EDITORIAL

Corruption and Health Systems in Latin America: A Barrier to Equity and Quality in Medical Care

David Gaus[1]

1. Andean Health & Development, Estados Unidos.

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Abstract

Corruption severely erodes health systems across Latin America, acting as a major barrier to achieving equitable access and quality care. These practices—ranging from embezzlement and irregular procurement to the diversion of supplies—divert billions of dollars annually, weakening institutional foundations and directly impacting patient safety and service availability, particularly in marginalized rural areas. The systemic issues of deep inequality and fragmented governance create fertile ground for corruption, diminishing resource allocation for essential services and undermining public trust. The editorial emphasizes that tackling corruption is inseparable from improving healthcare quality. Key strategies include implementing strong governance and transparency mechanisms in financial management, empowering community participation for local oversight, strengthening primary and rural care services with adequate investment, and generating evidence-based data to monitor the problem's true magnitude. Family medicine, due to its community proximity, is uniquely positioned to foster the transparency and trust needed to transform these systems.

Keywords: corruption, health systems, latin america, governance, rural

Corrupción y sistemas de salud en América Latina: una barrera a la equidad y la calidad de la atención médica

Resumen

La corrupción erosiona gravemente los sistemas de salud en América Latina, actuando como una barrera fundamental para lograr un acceso equitativo y atención de calidad. Estas prácticas —que van desde la malversación y la adquisición irregular hasta el desvío de suministros— desvían miles de millones de dólares anualmente, debilitando los cimientos institucionales e impactando directamente la seguridad del paciente y la disponibilidad de servicios, especialmente en las zonas rurales marginadas. Los problemas sistémicos de profunda desigualdad y gobernanza fragmentada crean un terreno fértil para la corrupción, disminuyendo la asignación de recursos a servicios esenciales y socavando la confianza pública. El editorial enfatiza que combatir la corrupción es inseparable de la mejora de la calidad de la atención médica. Las estrategias clave incluyen implementar fuertes mecanismos de gobernanza y transparencia en la gestión financiera, empoderar la participación comunitaria para la supervisión local, fortalecer los servicios de atención primaria y rural con inversión adecuada y generar datos basados en evidencia para monitorear la verdadera magnitud del problema. La medicina familiar, por su proximidad a la comunidad, tiene una posición única para fomentar la transparencia y la confianza necesarias para transformar estos sistemas.

Palabras clave: corrupción, sistemas de salud, américa latina, gobernanza, rural

Health systems across Latin America face overlapping challenges: deep inequalities in access and quality of care, fragmented institutional structures, and weak governance that enables corrupt practices. These issues are not separate from the agenda of family medicine or rural primary care; rather, they directly affect patient safety, service availability, and community trust [1, 2].

In many countries in the region, the official narrative of universal access and expanded coverage must be measured against the reality of resources that never arrive, deteriorating infrastructure, irregular drug supply, and rural populations left on the margins. Corruption—in its broadest sense, including bribery, embezzlement, irregular procurement, and diversion of supplies—erodes the very foundations that sustain a functional and trustworthy health system.

It is estimated that billions of dollars are diverted annually from the health sector in Latin America and the Caribbean, reducing resources allocated to essential services and negatively impacting both quality and efficiency. Studies indicate that corruption in healthcare not only increases costs but also undermines public trust, discourages citizen participation, and worsens health inequities [3].

From the perspective of rural family medicine, these dynamics are tangible. When resources are misallocated, staffing becomes insufficient, primary care teams lack supplies, public health programs lose effectiveness, and the most vulnerable populations suffer disproportionately. As noted in regional analyses, health systems remain “deeply fragmented and segmented,” creating fertile ground for corruption in the absence of transparency, accountability, and community participation [4].

Strategies for a Fairer and More Effective System

To move toward a fairer and more effective system, several strategic lines are essential:

1. **Governance and Transparency.** Effective control mechanisms must be implemented in procurement, drug purchasing, and financial management. Recent reviews have shown that irregularities in

pharmaceutical procurement are directly linked to **compromised therapeutic quality** [5].

2. **Community Participation and Local Accountability.** Rural environments require tailored spaces for participation and social oversight. When communities are informed and empowered to monitor, **the space for corruption narrows**.

3. **Strengthening Primary and Rural Care Services.** The fight against corruption cannot be isolated—it must accompany investments in infrastructure, human resources, information systems, and care networks to ensure that resources reach where they are most needed [6].

4. **Data and Evidence-Based Monitoring.** The lack of disaggregated data by rural or indigenous areas obscures the problem's true magnitude. Generating **local evidence** is key for designing targeted anti-corruption interventions.

Ultimately, combating corruption and improving healthcare quality are not separate missions. When institutional integrity is preserved, when public resources are managed transparently, and when primary care is strengthened in rural territories, both equity and patient safety improve [7, 8].

In a context marked by resurging diseases, chronic conditions, migration, and workforce crises, corruption stands as a central obstacle to progress. Family medicine, by virtue of its proximity to patients and communities, holds a unique position to foster transparency, build trust, and transform healthcare systems from within.

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