of this rapid literature review is to identify potential corruption risks in relation to health financing. It also seeks to illuminate anti-corruption, transparency and accountability measures that may be helpful in reducing the risk of corruption in health financing.

Methods

A rapid literature review was conducted to provide an evidence-base on areas at risk of corruption in the core health financing functions of revenue raising, pooling (within the broader context of public sector management), benefit design and purchasing.

A rapid review is limited in that its process gives preference to research that is easily retrievable and, therefore, some bias is necessarily embedded in the methodology. As this review is targeted to specific search terms, it is limited insofar as it does not address all of the core issues related to corruption risks in health financing, including absenteeism, petty theft and other types of public sector abuse.

Findings

The studies highlight how health financing arrangements may be at risk of corruption. In the area of revenue raising, embezzled funds and charging of informal payments for health services are identified risks. In the area of pooling, the studies emphasize weak budget management and poor record keeping as issues that may allow corruption, such as the embezzlement of pooled funds. In the area of purchasing, the procurement process stands out as being particularly vulnerable to corruption; for example, fraud may be found in provider billing mechanisms. Lastly, in the area of benefit design, conflicts of interest, lack of transparency in the selection of medicines for national/institutional formularies, and overly complex benefit systems can make health systems more vulnerable to corruption.

Conclusions

To reduce the risk of corruption in health financing

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