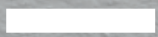




THE IGNORED PANDEMIC BEHIND COVID-19



The impact of corruption on healthcare service delivery

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Transparency International Global Health Programme's overall goal is to improve global health and healthcare outcomes for the benefit of all people, of all ages. It aims to achieve this by reducing corruption and promoting transparency, integrity and accountability within the pharmaceutical and healthcare sectors.

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THE IGNORED PANDEMIC BEHIND COVID-19:

**The impact of corruption on healthcare
service delivery**

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INTRODUCTION



In 2019, Transparency International Health Initiative launched its report “The Ignored Pandemic: How corruption in health service delivery threatens Universal Health Coverage (UHC)”.¹ It documented the drivers, prevalence, and impact of corruption on service delivery, showing how it threatens people’s ability to exercise their right to health and countries’ capacity to provide UHC.

Corruption in the health sector kills an estimated 140,000 children a year, fuels the global rise in anti-microbial resistance, and hinders the fight against HIV/AIDS and other diseases. Unless the most harmful forms of corruption are curbed, UHC is unlikely to be achieved.²

Since the launch of the report, the world has seen an unprecedented global health crisis unfold. As of 3 December 2020, the Covid-19 pandemic has claimed more than 1.4 million lives and infected more than 64 million people around the world.³

So far, there is little information about how Covid-19 has impacted people’s ability to access health care worldwide. Nonetheless, a recent report from Save the Children can give an indication of the scale of the problem. They recently surveyed 25,000 of programme participants

across 37 countries and reported that 90% of families have struggled to access health care and medicines. Households that reported significant loss of income during the pandemic also had difficulties in accessing health services, suggesting that cost was a barrier.⁴

In countries like the UK and the US, the impact of the pandemic has also largely been borne by more vulnerable groups, including people from Black, Asian and minority ethnic (BAME) backgrounds,^{5,6} many of whom hold essential jobs in health and social care, retail, and public transport that have kept communities afloat during lockdowns. In São Paulo, Brazil, Black people under the age of 20 are twice as likely to die from Covid-19 than their white counterparts. In Sweden, those born abroad are several times more likely to die than those born in Sweden.⁷ Although there is no evidence yet that ethnicity plays a role in Covid-19 outcomes, the fact remains that this virus has sharpened structural and societal inequalities. The pandemic has limited any progress we could have made this year on reducing poverty, eradicating hunger, achieving UHC, and providing education for all. It is the world’s poorest and most vulnerable who are suffering the most.⁸

1. Till Bruckner, *The Ignored Pandemic: How corruption in health service delivery threatens Universal Health Coverage* (London: Transparency International Health Initiative, 2019).
2. Bruckner, 2019:1
3. “Covid-19 Dashboard by the Center for Systems Science and Engineering (CSSE)”, *Johns Hopkins University of Medicine* (web), 16 November 2020.
4. Melissa Burgess, et. al., *The hidden impact of Covid-19 on children: A Global Research Series* (London: Save the Children International, 2020).
5. Layal Liverpool, “An unequal society means Covid-19 is hitting ethnic minorities harder”, *The Scientist* (web), 21 April 2020.
6. Neeraj Bhala, et. al., “Sharpening the global focus on ethnicity and race in the time of Covid-19”, *The Lancet* (web), 30 May 2020.
7. “Covid-19 has shone a light on racial disparities in health”, *The Economist* (web), 21 November 2020.
8. “Impact of Covid-19 on SDG progress: A statistical perspective”, *United Nations Department of Economic and Social Affairs* (web), 27 August 2020.

2 The Ignored Pandemic behind Covid 19: The impact of corruption on healthcare service delivery

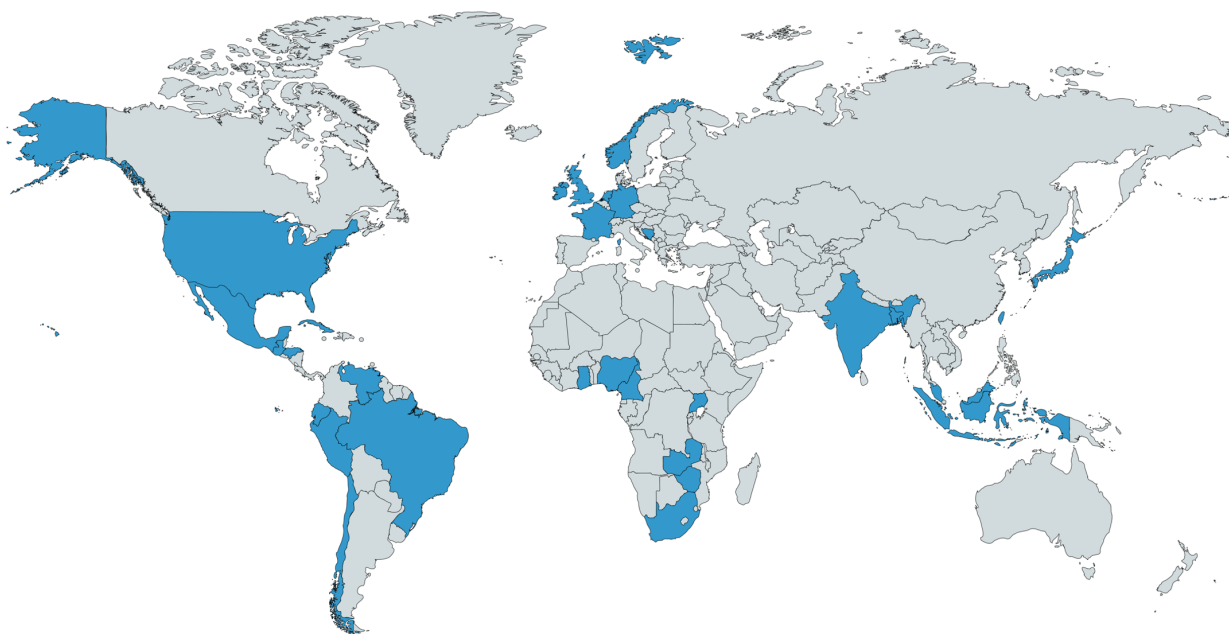
In the face of this crisis, governments have been pressured to act quickly. They have rightly prioritised securing testing kits, personal protective equipment, medicines, ICU beds, ventilators, and other key medical devices. However, this has often come at the expense of transparency and accountability. With large quantities of resources being channelled to the Covid-19 response, several countries have also bypassed corruption prevention and enforcement mechanisms in the name of expediency.⁹ Corruption in the pandemic inevitably undermines the response and deprives people of health care, which should be the ultimate priority of all governments.¹⁰ Since January 2020, Transparency International's Advocacy and Legal Advice Centres (ALACs) have supported more than 1,800 people who contacted them to report corruption and seek assistance for issues related to Covid-19.¹¹

This commentary picks up from where we left off in 2019. Based on a review of literature and media articles between February and December 2020, it demonstrates that corruption in service delivery is as prevalent as ever during Covid-19, causing harm to vulnerable groups. At present,

little is known about the impact of Covid-19 related corruption on healthcare service delivery. This commentary seeks to highlight this relative absence of data and to extrapolate the likely scenarios and risks. The challenge is clear: corruption during a pandemic will inevitably lead to lower accessibility and quality of healthcare services, threatening progress on UHC.

This paper brings together worldwide evidence of six key corruption manifestations at the point of service delivery: informal payments from patients; embezzlement and theft; absenteeism; corrupt service provision activities, such as overcharging and false treatment reimbursement claims; favouritism; and manipulation of data. It also discusses how corruption in health service delivery during Covid-19 particularly affects women and other vulnerable groups' ability to exercise their right to health. Lastly, this analysis examines how corruption at the point of service delivery can pose a significant threat to the rollout of Covid-19 vaccines and concludes with policy recommendations for both governments and civil society.

This report has been based on media reports from around the world. The map below highlights all countries mentioned in this review.



9. "Corruption and the Covid-19 pandemic", *World Justice Project* (web), n.d.

10. "Corruption and Covid-19", *Transparency International UK* (web), 16 April 2020.

11. "Citizens report Covid corruption", *Transparency International* (web), 14 September 2020.

INFORMAL PAYMENTS

Informal payments from patients are a common practice in many countries. They are defined as a contribution made by patients (or others acting on their behalf) to healthcare providers for services patients are entitled to. These payments are not always illegal, corrupt, or harmful, and might be encouraged by cultural norms, habits, and low salaries, among other reasons. However, informal payments can constitute corruption when they happen before treatment, if they are solicited—or extorted—by the provider, and if they involve cash or expensive items.¹²

In the context of the pandemic, many of the complaints received by Transparency International's ALACs relate to patients paying bribes for PPE and Covid-19 tests.¹³ These reports come from 24 countries located in Africa, Europe, Latin America, the Middle East, and South-East Asia.¹⁴ At a time when Covid-19 has triggered one of the worst job crises since the 1929 Great Depression,¹⁵ this is extremely concerning. Not having the financial means to pay for bribes to access healthcare services can be the final straw for many Covid-19 patients.

Many people have also bribed their way through social distance regulations. For example, in [Uganda](#)¹⁶ and

[Cameroon](#)¹⁷ there is evidence that foreign citizens have evaded quarantine rules by bribing officials. In Uganda, foreigners were required to stay at hotels designated for total isolation at their own expense. Many felt their escape was justified, as they believed the facilities were mismanaged, and bearing the costs was challenging and unfair.¹⁸ This type of bribery ultimately leads to a further spread of the virus, aggravating the current health crisis.

Few media stories have reported on bribes occurring at the point of service delivery. Nonetheless, organisations such as the International Anti-Corruption Academy,¹⁹ U4,²⁰ and Transparency International²¹ all agree that informal payments are likely to be manifesting in this crisis, as health systems are facing greater patient overload. The lack of reporting to date during the pandemic may be due to fear of government retaliation. In the past, the Global Corruption Barometer (GCB) found this to be the case for 30 per cent of people in the Middle East and North Africa region,²² as well as Europe and Central Asia.²³ Their fears are not unsubstantiated. In Latin America, 28 per cent of those who reported bribery actually faced retribution.²⁴ Many people do not speak out to avoid being ostracised and denied of future health services.²⁵

Mexico, Zimbabwe and Nigeria: Covid-19 bribery and its effect on women

When women are faced with a demand for a bribe, it can be hard to refuse.²⁶ If they do not have the money to pay, they can end up excluded from the services, or may feel pressured to engage in non-consensual sex.^{27,28}

This has been no different during Covid-19. Up until July 2020, Mexico's Denuncia Corrupción Coronavirus (Report Coronavirus Corruption) portal had 340 complaints, of which 72 per cent related to bribery and 10 per cent to sextortion.²⁹ In Nigeria,³⁰ police have arrested women for minor Covid-19 infractions, then sexually abused them while in custody. Similarly, reports received by Zimbabwean ALACs showed that women are being sexually extorted for access to water, which is key to handwashing needed to stop the spread of the virus.³¹

12. Bruckner, 2019:8

13. "How corruption is making people sick", *Transparency International*, 14 September 2020.

14. Transparency International Secretariat, ALACs' survey, September 2020.

15. Organisation for Economic Co-operation and Development (OECD), *Covid-19 is causing activity to collapse and unemployment to soar, OECD Employment Outlook 2020* (Paris: OECD Publishing, 2020).

16. Vision Reporter, "Coronavirus: 10 foreigners bribe their way out of quarantine", *New Vision* (web), 20 March 2020.

17. Drago Kos, Sandrine Richard & James Wasserstrom, *Minimising bribery and corruption in the time of Covid-19* (n.p.: International Anti-Corruption Academy, 2020).

18. Jimmy Spire Ssentongo, "Inside Uganda's Coronavirus 'Quarantine Prison Hotel'", *Taarifa* (web), 2020.

19. Kos, et. al., 2020.

20. Sarah Steingruber et. al., *Corruption in the time of COVID-19: A double-threat for low income countries* (Bergen: u4, 2020).

21. Transparency International UK, 16 April 2020.

22. Coralie Pring, *People and corruption: Middle East and North Africa Survey* (Berlin: Transparency International, 2016).

23. Coralie Pring, *People and corruption: Europe and Central Asia* (Berlin: Transparency International, 2016).

24. Coralie Pring, *People and corruption: Latin America and the Caribbean* (Berlin: Transparency International, 2017).

25. Personal interviews with Transparency International chapters.

26. "Gendered impacts of corruption", *United Nations Office on Drugs and Crime (UNODC)* (web), n.d.

27. Frédéric Boehm and Erika Sierra, "The gendered impact of corruption. Who suffers more – men or women?", *Chr. Michelsen Institute* (web), 2015.

28. Hazel, Feigenblatt, *Breaking the silence about sextortion: The links between power, sex and corruption* (n.p.: Transparency International, 2020).

29. Maritza Perez, "Registran unas 340 denuncias por actos indebidos durante la pandemia", *El Economista* (web), 26 July 2020.

30. "Police detain cop over alleged rape of widow in Rivers", *Premium Times* (web), 31 July 2020.

31. "Covid-19 makes women more vulnerable to corruption", *Transparency International* (web), 21 September 2020.

THEFT AND EMBEZZLEMENT

Instances of theft and embezzlement of money, medicines and other medical equipment and supplies by frontline healthcare staff are widespread across the world. The theft and resale of publicly-funded medicines, vaccines and medical supplies contributes to shortages and stock-outs, limiting public health surveillance and control, and restricting patients' access to adequate medical treatment. This ultimately results in further spread of coronavirus infections and poor health outcomes such as disability and death.³²

Although low salaries can enable this type of corruption, manifestations of theft and embezzlement in the health sector also happen in countries where staff are paid well. Context is key. The strength of professional norms, staff motivation, oversight rules, reporting, and sanction mechanisms can reveal much about how vulnerable health systems are to theft and embezzlement.³³

This has never been more relevant. The Covid-19 pandemic has exposed cracks in health systems. The overriding urgency has led many governments to loosen rules, oversight and sanction mechanisms.³⁴ Add to that the fear and extreme exhaustion health professionals are experiencing, the low—and sometimes lack of—salaries

for those at the frontlines of the healthcare response, and you have a perfect setting for theft and embezzlement.

Indeed, worldwide media reports on the theft of medicines and medical supplies are abundant. In [Brazil](#), 15,000 coronavirus diagnostic tests and more than two million personal protective items—including goggles, gloves, hand sanitizer and face masks—were stolen from a cargo terminal at São Paulo's Guarulhos International Airport.³⁵ Similar reports on the theft of medicines and medical supplies from hospitals have emerged in [Honduras](#),³⁶ [Chile](#), [Cuba](#), [Peru](#), [Venezuela](#),³⁷ [the US](#),³⁸ [Japan](#),³⁹ [France](#),⁴⁰ [Germany](#),⁴¹ [Indonesia](#),⁴² [the Netherlands](#)⁴³ and [Ireland](#).⁴⁴

Theft and embezzlement also occur outside the health sector. In [Taiwan](#), for example, two soldiers in charge of supervising a mask production site were found guilty of stealing a total of 6,000 face masks and are now facing up to 10 years in prison.⁴⁵ In [South Africa](#), six police officers were arrested for allegedly stealing R37,900 (US\$2,480) from a car during a Covid-19 lockdown operation.⁴⁶



32. Bruckner, 2019:11

33. Bruckner, 2019:11

34. Kos, et. al., 2020: 5

35. María Alejandra Navarrete, "Theft of critical medical equipment surges in Latin America", *Insight Crime* (web), 22 April 2020.

36. "Covid-19: director del IHSS denuncia <<extravío>> de equipo biomédico", *Tiempo Digital* (web), 13 April 2020.

37. Navarrete, 2020.

38. Justin Rohrich, "An Indiana hospital theft shows face masks and hand sanitizer are now sought as sought-after as drugs", *Quartz* (web), 27 April 2020.

39. "Covid-19: Thieves steal 6,000 masks from hospital in Japan", *CNA* (web), 18 February 2020.

40. "Coronavirus: pénurie de masques, vols et trafics se multiplient", *FranceInfo* (web), 19 March 2020.

41. Alistair Walsh, "Thieves steal thousands of facemasks from Cologne hospital", *Deutsche Welle* (web), 17 March 2020.

42. "Covid-19: Hundreds of boxes of masks stolen from West Java hospital", *The Jakarta Post* (web), 25 March 2020.

43. Naomi O'Leary, "Coronavirus: Criminals exploit medical supplies shortage with theft and fraud", *Irish Times* (web), 26 March 2020.

44. Conor Pope, "Face masks stolen from St Luke's Hospital in Dublin last month", *Irish Times* (web), 9 March 2020.

45. Riyaz ul Khaliq, "Taiwan: Soldiers may face jail for stealing masks", *Anadolu Agency* (web), 11 August 2020.

46. Nonkululeko Njilo, "Cops accused of stealing R37,000 at roadblock granted R7,000 bail", *Times Live* (web), 21 April 2020.



Ecuador: Covid-19 patients at risk⁴⁷

In July, Abraham Muñoz, a personal fitness trainer, was detained for embezzling medicines donated by Roche Laboratories to public hospitals to treat Covid-19 patients. He sold them on the black market in substandard conditions and at prices almost 600 per cent higher than the original cost.

Between March and April when the infection rate was at an all-time high, many citizens contacted him to buy Actemra or Tocilizumab, used to resuscitate patients. However, given the price he was selling them at, most people were unable to buy them.

Julieta Sagnay, a Covid-19 survivor, could not afford to buy the drugs from Muñoz. Once recovered, she found out that the injections Muñoz sold were not refrigerated, putting patients' lives at risk. She informed Roche Laboratories, who then notified the Ministry of Health.

Ghana: Doctors without PPE⁴⁸

A BBC Africa Eye undercover investigation in Ghana hospitals revealed that some staff were selling personal protective equipment illegally for personal profits.

Divine Kumordzi and Thomas Osei, staff members from the Greater Accra Regional Hospital, were filmed selling personal protective equipment to BBC's undercover investigators for a total amount of almost US\$600. The hospital has now opened an investigation and suspended them.

Ghana has experienced severe shortages of essential protective equipment like face shields, masks and suits. The most impacted are frontline staff, who can then spread the virus to their families and their communities. In August, when the BBC published its story, more than 2,000 medical workers had already been infected by Covid-19. You can watch the documentary [here](#).

47. Lourdes Romero, "La mafia que traficaba con medicamentos contra la Covid-19 en Ecuador", *Anadolu Agency* (web), 13 July 2020.

48. "Africa Eye: Ghana hospital workers cash in on PPE amid coronavirus", *BBC* (web), 10 August 2020.

HOW COVID-19 WORSENS ABSENTEEISM

Absenteeism comes in many forms. It ranges from voluntary and planned decisions not to go to work, to being unable to do so due to sickness or other unforeseen circumstances. When we talk about corruption, we focus on those voluntary decisions made by public employees to engage in private pursuits during their working hours, either pursuing private business interests or enjoying unauthorised leisure time at public expense.⁴⁹

The challenge comes in dissecting which experiences of absenteeism constitute corruption and which do not. Given the unpredictable nature of absenteeism, and how difficult it is to monitor its causes, it is important to be cautious in drawing the links to corruption.

Globally, about seven per cent of healthcare workers are reported to experience at least one spell of absence each week—yet this also includes involuntary absences from work.⁵⁰ In the face of Covid-19, authorised leave/involuntary absenteeism among health workers has inevitably risen, as frontline staff put their lives at risk to save many others. Up until October 2020, tens of thousands of [UK](#) National Health System staff were off sick or self-isolating because of Covid-19, with some

parts of northern England recording almost 50 per cent of all staff absences linked to the virus.⁵¹ In [Peru](#),⁵² since Covid-19 many doctors have requested a leave of absence due to poor working conditions and lack of supplies. Doctors have struggled getting access to personal protective items, medical equipment such as ventilators and oxygen, and in some cases, even water.⁵³ The rise in authorised absenteeism is not surprising, given the death toll shouldered by health workers. Front-line health-care workers have at least a threefold increased risk of Covid-19,⁵⁴ and according to Amnesty international, at least 7,000 health workers worldwide have died after contracting Covid-19.⁵⁵

Nevertheless, absenteeism as a corrupt practice still happens, should be taken seriously, and more accurate data is needed in the context of Covid-19. Health systems without sufficient human resources are unfit to deliver high quality health care for all. At present, health workers are already in critically short supply in many countries.⁵⁶ As [India](#) and [Nigeria](#)'s cases illustrate, absenteeism within hospitals continues to happen, either as a corrupt practice or as a consequence of other forms of corruption in service delivery.



49. Bruckner, 2019:5

50. Bruckner, 2019:5

51. Shaun Lintern, "Tens of thousands of NHS staff off sick because of Covid-19, data reveals", *Independent* (web), 31 October 2020.

52. Stefania Gozzer, "Coronavirus: los médicos que se negaron a atender a pacientes de covid-19 (y lo que su caso muestra de la precaria situación de muchos sanitarios en América Latina)", *BBC* (web), 27 April 2020.

53. Gozzer, 2020.

54. Long H Nyugen, et. al., "Risk of Covid-19 among front-line health-care workers and the general community: a prospective cohort study", *The Lancet* (web), 1 September 2020.

55. "Global: Amnesty analysis reveals over 7,000 health workers have died from Covid-19", *Amnesty International* (web), 3 September 2020.

56. Dina Banabalova, et. al., "Health workers are vital to defeat Covid-19: but only if they are at work", *Health Systems Global* (web), 3 April 2020.



India: Doctors' absenteeism as a systemic issue

Absenteeism within hospitals is a persistent problem in India, especially in rural areas, which are home to 70 per cent of its population.⁵⁷ A 2011 study from Harvard University found that nearly 40 per cent of doctors and medical service providers are absent from work on a typical day. In the state of Bihar, this figure goes up to 67 per cent.⁵⁸

Nine years later, this issue persists. In Bihar, the state health department issued notices to 198 doctors who were absent between 31 March and 2 April.⁵⁹ Two government doctors, deputed for Covid-19 duty, were also booked under the Epidemic Diseases Act for allegedly not reporting to work in neighbouring Shamli district.⁶⁰

Poor salary and benefits, and lack of accountability of doctors to local authorities are some of the reasons enabling absenteeism as a corrupt practice in India.⁶¹

Nigeria: Absenteeism as a result of other forms of corruption⁶²

A recent study being conducted by the Health Policy Research Group, University of Nigeria⁶³ has found that as panic increased due to the rapid spread of the virus, so did price gouging, hoarding and diversion of medical supplies. Some reports point to authorities selling hospital supplies in the black market for private gain, at almost 500 per cent of their original price value.

A nurse in Abuja, who participated in the study, explained how this environment has led to more absenteeism:

"PPE should be the least provision for us this time. We lack face masks or gloves. It is annoying that from our little pay we have to buy the one we use because the ones that are available are rationed... My colleagues avoid coming to work because they feel they are exposed to contracting the virus."

⁵⁷. Ankita Rao and Bibek Bhandari, "Missing medics test patience in rural India", *Al-Jazeera* (web), 30 July 2014.

⁵⁸. Karthik Muralidharan, et. al., "Is there a doctor in the house? Medical worker absence in India", *Harvard University* (web), 12 April 2011.

⁵⁹. Ruchir Kumar, "Amid Covid-19 crisis, 198 doctors face absenteeism heat in Bihar", *Hindustan Times* (web), 7 April 2020.

⁶⁰. "Two govt doctors booked for being absent from Covid-19 duty in UP", *Business Standard* (web), 2 April 2020.

⁶¹. Nahitun Naher, et. al., *The influence of corruption and governance in the delivery of frontline health care services in the public sector: A scoping review of current and future prospects in low and middle-income countries of south and south-east Asia* (BMC Public Health, 2020).

⁶². Onwujekwe Obinna, Charles Orjiakor, and Prince Agwu, "Coronavirus: Corruption in healthcare could get in the way of Nigeria's response", *The Conversation* (web), 4 May 2020.

⁶³. Case study written by Prof. Onwujekwe Obinna, Charles Orjiakor, and Prince Agwu for this report.

SERVICE PROVISION

Corruption manifestations in service provision are diverse, ranging from kickback-driven referrals, overcharging, provision of inferior services and medicines, and false treatment reimbursement claims. In extreme cases, doctors may also charge patients for unnecessary or fake surgeries, placebos, substandard and falsified medicines sold as high-quality medicines, and non-performed diagnostic tests.⁶⁴

To understand why this happens, it is key to look at the health providers' incentives. They might have economic or career incentives or be pressured by their peers.⁶⁵ In February, shortly before Covid-19 came into the spotlight in [Kenya](#), Nairobi's Women Hospital was found to be defrauding patients through unnecessary tests and admissions to raise revenue.⁶⁶ The allegations emerged after leaked WhatsApp messages revealed doctors and nurses were pressured by their superiors to keep admission rates high.⁶⁷ Since then, the Association of Kenya Insurers decided to review the pricing of bills at a number of undisclosed hospitals, including Nairobi's Women Hospital.⁶⁸

These forms of corruption can be found worldwide, among both private and public healthcare providers.⁶⁹ They inflate the costs of services, at the expense of patients, taxpayers and public health.⁷⁰ Like a domino effect, they ultimately lead to more poverty and inequality, causing greater harm to those who cannot afford steep medical bills.

In the context of Covid-19, cases of corruption in service provision have slowly come to light. For instance, [the US](#) Department of Justice charged a healthcare technology company for alleged involvement with fraudulent claims for allergy and Covid-19 testing.⁷¹ In [Bangladesh](#), high ranking officials in the Ministry of Health approved Covid-19 testing to be performed by two unlicensed hospitals. The hospitals ended up providing fake coronavirus

certificates to many patients, including Bangladeshis who subsequently travelled to Italy. International outrage ensued when Italian officials found 65 positive cases among 1,600 Bangladeshis who had recently travelled.⁷²

Overcharging Covid-19 patients has been reported in [India](#),⁷³ [Malaysia](#),⁷⁴ and [Kenya](#).⁷⁵ Media reports reveal that such practices occurred in both public and private hospitals for Covid-19-related medical services and supplies. Patients who do not have the means to cover these expenses have had to incur debts, leaving them in further financial distress.

64. Bruckner, 2019:12

65. Bruckner, 2019:12

66. "How Nairobi Women's Hospital allegedly defraud patients to raise revenue; includes company's comments", *Business and Human Rights Resource Centre* (web), 10 February 2020.

67. Phanice Mumbi, "Big hospitals robbing Kenyans in profiteering scandal", *Business Today* (web), 6 February 2020.

68. Patrick Alushula, "More private hospitals face probe over medical bills fraud", *Business Daily* (web), 13 February 2020.

69. Bruckner, 2019:12

70. Bruckner, 2019:12

71. Sean Whooley, "DOJ charges medtech exec with fraud over Covid-19 tests", *Mass Device* (web), 10 June 2020.

72. A.Z.M. Anas, "Bangladesh fears loss of trust amid fake coronavirus test scandal", *Nikkei Asia* (web), 28 July 2020.

73. Anoo Bhuyan, "Private hospitals in India are overcharging for safety gear in the absence of government regulation", *Scroll.In* (web), 13 June 2020.

74. Hakimie Amrie Hisamudin, "Fight private hospitals' greed, insurance firms told amid probe into RM200 fee for masks", *Free Malaysia Today* (web), 21 May 2020.

75. Joseph Muraya, "Private hospitals warned against overcharging patients on Covid-19", *Capital News* (web), 6 April 2020.

India: Patients cannot cope with exorbitant Covid-19 bills

In India, there are twice as many private hospitals as public ones, despite about 85.9 per cent of India's rural population and 80.9 per cent of its urban population lacking health insurance. With the Covid-19 infection rate rising, the Indian government has been pressed to regulate the rising costs of health care in private hospitals, and some state governments have followed through.⁷⁶ Despite this, many patients and their families are still experiencing financial difficulties to pay their Covid-19 related hospital bills, as the two examples below illustrate.

On 12 April, a businessman living in Kolkata had to take his 57-year-old mother to a private hospital, since the public one near his home did not have a ventilator. There were many hidden costs and after his mother's death, he was billed for 1.5 million rupees (US\$20,400). He disputed this amount, and the hospital lowered the charges to one-third of the original bill.⁷⁷

Similarly, a 46-year-old man living in Bengaluru approached a private hospital in Shivajinagar as a result of having serious breathing difficulties. Despite the state capping Covid-19-related tariffs of private hospitals, he was charged 2.4 lakh (almost US\$3,400) for an eight-day stay. To cover the expenses, his wife had to sell two golden bangles and the couple had to take a loan with a private lender, as he was uninsured. After this experience, the couple have struggled to make ends meet, and are hoping to get a refund from a government insurance trust for treating Covid-19.⁷⁸



⁷⁶ Kamala Thiagarajan, "Covid-19 exposes the high cost of India's reliance on private healthcare", *BMJ* (web), 10 September 2020.

⁷⁷ Thiagarajan, 2020.

⁷⁸ Theja Ram, "At the mercy of pvt hospitals, Bengaluru's Covid-19 patients are being overcharged", *The News Minute* (web), 14 October 2020.

FAVOURITISM

Favouritism occurs when healthcare providers give preferential treatment to patients with whom they have social connections, at the expense of services provided to other patients. These can be family, friends, acquaintances, and other people with shared membership in wider ethnic, religious, or cultural groups. While money is generally not involved, the fact that there are implicit or explicit expectations of future reciprocity makes this a form of corruption.⁷⁹

Although it is difficult to quantify and monitor the prevalence of favouritism in the health sector, one thing is clear: its manifestation creates clear winners and losers. Not being in a health provider's own 'in-group' can mean for many people the difference between high quality and poor care, survival and death.⁸⁰

Social norms—that is, shared understanding about which behaviours are appropriate in different circumstances—are the main drivers of favouritism.⁸¹ Psychological traits, such as the tendency to favour family and friends, and cultural norms of reciprocity, can influence health providers' decision making.⁸²

Considering the ongoing pandemic, health workers may be under social pressure from their close-knit communities to favour them over official rules and guidelines. For example, nurses may prioritise treatment of their families and members of social networks over those with more urgent need for care, because "putting family first" might be an essential norm in their cultural contexts.⁸³ If not properly addressed, these social norms will continue to be used to justify behaviour, making it harder to develop effective measures to ensure fair access in the health sector.

Media articles on favouritism during the Covid-19 epidemic are scarce. Nonetheless, [Norway](#), [the US](#), and [Bosnia](#)'s cases demonstrate the prevalence of favouritism across different health systems and political contexts.

Norway⁸⁴

In March, the Norwegian Medicines Agency introduced guidelines on rationing the use of medicines that were believed to help against Covid-19, including medicines that were previously used for malaria patients.

Rumours that the medicine hydroxychloroquine, sold under the name Plaquenil, could help prevent Covid-19 were circulating in the medical professional community.

Despite the regulations in place, some doctors were reported breaking the guidelines and continuing to prescribe this medicine to themselves and their families.⁸⁵

United States⁸⁶

Amid a nationwide shortage of chloroquine and hydroxychloroquine, two drugs considered as possible treatment for Covid-19 patients, some pharmacists told ProPublica—a non-profit newsroom—that some doctors were inappropriately hoarding and prescribing these medicines for their families, themselves, and their friends.

Similar reports got to Garth Reynolds, executive director of the Illinois Pharmacists Association. In view of this, the Association reached out to pharmacists and medical groups throughout the state to urge doctors, nurses and physician assistants not to write prescriptions for themselves and those close to them.

79. Bruckner, 2019:13

80. Bruckner, 2019:13

81. Steingruber, et. al., 2020:10

82. Bruckner, 2019:13

83. Steingruber, et. al., 2020:10

84. Viktoria L. Hellem-Hansen, "Leger bryter retningslinjene – skriver ut malariamedisin til familie og venner", *NRK* (web), 24 March 2020.

85. Steingruber, et. al., 2020:2

86. Topher Sanders, David Armstrong and Ava Kofman, "Doctors are hoarding unproven Coronavirus medicine by writing prescriptions for themselves and their families", *ProPublica* (web), 24 March 2020.



Bosnia⁸⁷

In March, prosecutors opened an investigation against Vencel Pralas, a businessman from the southern city of Mostar who violated safety protocol during hospital admissions.

He and his son entered the hospital's emergency room (ER) "through the back door", while presenting respiratory problems. Thanks to a doctor they were friends with, they skipped the safety protocols imposed on hospitals in light of Covid-19. They were also suspected of not reporting a trip to Italy.

The pair walked around the ER and the department of Pulmonary Disease freely for a while before getting tested, putting at risk the most vulnerable patients.

87. Zdravko Ljubas, "Bosnians Blame Corruption for Allowing Coronavirus to Spread", *Organized Crime and Corruption Reporting Project* (web), 20 March 2020.

MANIPULATION OF DATA

Corruption is facilitated through falsified or fabricated data. Financial gain may be sought by manipulating records on services delivered, prices paid, or health outcomes achieved. Manipulation of data includes fraudulent billing for goods and services not provided, the creation of 'phantom' patients to claim additional payments, and seeking reimbursements for treatments that are more expensive than those actually delivered.⁸⁸

Evidence of such practices in the context of Covid-19 is gradually emerging. In [the US](#), for example, some medical labs are targeting retirement communities, claiming to offer antibody Covid-19 tests. Given that antibody tests will not tell if someone has Covid-19—at best, what they show is if people have had the virus before—⁸⁹, it is unclear what the purpose of these tests is. What is clear, however, is that they are drawing blood from people and billing federal healthcare programmes for potentially unnecessary services.⁹⁰

This form of corruption can affect patients directly when their needs are de-prioritised, as resources are sub-optimally allocated among different hospitals based on data that has been manipulated. It can also impact them indirectly as taxpayers. Since providers control more information, it is easy for them to manipulate data that constitutes the basis for reimbursement. Having said that, patients who submit bills to insurers directly can also engage in fraud or may collude with care providers. The cumulative impact of these corrupt acts can use up health budgets without health gains, limiting health systems' resources destined to enhance the provision of quality health care for all.⁹¹

This year, in the face of the unprecedented global health crisis, we are also witnessing another form of data manipulation: governments unwilling to disclose the real numbers of Covid-19 cases and death rates. Since we are still learning about this particular virus, reliable data on Covid-19 cases is of utmost importance. Yet,

many governments are posing a threat to the collective knowledge we need to generate to tackle this global health emergency. In [Guatemala](#), Transparency International Chapter Acción Ciudadana (Citizen Action) petitioned the Public Prosecutor General to submit a request for a preliminary ruling against the Minister of Health, Hugo Monroy, for providing inaccurate data on Covid-19 related deaths.⁹² In [Brazil](#), the government was also accused of manipulating Covid-19 data when they stopped releasing the cumulative numbers of confirmed Covid-19 cases in June.⁹³

While this form of data manipulation is happening at the Ministerial level, the repercussions are very much felt at the point of service delivery. There are three equally damaging consequences: resources are misallocated, keeping hospitals and health workers ill-equipped to tackle the spread of the virus⁹⁴; citizens believe governments' inaccurate information, go on with their lives, and infection and death rates spike, increasing the demand for services provided by already-strained health facilities; or citizens, having witnessed the devastating impact the virus has caused on their communities, start distrusting the government's capacity to cope with Covid-19, avoid health centres when they feel unwell (including with non-Covid-related conditions), the disease burden increases and public health outcomes decrease, leading to a higher number of potentially iller people demanding more urgent care in the near future.

88. Bruckner, 2019:14

89. "Antibody test to check if you've had coronavirus", *NHS* (web), 27 November 2020.

90. "Covid-19 fraud is rapidly evolving", *U.S. Department of Health and Human Services, Office of Inspector General* (web), 3 November 2020.

91. Bruckner, 2019:14

92. Lucero Sapalú, "AC señala al Ministerio de Salud de ocultar información sobre pandemia", *Nacionales* (web), 16 June 2020.

93. Dom Phillips, "Brazil stops releasing Covid-19 death toll and wipes data from official site", *The Guardian* (web), 7 June 2020.

94. Charles Pillar, "The inside story of how Trump's Covid-19 coordinator undermined the world's top health agency", *Science* (web), 14 October 2020.

Venezuela: while doctors struggle to cope, government's Covid numbers remain low

By September 2020, Venezuela had officially registered 52,000 cases and a death toll of 420. In a country of 29 million inhabitants, this means that there were 14 deaths per million people—a rate far lower than in any other Latin American country, and one that strains credibility.⁹⁵

These are also the official figures of a country with a barely functioning health system. Before Covid-19, Venezuela's health system had already collapsed.⁹⁶ Just three years ago, the Guardian disclosed that infant death rate, maternal mortality, and malaria cases had increased up 30 per cent, 65 per cent, and 76 per cent, respectively.⁹⁷

The regime states that it has carried out 1.8 million Covid-19 tests. What they do not disclose is that most of them are not the more reliable molecular (PCR) tests. In Venezuela, only two laboratories can do these tests, in comparison to 81 laboratories in Colombia, and more than a hundred in Chile and Argentina. In addition, there are reports of doctors barely managing, as gloves, masks, and other essential medical equipment and supplies are nowhere to be found.⁹⁸ The official figures are therefore hard to believe.

In condition of anonymity, some doctors have flatly denied the veracity of Covid-19 official statistics. They are, however, scared to publicly denounce this for fear of government backlash.⁹⁹



⁹⁵. Vanessa Silva and Gideon Long, "No gloves, no masks: Venezuela's exposed health workers", *Financial Times* (web), 7 September 2020.

⁹⁶. "Venezuela: Urgent Aid Needed to Combat Covid-19", *Human Rights Watch* (web), 26 May 2020.

⁹⁷. "Venezuela's infant mortality, maternal mortality and malaria cases soar", *The Guardian* (web), 9 May 2017.

⁹⁸. Silva and Long, 2020.

⁹⁹. Tom Phillips, "They think they'll be left to die": pandemic shakes already fragile Venezuela", *The Guardian* (web), 25 August 2020.

ANTICIPATING RISKS FOR THE VACCINE ROLLOUT

After a year in crisis, released in November and December have brought hope to the world: The vaccines produced by Pfizer and Moderna appear to be more than 90 per cent effective.¹⁰⁰ Oxford University and AstraZeneca also became the first Covid-19 vaccine makers to publish final-stage clinical trial results in the *Lancet*, a scientific journal.¹⁰¹ Their study found that their vaccine has 70 per cent efficacy after pooling results from trials in the UK and Brazil, and they are now seeking regulatory approval.¹⁰² On 2 December, the UK Medicines and Healthcare products Regulatory Authority became the first country to approve the Pfizer/BioNTech vaccine for mass immunisation.¹⁰³

Countries now need to carefully consider another significant aspect: ensuring the equitable distribution of vaccines worldwide.¹⁰⁴ Under the recently established WHO Access to Covid-19 Tools (ACT) Accelerator, which is currently the largest global collaboration working to accelerate development, production and equitable distribution of Covid-19 technologies,¹⁰⁵ countries will initially receive doses for three per cent, then 20 per cent of the population, and finally scale up to full coverage.¹⁰⁶

It is unclear who will be covered under the 20 per cent; this ultimately comes down to individual governments' definitions of who and where the health workers and risk populations are.¹⁰⁷ Without proper transparency over how these definitions are set, who sets them, and how the "counts" are verified, we can expect different forms of corruption manifesting in the distribution of vaccines, including favouritism and manipulation of data.

In addition, the initial limited supplies of Covid-19 vaccines will open up opportunities for theft, embezzlement and diversion.¹⁰⁸ We have seen this in the past. Just three years ago, over a thousand people died of meningitis in Nigeria, partly because officials stole vaccines.¹⁰⁹ The threat is so acute that Pfizer has already added extra security and background checks on everyone involved in the process of transporting vaccines. Nonetheless, this type of surveillance will be more challenging as the vaccines start to be distributed in other countries, where the governance model for allocation and the wraparound security systems could be weaker.¹¹⁰

Connected to the risk of embezzlement is another threat: the proliferation of substandard and falsified medicines. When stolen vaccines are not transported or stored correctly,¹¹¹ they may fail to meet the quality standards. Add to this the real possibility for organised crime to engage in the falsification, theft and illegal advertising of Covid-19 vaccines. Interpol has already issued a global alert about this to enforcement authorities of its 194 member countries.¹¹² If both substandard and falsified Covid-19 vaccines infiltrate the distribution channels, they will pose a significant risk to individuals' health and communities' wellbeing.

Corruption risks in the Covid-19 vaccine distribution are not just a governance challenge. They are a direct threat to global public health. Any corruption scandal will inevitably shake public trust in the vaccine, which can lead to low uptake and the world failing to tackle Covid-19.¹¹³

100. Mitchell Warren, "Opinion: Why exciting results from vaccine research are just the beginning of efforts to end Covid-19", *Devex* (web), 19 November 2020.

101. Umut Uras and Usaid Siddiqui, "Oxford/AstraZeneca Covid vaccine 70% effective: Full trial data", *AlJazeera* (web), 8 December 2020.

102. Sarah Boseley, "Oxford/AstraZeneca Covid vaccine has 70% efficacy, full trial data shows", *The Guardian* (web), 8 December 2020.

103. Sarah Boseley and Josh Halliday, "UK approves Pfizer/BioNTech Covid vaccine for rollout next week", *The Guardian* (web), 2 December 2020.

104. Jonathan Cushing, "The unspoken Covid-19 vaccine challenges: Distribution and corruption", *Transparency International Health Initiative* (web), 16 November 2020.

105. World Health Organization (WHO), *Fair allocation mechanism for Covid-19 vaccines through the COVAX Facility* (n.p.: WHO, 2020).

106. Cushing, 2020.

107. Cushing, 2020.

108. Cushing, 2020.

109. Patrick Egwu, "What happens when vaccines are stolen? A meningitis outbreak", *Bright Magazine* (web), 31 October 2017.

110. Helen Branswell and Ed Silverman, "7 looming questions about the rollout of a Covid-19 vaccine", *Stat News* (web), 9 October 2020.

111. For example, when there is no adequate refrigerated storage required to preserve the vaccine.

112. "INTERPOL warns of organized crime threat to Covid-19 vaccines", *INTERPOL* (web), 2 December 2020.

113. Natalie Rhodes, "Covid vaccine distribution: More fertile ground for corruption", *Transparency International Health Initiative*, 22 October 2020.

WHAT ARE THE IMPLICATIONS FOR HUMAN RIGHTS, EQUALITY, AND GENDER EQUALITY?

With Covid-19, the world has been reminded that global health should be every country's national priority. Yet corruption continues to undermine health systems, silently and decisively. This year, it is depriving millions of people of their right to health around the world.

The right to health comes with a series of immediate obligations for governments: They need to ensure that healthcare goods, services and facilities are available, accessible, acceptable and of good quality for all, respecting the culture of individuals, minorities, peoples and communities, and sensitive to gender and life-cycle requirements.¹¹⁴ Yet, if corruption pervades service delivery, there is little hope states can fulfil such obligations. The current experience with Covid-19 is proving just that.

In addition, when we think who is being impacted the most, it is clear that Covid-19 related corruption in service delivery has a dire effect on groups who are most reliant on health and other public services. These include women, poor people, and often people from migrant/ethnic backgrounds.

Recent studies have shown that issues such as poverty, physical environment (e.g. overcrowding, homelessness), and race or ethnicity play a key role in determining whether certain groups of people will die or survive the virus.¹¹⁵ Now, add in the fact that Covid-19 has disrupted food supply chains¹¹⁶ and it is estimated to push an additional 88 million to 115 million into extreme poverty this year.¹¹⁷ This will inevitably increase the number of people who will be the most reliant on public health services. If these services are blighted by corruption, it is unlikely that they can cater effectively to population needs.¹¹⁸ India's case of corruption in service provision, described above, clearly exemplifies this.

There is also a gendered impact of Covid-19 related corruption. Although Covid-19 related fatality rates have proved to be higher for men, the impact of the pandemic on women is becoming increasingly severe too.¹¹⁹ The examples from Mexico, Zimbabwe and Nigeria show that women have been victims of bribes and sextortion during quarantine as well as when trying to access health services and water.

This is not at all surprising. In many countries, societal gender roles have bestowed upon women the role of primary family caretakers. Where women fulfil this role, they can be regularly confronted with corruption every time they try to access healthcare services.¹²⁰ In addition, gender inequities in access to money, power and information put women—especially the poorest—in vulnerable positions. When women are unable to pay for bribes to access healthcare services, for example, they are also most likely to be victims of sextortion.^{121,122} Last year in Latin America, 55 per cent of women reported perceiving sextortion as a frequent occurrence for them.¹²³

Women are also at the front lines of the Covid-19 healthcare response, accounting for almost 70 per cent of the global health workforce.¹²⁴ They contribute US\$3 trillion annually to global health, half in the form of unpaid care work.¹²⁵ Yet, they are rarely involved in the decision-making processes, having limited opportunities to voice their concerns and inform the policy response to the pandemic. This worsens their vulnerability to corruption, both as patients and as providers.¹²⁶

When addressing Covid-19 related corruption at the point of service delivery, it is essential to carefully consider which groups are carrying the largest burden. Despite the staggering numbers, we now know the virus does not affect us all equally. Failing to address corruption risks in this environment can make that inequality much worse.

114. United Nations General Assembly (UNGA), *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health UNGA Seventy-second session* (n.p: UNGA, 2017).

115. "Covid-19 and the impact of social determinants of health", *The Lancet* (web), 18 May 2020.

116. "Food security and Covid-19", *World Bank* (web), 15 October 2020.

117. "Covid-19 to add as many as 150 million extreme poor by 2021", *World Bank* (web), 7 October 2020.

118. Daniela Cepeda Cuadrado, "Corruption, Covid-19, and Inequality—a deadly cocktail", *Transparency International Health Initiative* (web), 17 August 2020.

119. Gabriela Ramos, *Women at the core of the fight against Covid-19 crisis* (n.p: OECD, 2020).

120. "Corruption and gender: Women and men affected differently by corruption, but no evidence women or men are less corruptible", *UNODC* (web), 18 December 2019.

121. UNODC, 2019.

122. "Gendered impacts of corruption", *UNODC* (web), June 2020.

123. "Mujeres y corrupción en América Latina y el Caribe", *Transparency International* (web), 2019.

124. Ramos, 2020:1.

125. Mathieu Boniol, et. al. *Gender equity in the health workforce: Analysis of 104 countries* (Geneva: WHO, 2019).

126. "Covid-19 corruption makes women more vulnerable to corruption", *Transparency International* (web), 21 September 2020.

RECOMMENDATIONS



From Norway to Zimbabwe, from Mexico to Taiwan, we are witnessing bribery, embezzlement, favouritism, and all other forms of corruption occurring in Covid-19 responses. The imminent rollout of Covid-19 vaccines poses risks of corruption for all countries, both rich and poor.

In poorly governed health systems weakened by the pandemic, high demand, low supply, time pressures, and a growing need for health systems to care for an infinite number of patients can be trigger factors for corruption. Before the pandemic, there were already health systems without proper transparency and accountability mechanisms, as well as little monitoring and oversight. Throw a global health crisis into these contexts and you end up with multiple corruption threats infiltrating their Covid-19 responses.

In line with the Ignored Pandemic,¹²⁷ this report concludes with recommendations for decision makers and civil society on how to effectively curb corruption in healthcare service delivery.

Recommendations for decision makers:

1. Global Health Leaders need to recognise and address the impact of corruption:

Although there are still large gaps in the evidence base on corruption and anti-corruption,¹²⁸ global awareness of corruption's impact on health is increasing. On 15 October 2020, UN Secretary General Antonio Guterres recognised that "response to the virus is creating new opportunities to exploit weak oversight and inadequate transparency, diverting funds away from people in their hour of greatest need".¹²⁹ Decision makers can now capitalise on the UN's growing commitment to fight Covid-19 related corruption as well as the work led by the recent network "Anti-Corruption, Transparency and Accountability (ACTA) for Health Alliance". International organisations, such as the World Health Organization, the United Nations Development Programme, the World Bank Group, and the Global Fund to Fight Aids, Tuberculosis and Malaria have joined this network to identify the most effective anti-corruption, transparency and accountability mechanisms in the health sector.¹³⁰ Agencies should act to embed

¹²⁷. Bruckner, 2019:32-33

¹²⁸. Bruckner, 2019:32

¹²⁹. António Guterres, "Corruption is the ultimate betrayal of public trust", *United Nations* (web), 15 October 2020.

¹³⁰. Jillian Kohler and Andrea Bowra, "Exploring anti-corruption, transparency, and accountability in the World Health Organization, the United Nations Development Programme, the World Bank Group, and the Global Fund to Fight AIDS, Tuberculosis and Malaria", *Global Health* (web), 20 October 2020.

anti-corruption approaches into their work, and work with national governments to ensure they understand the risks of corruption and embed anticorruption approaches into their own programming.

2. Be mindful of the political and bureaucratic context:

While political will is key to tackle corruption in the health sector, counting on it is often challenging. On the one hand, many powerful players are under political and bureaucratic pressure to deliver Covid-19 programmes but, on the other, are exposed and under pressure from cultural and nepotistic networks to bow and turn a blind eye to corruption. Likewise, external actors and funders can add pressure with pre-set programmatic ideas and bureaucratic approaches to ensuring transparency, accountability, and integrity measures.¹³¹ Anti-corruption efforts will only be effective if they are designed after conducting rigorous political economy analyses that focus on how power and resources are distributed and contested in different contexts. Since anti-corruption resources are usually limited, they should then be channelled to tackle those forms of corruption that severely undermine the Covid-19 response—that is the outcomes that are most meaningful to patients and citizens, and where anti-corruption efforts have a better chance at succeeding.¹³² For example, countries should do a rapid review of corruption risks in the vaccine distribution system, and focus on increasing transparency and participation in the decision-making process. This will help clarify the risk groups who will get the vaccine first, and how these groups and their needs are quantified and prioritised.

3. Integrate anti-corruption approaches into wider efforts to strengthen health systems:

This means integrating transparency, accountability, integrity, and multi-stakeholder participation measures into all Covid-19 related programmes, plans, and policies. This can be done by conducting corruption risk analyses as part of wider health system strengthening assessments and national health planning exercises. Such analyses can be used to prioritise which risk to address, as well as to integrate strategic objectives on addressing corruption risks into the final plans and strategies.¹³³

4. Invest in prevention as well as enforcement:

Designing health system reforms and new health

programmes to reduce incentives and opportunities for corruption from the outset is likely to be more cost-effective than trying to implement stand-alone anti-corruption measures within a structurally flawed system.¹³⁴ This is of particular importance for the distribution of Covid-19 vaccines. Many countries have begun to plan for distribution, and this is the key moment to build transparency and accountability safeguards into procedures for setting priorities and allocating the vaccines. Measures must be also put in place to protect supply chains from embezzlement, while support and innovation is needed to prevent the proliferation of substandard and falsified vaccines. There are multiple options to prevent theft and assure the quality of vaccines, ranging from technology-based approaches such as blockchain, to corruption-reporting hotlines and awareness-raising campaigns targeting private providers and local governments about the dangers of buying vaccines from the black markets.¹³⁵

Nonetheless, prevention alone will not be effective. Corruption is an insidious challenge that can flare up at any opportunity. Therefore, it is key to have proper sanction mechanisms in place. While we have seen high-level officials and businesspeople in Guatemala,¹³⁶ Zimbabwe,¹³⁷ Kenya,¹³⁸ and Uganda,¹³⁹ among others, being taken to court, arrested, or removed from office for corruption allegations, penalties for those engaging in corruption at the point of service delivery are not as common. For Covid-19 responses to be effective, everyone involved has to be accountable for their actions.

5. Monitoring data and other information is key:

Monitoring enables us to assess how well anti-corruption efforts are working, detect and respond to emerging new corruption manifestations, and ultimately improve health outcomes.¹⁴⁰ In the context of Covid-19, more work needs to be done to identify cases of corruption across all the six areas this report mentions. Doing so will help highlight which are the most prevalent corruption risks at the point of service delivery, who are the most affected, how cultural and social factors are helping magnify risks, which health facilities and which regions are most prone to corruption, and what is the overall impact of corruption on the Covid-19 response—both in financial terms and in the cost of human lives. International organisations need to help governments enhance their health information systems

¹³¹. Bruckner, 2019:32

¹³². Bruckner, 2019:32

¹³³. Bruckner, 2019:32

¹³⁴. Bruckner, 2019:32

¹³⁵. Cushing, 2020.

¹³⁶. Michelle Mendoza, "El presidente Giammattei destituye al ministro de Salud de Guatemala", *CNN Español* (web), 19 June 2020.

¹³⁷. "Coronavirus: Zimbabwe health minister in court on corruption charges", *BBC* (web), 20 June 2020.

¹³⁸. "Coronavirus corruption in Kenya: Officials and businesspeople targeted", *BBC* (web), 24 September 2020.

¹³⁹. Halima Athumani, "Top Ugandan officials arrested in Covid-19 purchasing scandal", *VOA News* (web), 9 April 2020.

¹⁴⁰. Bruckner, 2019:33

and to commit to honestly and fully collecting and sharing this data, as this will help enhance countries' emergency preparedness responses for the current and future health emergencies.

Recommendations for civil society:

1. Remain vigilant:

Document all cases of corruption you find at the point of service delivery. Look for instances of extorted payments from patients for Covid-19 testing or treatment, evidence of stock-outs of Covid-19 related supplies and medicines despite public spending on said supplies, reports of favouritism in access to Covid-19 services, and manipulation of data regarding the distribution of vaccines, among others. Once captured, these will serve as pressing evidence to advocate for transparency and accountability mechanisms that guarantee a more equitable access to health services.

2. Advocate for stronger whistle-blowing protection mechanisms:

Leading transparency and anti-corruption organisations have called on public authorities to enhance whistle-blower protection during the state of emergency caused by the coronavirus pandemic.¹⁴¹ In contexts where legal protection to whistle-blowers is non-existent or has been weakened, civil society can support and advise individuals who are considering or have already blown the whistle. Transparency International does this through our Advocacy and Legal Advice Centres.¹⁴²

3. Contribute to changing social norms that justify corrupt acts:

Building integrity in the health sector requires a thorough understanding of the social forces that perpetuate corrupt practices. Although it is very challenging to change social norms and attempting to do so right now will probably not yield results before the end of the pandemic, civil society should engage in this because of its long-term benefits. There are a few strategies that may help. For example, if the aim is to reduce the practices of illegal payments and favouritism, civil society organisations can convene citizens to discuss the following: (i) how these forms of corruption affect access to testing and treatment for Covid-19; (ii) why it is important to reach the most marginalised and the most at risk first so as to reduce the spread and fatality of the virus; and (iii) what can be done to restore societal trust in the capacity of their countries' health systems to address all people's health needs without any need to pay for bribes or ask for favours from friends, acquaintances, and family members that are part of the health system.

4. Develop accountability, feedback mechanisms at the local level:

Civil society organisations can act as watchdogs and engage in diverse roles. They can monitor the implementation of Covid-19 related contracts, as well as assess the quality and effectiveness of procurement and distribution of medicines and medical supplies. For example, they could test the quality of medicines at different points in the supply chain, or create a web-based dashboard to share procurement information and Covid-19 testing data more broadly. They can engage with providers and directly support the distribution processes; in this case, civil society can liaise with providers and be the focal points to deliver medical equipment and products to hospitals, whilst keeping a record of the quantities received and delivered. They can provide a collective voice for their communities' grievances, ensuring they are viewed as part of the community they serve. They can demand to be included in the decision-making processes for who gets the Covid-19 vaccine first. Above all, they can ensure governments and agencies, both national and local, remain accountable to their people.

141. "UN/DESA Policy Brief #74: Resilient institutions in times of crisis: transparency, accountability and participation at the national level key to effective response to Covid-19", *United Nations Department of Economic and Social Affairs* (web), 15 May 2020.

142. "Whistleblowing", *Transparency International* (web), n.d.

