to ensure that patient care was properly funded. I also got a commitment before I took the job that every pound [sterling] we saved wouldn't go back to the Treasury [finance ministry] but would be spent on better patient care – people saw the benefits that could flow from that commitment.

Q: How important are whistle-blowers in fighting fraud in the health sector?

A: It's important to have channels of communication so that people who have information can provide it without risk to their careers and families. But whistle-blowing is only one route to uncover fraud and is sometimes overemphasized. There are many ways of detecting fraud, from advanced data analytics, which detects anomalies and potential fraud, to proactively looking for fraud where administrative weaknesses exist. It's also vital to mobilize people to protect the health-care system so that less fraud happens in the first place.

Q: How is your approach to uncovering fraud different to traditional approaches?

A: For years, it was thought that to tackle fraud, it was enough to react to individual problems as they arose. That's because fraud was seen in terms of individuals, rather than economics. Some individuals will need to be taken to court, but the most important thing is to prevent fraud happening and to reduce its economic cost so that patients get the quality of care that they deserve. Measurement of fraud losses is crucial to reducing them – if you don't know the nature and scale of the problem how can you apply the right solution?

> "Health care is probably the area where fraud has the most direct negative impact on human life."

Q: Have you worked with any developing countries?

A: Not yet – but I would like to. There is a real need to avoid the loss of scarce health-care resources to fraud and the potential for successfully reducing fraud losses is often greater. Sometimes the sophisticated technology in developed countries makes it harder to find the nature and scale of fraud. The transition from paper documents, which are full of rich detail, to electronic data means that you can lose an awful lot. My view is contrary to the prevailing view that it's harder to do this work in developing countries.

Q: Can you tell us about your work with other developed countries?

A: By 2003, we were coming across cases where mobility of labour and the growth of international provision of services put us in touch with other European countries that were facing similar problems. We were awarded funding from the European Union to set up the European Healthcare Fraud and Corruption Network but it is now self-funding. Representatives from health-care systems in 29 European countries and from Australia, Canada, New Zealand and the United States of America came to our founding conference in 2004 and unanimously agreed the Network's Charter.

The international dimension of this work is very important and I have been involved in several countries: France recently set up a new health-care counter-fraud unit; the Netherlands has a well developed network of health insurance counter-fraud organizations; Belgium has had a successful unit in place for several years; New Zealand has just completed its first measurement of fraud losses in this sector; Canada has been working on the problem for several years; Australia too; and counter-fraud specialists that I speak to in South Africa want to set up a network similar to the one that we created in Europe. So a lot is being done, but there is still an awful lot more to do! ■

Recent news from WHO

- WHO called for more research into childhood diarrhoea, on 10 March. Despite the persistently high burden of disease, research into **childhood diarrhoea** has been steadily decreasing since the 1980s. Nearly two million children die from diarrhoea every year. If childhood diarrhoea is not addressed urgently, the countries that are worst affected will fail to achieve the fourth Millennium Development Goal target of reducing child deaths by two-thirds by 2015.
- The emergence of **parasites resistant to artemisinin** at the border between Cambodia and Thailand could undermine global malaria control efforts. WHO said, on 25 February, that a recent shift from treating patients with failing drugs to the highly effective artemisinin-based combination therapies (ACTs) had provided a breakthrough. Appropriate treatment with ACTs succeeds in more than 90% of cases, but parasitical resistance to these drugs along the Thai–Cambodia border threatens these gains. WHO said that it would assist efforts to contain the spread of artemisinin-resistant malaria parasites with a US$ 22.5 million grant from the Bill & Melinda Gates Foundation.

For more about these and other WHO news items please see: http://www.who.int/mediacentre

Corrigendum

In volume 87, Number 2, February 2009, page 89, the caption for the second photo should read "Dr Amphon Jindawatthana, secretary-general of the National Health Commission Office, Thailand".