Challenges of anti-corruption research in LMICs: innovative approaches to research in Bangladesh

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BACKGROUND

Despite commitment to achieve universal health coverage, efforts remain fragmented and corruption is on rise in health sector of low and middle income countries; Bangladesh is no exception given the pluralistic and largely informal nature of the health system.

The Anti-Corruption Evidence research consortium (SOAS ACE) is a multi-country research programme funded by UK Aid, working with partners looking for ways to tackle corruption sector wise including health, is one of the first of its kind.

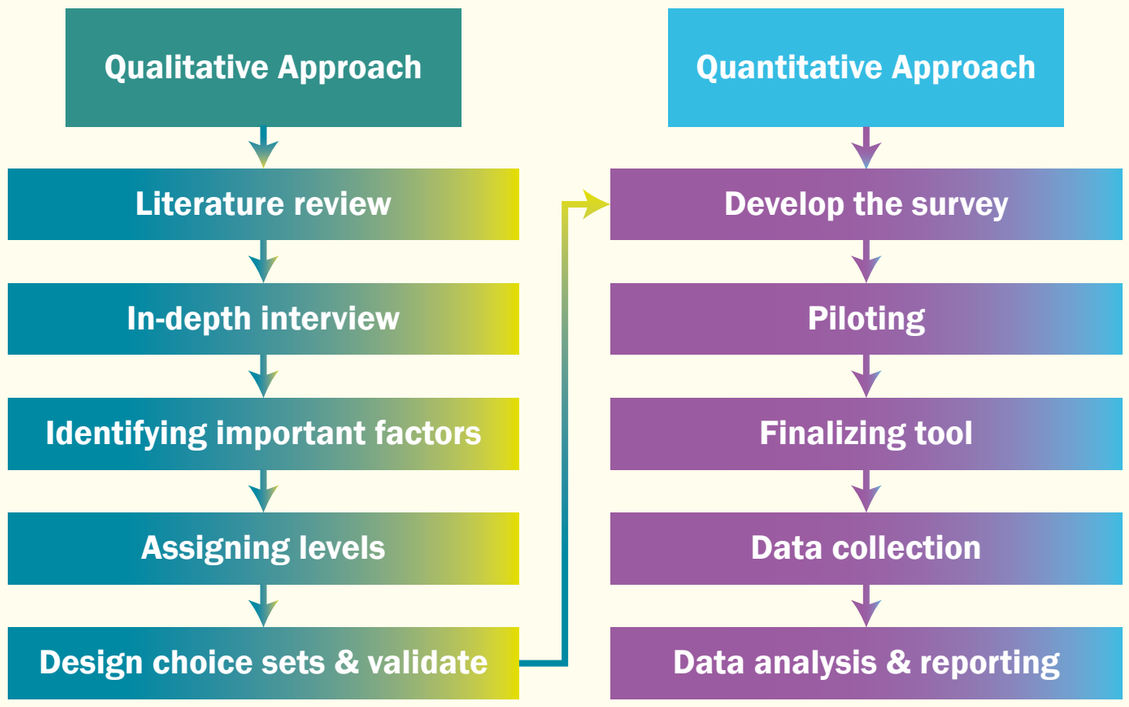
OBJECTIVES

ACE health research in Bangladesh aims to identify the forms and drivers of corruption among frontline healthcare providers, and explore the underlying determinants at systemic and individual levels that give rise to corrupt behaviours such as absenteeism. The research looks for feasible anti-corruption strategies that can be implemented incrementally.

METHODOLOGY

The research identifies the reasons behind specific rule-violations and investigates whether feasible changes in incentives, especially at local levels, can result in better outcomes because healthcare providers who deliver services will want to behave differently.

Key approaches/methodology



RESULTS

Unique challenges faced in each stage of conducting the anti-corruption research.

Research approach	Type of challenges faced	Mitigating the challenges
Literature review	• A lack of data on health sector corruption • Identifying corruption data • Distinguish between corruption and poor management	• Varied search terms used to identify corruption data • Support from international team to access databases
Conceptual understanding	• Corruption seen as contested terminology by the authorities • Understanding ACE feasible anti-corruption strategies • "Clash of cultures" of ethical action	• Framed as 'transparency, accountability & good governance' • Policy engagement by bringing key stakeholders onboard & ensuring their role
Qualitative study (in-depth interviews) & Quantitative study (Provider Survey)	• Delay/refusal in securing approval from authorities for data collection from public facilities due to sensitivities • Reluctance to discuss openly/response on incidences and characteristics of corruption; • Challenges in finding doctors willing and able to participate difficult in human resource strapped rural facilities • Challenges finding doctors who were or had been absent	• Sharing project concept note • Orient authorities on project objective through repeated visit and discussion • Assurance on data confidentiality & anonymity • Snowball sampling to improve trust and help to reach respondents • Exploring different approaches for data collection (individual/group) that are culturally and health systems-appropriate
Discrete Choice Experiment (DCE)	• Unfamiliar tool (being first ever DCE with doctors in the country) • Refusal/unwillingness of respondents to participate • Capturing data on preference	• Local adaptation of tools • Iterative cycles involving local and international teams • Convincing senior doctors to support research team

CONCLUSIONS/RECOMMENDATIONS

- **Research on corruption requires sensitivity as it may challenge the constraints of the system, power and hierarchies.**
- **Ownership by relevant powerful stakeholders is important to enable the development of feasible strategies.**
- **A deep understanding of the social, political and economic context is a pre-requisite for successful research.**
- **Local adaptation of tools and data collection approach considering context and culture is a must.**
- **Consider timeline and budget while planning corruption research as it requires dealing with formalities.**
- **Where ever possible use networks of trusted participants for understanding the issue at hand.**

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