



THE ECONOMICS OF CORRUPTION 2010

The anatomy of corruption in the health care
delivery sector in Kenya

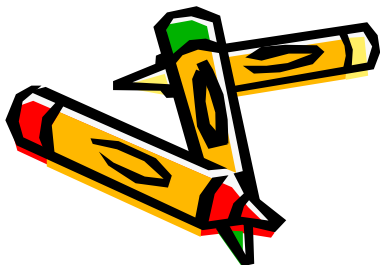
A presentation made at a University Training in Good
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Kenya's standing on corruption perception surveys



- Transparency International (TI) annual CPI surveys still depict Kenya as among the most corrupt countries in the world. Kenya was ranked 147 and 146 in 2008 and 2009 respectively out of the 180 countries surveyed.
- Corruption perception surveys conducted by the Kenya Anti-Corruption Commission (KACC) over the years still confirm that corruption is rampant in most sectors of the economy. See KACC's website at <http://www.kacc.go.ke> for more details.



The public health care delivery sector

- Health care sector in Kenya is largely funded by the government from public funds with patients required to pay a small portion of expenses under a cost sharing program.
- Corruption increases the cost of health care and undermines the government's efforts to provide adequate, accessible and quality health care.
- The presentation is based upon a research conducted by Kenya Anti-Corruption Commission (KACC) into the health care delivery sector in February 2010.
- The purpose of the research was to establish the areas, processes, and activities that are most prone to corruption in the health care delivery sector in Kenya.

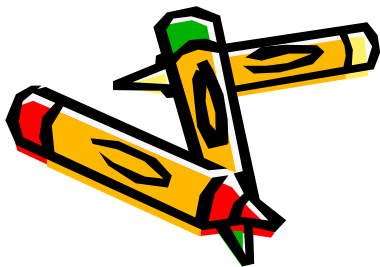


The anatomy of corruption

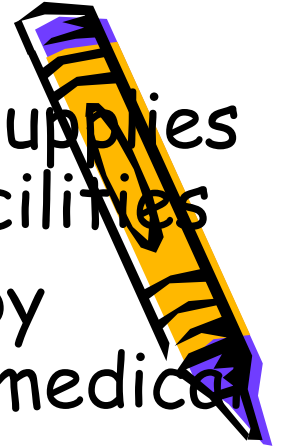
- Fraudulent procurement of drugs and medical supplies whereby suppliers offer bribes to procuring entities in order to be awarded contracts unfairly .
- Result: Overpricing and procurement of sub-standard goods and supplies.
- Outright theft of drugs and medical supplies by public officials responsible for their custody and administration.
- Result: Shortage of drugs and supplies and consequent inability of citizens to access health care services.



- Unofficial payments (bribes) by patients to enable them access or speed up service delivery.
- Result: The cost of health care gets unnecessarily expensive and beyond the reach of ordinary citizens.
- The use of public health facilities by health care workers to attend and treat their private patients.
- Result: Misuse of public facilities for private gain and creation of undue congestion.
- Theft and diversion of revenue collected at public health facilities by officers who are responsible for the administration of revenue at the health facilities.

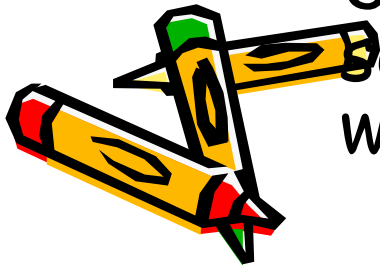
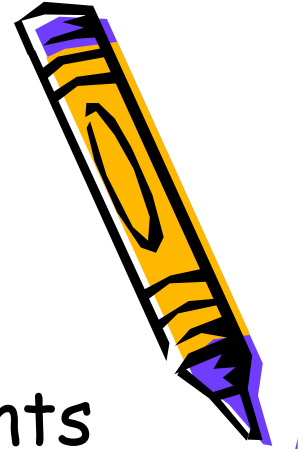


- **Result**: shortage of drugs, medical supplies and other services at the health facilities
- Health care insurance fraud whereby health workers and doctors inflate medical bills and prescribe unnecessary procedures where bills are to be paid through medical insurance schemes.
- **Result**: Unwarranted increase in the cost of health care services.
- Absenteeism and conflict of interest by health care workers while attending to private or personal matters.
- **Result**: Inability of patients to access quality health care services as and when required.



Recommendations/possible solutions

- Stricter enforcement of procurements laws, procedures and regulations.
- Enforcement of the code of conduct for public servants.
- Implementation of proper controls on finances and medical supplies.
- Holding the health care workers properly accountable for time and actions.
- Undertaking integrity training and sensitization among the health care workers.



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- Establish clear and measurable performance targets for all health care workers to meet.
- Review the terms and conditions of service for health care workers with a view to motivating them in service delivery.
- Enlist public support in the fight against corruption and sensitize them on their right to affordable and accessible health care.
- Institute adequate evaluation and monitoring systems in the health care sector.

