

Areas of Corruption in the Health Sector in Jordan as Perceived by Local Community Representatives

Musa T. Ajlouni* Ashraf A'aqoulah Atef Al-Raoush
Faculty of Administrative and Financial Sciences, Philadelphia University, Amman, Jordan

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Abstract

Corruption is a multifaceted social, political, ethical and economic phenomenon that affects all countries. Despite that Jordan spends about 8% of its GDP on health; very little attention has been paid by researchers and policy makers to corruption and integrity in the health care delivery system. This study aims at identifying areas of corruption in the health sector in Jordan, factors that promote corrupt practices and policy directions to prevent and control them as perceived by local community representatives. The study adopted the qualitative approach utilizing the focus group method to collect data. A total of 36 convenient sample of local community representatives from the Middle, North and South Regions of Jordan participated in the study (12 from each region). A conceptual model which addresses the corrupt practices of the main actors: providers, patients, and suppliers, was used during. The findings of the three focus groups were put together by the investigators and analyzed by the principal investigator. The results showed that areas of corruption among providers were perceived mainly in requesting unneeded investigations and medical procedures, referring patients to certain providers in order to achieve financial gains (commission), prescribing expensive medicine and wasting working hours. Areas of corruption caused by patients were perceived in the confiscation of the health insurance cards, trying to get free care by under-reporting their income and deceiving insurers to obtain benefits. Causes of corruption and interventions to improve integrity in the health sector were also addressed by the participants.

Keywords: corruption, health sector, integrity, local community representatives.

1. Introduction

Jordan has one of the most modern healthcare infrastructures in the Middle East. The country's health system consists of two major sectors: public and private. The public sector has two sub-sectors that finance as well as deliver care: the Ministry of Health (MOH) and the Royal Medical Services. Other smaller semi-public providers include two university hospitals: the Jordan University Hospital in Amman and the King Abdullah Hospital in Irbid. The private sector includes 61 hospitals and many private clinics (Ajlouni 2011).

Corruption, as defined by the Transparency International, is “the abuse of entrusted power for private gain”. Corruption is a multifaceted social, political, ethical and economic phenomenon that affects all countries. Corruption slows economic development indicators and creates unstable political systems (Transparency International 2006).

In the health sector, corruption is defined by Nishtar (2007) as “actions of stakeholders within the health system mandated with governance and regulatory roles, or those that have a role in the delivery of services and/or providing input to the system, which are not legally provided for and which do or have the potential to do damage to the public or its interests”. Examples of corruption may include bribing regulators and medical professionals, exploitation of information on drug trials, the distraction of medicines and supplies, corruption in procurement, and the over-billing of insurance companies (Savedoff & Hussmann 2006; Vian 2007). An average of 5.59 percent of annual global health spending (about US\$ 4.7 trillion) is lost due to fraud (United Nations Development Program/UNDP 2011).

Despite that Jordan spends about 8% of its GDP on health (High Health Council 2012), very little attention has been paid by researchers and policy makers to corruption and integrity in the health care delivery system. Only a few studies about integrity and corruption in the health sector in Jordan exist. The World Health Organization/WHO (2009) and Hamra et al. (2007) studied integrity and corruption in pharmaceutical services. The two studies revealed that the areas of medicine distribution and procurement are minimally vulnerable to corruption; medicines registration and selection are marginally vulnerable to corruption; medicine inspection is moderately vulnerable to corruption; while medicine promotion is extremely vulnerable to corruption. A recent study by Ajlouni (2017) about integrity and corruption in the health sector in Jordan as perceived by leaders of nongovernment health organizations, revealed many aspects of corruption in the health sector related to organizers, providers, suppliers, payers, and patients.

This study is designed to achieve the following objectives:

- 1) Identify areas of corruption in the health sector in Jordan as perceived by local community representatives.
- 2) Explore factors or circumstances that promote corruption practices in the health sector in Jordan.
- 3) Suggest interventions that promote integrity and prevent corruption in the health sector in Jordan.

2. Methodology and Tools

The study utilized the conceptual model for corruption in the health sector (Figure 1) which was developed by Savedoff and Hussmann (2006) and has been used in most recent studies about corruption in the health sector. The model identifies major actors of the health sector who could be involved in corruption practices: government regulators (health ministries, parliaments, specialized commissions); payers (social security institutions, government office, private insurers); providers (hospitals, doctors, pharmacists); consumers (patients); and suppliers (medical equipment and pharmaceutical companies). It also indicates the most common corruption practices for each sector as revealed from reported research. For the purpose of this study, three major actors were only selected (providers, patients, and suppliers).

The study adopted the qualitative approach. A total of 36 convenient sample of local community representatives from Amman city (Middle Region), Irbid city (North Region) and Ma'an city (South Region) agreed to participate in the study (12 participants from each region). Participants were presenting users of health services, health associations, and non-governmental organizations (NGOs). Three focus group meetings, one for each region, were conducted to collect data.

A comprehensive tool based on the study conceptual model was developed (Annex 1) to serve the study objectives and to manage and facilitate sessions through focus group discussions (FGDs). These sessions were managed by a trained moderator who directed and facilitated the discussions among the participants according to the discussion themes as stated in the study tool. FGDs dialogue was written directly by a note-taker who was present in each session; in addition, a tape recording was used to ensure full dialogue. A written consent for participation and a tape recording of the discussions was signed by each participant prior to conducting the focus group sessions.

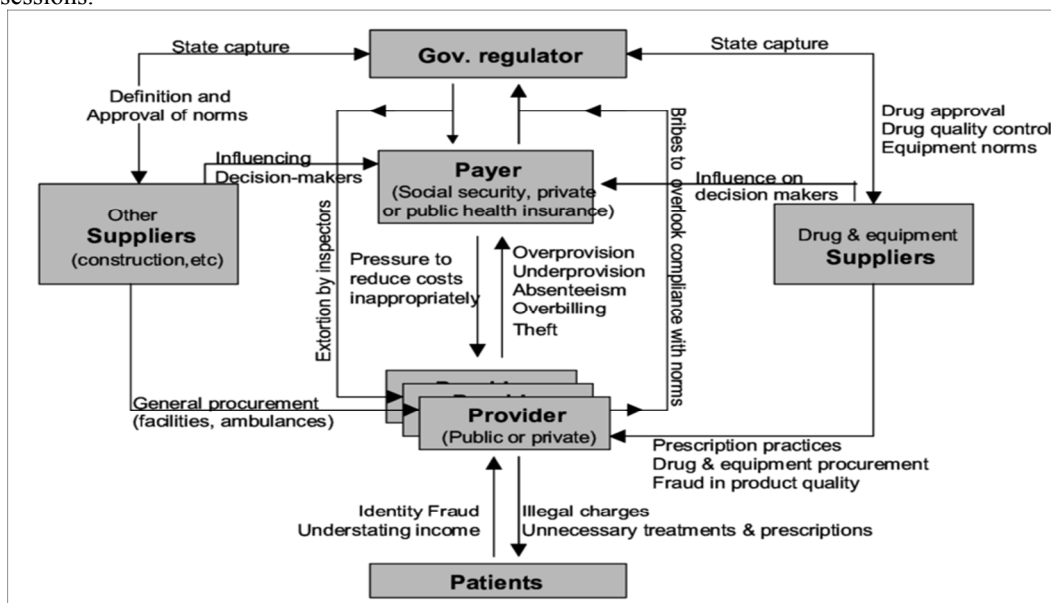


Figure 1. Conceptual Model for Corruption in the Health Sector

Source: Savedoff & Hussmann, Five Key Actors in the Health System, source: Chapter 1, the causes of corruption in the health sector, in Transparency International (Ed.), Global Corruption Report 2006

3. Results

3.1 Characteristics of the Participants

As indicated in table 1 below, the majority of the participants were females, under 40 years of age, and university graduates (61%, 78%, and 55% respectively). Half of the participants were representing local NGOs, 33% were frequent users of health care facilities and 17% were representing local professional organizations.

Table 1. Characteristics of the Participants in the Three Local Focus Group Meetings (N=36)

Variables	No	%
Gender:		
Male	14	39 %
Female	22	61 %
Total	36	100
Age:		
18-29 years	18	50 %
30-39 years	10	28 %
40-49 years	6	17 %
50> years	2	5 %
Total	36	100
Education:		
Less than Secondary School	10	28 %
Secondary School or Diploma	6	17 %
Bachelor	14	38 %
MA	4	11%
PhD	2	6 %
Total	36	100
Affiliation:		
Frequent users of health care facilities	12	33 %
NGOs	18	50 %
Professional Associations	6	17 %
Total	36	100

3.2 Areas of Corruption as Perceived by Local Community Representatives

3.2.1 Areas of Corruption Related to Health Care Providers

3.2.1.1 The extent that health care providers in private sector exaggerate in requesting lab and x-ray investigations for patients or perform unneeded medical procedures or prescribe high-cost drugs for greater financial gains.

Most of the participants from the three groups asserted that doctors in the private sector usually exaggerate in requesting medical procedures and tests; they also prescribe expensive medicine. According to the participants, doctors do that for financial gains (many participants called them merchants).

The participants also mentioned the issue of duplicating medical investigations and tests (lab tests, X-ray) when consulting other physicians (either in the private or the public health sector). About half of the participants reported that private health care providers usually advise patients not to trust the lab tests or medical procedures performed in the public sector or in centers not recommended by them. Some participants stressed that citizens are about to lose confidence in the health sector in Jordan (private and public) due to such practices.

"My private doctor asked me to redo the x-ray in another radiology center. Private hospitals focus on financial gains, I am sure that some of the X- ray and lab investigations ordered during my hospital stay last year were not needed; maybe they just intend to do business for lab and x-ray departments." (Female, 39 years, Ph.D., director of development programs, Amman city).

"Private doctors usually request extra unneeded tests and investigations; especially if patients have medical insurance." (Male, 56 years, bachelor, retired teacher and currently a principal of a kindergarten/frequent user of health care facilities (FUHF), Ma'an city)

3.2.1.2 The extent of Referring patients by health care providers in the private sector to a certain pharmacy, laboratory, x-ray center or physician for financial gain

Most participants elaborated the issue of referring patients to private physicians to a certain pharmacy, laboratory, x-rays, physician or hospital in order to achieve financial gains or back payments.

Participants discussed the issue of the financial burden that falls upon patients as a result of this practice. Some participants confirmed that private physicians describe specific expensive medicines despite the availability of less expensive local alternatives.

"Many private doctors write specific foreign expensive medicines and require them from a certain pharmacy; regarding investigations, they ask patients to go to a certain lab and X-Ray centers. They may have an agreement with these centers and receive back a specific percentage of the fees as a commission." (Female, 27 years, diploma, juvenile justice program coordinator, Amman city)

"According to a specific agreement between doctors and private labs and pharmacies; doctors usually tell you that this lab is the most accurate lab in the city and medicine can only be found in this certain

pharmacy." (Female, 44 years, high diploma, director of a gym, Ma'an city)

"Most of the time private doctors refuse tests from the public sector; my doctor referred me to a certain lab in the private sector to redo a test because he did not trust the investigations done in a public hospital." (Female, 34 years, high school, housewife/ FUHF, Irbid city)

"If a doctor prescribes medicine for my child, which costs 80 JD and the price of the local alternative is only 20 JD, because of my ignorance and fear over my son I'm willing to buy it even if it costs 100 or 200 JD." (Male, 30 years, a teacher in the ministry of education/ FUHF, Amman city)

3.2.1.3 The extent of perceiving MOH staff as having a tendency to be less productive (provide less care, come late to work, and leave work early or failure to provide care to clients in the appropriate way, or provide less care than required or lower quality).

Participants stated that health care providers in the public health sector waste a lot of daily working hours and they do not respect patients' needs and time. This contributes to overcrowding and depriving patients of enough time for proper diagnosis and treatment.

Many participants also agreed that health care providers in public sector don't provide health care services properly. Most participants attributed the failure of the staff in providing proper health care in this sector to the psychological and work pressure exerted on them due to a large number of patients attending hospitals and health centers every day and lack of proper training.

Participants also mentioned the issue of assaulting medical staff in the public health sector by citizens and attributed to patients' improper treatment and work overload. All participants also raised the issue of favoritism and nepotism in all procedures of providing services in the public health sector (providing good quality service, providing medicine, waiting time and etc.).

"Physicians and nurses in public hospitals don't communicate properly with patients; they do not know that patients need care more than cure (at least a smile); if you are a friend or relative you can change your turn from 100 to 1; public sector has lenient control and punishment levels." (Female, 28 years, bachelor, volunteer, in Princess Basma Development Center, Ma'an city)

"The rate of assaults on nurses and doctors has increased recently. What do you expect from a person who is escorting a family member to a hospital in a bad condition while the doctor or the nurse are careless and inform him that all beds are occupied and ask him to find an unoccupied bed in another hospital. Favoritism is not an unusual practice to get a bed or medicine in public hospitals." (Female, 24 years, bachelor, coordinator, NGO, Amman city)

"A doctor in the public sector changes his behavior completely when he quits and opens his own private clinic. He considers himself work for free in the public sector, while in his private clinic, every patient counts and should be satisfied". (Female, 44 years, high diploma, NGO /FUHF, Irbid city)

3.2.1.4 The extent of stealing drugs or supplies from public hospitals and health centers

Most participants reported that some employees in governmental hospitals steal medicines and medical supplies. Participants stated that some workers in the public sector steal medicine and sell them to pharmacies in the private sector. Those who steal medicine and supplies don't consider that as wrong practice, but as doing a favor for friends and relatives. Participants pointed out that as long as employees steal to serve friends and relatives and not for financial gain, this is socially accepted.

Participants pointed out that fraud also is practiced in the private health sector. Healthcare providers may provide patients with fake bills and prescriptions to exploit insurance companies and get paid for not delivered services.

"I saw a hospital janitor giving a person a bag of medicine and medical consumables, which seem to be stolen from the hospital." (Female, 24 years, bachelor, volunteer, Ma'an city)

"Many of public hospital workers have a stock of medicines and medical supplies in their homes; they share them with neighbors and relatives. This is corruption; this leads to a shortage of medicines and supplies in public hospitals." (Female, 39 years, Ph.D., director of development programs, Amman city)

"You need to restructure the way society thinks because if hospital employees don't agree to give their friends or relatives the stolen supplies, they will not forgive them. Workers believe that while they are working for the government it is their right to take these supplies." (Female, 29 years, bachelor, employee, NGO Amman city)

"I know that some people who have insurance in a private sector sell their insurance forms to doctors, and doctors write on them the medication they need and collect their costs from the insurance company; this is fraud and theft." (Male, 24 years, MA, trainers, Irbid city).

3.2.1.5 The extent of taking bribes from patients for services which are supposed to be free.

Most participants did not believe that health sector employees deal or accept bribes. While others told stories about employee bribery in the health sector for certain services. Some participants said that bribery happens more with junior staff.

"Here in Jordan we just have favoritism and tribalism, but not bribes" (male, 20 years, a bachelor student, youth organization, Irbid city)

"Sure, there are indirect bribes, not necessarily money, as gifts for some doctors or inviting them for dinner." (Female, 28 years, a Ph.D. student, project coordinator, NGO, Amman city)

3.2.2 Areas of Corruption Related to Patients

3.2.2.1 The extent patients may misrepresent their enrollment in an insurance plan by using the insurance cards of friends or family members.

All participants stated that some people use health insurance cards of relatives or friends or neighbors because they are not covered by health insurance. Sometimes insured people may use insurance cards for beneficiaries from other insurance programs to access the medical services of other sectors (usually military insurance) because of a better quality of services provided there.

Some participants indicated that this phenomenon (confiscation of the health insurance card) is not as common as before because of the improvement in the monitoring and auditing system (picture on the card, computing, strict penalties).

"People like to help each other; we can't say that it's a negative thing. I have a relative who is a nurse, she works in a health center registration, I told her to help any patient with no insurance card by using my kids' insurance number. Anyway, we are paying for this insurance, we like to help and that's not bad." (Female, 43 years, diploma, institution manager FUHF /, Ma'an city)

"There is strict control of health insurance now; the user will pay double the cost of treatment if they discover that the health insurance card was misused." (Male, 25 years, bachelor, teacher in ministry of education, Irbid city)

"It occurs more in the private sector, once I used my sister in-law insurance; I even confessed that the insurance was not for me, the doctor said no problem, and wrote me a prescription." (Female, 29 years, bachelor, NGO employee, Amman city)

3.2.2.2 The extent that patients may bribe or deceive a doctor to obtain benefits for non-health issues, such as a health certificate to obtain a driver's license, to avoid military service or to obtain disability payments.

When discussing this theme with the participants it was emphasized that favoritism and nepotism, not bribery play a larger role in issuing access to certain exemptions or benefits relating to disability of the beneficiary. Some participants said that some members are deceiving health boards by bringing fake health reports to obtain disability payment or get tax exemptions or free health insurance.

Many participants declared that people may try to get free or subsidized health care by under-reporting their personal or family income, especially those who are not registered with the income tax department.

"I know a friend who took one-month sick leave while he wasn't really sick, but after that, he had a stroke in his leg, and now he wouldn't do it again." (Female, 37 years, high school, cosmetic trainer, Princess Basma Center, Ma'an city)

"It happened with me, a friend of the family who is a member of the government medical board brought a disability certificate for my mother, without even examining her." (Female, 57 years, high school, housewife/FUHF, Amman city)

"During my work at the King Abdullah hospital as a data entry, some wealthy people whom I know got official approvals for free treatments, and others got fake health certificates in order to have monthly aid from the Social Development Ministry." (Female, 28 years, diploma, Nursing Association, Irbid city)

"Some people bring a certificate from the Local Community Leader (Mukhtar) to prove that they are poor and get free medical treatments." (Male, 60 years, MA, retired teacher, Irbid city)

3.2.3 Areas of Corruption Related to Suppliers

3.2.3.1 The extent that pharmaceutical companies pay incentives to doctors encourage the use of their product such as distributing free samples, gifts, sponsored trips or training courses.

The majority of participants reported physicians often receive gifts and incentives from pharmaceutical companies for prescribing the company medication for their patients even if the company medication is more expensive. Most participants stated that the pharmaceutical companies and their representatives always work hard to convince service providers to use their products, even if the prices are more expensive and don't match patient's financial status and even if alternative medicines have same efficacy and lower cost.

"There was an expensive facial treatment which has a high-cost JOD 70 – 80, in spite of the commercial promotion, it was not sold, so they looked for a famous dermatologist, they offered her free abroad recreation trips to prescribe this treatment." (Male, 31 years, bachelor, NGO/FUHF, Irbid city)

"I know many doctors who travel with their wives once or more every year to attend conferences or workshops that are financially covered by international pharmaceutical companies. Of course, this is not for free; this is because those doctors prescribe the medicines of these companies for their patients. Private pharmacists also take commissions for what they sell." (Female, 22 years, bachelor, social worker, Amman city).

3.2.3.2 The extent that pharmaceutical companies bribe regulators or decision-makers for the approval of or accelerating their applications (such as obtaining licenses).

Some participants said that sometimes official committees responsible for bidding are bribed by pharmaceutical

companies for accepting their technical and financial bids even if their bids do not comply with required technical specifications. Many of the participants reported that these abuses occur with the help of senior officials in governmental institutions. Some participants reported that in some cases, senior officials are bribed to pass this corrupt bidding. Participants raised the issue of lacking accountability for senior officials even in the case of suspecting their involvement in corruption and the lack of independent oversight committee to monitor procurement procedures.

"Surely bribery is sometimes practiced; the supplier may bribe the chairman of the committee or one of the members to accept his offer, although it does not comply with the required technical specifications." It is not easy for auditing authorities to uncover such corruption." (Female, 44 years, high diploma, NGO /FUHF, Ma'an city)

"Procurement committees or officers sometimes exaggerate or over demand specific supplies in order to achieve financial gain or commission from suppliers; in some governmental hospitals you may find many devices which have been left unused since the establishment of the hospital." (Male, 25 years, MA, Pharmacists Association, Irbid city).

3.3 The reasons that cause corruption in the health sector from the participants' perception

At the end of each focus group session, participants were asked about the causes that lead to corruption in the health sector in Jordan. Below are the reasons mentioned by focus group participants as indicate in some of their quotations below:

- Social and official leniency with nepotism and favoritism.
- Low influence of religious faith and occupational ethics among some health care providers in public and private sectors. Giving priority to financial benefits at the expense of the public and patients' interests.
- Financial needs due to low wages for many workers in the public and private health sector.
- Community culture and beliefs that do not criminalize some corrupted practices of employees as using public supplies and utilities to achieve personal benefits.
- Non-activation of the medical accountability law draft.
- Lack of awareness and education programs designed to educate community members on the subject of integrity, including the definition of rights and responsibilities and code of ethics.
- Lack of effective monitoring and evaluation mechanisms based on international standards.
- Shortage of comprehensive legislation that criminalizes all kinds of corruptions.

"Accepting nepotism (Wasta) as a normal social practice is the most important reason for the lack of integrity." (Female, 34 years old, Diploma, teacher in private school /FUHF, Ma'an city)

"Lack of integrity among employees in the public health sector is mainly due to their difficult financial circumstances; their salaries are lower than living expenses." (Female, 39 years old, Ph.D., director of development programs in NGO, Amman city)

"The first and main reason is a lack of accountability for corrupt practices." (Male, 60 years old, MA, retired teacher/ FUHF, Irbid city).

"The main reason is the lack of ethics, providers sometimes give priority to financial gains, not to patient needs; the second reason is a lack of accountability, and the third reason is community culture." (Male, 29 years old, MA, Teachers Association, Ma'an city)

Policy directions and interventions to promote integrity and prevent corruption in the health sector in Jordan as suggested by the participants

The participants' as reflected in the quotations below, suggested the following interventions and policy directions to be followed by health policy makers to promote integrity and fight corruption in the healthcare sector in Jordan:

- Approve and practice medical accountability law.
- Improve working conditions and wages especially for public sector employees
- Promote a culture of integrity.
- Criminalize nepotism and favoritism.
- Punish corrupts.
- Establish community awareness programs and public complaint channels
- Enhance effective monitoring and evaluation mechanisms based on international standards.

"We do not know how or where to complain, establishing official electronic gates for public complaints is highly recommended. " (Male, 25 years, MA, teacher, Irbid city).

"Public awareness programs are very important to educate patients and relatives about their rights and obligations of health care providers." (Female, 34 years old, Diploma, Teachers Association, Ma'an city)

"Media should have a more active role in fighting corruption in the health sector." (Female, 28 years old, BA, volunteers at Princess Basma Development Center, Amman).

"Nepotism and favoritism should be legally and socially criminalized, otherwise corruption will be living with us forever." (Female, 22 years old, BA, social worker/NGO, Amman city)

"The government should improve the working conditions and salaries of doctors, nurses and other employees; this will increase the integrity and decrease the motive to corruption and bribery." (Male, 30 years old, BA, Dentistry Association, Ma'an city).

"Hospitals, doctors and other providers should be properly monitored and controlled. Also, they should be punished for the corrupt practices." (Female, 35 years old, BA, NGO volunteer, Irbid city)

4. Discussion

As indicated in the result section above, most participants considered that some corrupt practices are very common in the health sector in Jordan and widely practiced as requesting unneeded investigations and medical procedures, referring patients to certain providers in order to achieve financial gains (commission), wasting working hours, favoritism and nepotism. While other corrupt practices are not widely practiced as stealing medicine and supplies, misrepresenting patients' enrollment in insurance plans and bribery.

According to Transparency International's 2015 Corruption Perceptions Index, Jordan scored 53 on a scale of 100 in integrity with a rank of 45 /168. Compared to Arab countries, Jordan ranked fourth in integrity after Qatar, the United Arab Emirates and Bahrain as reported in this index. Ajjlouni et al.(2015) in a study about home health care (HHC) services in Jordan , reported some areas of corruption that are practiced by providers similar to those perceived by the participants of the existing study as hiring of unqualified workers to save money, commission and "split fees", enticing and luring clients, providing unnecessary services, etc. It was also found that most HHC agencies are mainly driven by profit making, providing situation – oriented services, and are not well prepared to provide comprehensive home services within a systematic approach to care.

The High Health Council (2012) in its Technical Report No.3 about Jordan National Health Accounts supported the findings of this study related to the providers prescribing behavior of expensive medicine. The Report stated that the high level of expenditures on pharmaceuticals in Jordan (about 27% of the total expenditure on health) is primarily the result of the private sector behavior that tends to maximize financial gains at the expense of the public interest.

Favoritism and nepotism, which are perceived by the participants of this study as common areas of corruption, are also reported in most of the international reports about integrity in Jordan. For example, the Business Anti-Corruption Portal: Jordan Country Profile (2015) stated that corruption in Jordan is manifested mainly in favoritism, nepotism or paying off (bribing). Favoritism and nepotism, as in the use of influence or personal and business relations to get favors such as jobs or access to goods and services, are covered by a particular concept known in Jordan as **Wasta** ('mediation').

According to a 2006 survey by the Centre for Strategic Studies of the University of Jordan, 46% of the respondents (the general public and opinion leaders, including business people, journalists, politicians, political party leaders, and academics) believed that corruption increased over the previous few years, 65% of the respondents believed that corruption exists in the public sector/government, and 52% believed that corruption exists in the private sector. 75% believed that corrupt practices exist in the public sector, and 64% believed it to exist in the private sector.

Absenteeism of the public sector staff as perceived by the participants of this study as one of the corrupt practices is widely practiced in developing countries. In Argentina, it was found that absenteeism was the most common form of corruption among doctors and nurses in public hospitals. A survey in Costa Rica found that more than two-thirds of doctors and nurses indicated high levels of absenteeism in their hospitals (UNDP 2011).

Stealing medicines and supplies by employees as reported by the participants is also common globally mainly in developing countries. In Venezuela, approximately two-thirds of hospital personnel surveyed were aware of the theft of medical supplies and medications. Similarly, in Costa Rica, 71 percent of doctors and 83 percent of nurses reported that equipment or materials had been stolen in their hospitals. One study in Uganda found that the resale of drugs represented the greatest single source of income for health care personnel (UNDP 2011). However, the participants mentioned that the main motive of stealing medicine and supplies in Jordan is not for making money, rather it is for doing a favor for friends and relatives especially who are poor and not insured.

Contrary to what practiced in many developing countries, most participants in this study did not believe that health sector employees in Jordan deal or accept direct bribes or informal payments. The Annual Report 2006 of Transparency International (2006) illustrates numerous instances of corruption from developing countries in different dimensions in the health care sector. A section on informal payment in health sector indicates that 84% of total health expenditure in Georgia can be attributed to informal payments constituting half of the total out-of-pocket expenditure. Similar practices exist in countries like Russian Federation, Poland, Tajikistan, and Albania.

The corruption practiced by patients was seen by the participants as less frequent than corruption

practiced by healthcare providers and suppliers and was manifested mainly by using counterfeit insurance cards to gain access to free public care. This may be attributed to the fact that patients are fragile, weak and powerless compared to other stakeholders. It is reported that in many health systems, patients try to get free or subsidized care by under-reporting their personal or family income. In other systems, patients misrepresent their enrollment in an insurance plan by using the insurance cards of family members or friends. This has been documented in Canada, where the province of Ontario detected numerous people using counterfeit insurance cards to gain access to free public care. A patient may bribe a doctor to obtain benefits for non-health issues, such as a health certificate to obtain a driver's license, to avoid military service or to obtain disability payments (UNDP 2011).

Regarding the areas of corruption related to suppliers, the majority of participants reported that physicians often receive gifts and incentives from pharmaceutical companies for prescribing the company medication for their patients. This is a common practice in many countries. It was reported by the Guardian newspaper on 3 July 2012 that pharmaceutical group GlaxoSmithKline has been fined \$3bn after admitting bribing doctors and encouraging the prescription of unsuitable antidepressants to children.

Savedoff, William & Hussmann, Karen (2006) reported that pharmaceutical companies and medical equipment suppliers have privileged information about their own products that enable them to corrupt and deceive the health care system. They can short-change deliveries and bribe procurement officers to authorize higher prices even when cheaper, equally effective alternatives are available. In the mid-1990s, Germany investigated 450 hospitals and more than 2,700 doctors on suspicion of taking bribes from manufacturers of heart valves, life support equipment, cardiac pacemakers and hip joints. Suppliers can bribe regulatory agencies to develop policies in their favor. For example, pharmaceutical companies may influence governments to hinder competition from generic drug manufacturers, or equipment producers may try to change regulations or requirements so that facilities will be required to purchase their products.

5. Conclusion

Corruption is a public health issue that will not disappear by itself, nor can it be ignored. Decision makers in Jordan should admit that the health care system in Jordan, as the case in other countries, has many areas of corruption that may vary in prevalence rates and impact. They should also recognize that it is possible to confront corruption by changing the environment and conditions that allow it to happen. Combating corruption in the health sector is essential for achieving more equitable, accessible and quality health services to all Jordanians. The causes of corruption as perceived by the study participants and the proposed interventions should be taken into considerations by health policy makers to tackle and control corruption in the health sector in Jordan.

This study was confined to local community representatives; more comprehensive studies about corruption in the health sector in Jordan that reflect the perceptions of other stakeholders (i.e. organizers, providers, patients, suppliers, and payers) are urgently needed.

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Annex 1: Integrity Assessment in the Health Sector
Local Community Perception about Corruption in the Health Sector:
Focus Group Agenda

Region/Governorate.....

Date:

Time:

Facilitators:

Participants (the attached annexes about participants should be completed by the facilitators).

1. Introduction:

A focus group is a *qualitative* research method, used for gaining insight into participants’ perceptions about specific issues or services. A typical focus group consists of a facilitated group discussion, led by the focus group interviewer (facilitator), and based upon a series of open-ended questions. The ten to 12 group members (participants) are encouraged to engage in an informal discussion of two to three hours. The facilitator moderates the dialogue, according to a carefully designed plan, to ensure that no one or more participants’ views dominates the discussion. The facilitator must possess excellent communication skills, as well as an ability to facilitate dialogue among group members. The opinions and views of the group must be summarized in a coherent and practical way.

2. Objectives of the Tool:

- To determine the extent to which local community (LC) perceive and think about corruption in health.
- To discuss real stories, if any, related to corruption.
- To identify areas of corruption that cause most concern to LC.
- To obtain their opinions on major causes of corruption, as identified by the LC representatives.

3. Description of the Tool:

This Tool explores the following main dimensions of corruption in health as perceived by the local community

and related to:

- **Regulators (ministries of health, parliaments, supervisory commissions)**
- **Payers/Financers (Public and Private)**
- **Health care providers (hospitals, doctors, nurses, pharmacists)**
- **Suppliers**
- **Patients**

4. Participants:

The ideal number for each focus group is 10-12 participants represent the following entities:

- Frequent users of the health center (mothers, patients)
- Local community leaders
- NGOs
- Religious leaders
- Professional associations and labor unions

5. Facilities and logistics

- A seminar room with mobile tables for sub-groups discussions
- Data show projector
- PC computer or lab top
- 3flip paper charts
- Recorder
- Coffee breaks and lunch services

6. Program

- 1) The facilitator welcomes the participants, introduces himself to them and asks everyone to introduce him/herself to the group.
- 2) The facilitator gives a 10 minute PowerPoint presentation about the importance of community involvement in assessment of integrity in the health sector, objectives and agenda of the meeting and methodology of discussions.

3) **Session one:**

The participants are asked to give their feedback and opinion about corruption topics related to the following:

- **Health care providers (hospitals, doctors, nurses, pharmacists)**
 - The extent that private providers provide un-needed services (admission, operation, procedure, test) more costly services or drugs for financial gains.
 - The extent that private providers may refer patients to specific pharmacy, lab, X-ray center, doctor, etc.. for financial gains.
 - The extent of perceiving MOH staff as having a tendency to be less productive, provide less care, come late to work, and leave work early.
 - The extent of stealing drugs or supplies from public hospitals and health centers.
 - The extent of taking bribes from patients for services which are supposed to be free.
- **Patients**
 - Patients may try to get free or subsidized care by under reporting their personal or family income.
 - The extent that patients may misrepresent their enrollment in an insurance plan by using the insurance cards of friends or family members.
 - The extent that patients may bribe or deceive a doctor to obtain benefits for non-health issues, such as a health certificate to obtain a driver's license, to avoid military service or to obtain disability payments.
- **Suppliers**
 - The extent that pharmaceutical companies pay incentives to doctors encourage the use of their product such as distributing free samples, gifts, sponsored trips or training courses.
 - Suppliers may bribe procurement officers to authorize low quality equipment or repackaged expired medications.
 - Suppliers can persuade providers to use their products at inflated prices, even when cheaper, equally effective alternatives are available.

4) **Session two:**

The participants are asked to report specific health corruption cases from their own experience or as reported by other friends or relatives (the participants are not supposed to name persons or facilities responsible for corruption).

5) **Session three:**

The participants are divided into three subgroups (4-5 persons), each group is asked to discuss the following questions, agree on answers and report back to the whole group:

- What are the main health corruption issues as perceived by the group members?
- What are the main causes of corruption?
- What are your suggestions to improve integrity in the health sector?