

Medicine Weekly

HOME NEWS EDITORIAL OPINION LIFE CLINICAL RECRUITMENT CONTACT USA ADVERTISING

05 April 2006

In this Issue

DR MILLS, I PRESUME?



Dr Simon Mills had to be inventive to prove to a pharmacist in Malawi that he was a doctor

[Read More](#)

A VERY PRIVATE PRACTICE



Dr Juliet Bressan says the State is responsible for different treatment policies

[Read More](#)

WHO'S FOR AFTERNOON TEA?



Consultants have some civilized advice for the Minister for Health says **Dr Garrett Fitzgerald**

[Read More](#)

DRUG DELIVERY BY REMOTE CONTROL

Live Aid, dead end



Theft, bribery and extortion are robbing millions of people around the world of healthcare, a new report from the anti-corruption group Transparency International claims. **Fiachra Ó Cionnaith** investigates

For the millions of people in poorer nations held hostage by circumstance, stamping out corruption in healthcare is literally a matter of life and death. According to the independent anti-corruption healthcare watchdog Transparency International, theft, bribery, extortion and the use of healthcare funds to line officials' pockets is rife throughout the world.

In countries such as war-torn Sudan, various politically unstable regions in South America, and a number of Eastern European nations from the former Soviet bloc, it appears monetary gain is a more important outcome for those in power than the health gain of the local population.

Despite increased financial aid from wealthier nations such as Ireland and a more appropriate profile given to health crises in other parts of the world after the earthquake in Pakistan and the Asian tsunami, the level of corruption in health services across the globe is not decreasing. If anything, it appears to be growing.

According to Transparency International's Global Corruption Report 2006, while the majority of medical professionals perform their functions with diligence and integrity, there is more and more evidence to suggest that the haemorrhaging of resources and international financial aid from individual countries' health services is increasing at an alarming rate.

Public health budgets, states the report, are being subverted by unethical officials for their own private use, while unclear procurement of equipment supplies and the creation of 'ghost employees' on payrolls are turning some hospitals into "little more than self-services stores for personal enrichment".

According to the independent group's statistics, many African and South American health systems are losing the battle against corruption. In Ghana, significant leakage of health service funds between central and district governments went unexplained by those in charge, as did the fact that 2.5 per cent of workers on the payroll did not actually exist.

The current situation in Honduras is another case in point. At



Medicine Weekly is published by **Eireann Publications**

KEYWORD SEARCH

Top of Form

search...

GO

search

Bottom of Form

ARCHIVE



To read a previous issue of **Medicine Weekly**, please click here to search our archives from 2005

win €65

Dr Who
competition

[click here to enter](#)



CLASSIFIED

[click here to view](#)



David Stewart explores a new technology that controls drug releases into the bloodstream

[Read More](#)

DIARY

Dates for your diary

[Read More](#)

PSYCHOLOGICAL APPROACHES TO THE MANAGEMENT OF OBESITY

Dr Ethel Quayle offers advice to doctors facing the difficult task of stemming our obesity epidemic

[Read More](#)

the start of this month, the country's President Mr Manuel Zelaya declared a state of emergency due to the levels of corruption in its healthcare system. According to the Central American politician, Honduras has less than a third of the medication it needs to treat its patients — a worrying situation for a country where less than 4 per cent of its population reaches the age of 65, infant mortality stands at 29.32 deaths per thousand, and more than 63,000 people are living with HIV/AIDS.

Pointing the finger of blame firmly at unethical administrators who control the flow of funds, crime within the health service and the lack of resources made available to hospitals, President Zelaya was forced to declare a state of emergency and call for a special committee of national health bodies to be formed to oversee health spending. But while the move will free up funds for the health service in the short term, the country's long-term health service problems, according to Transparency International, will not be so easily remedied.

Further findings note that in Costa Rica almost 20 per cent of a €33.5 million international loan for health equipment "has seemingly wandered into private pockets", while Cambodia has witnessed direct embezzlement of public health funds, despite increased health aid. In the Philippines, a 10 per cent increase in the extortion of bribes by medical personnel was shown to reduce the rate of child immunization by up to 20 per cent.

However, this situation is not confined to the developing world, with healthcare corruption also apparent in Eastern Europe and the US. According to the Transparency International report, extortion and bribery by doctors is rampant in many parts of Eastern Europe that have seen a switch to a free market in the past 20 years, with the problem most apparent in Russia and Bulgaria.

"In these two countries, as in much of South Eastern Europe, doctors frequently accept small informal payments or gifts worth up to €1,000 for medical treatment," the report found, adding that a similar 'white collar' version of the corruption is also apparent in the US.

Counterfeit drugs

Market distortions and counterfeit drugs are another issue of concern, according to the report. With aggressive marketing techniques apparent throughout the world aimed at encouraging physicians to support specific drugs, Transparency International believes that a high rate of prescriptions, which are not always based on patient needs, has developed.

With some of these medications pulling in tens of billions of dollars each year for pharmaceutical companies, the group believes that these ballooning marketing and lobbying budgets have outpaced the research and development necessary to create new and critical medicines that could save lives in low-income countries.

This, stated the report, has played a part in helping to create a situation where a lucrative counterfeit drugs trade — and

the corruption involved in the procurement of these drugs — has become a common sight. Most worryingly, the report noted high levels of physician bribery “at every step of the delivery chain” to smooth the flow of counterfeit drugs from their source to the unwitting consumer.

Corruption has also had a direct effect on the fight against diseases such as HIV/ AIDS. According to Transparency International, the usual response against a disease — to increase funding for prevention programmes and to disburse life-saving anti-retroviral medications — has proved ineffective, as much of this money will not reach its target.

Recent actions in Kenya’s National AIDS Council — which was taken over by high-level civil servants who subsequently diverted funds to shell organizations last year — highlight these concerns, as does Transparency International’s findings that in many cases sterile needles and screening of blood donations are not available due to a corrupt procurement process holding up supplies.

Ireland’s aid

With many of these corruption concerns being raised in countries to which Ireland is donating financial aid, the concern from NGOs in our own country appears to be about how we can be sure our donated money is reaching the people who actually need it.

Speaking to *Medicine Weekly*, Mr John O’Shea, Chief Executive of Goal Ireland, said that the Irish Government must ask far harder questions on where funds are going and what they will be spent on before handing over large sums of money.

“My position hasn’t changed in 28 years — I feel you have to get value for money. It’s very difficult to get aid to the poor anyway; it’s one of the hardest things in the world to do. But I believe it’s particularly dangerous to just trust other governments to deliver aid. It’s fairly obvious if you look at the history of the continent of Africa and see how much money has been poured into that continent and into the health area, and how little effect that has had. The main reason for that is corruption.

“I remember many years ago deciding to take on an operating theatre in a particular hospital that we would take responsibility for. We had to stop because everything was stolen out of that theatre. All of the equipment, all the things in that facility, was physically stolen. We’re sometimes banging our heads off a brick wall, because when you’re working in countries where the government does not love and care for the people you’re taking a huge risk in handing over money.”

Mr O’Shea added that both the Department of Foreign Affairs and NGOs should pay more attention to a country’s track record in terms of implementing health services and dealing with corruption when releasing funds for aid projects. “My issue is with the whole business of trust. If a government is number three on the list of corrupt governments in the world, what that means is that not only are the politicians stashing away millions, the bureaucrats are as well. It’s the same as

going down to a garage this afternoon that you read was the third most corrupt in Ireland and was known to sell cars with no engines. That's very risky business," said Mr O'Shea.

The Transparency International report into corruption levels in health services throughout the world should make interesting reading for the Department of Foreign Affairs, which recently re-launched its foreign aid programme as Irish Aid.

Our Government now gives €734 million towards international aid projects, many of which involve health service investment in some of the poorest nations of the world.

Whether the Transparency International report will impact on how this money is spent remains open to debate, but its findings are painting a clear picture of the problems facing health services across the globe. Unless concerted action is taken by donor and recipient governments, NGOs, pharmaceutical companies and health aid agencies, the healthcare imbalance in the international community will continue.

A full version of Transparency International's Global Corruption Report 2006 is available at www.transparency.ie.

Food or Medicine: The Reality of Corruption in the International Healthcare Community

- According to Transparency International's Global Corruption Report 2006, theft, bribery and extortion are robbing millions of people of an adequate health service.
- Among the most worrying issues highlighted by the report is the prevalence of counterfeit drugs in the developing world, drugs which are killing thousands each year as they provide ineffective protection against illness and accelerate the spread of drug-resistant diseases.
- Financial haemorrhaging in various health systems is another area of concern, with the organization's report highlighting an increase in 'shell companies' being created to divert public funds into personal accounts and hospitals being used "as little more than self-service stores for illicit enrichment".
- The issue is not confined to the developing world — demands for payment from medical staff for supposedly free services are rife in Eastern Europe, with Russia and Bulgaria highlighted as the most serious black-spots for this health extortion.
- While increased funding from countries such as Ireland is to be welcomed in the continuing attempts to achievement the Millennium Development Goals, the Transparency International report emphasizes that until adequate resource-tracking systems are put in place further funding will do little other than line the pockets of the corrupt.

Transparency International recommendations

- Donor and recipient governments should grant easy access

to information on key aspects of health-related projects, budgets and policies, with health budget information made available to regular independent audits.

- Health workers and private sector companies should adopt — and enforce — codes of conduct and provide ongoing anti-corruption training.
- Incorporation conflicts of interest rules in drug regulation and physician licensing procedures.
- Public health policies and projects should be independently monitored, both at national and international level, with these reports made open to public scrutiny.
- Procurement processes should be competitive, open and transparent, and comply with Transparency International's 'Minimum Standards for Transparency and Public Contracting'. As such rules for conflicts of interest must be enforced, companies caught engaging in any form of corruption should be barred from future bidding, and 'no bribe' pledges should be adopted to level the playing field for all bidders.
- Rigorous prosecution, according to the watchdog body, will send the message that corruption in healthcare will not be tolerated. Transparency International is calling for more robust whistleblower protection for government officials and private sector health, pharmaceutical and biotech employees.