Revista de Ciencias Médicas y de la Vida

https://editorial.udv.edu.gt/index.php/RCMV

Artículo Original Cualitativo

Corruption and health 5: why is it difficult to accelerate the end of the HIV/AIDS epidemic?

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Corruption et santé 5: pourquoi est-il difficile d'accélérer la fin de l'épidémie de VIH/SIDA?

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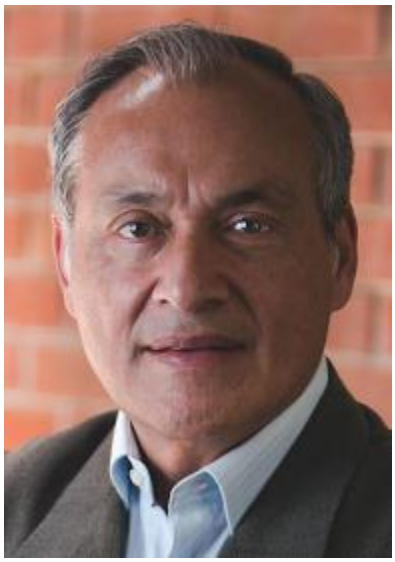

ABSTRACT

Introduction: the quantity of resources mobilized to fight HIV/AIDS is unprecedented in the history of public health; however, the epidemic does not end due to inefficiencies, fraud, and corruption. **Objective**: analyze why the HIV/AIDS epidemic continues despite scientific progress and the global billionaire resource mobilization to develop recommendations and a roadmap and way forward. **Method**: a literature review is conducted, and three case studies are selected to showcase the impact of corruption on HIV/AIDS response. Three executive experiences of the Author in international

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Received: April 11, 2023. Acepted: May 28, 2023.

technical and financial assistance agencies are analyzed. A situation analysis is carried out and barriers and challenges are identified. **Results**: Eighteen recommendations are developed to transform the situation and achieve greater efficiency and impact. It is determined that unless ethical, moral, human, universal or Christian values are reestablished, dehumanization, indolence, arrogance, greed, selfishness and shameless replace the discernment between what is good and bad, correct and incorrect, just and unjust, and what works and fails; and the lack of honesty, accountability, veracity and integrity among people responsible for health systems, institutions, and HIV/AIDS programs prevails. **Conclusions**: the health of poor and vulnerable populations will not improve significantly, nor the HIV/AIDS prevention and treatment targets will be met on time, or the end of the epidemic accelerated, while individual, group, institutional, systemic, structural, political, and social conditions persist that favor and gain from inefficiencies, fraud, and corruption.

Key Words: inefficiencies, fraud, corruption, health systems, health reform, HIV/AIDS

RESUMEN

***Introducción**: la cantidad de recursos movilizados para combatir VIH/SIDA no tiene precedente en la historia de la salud pública; sin embargo, la epidemia no se detiene debido a ineficiencias, fraude y corrupción. **Objetivo**: analizar porqué la epidemia persiste a pesar del progreso científico y la billonaria movilización global de recursos para desarrollar recomendaciones y la hoja de ruta y manera de avanzar. **Método**: se realiza una revisión de literatura y seleccionan tres casos para ilustrar el impacto de la corrupción en la respuesta contra el VIH/SIDA. Se analizan tres experiencias ejecutivas del Autor en agencias de asistencia técnica y financiera internacional. Se hace un análisis de la situación e identifican barreras y desafíos. **Resultados**: Se desarrollan 18 recomendaciones para transformar la situación y lograr mayor eficiencia e impacto. Se señala que a menos que se restablezcan valores éticos, morales, humanos, universales o cristianos, la deshumanización, indolencia, arrogancia, avaricia, egoísmo y descaro reemplazan el discernimiento entre lo bueno y malo, lo correcto e incorrecto, lo justo e injusto, y lo que funciona y no funciona; por lo que prevalece la falta de honestidad, responsabilidad e integridad en el personal responsable de sistemas de salud, instituciones, y programas de VIH/SIDA. **Conclusiones**: la salud de la población pobre y vulnerable no mejorará de forma significativa, ni las metas de prevención y tratamiento del VIH/SIDA se cumplirán a tiempo o se acelerará el fin de la epidemia, mientras persistan condiciones individuales, grupales, institucionales, sistémicas, estructurales, políticas y sociales que favorecen y se benefician de la ineficiencia, fraude y corrupción.*

***Palabras Clave**: ineficiencias, fraude, corrupción, sistemas de salud, reforma sanitaria, VIH/SIDA*

RÉSUMÉ

***Introduction**: le montant des ressources mobilisées pour lutter contre le VIH/SIDA est sans précédent dans l'histoire de la santé publique; cependant, l'épidémie ne s'arrête pas en raison des*

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inefficacités, de la fraude et de la corruption. ***Objectif****: analyser pourquoi l'épidémie persiste malgré les progrès scientifiques et la mobilisation mondiale de ressources d'un milliard de dollars pour élaborer des recommandations et la feuille de route et la voie à suivre.* ***Méthode****: une revue de la littérature est réalisée et trois cas sont sélectionnés pour illustrer l'impact de la corruption sur la réponse contre le VIH/SIDA. Trois expériences exécutives de l'auteur dans des agences internationales d'assistance technique et financière sont analysées. Une analyse de la situation est faite et les obstacles et défis sont identifiés.* ***Résultats****: 18 recommandations sont élaborées pour transformer la situation et atteindre une efficacité et un impact accrus. Il est souligné qu'à moins que les valeurs éthiques, morales, humaines, universelles ou chrétiennes ne soient restaurées, la déshumanisation, l'indolence, l'arrogance, la cupidité, l'égoïsme et l'impudence remplacent le discernement entre le bien et le mal, le vrai et le faux, le juste et l'injuste, et ce qui fonctionne et ne fonctionne pas; Par conséquent, le manque d'honnêteté, de responsabilité et d'intégrité prévaut chez le personnel responsable des systèmes de santé, des institutions et des programmes de lutte contre le VIH/SIDA.* ***Conclusions****: la santé de la population pauvre et vulnérable ne s'améliorera pas de manière significative, et les objectifs de prévention et de traitement du VIH/SIDA ne seront pas atteints à temps ou la fin de l'épidémie sera accélérée, tandis que les actions individuelles, collectives, institutionnelles et systémiques persistent des conditions structurelles, politiques et sociales qui favorisent et profitent de l'inefficacité, de la fraude et de la corruption.*

Mots-clés: *inefficacités, fraude, corruption, systèmes de santé, réforme de la santé, VIH/SID*

INTRODUCTION

Corruption is a fact of everyday life across all sectors and strata of society. It occurs in large and small businesses, government agencies, academic and religious institutions, non-governmental organizations (NGOs), security forces, and even in the smallest transactions between individuals on the street. There is a loss of principles and values at all levels, and the places in the world where people are most vulnerable to poverty, illness, mortality, lack of employment, and development opportunities are often the places where corruption is most prevalent.[1]

The health sector and programs for the prevention of the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) are no exception. There has been an estimated decline in new HIV infections by 35% since 2000, approximately 58% in children, and in AIDS-related deaths by 42% since their peak in 2004. Furthermore, 30 million new HIV infections and 8 million deaths have been prevented since 2000.[2]

However, given the correlation between corruption and health,[3] and the delays and difficulties in accelerating the end of the HIV/AIDS epidemic, the following questions need answers: Has the reported progress been ideal, as expected, or what should have been achieved, or could much more progress have been made? What is the actual opportunity cost, for instance, the real impact and health benefits (symptom relief, functional recovery, improved quality of life, infection and mortality

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prevention, increased survival and life expectancy, etc.) that could have been achieved if resources were used in the most efficient and effective manner possible? What is the value that has been foregone by investing in countries, systems, institutions, and programs characterized by inefficiencies, fraud, and corruption?

The amount of resources mobilized to combat HIV/AIDS since the onset of the epidemic has been unprecedented in the history of public health. Billions of US dollars have been invested through various mechanisms. Global financing in 2016 was as follows:[4]

1. International Financing from donor countries through bilateral channels (directly from government to countries) or multilateral channels (from governments to institutions and then to countries, e.g., United Nations, World Bank, Inter-American Development Bank, Global Fund to Fight AIDS, Tuberculosis and Malaria), with the top 5 countries being the United States: $4.9 billion; United Kingdom: $645 million; France: $242.4 million; Netherlands: $214.2 million; Germany: $182 million.

2. Philanthropic Private Organizations (foundations, corporations, non-governmental or religious organizations, and individuals) contributed $680 million, primarily from the Bill & Melinda Gates Foundation and Gilead Sciences, which accounted for more than 50% of these funds, followed by ViiV Healthcare, Aidsfonds, and the Elton John AIDS Foundation.

3. Domestic Resources (government expenditures of countries in their national budgets) gradually increased and accounted for 57% of the funds available worldwide ($10.9 billion).

The Joint United Nations Programme on HIV/AIDS (UNAIDS) reported that the goals set for 2020 were not achieved due to significant but highly uneven progress in expanding access to antiretroviral therapy.[2] Only 14 countries met the 90-90-90 treatment targets (*90% of people with HIV know their serostatus, 90% of these have access to treatment, and 90% of these have suppressed viral loads*). The unmet goals resulted in 3.5 million more infections and 820,000 more deaths.[2] However, these "*inequalities*" had already been reported 13 years earlier by Transparency International in 2007,[5] questioning why the correlation between corruption and health has not been taken seriously to this day.[3]

The pandemic of the novel coronavirus (COVID-19) exacerbates the situation as it has severely undermined the response to HIV/AIDS, risking the progress made in prevention efforts to date. The Secretary-General of the United Nations stated that "*corruption within the context of COVID-19 is criminal, immoral, and the ultimate betrayal of public trust*" due to "*weak management and oversight, inadequate transparency, misappropriation of funds, lack of verification of suppliers and determination of fair prices, unscrupulous traders selling defective products such as ventilators and*

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faulty diagnostic tests, counterfeit drugs, collusion among those who control supply chains, lack of robust accountability systems, transparency and integrity, and failure to recognize the rights and courage of whistleblowers who expose wrongdoing."[6]

UNAIDS committed to ending the epidemic as a threat to public health by the year 2030 and estimated the needs to be $26.2 million and $23.9 million for 2020 and 2030 respectively.[2] Despite the massive increase in global financing capacity, the set goals are not being met, and achieving positive outcomes remains slow and unequal among populations and countries. As the increase in financing does not translate into more decisive results in stopping the epidemic, it is necessary to analyze the greatest impediment to improving the health of populations around the world: inefficiencies, fraud, and corruption within healthcare systems.[3,7,8,9.]

"All that is required for corruption to triumph in healthcare systems is for good people to do nothing about it."[3] Today, more than ever, we need individuals willing to report wrongdoing. A "*whistleblower' is a person, typically an employee, who exposes information or activities within a private, public, or governmental organization that are considered illegal, illicit, unsafe, or a waste, fraud, or abuse of taxpayer funds*."[10]

The most common form of retaliation against whistleblowers is *'abrupt dismissal*,' followed by extreme workloads, reduced working hours, impossible tasks, and harassment or intimidation (bullying). Eighty-three percent of whistleblowers report internally to their supervisor or human resources, and externally when there is no interest or results. Only 20% of reports succeed in stopping illegal behavior,[10] making the fight against corruption a titanic and complex task.

The purpose of this publication is to analyze why the HIV epidemic persists despite scientific progress and the billion-dollar global mobilization of resources, in order to develop recommendations, a roadmap, and a way forward.

METHOD

The intersection between scientific evidence, provided by a literature review, and real-world evidence, represented by lessons learned from the Author's professional experience, is conceptualized. Three research parameters were defined: 1. What is being sought: specific examples of corruption and HIV or their concealment in national or international entities. 2. Where to find the information: peer-reviewed journal articles, articles in professional journals, and government websites or professional association websites. 3. What is the search strategy: utilization of open-access search engines (PubMed, Google), electronic library (SciELO), scientific social network (ResearchGate), and websites (Transparency International, Medscape).

The research was conducted in English primarily and in Spanish. Twenty-one references were selected from over 75 articles identified for their specific contributions to understanding the topic. Three case studies from the literature review and three executive experiences of the Author in

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international organizations were chosen to support the data search and fact-checking required for a scientific manuscript.

Six case studies are described, such as projects from the World Bank, Central Asia, Antiretroviral Therapy, AIDSCAP/USAID/Family Health International, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Centers for Disease Control and Prevention and the U.S. President's Emergency Plan for AIDS Relief in Central America (CDC/PEPFAR). With all the findings and information collected and analyzed, 18 recommendations are generated to contribute to improving efficiency and effectiveness in the response to HIV/AIDS.

RESULTS

1. **"World Bank Action: Too Little, Too Late, to Address Corruption in HIV, and CDC is used for cover-up**."[11]

In 2007, Dr. Kunal Saha, a world-renowned expert and Senior Researcher in HIV/AIDS at Columbia University in New York and Ohio State University in Columbus, was hired by the World Bank to evaluate India's Second National AIDS Control Project, a $191 million initiative. Dr. Saha reported the use of defective HIV tests since 2004. The massive purchase of 'Monozyme SD Bioline' rapid tests resulted in invalid, false negative, and/or discordant results. Blood contaminated with HIV was not reliably detected and was accepted for transfusion to the population.[11]

Instead of taking immediate action to stop the spread of HIV, World Bank officials initiated a campaign to discredit Dr. Saha's findings. They utilized the Centers for Disease Control and Prevention (CDC) of the United States to validate the effectiveness of the tests and covered up the fraud of the project they were sponsoring. The immediate public health danger in India was concealed by the World Bank and the Government of India, supported by CDC experts.[11]

Pressure from patients and the public forced the release of the World Bank's Detailed Implementation Review document. This report acknowledged the validity of Dr. Saha's findings, contradicting claims by CDC experts who reported that "*there was no evidence of the use of poor-quality HIV tests, and Dr. Saha's findings had no basis*."[11]

Despite the World Bank's own Anti-Corruption Unit hiring Dr. Saha to evaluate India's HIV/AIDS Program, as is often the case, they stated that they "*took allegations of fraud and corruption extremely seriously*" but failed to follow up as expected. Instead, they vigorously fought to cover up the fraud and public health danger from the press, population, and patients. Worse still, the ultimate result of inaction and suppression of information during a health emergency undoubtedly led to a greater likelihood that an unknown number of Indian citizens contracted HIV.[11]

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2. **"Corruption in HIV/AIDS is a Business for Bureaucrats in Central Asia."**[12]

Greedy politicians in the two poorest nations in Central Asia, Tajikistan and Kyrgyzstan, view international aid as a continuous gift. The funding from the Global Fund to Fight AIDS, Tuberculosis, and Malaria, intended to purchase essential medicines and treat critical diseases in poor countries, is deliberately wasted.

In 2015, the Global Fund sued the Government of Kyrgyzstan for over $120,000 in theft by state officials. Similarly, albeit for larger amounts, the same occurred in Tajikistan. The Global Fund requested audits by the Office of the Inspector General (OIG) of the United States in these countries, which revealed falsification of financial reports in Tajikistan and complicity of a company in purchasing personal items and non-medical products at inflated prices by over 118%.[12]

This is just one example of several organizations and government agencies that have received funds amounting to $140 million in Kyrgyzstan and $91 million in Tajikistan since these nations gained independence. The Global Fund maintains a record of audits and investigations requested to the OIG on its website (https://www.theglobalfund.org/en/oig/reports/); however, this corruption is not surprising because Kyrgyzstan ranked 136th and Tajikistan 152nd in the Transparency International Corruption Perception Index in 2015.[13]

For the citizens, the slogans describing public officials and organizations receiving international aid are: "*Steal from the State, Buy a Position, and Steal Much More*," and "*The Fish Rots from the Head*," as they believe that all state agencies and organizations working with international donors engage in fraud.[12]

As a reference, the following findings are presented in the Corruption Perception Index of 180 countries on a scale of '0 to 100' (zero: high level, 100: low level), according to experts and businesspeople.

Table 1: 2020 Corruption Perception Index, Transparency International [13]

PLACE	COUNTRY	SCORE
1	New Zealand and Denmark	88
9	Germany and Luxembourg	80
11	Canada, United Kingdom, Australia, Hong Kong	77
21	Uruguay	71
25	United States and Chile	67
32	Spain	62

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63	Cuba	47
78	Argentina, Solomon Islands, Bahrain, China, Kuwait	42
92	Ecuador y Colombia	39
104	El Salvador	36
111	Panama	35
124	Mexico	31
129	Russia	30
137	Dominican Republic, Liberia, Paraguay	28
149	Guatemala, Nigeria, Mozambique	25
147	Honduras	24
159	Nicaragua	22
170	Haiti	18
176	Venezuela	15
179	Somalia and South Sudan	12

3. **"The Global Wicked Problem of Corruption and Its Risks to Access to HIV/AIDS Medications."**[14]

The effects of corruption on access to antiretroviral therapies (ARVs) are a global concern. ARVs theft and collusion and manipulation in procurement processes are experienced everywhere. Corruption, defined by Transparency International as "*the abuse of entrusted power for personal gain*,"[13] is undeniably one of the pervasive global problems. Whether large, involving the elite of countries and the highest levels of government; medium, in non-governmental institutions; or small, in transactions between frontline workers and the citizenry, its impact is global. Therefore, the United Nations (UN) considers corruption as the *"single greatest obstacle to social and economic development, especially for emerging economies that lose 10 times more resources than the official development assistance.*"[15]

Systemic corruption affects access to and the quality of medications for treating HIV/AIDS. In 2016, international funding of $8.1 billion was estimated to treat 17 million people with ARVs, with

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corruption losses ranging from 10% to 25% ($0.81 - $1.95 billion) of public spending on medicines.[14] Corruption, stemming from bulk purchases, price overvaluation, diversion, and infiltration of counterfeit or substandard ARVs, has serious clinical and public health implications, including antimicrobial resistance, risks of HIV transmission, opportunistic infections, and death. According to the UN, $1 trillion is paid in bribes each year, and $2.6 trillion is lost due to corrupt practices.[15]

Corruption is directly associated with a reduction in the efficiency of ARVs, and there is a direct correlation between high levels of perceived corruption and low ARV coverage. Global organizations that finance, purchase, and distribute ARVs have also been vulnerable to corruption in the countries where they operate. Therefore, the Global Fund has strengthened its policies against fraud and corruption, and the OIG/USA promotes whistleblower policies, such as the "*I Speak Out Now*" campaign.

On the other hand, questions also arise about what happens to corrupt individuals. For instance, do local authorities adequately prosecute them after being identified? Do non-profit institutions investigate and dismiss individuals after being reported? Do international agencies inadvertently promote corruption to achieve their goals and objectives? Do their actions reinforce or weaken the efforts of local authorities and international organizations?

4. **"AIDSCAP: HIV/AIDS Prevention and Control Project."**[16]

The AIDSCAP Project (1991-1997), implemented by Family Health International (FHI) and funded by the United States Agency for International Development (USAID), was the largest HIV/AIDS prevention and control project in the world during the 1990s. It operated with over $200 million across 44 priority countries. AIDSCAP was designed to apply lessons learned from the AIDSTECH Project (AIDS Technologies, 1987-1991), also executed by FHI and funded by USAID.

AIDSCAP developed comprehensive programs to reduce HIV sexual transmission by implementing three primary strategies: *Behavior Change Communication, Sexually Transmitted Disease Prevention, and Condom Social Marketing and Programming*, along with three supporting strategies: *Behavioral Research, Policy Development, and Evaluation*. The Latin America and Caribbean Regional Office (LACRO) also developed and launched four new technical strategies: *Gender-Sensitive Initiatives, Religion-Based Initiatives, Civil-Military Collaboration, and Care and Treatment*.[16]

LACRO recognized that HIV/AIDS was not only a medical or public health issue but also a socioeconomic problem threatening the sustainable development of developing countries. Therefore, it proposed a *'Multidimensional Model for HIV/AIDS Prevention and Control'* based on interventions at four levels of disease causality: *individual, environmental, structural, and supra-structural*.[17]

The success of the approach, based on the combination of specific strategies and targeted interventions, was extensively documented, and AIDSCAP was recognized as one of the best and most powerful international projects of its time. AIDSCAP collaborated with over 500 governments,

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universities, NGOs, and community groups; however, the fight against corruption and vested interests of political groups and NGOs also prevailed.

It was established that only 25% of NGOs were reliable and efficient. Strategies implemented since 1987 that funded the promotion of the homosexual lifestyle instead of HIV/AIDS prevention and control were reoriented. Funds were redirected, and programs in Haiti, the Dominican Republic, Jamaica, and Brazil, approved by the USAID Global HIV/AIDS Office in Washington, D.C., were eliminated to bring individuals with homosexual lifestyles "*out of the closet*" and increase their "*self-esteem*," as they had turned into bimonthly orgies without condom availability or utilization.

Threats were received from Congressmen of the U.S. Government to maintain the programming unchanged, and attempts were made to remove the Author from his position for six years without any success. AIDSCAP successfully concluded its international technical and financial assistance in December 1997 with the launch of the 8-volume 'SYNOPSIS' Publication Series.

5. **"Window 1 of the Global Fund to Fight AIDS, Tuberculosis, and Malaria."**[18]

The Window 1 of the Technical Review Panel (TRP) of the Global Fund took place in Geneva, Switzerland, from April 23 to May 2, 2017. The TRP is a team of experts responsible for providing technical, rigorous, and independent advice on funding requests from countries in accordance with the Global Fund Strategy 2017-2022: Investing to End Epidemics.[18]

In 2016, a global call for experts in six disciplines—*Resilient and Sustainable Health Systems, Tuberculosis, HIV, Malaria, Gender and Human Rights, Strategic Investment, and Sustainable Financing*—was conducted. More than a thousand experts applied, of which 10% were selected to serve as Members-in-Service of the TRP for a four-year term. These members served as Focal Points, Primary Reviewers, and Secondary Reviewers for three types of funding requests—*Full Review, Tailored Review, and Continuation of Programs*.

Sixty-nine experts participated in Window 1 and reviewed 91 proposals from 57 countries, approving funding of over $5.6 billion to combat HIV, TB, and Malaria. The Author served as a primary and/or secondary reviewer for proposals from 7 countries—*Cuba, Guyana, Haiti, Lesotho, Mali, Nicaragua, and the Philippines*—besides casting votes in the general approval meetings for the 91 requests.

Despite the rigor of the process and efforts to avoid conflicts of interest, three areas for improvement were identified to ensure transparency and integrity: (1) the existence of a group of experts who consistently favor requests aligned with their interests, (2) the participation of experts who declare no conflicts of interest but are affiliated with or direct NGOs or state agencies that are benefited, and (3) evidence from an African country where government officials spent over $300,000 on personal items, cars, and luxury boats.

The group of experts recommended rejecting the funding request from said country but received instructions to focus solely on technical aspects. The practice of separating *'technical and budgetary*

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aspects' from issues of *'inefficiency, fraud, and corruption*' is common in many donor agencies. In the Author's experience, the disconnect between personnel who *'review technical and budgetary proposals*' and those who *'investigate corruption in recipient or implementing institutions*' results, in almost 100% of cases, in the recurrent approval of funds for corrupt institutions and countries; thus, everything remains the same, funding is renewed, and patients and services are affected.

6. **"Central America Regional HIV/AIDS Program, Centers for Disease Control and Prevention (CDC) & President's Emergency Plan for AIDS Relief (PEPFAR)."**

As reported in the publication "*Corruption and Health: Why Is Improving Population Health Difficult?,*" the Author worked for the Implementing Partner of CDC-HIV/TB in Central America, a prestigious academic institution. Nine employees conspired for his dismissal, but they were unsuccessful. Instructions were received not to make changes in strategy, structure, personnel, and location of the Regional Office, which were not followed. There were 20 thematic areas of inefficiencies and shortcomings that required changes in strategic focus, personnel, and budget. A year and a half later, CDC/PEPFAR awarded him recognition for his "*leadership, ingenuity, drive, and exceptional tenacity to transform the Institution's program into an effort of efficient and effective technical assistance for the best return on investment in Central America*."

Savings and efficiencies in the first year of management amounted to $500,000, which were experienced for three more years. This allowed piloting cutting-edge strategies that expanded CDC's portfolio in the region, and the Program came to be considered one of the most advanced and innovative among the 22 countries supported by CDC/PEPFAR worldwide.

Unfortunately, inefficiencies, fraud, and corruption also existed within the Institution and CDC/HIV-TB/Central America, e.g., four unnecessary layers of management, favoritism and preferences, inappropriate and discretionary use of resources, utilization of remaining funds from cooperative agreements to pay bonuses to select staff and authorities, violation of labor laws, and evasion of personnel benefits payments in four countries.[19]

CDC-HIV/TB-Central America, in its eagerness to meet goals, implement new initiatives, and secure funding for the region, made investments that, according to its own Management of Activities, were neither justified nor cost-effective. These investments favored both public and private officials, resulted in double payment of salaries (double-dipping), and inflated the cost of initiating antiretroviral treatment for patients by up to 17 times.

Despite having a local implementing partner, CDC-HIV/TB negotiated directly with a National Hospital and an NGO in Guatemala. These entities were funded for existing personnel and routine activities that did not require technical or financial assistance. This was done to: (1) safeguard CDC's interests and commitments more than those of the nationals, (2) anticipate and prevent USAID's HIV/AIDS projects from negotiating with the same organizations, and (3) obtain data to meet goals agreed upon with PEPFAR/Washington, D.C., even if the data were duplicated or questionable.

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The National Hospital received over $450,000, and the NGO received over $270,000 for the same interventions that cost $41,126 in Panama ($103 per patient), $13,954 in Honduras ($118/pp), and $27,150 in Nicaragua ($301/pp). The cost of rapid initiation of antiretroviral treatment was $661 per patient in the NGO and $1,715 in the National Hospital in Guatemala; 6 to 17 times more than in Panama, with Panama being the country with the highest cost of living in the region.

In September 2019, an evidenced-based complaint was submitted to the Rectorship of the Academic Institution and the US Embassy in Guatemala against the Academic Institution and CDC-HIV/TB-Central America regarding the cover-up of labor situations, lack of transparency and accountability, improper management, misuse of funds, abuse of authority, retaliations for requesting legal benefits or reporting failures and irregularities, unjustified dismissals, and negligence in investigating the improper use of funds from the Government of the United States.

The Institution's Rectorship did nothing about it. Just like in the case of the World Bank, the US Embassy, CDC-HIV/TB-Central America, CDC-Atlanta, and the US Department of State's Office of Global AIDS Coordination did not follow up on the complaint. Each entity washed their hands, hoping the other would resolve it as if it were not their responsibility. Fortunately, the Office of the Inspector General (OIG), responsible for auditing corruption in the Global Fund, recognized the seriousness of the situation, conducted an investigation, and reported it to the Department of Health and Human Services (DHHS) for resolution, which is pending to date.[19]

Meanwhile, at the Academic Institution and CDC-HIV/TB-Central America, it's business as usual; CDC-affiliated staff remain in their positions; the Academic Institution received new multimillion-dollar funding for another 5 years; the Intitution’s Authorized Representative before CDC, known as the '*piñatera*' for distributing remaining cooperative agreement funds at her discretion, continues to work and enjoys the protection of the Vice-Rectorship and Rectorship. Although the staff and leadership are aware and talk behind closed doors, they do nothing about it because they prefer to avoid problems, are not interested in the issue, are fearful, need the job, accept the situation as normal or belonging to someone else, or have received personal gains.

DISCUSSION

The risks of indecision, inaction, and failure to address inefficiencies, fraud, and corruption have devastating effects on health and HIV/AIDS programs. The absence of honesty, accountability, truthfulness, and integrity in public and private officials jeopardizes the progress and sustainable development of peoples and nations around the world. The loss of values—*ethical, moral, human, universal, or Christian*—is a threat to humanity that cannot be underestimated.

As long as the "*loss of values*" persists in the realms of human life and the world in general, dehumanization, indifference, disregard, greed, selfishness, and shamelessness will always replace discernment between right and wrong, correct and incorrect, just and unjust; and corruption, violations of human rights, attacks on the dignity of life, and the de-spiritualization of the human being will be evident.

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Received: April 11, 2023. Acepted: May 28, 2023.

Humanity finds itself in an ethical relativism and behavioral ambiguity where "*the good, right, and just*" is considered "*bad, incorrect, and unjust*" and vice versa. The maxim in the Book of Isaiah 5:20 is relevant: "*Woe to those who call evil good and good evil, who put darkness for light and light for darkness, who put bitter for sweet and sweet for bitter*," in virtue of the fact that the word "*woe*" signifies that judgment will come sooner or later and justice will be done.

That is the hope of forgotten and abandoned people by social systems; of the sick who do not receive timely care and appropriate treatment, of the poor, rural, and indigenous population who do not receive the protection, roads, and services offered by politicians and governments; of the population living in poverty and extreme poverty who, instead of development opportunities, receive assistance that only benefits the elite; of the children who are born, grow up, live, and work in social environments as harmful and deadly as germs and viruses; of those who denounce corruption and are disregarded. Sooner or later justice will be served.

In summary, the task of investigating, documenting, and publishing the correlation between corruption and health in recent years in 5 original peer-reviewed articles allows the Author to reaffirm that the health of populations, as well as the acceleration of the end of the HIV/AIDS epidemic, will not improve unless the following conditions are reversed:

1. Available resources fuel the inefficiency, fraud, and corruption of international agencies, implementing partners, national governments, and academic, religious, and non-profit institutions.
2. Officials responsible for agencies, institutions, companies, and organizations do not acknowledge their responsibility to ensure good stewardship of granted power and resources.
3. There persists a separation of roles and a disconnect between 'technical and financial reviewers' of funding proposals and 'fraud and corruption investigators'.
4. Technical and financial audits, which are easy to manipulate, are conducted instead of forensic audits.
5. The practice and policy continue of informing the public that corruption will be dealt with 'extremely seriously' without timely or appropriate follow-up, decisions, corrections, and sanctions.
6. It is accepted that corruption has always existed and will continue to exist, and it is the price paid for implementing programs, services, and technical assistance.
7. Structural, institutional, and process failures are not identified or mapped from a corruption and accountability lens or perspective.

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8. It is not recognized that corruption in health and HIV/AIDS is as dramatic and clear as choosing between life and death.
9. There is no culture of whistleblowing that promotes, appreciates, and protects whistleblowers, nor is it recognized that without whistleblowers, corruption will continue to thrive and be elusive.
10. It is not understood that all that is necessary for corruption to triumph in any system is good people who do nothing about it.
11. Governments do not oversee international organizations, so they are not held accountable for how they use funds, nor for their true indirect cost and benefits.
12. Patients, employees, professionals, and the general public are not involved in investigating inefficiencies, fraud, and corruption.
13. Corruption and impunity continue to be the modus operandi and modus viviendi of officials in the public, private, and non-profit sectors.
14. The powerful presence of anti-values that promote consumerism, power, and pleasure persists, giving strength to greed, pride, arrogance, opulence, superficial life, vanity, selfishness, and deep ethical violations.
15. Governments and institutions do not provide information or provide information only when necessary, misinforming and manipulating data to their advantage.
16. There is no exhaustive monitoring and evaluation of the efficiency, effectiveness, and use of funds granted to NGOs.
17. Perpetrators of fraud and corruption are protected, not removed from their positions, nor prosecuted by law.
18. Institutions per se are not bad but rather their officials, but their indecision, inaction, cover-up, and lack of corrections categorize them as corrupt.

CONCLUSIONES

The end of the HIV/AIDS epidemic cannot be accelerated as long as individual, group, institutional, systemic, political, structural, and social conditions persist that favor and benefit from inefficiency, fraud, and corruption. Unless ethical, moral, human, universal, or Christian values are reclaimed, dehumanization, indifference, disregard, greed, arrogance, selfishness, and shamelessness will continue to replace discernment between right and wrong, correct and incorrect, and just and unjust;

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thus, the lack of honesty, responsibility, truthfulness, and integrity will prevail in those responsible for institutions, healthcare systems, and HIV/AIDS programs.

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FUNDING

No funding was received for the development of the present study.

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Received: April 11, 2023. Acepted: May 28, 2023.

Revista de Ciencias Médicas y de la Vida

https://editorial.udv.edu.gt/index.php/RCMV e-*ISSN: 2958-9533*

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Name of the author(s): Mario Ricardo Calderón Pinzón

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