Corrupting health

Published in The News International, April 7, 2018

Over half the world’s population is denied essential health services. This means that scores of communities cannot get the medicines they need, have no hospital to go to, are not being immunised and receive no advice about family planning. This is a sobering reminder on World Health Day.

To make matters worse, ill health often serves as the harbinger of poverty around the globe – with more than 800 million people spending over 10 percent of the money they have on healthcare. On a recent trip to Africa, I heard a harrowing story of a hospital where women and their newborn babies are routinely held hostage for months until families settle their bills.

Across South Asia, and here in Pakistan, we all hear stories of children being pulled out of school, cattle sold, and valuables pawned in desperate attempts to keep death at the door and food on the table. The financial hardships and unforgiving compromises households go through in order to take care of a sick relative tend to worsen when it is the breadwinner who is unwell.

There is a growing consensus that the solution to these intertwined health and economic challenges is universal health coverage (UHC), the theme of World Health Day 2018. Countries are investing in UHC to ensure that everyone has access to quality health services without having to suffer financial hardship. Far from the one-size-fits-all model, different countries use different policies to achieve UHC, depending on the unique natures of their health system, disease burden, budget and political backdrop.

With non-communicable diseases like cancer, diabetes and heart
diseases on the rise, the need for UHC is becoming more presssing by the day. These diseases, once contracted, tend to stay with people for the rest of their lives, requiring the kind of sustained care and treatment that only UHC can provide.

Fortunately, the momentum around UHC is growing by the day. The World Bank has suggested that the health of a country might affect its ability to borrow, further elevating the healthcare system’s rising profile with finance ministers – typically more influential than their colleagues in health – and even heads of state. At a major forum organised by the Japanese government on the issue, Japan’s prime minister recently pledged $2.9 billion to promote UHC globally.

But even with the new packages of funding, the central barrier facing UHC is lack of money, due to strained public coffers, corruption and waste. In addition to being one of the world’s biggest sectors, healthcare is also one of the most corrupt and inefficient sector. Across the world, corrupt and collusive practices – ranging from petty theft to organised crime rackets – are well-institutionalised. The world spends nearly $7 trillion – roughly 10 percent of the global GDP – on healthcare. But $455 billion of this money is estimated to have been lost to misuse or fraud. So, at the same time that healthcare is bankrupting many of the poorest people in the world, it is increasing the bank balances of some of the richest. Corruption in the healthcare sector undermines efforts to achieve UHC by eroding financial protection efforts whilst simultaneously increasing barriers to healthcare.

It must be appreciated that UHC, anti-corruption and action against tax evasion have shared agendas. It is increasingly recognised that tax evasion does not just enable money laundering but also shrinks tax revenues, which are essential for UHC to work. It is promising that the Sustainable Development Goals include a target to “significantly reduce illicit financial flows”.

Fighting corruption requires action at many levels. Treasuries, finance ministries and dedicated anti-corruption agencies alike, must focus on prevention, detection and enforcement. Good governance needs to be better incentivised. Making financial systems more transparent will be critical to curbing health corruption. And it is not just government and business that have roles to play here; civil society, the media and patients must also demand accountability. Data mining and blockchain offer some new opportunities in detecting wrongdoing and should be fully explored for the health sector.

Demanding that more money is raised and that it is better protected and used, securing the funding needed for UHC is not a task for one government department alone, nor is UHC an undertaking that can fit into just one term of office.

Underpinning care for people throughout their lives, UHC is an inherently intergenerational programme that requires sustainable level of funding in the long run – in the fullest sense of the term. Countries will need to deeply engrain this commitment to UHC within the national psyche, even as governments change hands and more immediate pressing crises come to the fore.

Email: sania@heartfile.org

www.sanianishtar.info

Twitter: @Sanianishtar