

Corruption in health systems research proposal samples

[Government](#), [Corruption](#)



Abstract

Introduction Motivation The impression of globalization on health has made way for new challenges. Although the medical field has made advancements in technologies and communications, it is also experiencing a paradigm shift in global health governance. There is a more challenging and immediate threat to the global healthcare, and this is corruption in health care practices. It is a major concern (Mackey, & Liang, 2012) in all countries, especially in the developing and transitional economies, where it has become a critical problem. The study serves as background for further work to develop a methodology to strengthen the anti-corruption initiatives in the health sector

Previous approaches Several organizations have used different tools to measure corruption and get to the cause of the issues. Qualitative data collection, perception surveys and control systems reviews have been used to form a framework so as to the guide the policymakers to examine corruption in the health sector. The aim behind these efforts was to increase accountability and transparency to curb corruption in health care. However, it is not always possible to get citizen's voice involved in these surveys, and there may be limited experience and exposure with non-governmental organizations. More efforts are required to develop effective approaches.

My approach In the study, public policy reports, research are carried on the health care, desk research, interviews form the main basis of research. A current study shows that countries with a higher rate of corruption in medical practices also displays a higher rate of mortality. The workers and participants of the health care industry participants in the study are

surveyed and interviewed. Corruption not only lowers the quality and effectiveness of health care services, it also increases the cost of provided services (Lancet, 2006). A number of informative studies that are published in the past five years are looked into. Methods Research is done on possible high-risk sources of corruption such as the health care professionals, the health management and personnel, the distribution of drugs, budget allocation and procurement of drugs. The study is based on a selection of public reports and research on health care corruption. The impact of corruption on development (Vian, 2008) is studied and the nature of health sector that makes it vulnerable to corruption. International health sector diagnostics are looked at. The participants in the study include the health care professionals, the staff and the patients. The key informants and various stakeholders are interviewed. Data and information is collected from pharmacies, companies, wholesalers and manufacturers in public and private hospitals offered different perspectives. The methodology is both qualitative and quantitative and is based on key informant interviews and survey of hospitals in the government and the private sector.

Results

The corruption risks and challenges related to the limited supply of medical supplies and small budgets, thus making room for corruption. The shortages, long queues and excessive red tape combined with the inefficiency led to giving bribes. Lack of supervision and poor management of health workers leaves them unchecked, often leading to the breakdown of moral ethics by the professionals. Poor salaries and a weak institution encourage corruptive

practices. The national drug agencies are responsible for the drug registration and market authorization, but most of the times these agencies are poorly funded and have limited staff working under weak legislative and regulatory environments. The study could look for more empirical evidence to endorse what interventions would work best.

Discussion

This purpose of the study was to study the corruption in the health sector and look at the possible ways to intervene. A look at the data and results of the surveys care suggest that governance and finances (Lewis, 2006) plays an important role. The results show that a lack of basic facilities, money and poor governance can lead to a corrupt system. A strong policy and well-defined framework is essential to curb corruption. Further research is required to effective anti-corruption policies in the health sector. The model used in this study only looks at the proteome from one perspective. There is a need to explain how the prevention practices could help achieve the goals. A high-level commitment at the highest levels of government is critical for the accomplishment of the anti-corruption program.

Conclusion

Corruption is today striking away at the roots of every development sector, and healthcare is no different. At the end of the day, it leads to a corrosive impact on the population's level of health. This is a complex problem that threatens health care, and there is a need to take immediate actions. Crafting more effective policies (Kendall, 1991) based on carefully studied local realities and applying the right theory can close the gaps that nurture

corruption. There is no 'one size fits all' policy that can help combat corruption in the health sector. The health practitioners need to give a more careful attention as to what potential strategies would work most effectively under a certain circumstance or situation. There is a need to employ more than one anti-corruption (Martinez-Vazquez et al, 2007) mediation to deal with one risk of corruption.

References

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