

POLICY BRIEF

ADDRESSING CORRUPTION RISKS IN THE ACHIEVEMENT OF THE SDG 3 (HEALTH SECTOR) IN GHANA

Issued by Ghana Integrity Initiative (GII) &
Ghana Anti-Corruption Coalition (GACC)

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The Ghana Integrity Initiative (GII) and the Ghana Anti-Corruption Coalition (GACC), with the support of the Strengthening Transparency, Accountability and Responsiveness in Ghana (STAR-Ghana), carried out a Corruption Risks Assessment in the Achievement of the Sustainable Development Goals 3, 4 and 16 (SDGs 3, 4 & 16) between July and October, 2019.

The Corruption Risks Assessment was part of a project titled “Creating Anti-Corruption Voices in the Implementation of the Sustainable Development Goals (SDGs)” aimed at generating recommendations for anti-corruption advocacy to help deal with corruption in relation to the implementation of interventions towards achieving the SDGs 3, 4 & 16.

The overall goal of the intervention is to reduce corruption in the implementation of SDGs 3, 4 & 16, which have to do with Health, Education and the promotion of peaceful, just and strong institutions for sustainable development, especially increased access to justice and effective, accountable and inclusive institutions.

The project seeks to make the SDGs anti-corruption targets visible and known by the CSO Platform on SDG 3, 4 and 16 and the general public at large. It also seeks to strengthen CSOs capacity to mainstream SDG 16 targets - 16.5.1 and 16.5.2 into SDGs-related service delivery engagements and to promote sustainable procurement in the implementation of the SDGs.

As Ghana has signed on to the global commitment to sustainable development goals, it must address all the goals, including eradicating corruption as required by SDG 16.5, seriously.

This is because it is virtually impossible to achieve any of the SDGs without dealing successfully with corruption. Ghana's inability to successfully deal with corruption has, therefore, drawn the attention of many stakeholders, including the government and its agencies and Civil Society Organizations (CSOs), hence the need to take up the fight against corruption much more seriously than has been done so far.



METHODOLOGY

The Methodology for conducting the CRA started by identifying the key stakeholders in the delivery of the SDGs 3, 4 and 16, particularly with regards to procurement. These stakeholders included the Ministries of Health, Education and Justice and Attorney-General's Department, the Ghana Education Service, the Ghana Health Service, Audit Service and the Judicial Service. Other stakeholders included the National Procurement Authority, the Economic and Organized Crime office, the CHRAJ, the GETFund, the National Health Insurance Authority, and some hospitals and schools. The rest were the CSO Platform on SDGs 3 and 4 as well as CSOs working on these Goals, including GACC, GII, SEND Ghana and experts and individuals working on procurement, among others.

These stakeholders were then surveyed to help identify the types of corruption that exist or can arise within their sectors, the probability of the occurrence of these corrupt acts and their impact if they do occur. The study also examined the control measures that exist to minimise their occurrence and assessed how effective these measures are. In addition, the stakeholders also proposed additional control measures that could be introduced and assessed how effective they would be in curbing corruption in their sectors.

KEY FINDINGS OF CORRUPTION RISKS IN THE HEALTH SECTOR

Political patronage, cronyism and nepotism were rated high corruption risks in the health care delivery system in Ghana and the achievement of the SDG 3. The impact of these corruption risks are also high as such actions reduce the number of health professionals in poor/deprived areas, raises costs, leads to inappropriate and duplicate drug purchases and services making them unaffordable to the poor and marginalized in society, leading to high but avoidable morbidity and mortality rates, among others.

Although conflict of interest, such as public health professionals spending time at, and referring patients to, their private facilities, may not constitute corruption per se, it was identified as a medium corruption risk in health care delivery. The impact of conflict of interest is rated high as quality service delivery is compromised, making health care unnecessarily expensive and inaccessible to the poor and other vulnerable people in society. In addition, this drives the poor and vulnerable people to unqualified but business-oriented health personnel who provide low quality health services, possibly leading to avoidable deaths.

Collusion in the health sector involves bid-rigging and denial of opportunity for qualified bidders to compete and leaking confidential procurement information to suppliers for gain. It also includes failure to deliver according to specifications, inflation of costs of drugs, health consumables and services paid for by government (NHIS), delivery fraud such as under-supply of consumables by suppliers and conniving with patients to abscond

from facilities without paying fees. The impact of collusion has to do with waste of state funds and depriving state of development funds, reduction of cash flows and stocks and delivery of fake or compromised potency of drugs and their ability to cure the disease and/or recovery process.

Bribery, extortion and illegal payments in the health sector, which involves the charging of unapproved fees for urgent services such as surgery, connivance with health insurers' providers to cheat government and payment for acquisition and retrieval of folders, were identified as high corruption risks. There are also illegal charges for services rendered in relation to payment of false and inflated medical claims, accessing health facilities with NHIS and illegal co-payments for medical services. Bribery, extortion and illegal payments make healthcare unnecessarily expensive, reduces access to women, the poor and other vulnerable people and could result in a return to the cash and carry system of health care delivery in Ghana.

Sole/single sourcing and restricted tendering for the procurement of drugs and award of contracts to self, family, own businesses, staff and party cronies without competition was rated a high corruption risk. The impact is also ranked high as there is no value for money as poor-quality drugs are delivered and qualified bidders are deprived of competition. Other corruption risks in health care delivery include theft of materials and consumables, misuse of the public facilities and property for private business, such as theatres and theatre consumables, the diversion of drugs and consumables to private health facilities and embezzlement of user fees.

Corruption in the health sector is a matter of life and death because the refusal and/or failure to make illegal payments could lead to the loss of the life of a family member, relative, or friend or even oneself. This is also the case when fake or wrong medicines are sold to health facilities and patients. In most cases, it is the poor people that are most affected. Medical staff may charge unofficial fees to attend to patients or demand bribes for medicines which should be free or they may let patients who bribe them jump the queue while patients who are seriously sick and came earlier are left unattended to.

These acts can be heightened by procurement corruption as it reduces the quantities and quality of drugs and services, leading to a country's inability to achieve the SDG 3. As such, it is important that the government, the Ministry of Health, the Ghana Health Service and their agencies take adequate measures, including the following recommendations, to curb corruption in health care delivery and ensure the achievement of the SDG 3:

The Ministry of Health and the Ghana Health Service must ensure that they enforce the public procurement law in the health sector, including competitive bidding, transparency in bidding processes and stiffer sanctions;

The Ministry of Health and the Ghana Health Service should always ensure that all goods, particularly drugs, consumables and vehicles, supplied meet the contract specifications and that all supplies are the same as the samples used for evaluation;

All professional staff and procurement personnel should be trained and educated on anti-corruption and the need to avoid and report acts of corruption in their sectors;

Political interference should be avoided not only in procurement but also in health management, including staff recruitment and distribution;

The government should curb political interference in the use of Health Insurance monies, minimise political appointments and recruitments into the NHIA and allow the NHIA to focus on its core mandate of subsidizing access to health care;

It should be compulsory for all public and semi-public health facilities to accept the NHIS Card while ensuring that the NHIA pays its service providers promptly;

The NHIA must impose stiff sanctions, including prosecution, for stealing of Health Insurance monies, such as making false claims and use of ghost patients;

CONCLUSION

The corruption risks that were identified as likely to occur in the health sector include bribery, extortion and illegal payments, collusion such as tender rigging, contract splitting, procurement fraud, political patronage and interference in management as well as favourism and nepotism. Conflict of Interest is considered a high corruption risk as it can lead to corruption.

The impact of all these corruption risks, which include loss of public funds, decreased access to health care services and even loss of lives, are very high, making it imperative that efforts are taken to minimise them.