



Detecting and Deterring Medication Theft: A Field Study in Health Clinics in Malawi

This project tests the effectiveness of two interventions designed to reduce medication theft – one aimed at informing clinic officials and one aimed at empowering citizen monitors.

Project Summary

The theft of medicines costs governments and donors billions of dollars annually. In Malawi, the government loses about 30 percent of the drugs and medical supplies it purchases to theft. Despite years of donor-funded, third-party distribution systems, a 2015 survey found that 35 percent of private clinics were selling donor-supplied anti-malarial drugs that had been donated for free use.



This evaluation tests the impact of different informational interventions on reducing drug theft, including providing information to clinic officials about a government tracking program to monitor drug supplies in each clinic and the penalties associated with stolen drugs; training communities to obtain information and monitor and report on drug delivery dates, drug availability, and clinic responsibilities; and a combination intervention.

Policy and Programming Implications

Once evidence from this study is provided regarding the relative and combined effectiveness of the top-down intervention among clinic personnel and the bottom-up intervention among citizens who frequent the clinics, the Government of Malawi may decide to shift their efforts to focus on one or both of these intervention types, or to execute them differently than they have in the past.

Further, the policy lessons learned in this context will be valuable elsewhere. Researchers hope to show how interventions designed to improve information and monitoring can achieve reductions in the theft of medication in a generalizable way. Findings also may be useful for identifying and mitigating the theft of development materials more generally. It is anticipated that this project will produce innovations in measurement, provide extensive data regarding the patterns and conditions of theft, and provide a rigorous test of two primary interventions designed to mitigate theft worldwide. These contributions will be useful for a variety of scholars, policymakers, and development practitioners in other contexts.

The Global Integrity Anti-Corruption Evidence (GI-ACE) research programme **supports 14 projects** around the world **generating actionable evidence** that policymakers, practitioners, and advocates can use to **design and implement more effective anti-corruption initiatives.**

Research Questions

- How do the timing and location of medications theft vary with the economic, political, and geographical characteristics of the area surrounding the clinic?
- Do information campaigns executed among government officials or citizens affect medications theft rates and patterns?
- Does drug theft affect downstream community welfare outcomes-e.g., access to healthcare, the cost of healthcare, and health outcomes?

Methodology

This experiment will take place among 200 clinics in Southern Malawi. These clinics will receive one of two interventions: 1) A “top-down” intervention that provides information to clinic officials about a Ministry of Health program to monitor drug supplies; or 2) A “bottom-up” intervention that trains Malawi’s extant Health Centre Advisory Committees to observe and record information about drug arrival and availability at clinics.

Before and after these interventions occur, we will conduct a survey among citizens living in the area around each clinic. The survey will provide us with data on perceptions of theft, costs of health care, and attitudes towards health officials and government more generally. These data will be used in evaluating the interventions.

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