

Integrity in Government Hospitals in the Colombo District

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Introduction

Background of the Study

Sri Lanka's health indicators are favorable in comparison to countries with similar levels of investment in health and socio-economic condition, as shown in Sri Lanka's high ranking in the Human Development Index¹. However, increased demand for public healthcare has been a challenge for the provision of healthcare, and has had an impact on the quality of health care. This has been especially so in Colombo where a large number of higher order healthcare institutions are concentrated. Privatization of health care has also been problematic, with a specific impact on equity in access to health services.

Media reports suggest that corruption and related malpractices are a pervasive problem in the health sector in Sri Lanka, particularly when patients access in-patient and out-patient facilities in the hospitals and clinics. The problem is exacerbated by the overcrowding of hospitals. According to survey done in 2001 by Transparency International Sri Lanka (TISL) the health sector was rated as the second most corrupt sector in the country. Another study found that more than 90 percent of the users of health services in Sri Lanka make informal payments when accessing services (Lewis 2006). The Lower strata of society face discrimination in accessing services as a result of corruption (Liyanage 2000). To get a better idea of the forms and extent of this problem in 2008 TISL commissioned the University of Colombo to conduct a pilot study to map out the various forms of corruption and malpractice. The study is part of a joint project of Friedrich Ebert Stiftung (FES) and TISL that aims to strengthen Trade Unions' capacity to respond to issues of integrity and accountability.

¹ Sri Lanka's Human Development Index in 2006: 0.74, which puts Sri Lanka in position 99 out of 177 countries worldwide. Life expectancy at birth: 72.5 years.

Objectives and Limitations of the Study

The overall objective of the present study is to describe the forms and magnitude of bribery, fraud and nepotism in government hospitals in Colombo District. TISL and FES hope that the findings of the study will stimulate public debate and trigger action against corruption and related malpractices, with the ultimate goal of improving the quality and equity of public health care in Sri Lanka.

Due to resource constraints, this study is limited to curative services provided by government hospitals. Other services such as prevention, rehabilitation and health promotion which operate at the community level could not be included. As the study focused on government hospitals in Colombo, only residents of Colombo District were interviewed, and patients who come from distant villages to Colombo for treatment were not interviewed, although they may experience more difficulties than the users who come from Colombo. Finally, the sensitive nature of the subject matter would have required more an in-depth analysis; this was not possible due to time constraints.

Methodology

The locations of the study were selected to cover all three sectors (Urban, Rural and Estate), Sinhala, Tamil and Muslim ethnic groups and different economic levels of the care receivers. The survey covered 200 households in the district of Colombo. The 200 households were distributed in 25 household-clusters in 8 locations/ DS divisions: Colombo, two locations in Thimbirigasaya, Kollonawa, Kesbewa, Homagama, Padukka and Hanwella. Quantitative Data were collected through conducting interviews in 200 households using a structured questionnaire. In addition, a series of in-depth interviews were carried out with different the following key stakeholders to collect qualitative data:

- Healthcare providers: Medical officers, nurses, midwives, attendants, and laborers, administrators of healthcare services, leaders of trade unions, private practitioners and sales representatives of pharmaceutical companies.
- Health care receivers: Patients, caretakers of relatives and members of patients' association.

Corruption in health care is a very complex phenomenon, and involves various actors at several levels. Large scale corruption occurs in the awarding of contracts for construction, equipment and drugs, while petty corruption occurs at hospital level in the interaction between patient and hospital staff. Table 1 below provides a tentative framework for assessing corruption and malpractices in health care by describing areas of malpractice, actors involved and by giving examples.

Table 1

Areas of malpractices in public health care		
Area	Actors involved	Example of Malpractice
Out-patient care		
OPD	Minor staff of the hospital Attendants Doctors Patients	<ul style="list-style-type: none"> • Bribery (Paying money to get a prior number in a queue) • Favoritism (If you have a personal relationship with a staff member you can get a prior number from them, or you are allowed to skip the queue entirely) • Unethical behavior (Private practice during office hours. Directing patients to private practice) • Extortion (Requesting money for help skipping queue)
Pharmacy	Pharmacists Attendants Patients	<ul style="list-style-type: none"> • Favoritism (Using a personal relationship with a staff member for access to the pharmacy) • Bribery (Paying money to an attendant to get a prior place in the queue to the pharmacy) • Theft (Selling of drugs and equipment for private gain)
Laboratories	Technicians Attendants Private laboratory owners Patients	<ul style="list-style-type: none"> • Bribery (Paying money to an attendant to skip the lab queue or to get the report faster) • Favoritism (If you have a personal contact in the hospital staff you can bypass all the procedures to get tests done) • Gifts (Giving a gift to the lab technician for better service)
In-patient care		
Entrance to the hospital	Security Officers Patients Minor staff	<ul style="list-style-type: none"> • Bribery (Obtain entrance to hospital outside regular visiting hours in return for payment) • Favoritism (Obtain entrance to hospital outside regular visiting hours using personal contact with staff)
Wards (In patient section)	Doctors Nurses Attendants Patients	<ul style="list-style-type: none"> • Bribery (Attendants get money from patients to provide better care) • Favoritism (If you have a personal contact in the staff you can obtain a bed without any procedure) • Gifts (After a child birth the mother gives a sari to nurses) • Unethical behavior (Private Practice during office hours) • Theft (Staff steal medicine and equipment to sell elsewhere)
Mortuary	Attendants JMO/Coroner Guardians of deceased	<ul style="list-style-type: none"> • Bribery (Paying an attendant to reduce delays) • Favoritism (If you have a personal contact in the staff you can bypass the proceedings altogether) • Gifts (A gift to the attendant to get the body released)

Provision of drugs		
Prescription of Drugs	Pharmaceutical Companies Doctors	<ul style="list-style-type: none"> • Bribery (Practitioner receives payment from drug company to prescribing specific drugs) • Gifts (For prescribing specific drugs a practitioner receives a car, foreign travel etc)
Procurement of drugs	Pharmaceuticals Tender Board Ministry of Health	<ul style="list-style-type: none"> • Bribery (Pharmaceutical companies pay politicians and officials to approve their drugs) • Fraud (Falsification of expiry dates)
Procurement/contracting		
Procurement of equipment, construction and various contracts.	Politicians Suppliers of medical equipment Constructors Security/ Cleaning companies	<ul style="list-style-type: none"> • Disregarding tender procedures (Contracts given to 'friendly' companies without procedures) • Influence peddling (Tender procedures are flawed because of outside interference) • Collusion (Contractors for hospital security collude to obtain contract above market value and then share profits)

Due to resource constraints, the present study mainly focused on the malpractices in in-patient and out-patient treatment in government hospitals. Most of these malpractices involve minor payments and favors in return of preferential treatment. Rules and regulations are bypassed in order to get faster and better service. Grand corruption, for example in procurement of medical equipment or construction of hospitals, or in planning of health expenditures, is another form of corruption that could not be looked at in this study. Grand corruption can have a devastating economic effect in draining resources and diverting them from areas in need, or in purchasing unnecessary equipment; and it can even jeopardize patients' health for example if outdated or ill-suited drugs are bought.

Major Findings of the survey

General

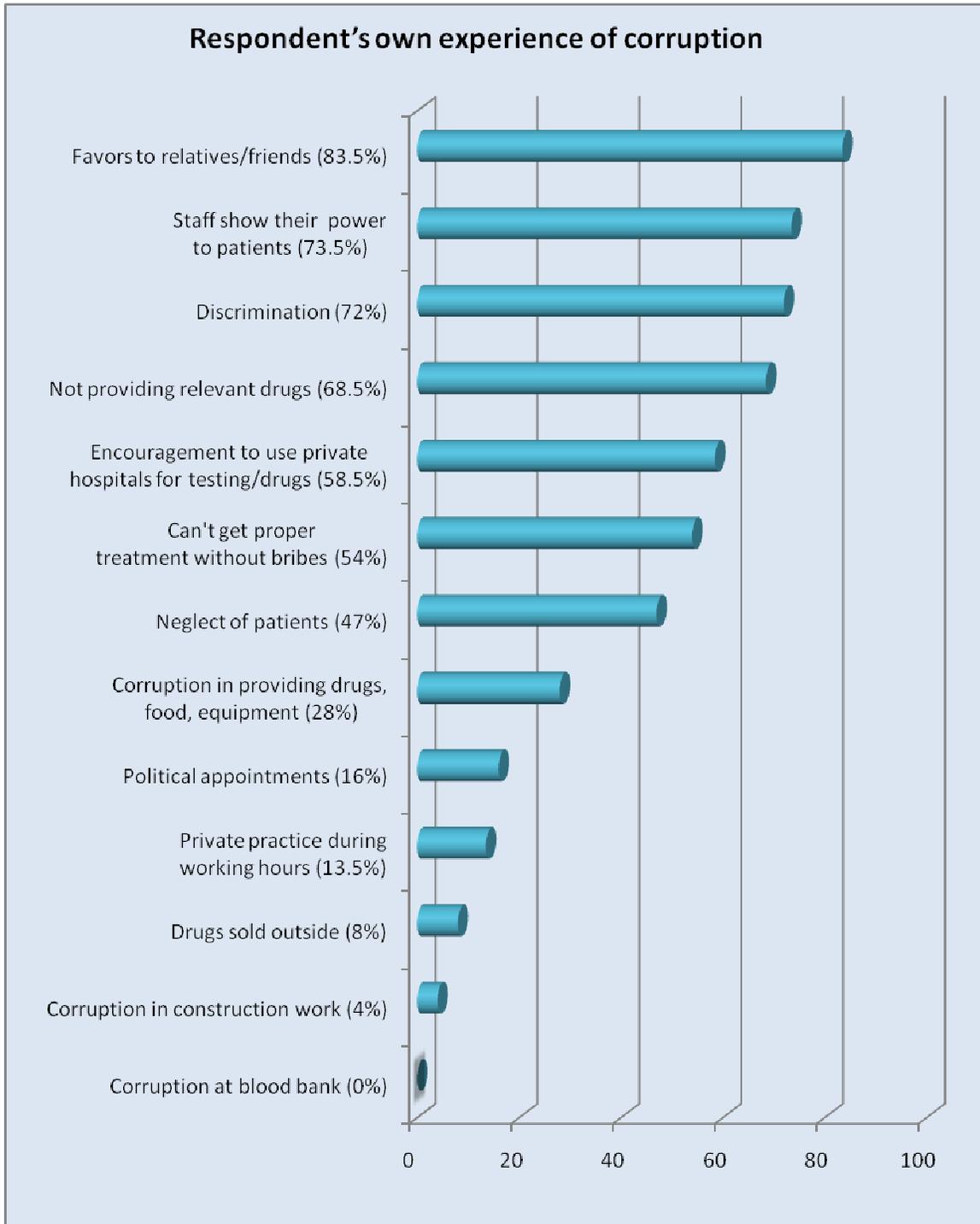
Overall the household interviews showed that the majority of respondents are satisfied with health care, mostly because of free access to facilities and because all facilities were available to them. 27% of respondents were not satisfied with services, mostly because of long queues, lack of kindness of the staff and shortage of prescribed medicines.

A large number of the respondents have experienced various types of malpractices at government hospitals. As shown in the table 2, a majority of the respondents have experienced drug shortages at government hospitals, negligence, discrimination and favors to relatives/friends and unequal power relations with hospital staff.

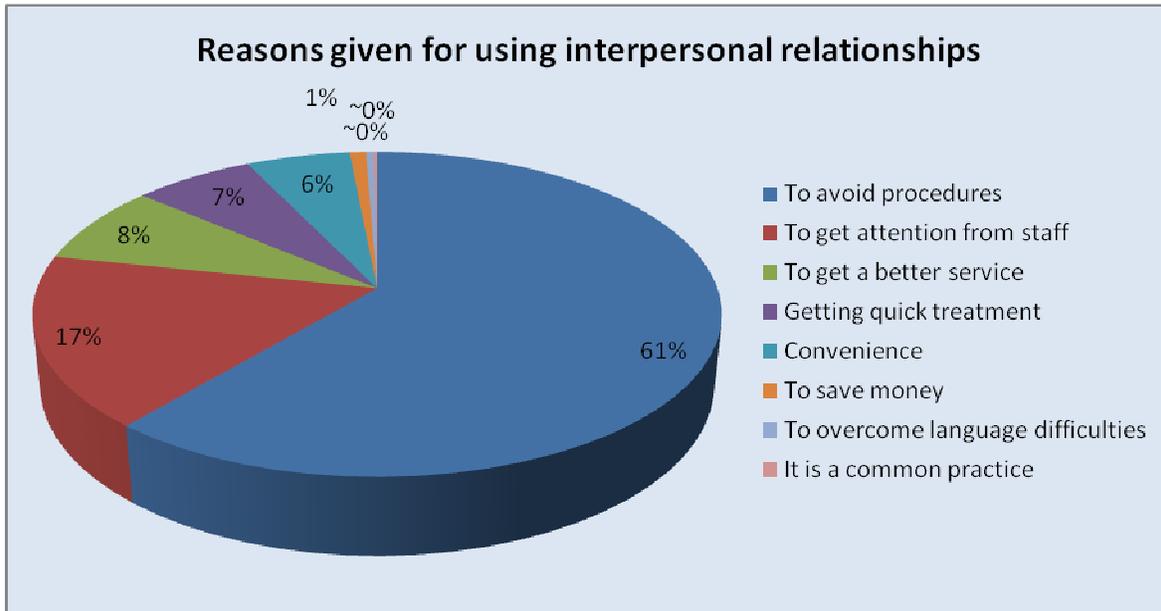
Overall, the survey showed that petty corruption apparently is widespread in government hospitals: An alarming 98.5% of respondents were of the view that personal connections are necessary to get a better service. Nepotism seemed to be the most frequent form of corruption, but bribery was also widespread as reported in the household survey

- 61.2% of respondents said they had used personal relationships with hospital staff to avoid formal procedures.
- 52.0% pointed that they have given money or gifts or hospital staff.

Graph 01



Graph 02



Multiple responses allowed

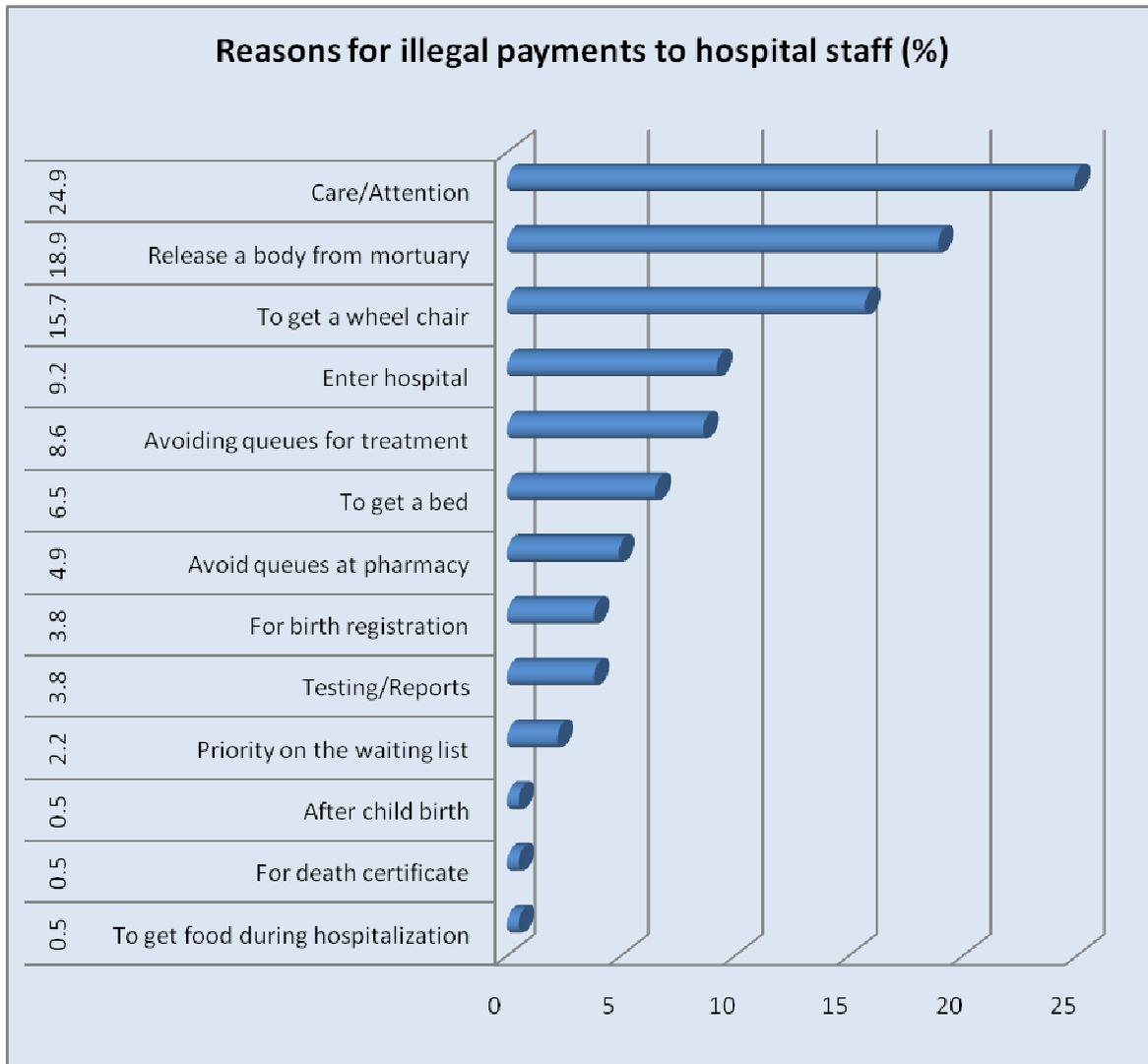
The majority of the respondents pointed out that they have used relationships especially with nurses when they utilized in-patient care services to get a bed, proper attention and care. Others mention that they have used these relationships to get attention from attendants when they were hospitalized. 6.6 percent pointed out that they have used these relationships as they needed urgent attention for the problem.

Key informant interviews with nurses and attendants also revealed that patients are better treated if they have personal connections with staff members of the hospital. As one of the nurses pointed out

".. Sometimes there are drug shortages in wards. If we know the patient personally somehow we try our best to find the required medication even from other wards. If our friends or relatives come and ask a favor we cannot refuse it"

Illegal Payments/Bribes

Graph 03



Multiple responses allowed

As shown in the above graph, 25 percent of incidents (47 incidents) are incidents where individuals have given money to attendants seeking care and attention. In 19 percent of incidents individuals had given money to laborers to release a body from the mortuary of the government hospital. As one of our key informant male nurses, who has 23 years of experience at the National Hospital pointed out:

“Some people come from distance places are not aware of the procedures of releasing a dead body from the mortuary. If there are any suspicious cases, those

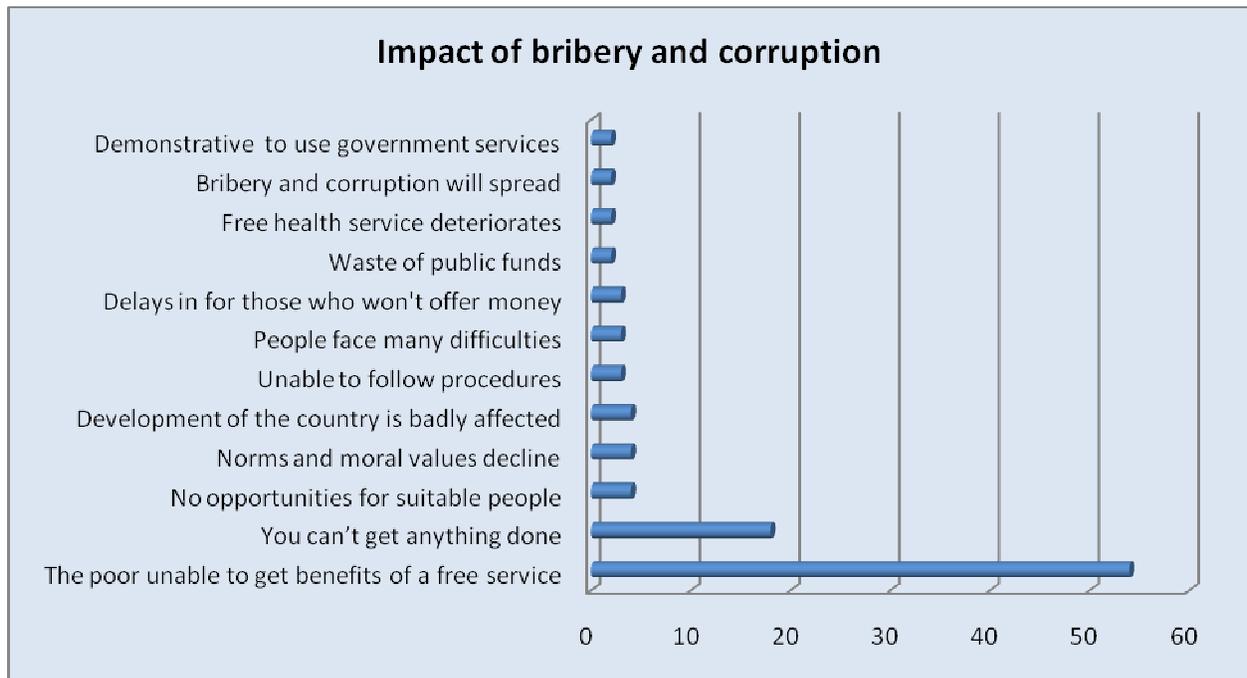
bodies will be sent to the police mortuary for further inquiries. Then the situation becomes worse and relatives find it difficult to follow the required procedures. The laborers who are working in the mortuary know the mentality of relatives at this movement and get involved with helping them. However, at the end they ask for money from people who get their help”.

Main actors involved in malpractices

The overwhelming majority of reported acts of bribery involves patients and minor workers. Of the total number of 185 acts of bribery reported, 179 involved a minor worker. The majority of payments (123) involved less than 100 Rupees, and only 9 cases involved more than 500 Rupees. While these findings seem to indicate a higher frequency of petty corruption with minor payments, it could also be a result of reluctance to report other cases of malpractice that may involve higher-level staff, especially doctors and nurses, and larger amounts of money.

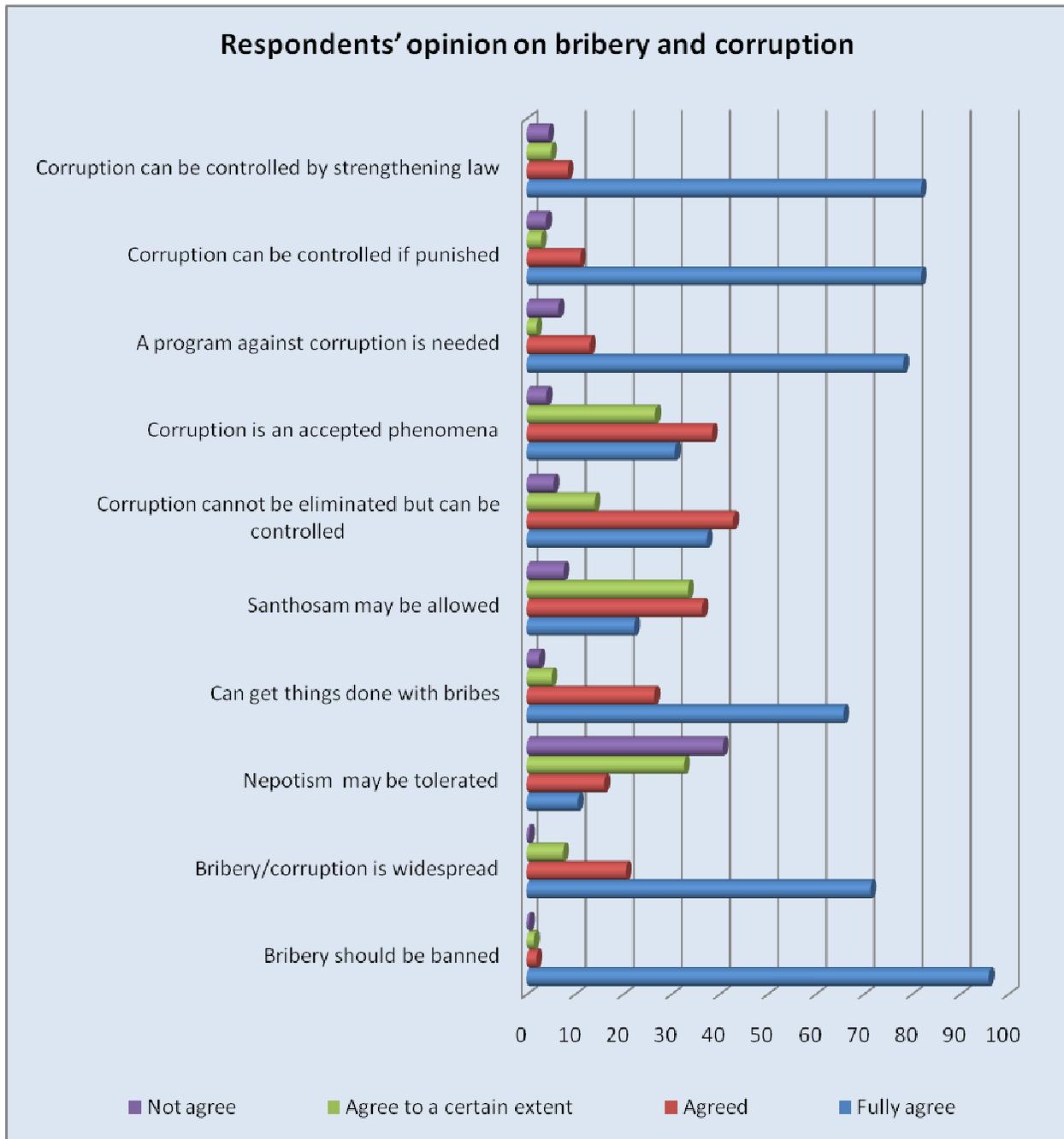
The Impact of Bribery and Corruption

Graph 04



All the respondents of this study have agreed that offering bribes creates a negative impact on society as a whole. As they have highlighted, both giving and accepting bribes have a negative impact on the health service. All the respondents in the household survey and all key informants emphasized the need to control bribery and corruption in order to protect the free health service.

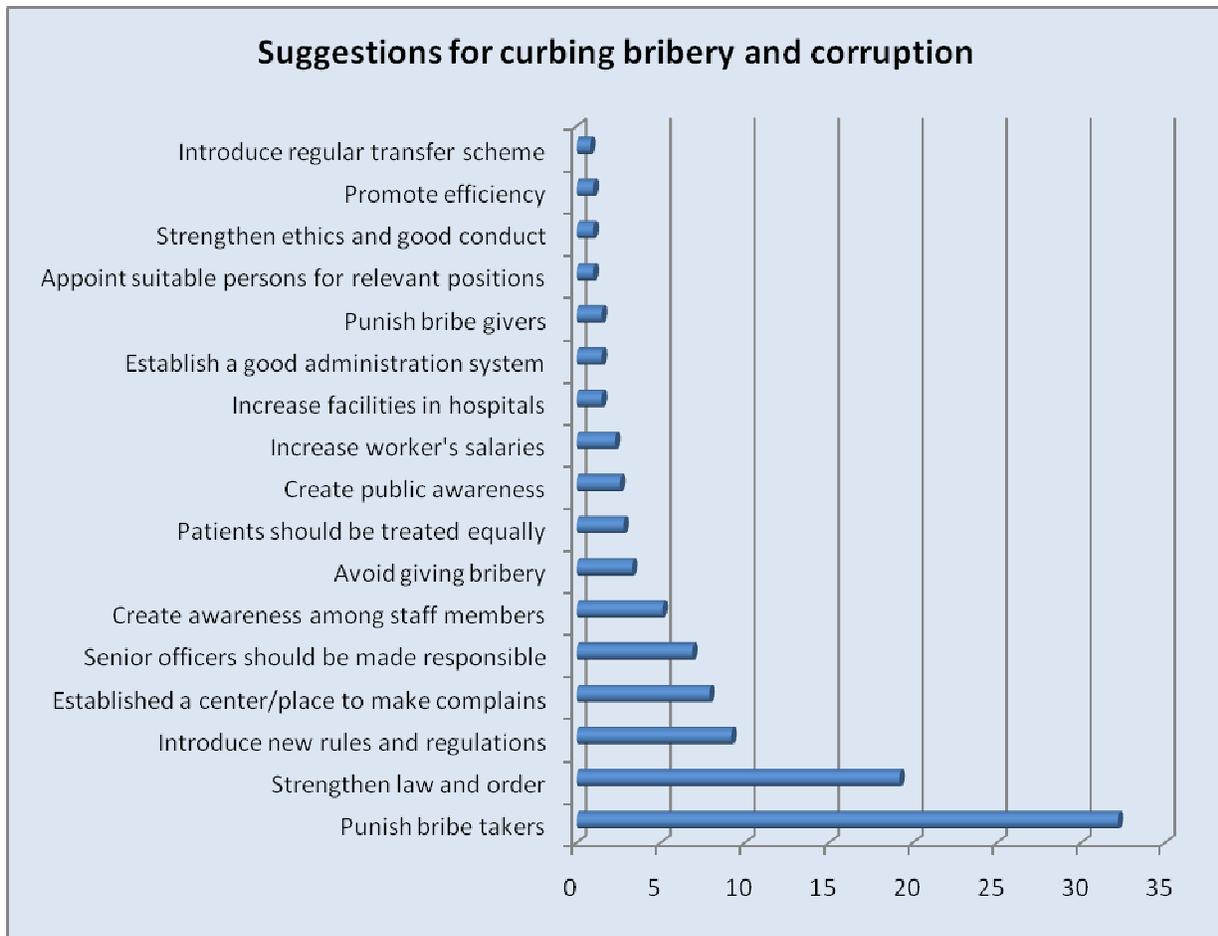
Graph 05



As shown in the graph, the majority of the respondents' view is that bribery helps to get things done, and that it is widespread. At the same time, the majority of respondents think that bribery should not be accepted.

Interestingly, while the respondents in general have a negative attitude towards corruption, many respondents have an indifferent attitude towards nepotism. Most respondents strongly feel the need to curb bribery and corruption. They are of the opinion that laws should be strengthened to address the issue. 82 percent of the respondents pointed out that they fully agree with the statements of "Corruption can be controlled if punished" and "Corruption can be controlled by strengthening law". 78 percent of respondents fully agreed with the statement "Program against corruption is needed".

Graph 06



Multiple responses allowed

As shown in the graph, a number of suggestions were made by respondents in order to curb bribery and corruption in government hospitals. Accordingly those who ask for or receive bribes should be punished and new rules and regulations should be introduced while strengthening available laws. It is also important to establish a location for the public to make complaints regarding bribery and corruption. Higher level officers should be responsible for maintaining the integrity in government hospitals. Awareness programs are needed for both users and providers of healthcare services.

Conclusion

This study has revealed that there is widespread petty corruption, bribery and nepotism in government hospitals in the Colombo District. The vast majority of the study population covered by this survey comes from the lower social strata of the society. Patients have to spend considerable time to get the services and are therefore motivated to give bribes for easy access.

Workers who come into direct contact with the patients misuse their position by encouraging patients to offer money for the service. As a result, patients often cannot access services that should be free of charge as they have to pay informal payments to personnel. While most of the incidents of corruption that were reported by respondents involved minor workers, it cannot be concluded that minor employees of the hospitals are more corrupt than other actors. It is possible that other incidents were not reported and key informant interviews revealed that the higher layer in the hospital management hierarchy may even be more corrupt than minor workers. "Small fish can be caught very easily but not the big ones".

Therefore, attention should be paid to controlling bribery and corruption at all levels. The in-depth interviews conducted with doctors, nurses, medical officers, administrators, leaders of trade unions, private practitioners and sales representatives of pharmaceutical companies have revealed many incidents that illustrate the forms and magnitude of bribery and corruption among high level officers of the health sector in Sri Lanka.

According to many respondents, the public-private mixed delivery system has a negative impact on doctor-patient interactions at the government hospitals. There are cases of negligence reported from government hospitals in recent years that indicate the importance of having

mechanisms to regulate the partnership between the public and the private sectors within the health system.

A strong community awareness program is needed as the public is not aware of their rights as patients. They rarely demand their rights and instead use bribery as a way of overcoming the obstacles they face in accessing healthcare services.

Further studies are needed to get a better understanding of corruption in the health sector. Relationship between political authorities, administrators, service providers (hospitals, clinics) and their staff, and the private sector need to be explored further.