The Credibility of Pharmaceutical companies is on the line. Will they get it right?

TRANSPARENCY INTERNATIONAL GLOBAL HEALTH

2021 - 2023 Programme Strategy

What is the cost of poor procurement practices?

Millions of dollars worth of medicine was being siphoned off from the state-controlled warehouse possibly to be sold on the blackmarket

Declare Interests, Manage Conflicts, Protect the NHS

The great PPE scandal: Criminals come out of the woodwork countries roll out COVID-19 vaccines

INTRODUCTION

Transparency International Global Health (TI GH) is part of the Transparency International movement. It acts as a centre of global health expertise for the entire Transparency International movement.

TI GH is hosted by Transparency International UK, and, as such, our strategy is aligned with both the TI UK and overall Transparency International movement strategy. This iteration of the strategy covers 2021-2023 and builds upon the 2018-2020 strategy. The focus of TI GH's strategy runs across three key areas: research and development, procurement and service delivery.

VISION, PURPOSE AND VALUES

Vision

A world in which government, business, civil society and the daily lives of people are free from corruption.

Purpose

Our purpose is to ensure effective, accountable and transparent health systems which leave no room for corruption and deliver Universal Health Coverage.

Values

We act with integrity and value and respect difference. We work collaboratively across Transparency International, our global Movement and with partners; we have the courage to demand better of ourselves and others.

BUILDING STRONGER HEALTH SYSTEMS

Health system value chains are complex and multifaceted, involving multiple actors with differing degrees of knowledge and influence.

Our approach to eliminating corruption is to ensure that there is transparency and accountability throughout the system, from Research and Development of new technologies and drugs, in the strategic decisions made by governments and health authorities on resource allocation, through to the final delivery of care to the end user or patient.

We continue to consider three areas as key points of influence in the delivery chain; **Research and Development**, **Procurement**, and **Service Delivery**. By ensuring transparency in these areas, we can ensure that there is a greater degree of transparency across the whole health system, defined by the World Health Organization as "all the organizations, institutions, resources and people whose primary purpose is to improve health". Figure 1 illustrates how our work impacts on the system as a whole:
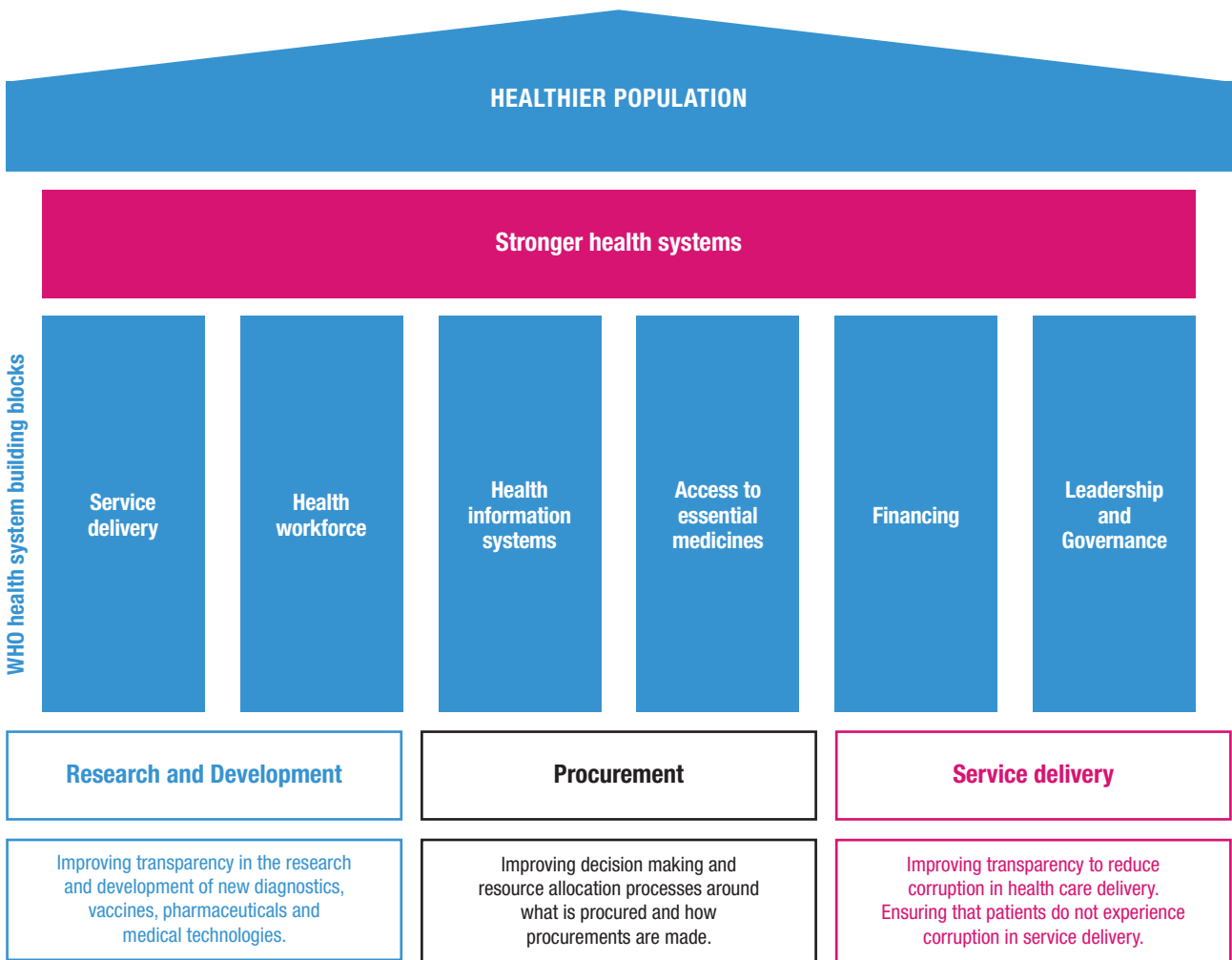
HEALTHIER POPULATION

Stronger health systems

WHO health system building blocks

Service delivery	Health workforce	Health information systems	Access to essential medicines	Financing	Leadership and Governance

Research and Development	Procurement	Service delivery
Improving transparency in the research and development of new diagnostics, vaccines, pharmaceuticals and medical technologies.	Improving decision making and resource allocation processes around what is procured and how procurements are made.	Improving transparency to reduce corruption in health care delivery. Ensuring that patients do not experience corruption in service delivery.

Figure 1 – Visualisation of the impact of TI GH's work across the health system

EXTERNAL CONTEXT

We begin this strategy period in the context of the ongoing COVID-19 pandemic. This has brought into sharp relief the corruption risks within health systems globally. The need for effective health systems is understood now more than ever.

Whilst vaccination programmes are currently commencing, it is clear that the impact of the pandemic will continue to be felt throughout this strategy period. As countries emerge from the worst of the pandemic, there will be increased pressure on health systems to be efficient and effective.

We will seek to use this opportunity to embed greater transparency into national health systems, and ensure that global health actors, including key multilaterals such as the WHO, and World Bank, champion transparency, and embed it into their strategies, and approaches. Establishing global norms and standards will play a role here, as will evidence from the ground on what works, and the impact that improving transparency can have on health outcomes.

Our work contributes to the achievement of the Sustainable Development Goals (SDGs), particularly SDGs 3 and 16, and ultimately, Universal Health Coverage (UHC) – allowing individuals and communities to receive the health services they need without suffering financial hardship. Pressure to reform will continue to be needed. We will work to further engage civil society actors in the health space to ensure that they recognise the importance of addressing corruption in the sector, and push for greater transparency.

APPROACH

TI GH's overall approach is closely aligned with the TI UK strategic goals of Advancing Policy, Improving Practice and Promoting Change. We will develop the global knowledge base and policy case for transparency in the health sector. We will use evidence from our existing programmatic work on procurement to make the case for policy reforms, and produce thought leadership. We will also further our expert thinking on Research and Development and Service Delivery. Where evidence is lacking, we will conduct research to better understand issues and propose solutions.

We will utilise our expertise and experience gained in delivering high quality country programmes to work with TI chapters across the movement to improve practice and develop accountable and transparent health systems at national levels. We will push for change, both within countries where we work, and in other contexts.

At the global level we will use evidence and information from our work to advocate for change, and develop relationships with key institutions in order to ensure that they take up our recommendations, and mainstream anti-corruption approaches into their work.

AIMS AND ASPIRATION

IN 3 YEARS WE WILL:

Improve transparency in medical Research and Development. We will develop our evidence base and partnerships with academic institutions, allowing us to better understand the influence of pharma companies on national health systems.

Ensure that the importance of transparency in health sector procurement is understood, both internationally and nationally, by building the evidence and making resources available for governments to improve transparency, and for civil society to use information to hold governments to account.

Further investigate and highlight the drivers of corruption in health care service delivery, and develop tools and approaches to combat this type of corruption.

Ensure that the impact of corruption in the sector, and on health outcomes, will be better recognised by multilaterals and key global health players. These agencies will embed anti-corruption approaches in their strategies, and be advocates for transparency.

IN 10 YEARS, WE ASPIRE TO SEE:

All multilaterals, NGOs, national and local governments will recognise the importance of anti-corruption interventions in health and have built corruption-sensitive approaches into institutional communications, policies, and interventions.

Significant anti-corruption measures in place in the development of medical innovation and progress. Researchers will meet progressively improved standards of transparency and accountability, ensuring that Research and Development is free from undue influence and results in safe, effective and accessible medical technology.

Globally, procurement processes in the health sector at all levels will be transparent. Health system financiers, be they international institutions or governments, will use information-based decision making with transparent procurement data to improve health outcomes.

Healthcare services will meet expected levels of quality, equity and accessibility to increase resilience against corruption. As a result, service users will be able to access the medicines, services, and care they need.
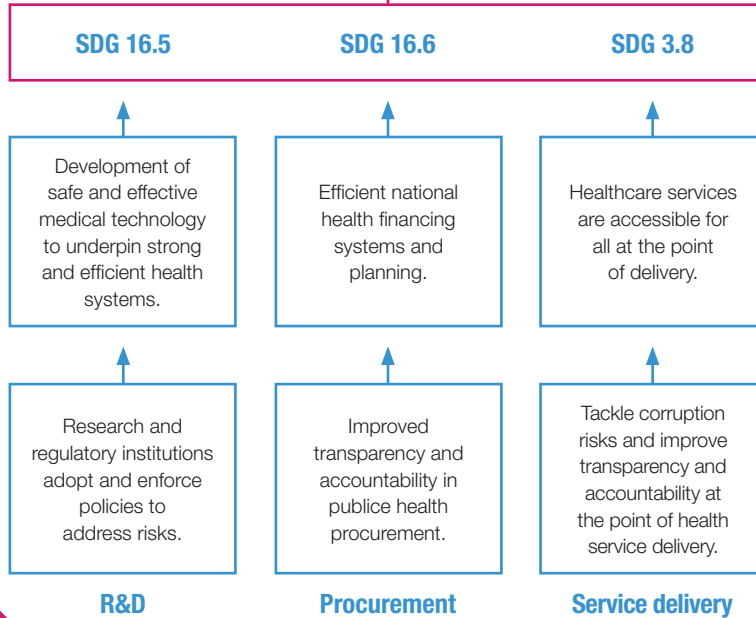
Social norms will increasingly be less tolerant of corruption. Governments will be more transparent about the quality and performance of health service delivery.

PROGRAMME PILLARS, KEY INITIATIVES AND ACTIVITIES

Our theory of change sets out how we intend to deliver on the overall aims of the 2021-23 strategy. It demonstrates how the three key areas of work, or pillars of our approach, will contribute to the achievement of Sustainable Development Goals (SDGs) 3 and 16, and ultimately, Universal Health Coverage (UHC).

Theory of change

Ensure efficient, accountable and transparent health systems which leave no room for corruption and deliver UHC.

SDG 16.5	SDG 16.6	SDG 3.8

Development of safe and effective medical technology to underpin strong and efficient health systems.

Efficient national health financing systems and planning.

Healthcare services are accessible for all at the point of delivery.

Research and regulatory institutions adopt and enforce policies to address risks.

Improved transparency and accountability in publice health procurement.

Tackle corruption risks and improve transparency and accountability at the point of health service delivery.

R&D

Procurement

Service delivery

Corruption sensitivity

Recognition and integration of anti-corruption mechanisms into health policies, plans and approaches of multilaterals, national and local governments.

1

PILLAR 1 – RESEARCH AND DEVELOPMENT

For decades, the regulatory environment of Research and Development (R&D) for pharmaceuticals and medical devices has been highly influenced by powerful industry stakeholders. This has led to a system whereby industry interests often come before public interest. Opaque and incomplete clinical trial and research data, weak research, misconduct, management of conflicts of interest and revolving doors are some of the key issues affecting the sector.

Over the last strategy period, TI GH focussed particularly on clinical trial transparency, building upon its **2017 publication**. However, with the impact of COVID-19 and the fast pace of vaccine development, together with huge amounts of public funding on R&D, TI GH has maintained a watching brief on R&D more broadly.

Objective:

Work to ensure transparency and integrity within the R&D sector to deliver safe and effective medical technology through synthesising existing data and research, analysing through an anti-corruption, transparency and integrity lens, and promoting best practices.

Key Priorities:

- Monitor R&D developments, with a key focus on COVID-19, and bring awareness of key corruption risks. Develop an evidence base on corruption risks in R&D.
- Conduct research to map corruption risks and vulnerabilities across R&D.
- Use that research to develop guidelines and policy recommendations for government and R&D institutions.
- In collaboration with key chapters, develop deeper understanding of regional and national pharmaceutical sectors and their regulatory systems in order to better understand structural weaknesses that allow for corruption and allow us to advocate for greater transparency globally.
- Build and convene networks of technical experts to enhance our institutional knowledge, experience and amplify our messaging.
- Assess utility/development of a clinical trial transparency indexing tool, and clinical trials transparency standards.
- Advocate for greater transparency in research and clinical data, research funding, medical technology pricing and patent information.
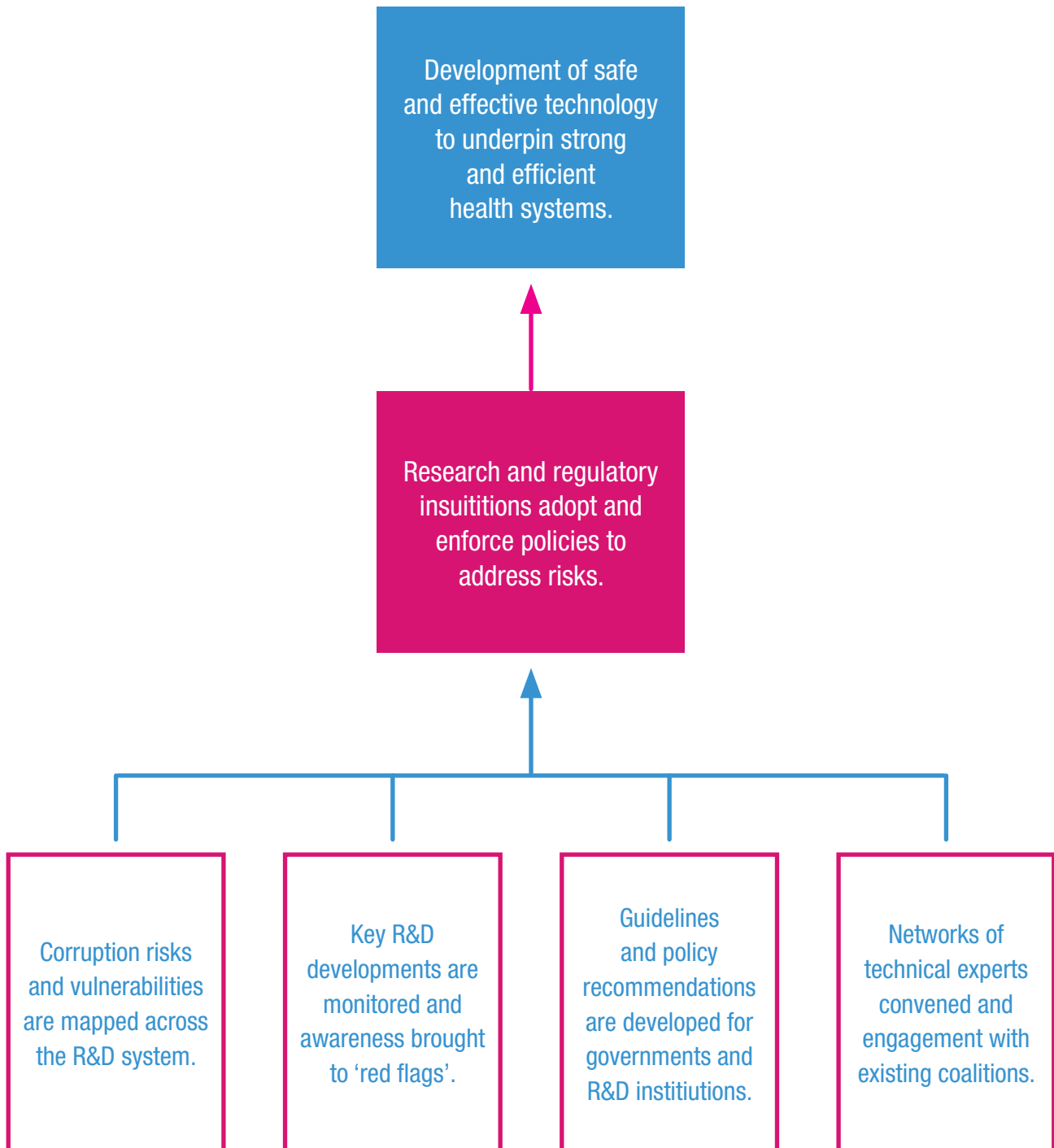
Development of safe
and effective technology
to underpin strong
and efficient
health systems.

Research and regulatory
insuititions adopt and
enforce policies to
address risks.

Corruption risks
and vulnerabilities
are mapped across
the R&D system.

Key R&D
developments are
monitored and
awareness brought
to 'red flags'.

Guidelines
and policy
recommendations
are developed for
governments and
R&D institiutions.

Networks of
technical experts
convened and
engagement with
existing coalitions.

Figure 4 – R&D pillar results chain

2 PILLAR 2 — PROCUREMENT

Procurement is the principal interface between the public system and suppliers. It aims to acquire the right quality and quantity of products required to deliver health care in the most cost-effective manner. Procurement in health is one of the activities most impacted by corruption.
It is estimated that 10-25% of all money spent in procurement globally is lost to poorly planned or executed procurement and corruption.

Over the previous period TI GH developed a significant amount of expertise on improving procurement transparency, working with TI chapters and stakeholders to improve health sector transparency within countries, and working with key international stakeholders to bring about change. Our work has shown that although transparent procurement is critical, it is not a panacea to eliminating corruption. Those making the strategic planning, and resource allocation decisions that guide procurement planning need timely, quality information in order to properly plan and allocate resources. Stronger, and more systemic feedback loops for decision makers and those who want to hold them to account are required if the effectiveness of procurement is to improve.

Objective:

We will work to ensure more transparent procurement processes in the health sector, allowing for information to be better used to improve the efficiency and effectiveness of health systems.

Key Priorities:

- Research in the health areas of social accountability, procurement and corruption in order to develop best practice, advocacy materials, uncover illicit practices and improve procurement transparency.

- Work with leading international experts on health procurement transparency to share best practice through communication opportunities and the Open Contracting Hub tool.

- Deliver a new generation of activities to equip civil society in selected countries with the tools to monitor health contracting processes and hold authorities to account.

- Highlight unique risks and learnings taken from analysis of COVID-19 emergency procurement procedures.

- Work with partners in government, media and civil society to ensure they can analyse and use health procurement data to improve health outcomes.

- Continue to improve health system decision-making.
  We will ensure that decision makers use information to improve health system performance, and that civil society can access information to hold governments to account.

- Utilise learnings from programmatic work to develop standards to which governments can be held to account on accessibility and visibility of information.
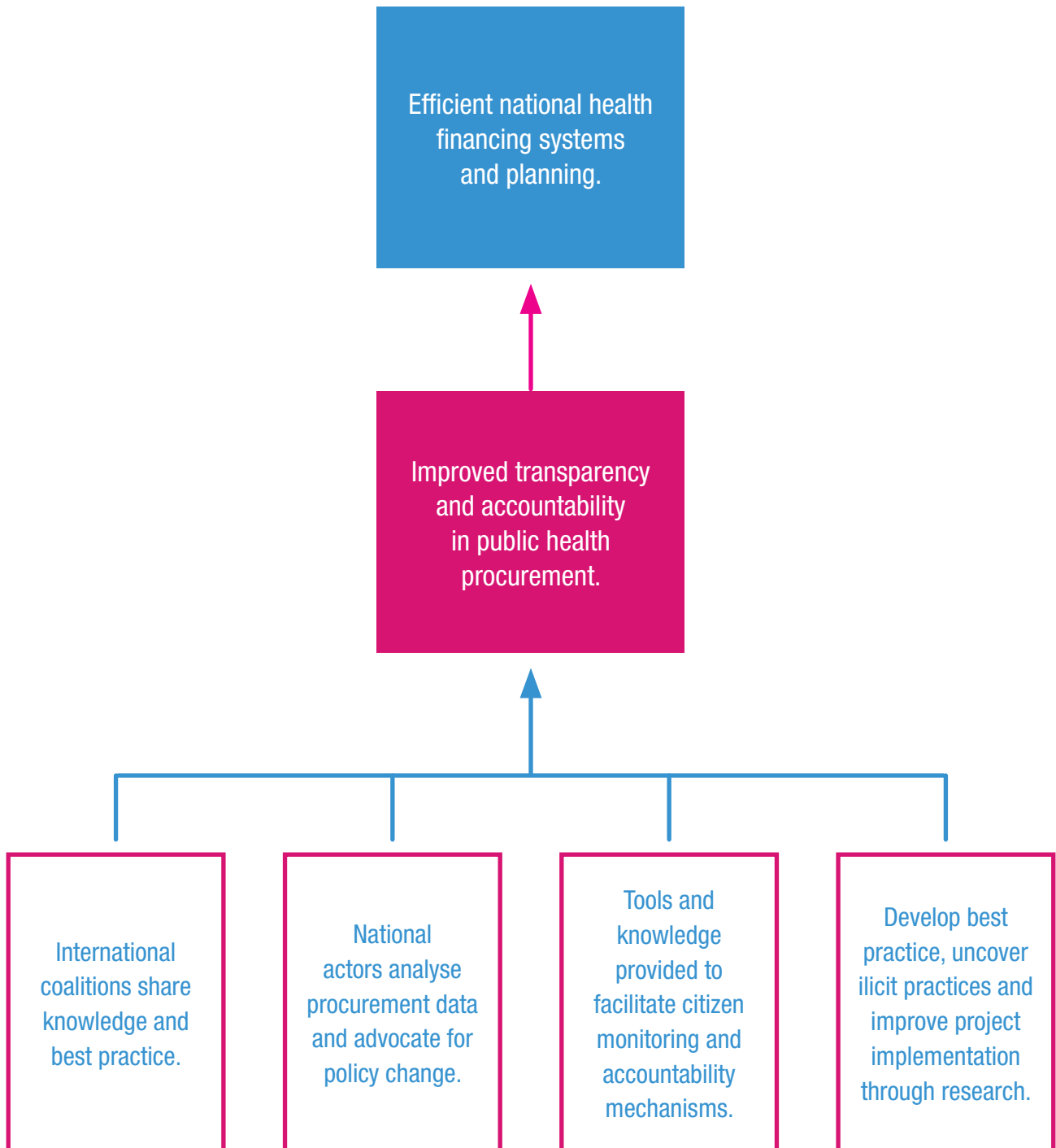
Efficient national health financing systems and planning.

Improved transparency and accountability in public health procurement.

International coalitions share knowledge and best practice.

National actors analyse procurement data and advocate for policy change.

Tools and knowledge provided to facilitate citizen monitoring and accountability mechanisms.

Develop best practice, uncover ilicit practices and improve project implementation through research.

Figure 5 – Procurement pillar results chain

3

PILLAR 3 —
SERVICE DELIVERY

Corruption in health service delivery – the point of interaction between a patient and provider – are multi-faceted and cause great cumulative damage. Bribes, fraud, embezzlement, illegal absenteeism, diversion to the private sector, manipulation of data, falsified medicines, among others, are all too common occurrences that shape many of these interactions. Conversely, many issues experienced by service users, such as the unavailability of, or poor-quality medicines, are due to health system weaknesses and faults which create opportunities for corruption at the point of delivery, and mean that the quality of care provided is suboptimal.

Since the previous strategy, TI GH has honed its expertise in this area, raising awareness of the highest corruption risks in service delivery. It impacts the attainment of Universal Health Coverage, and how to tackle corruption risks in this area. As part of this work TI GH launched its landmark publication on corruption in service delivery, the '**Ignored Pandemic**' which sets the agenda for change, and has now been joined by a complementary paper analysing **the impact of COVID-19 on corruption in service delivery**.

Objective:

We will work to ensure equitable access to quality health services. We will do this by generating knowledge on corruption risks and their impact at the point of service delivery and conducting evidence-based advocacy to influence national and global implementation of UHC and all other-health related targets under SDG 3.

Key Priorities:

- Research and highlight the underlying drivers of corruption in service delivery at national levels; prioritise countries based upon existing out of pocket payment data.

- Research and highlight how system failings manifest, and present opportunities for corruption at the point of service delivery. Utilise research to develop context specific responses.

- Work across the TI movement to gather and disseminate evidence of corruption in service delivery, identify trends and gaps in anti-corruption interventions and advocate for anti-corruption efforts.

- Advocate for the need to embed anti-corruption measures such as citizen monitoring, social accountability, and whistleblowing into the design, development, implementation, monitoring and evaluation of all health interventions.

- Continue to input into and shape discussions around UHC through actively engaging global health actors, communications channels and shaping key discourses.
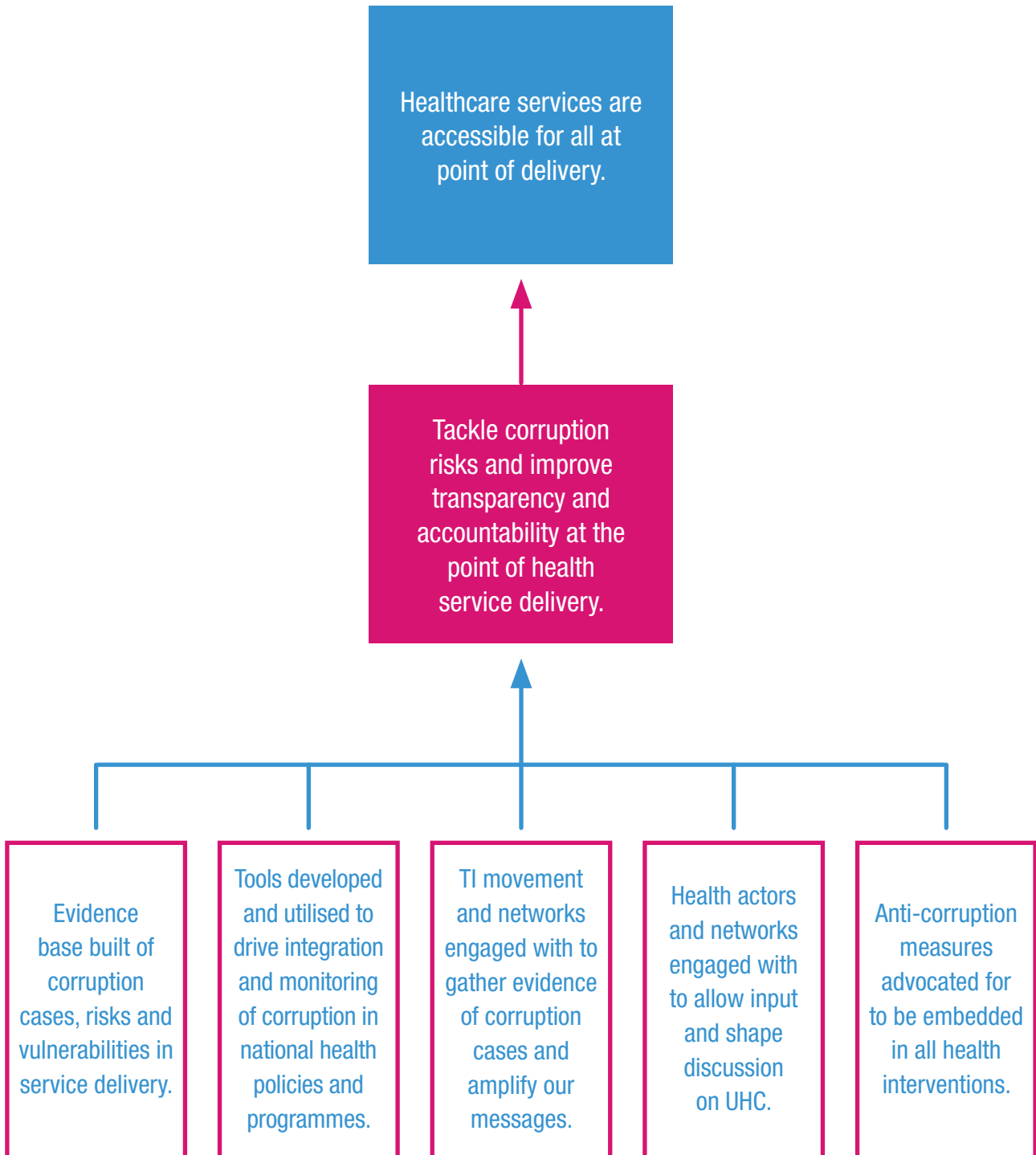
Healthcare services are accessible for all at point of delivery.

Tackle corruption risks and improve transparency and accountability at the point of health service delivery.

Evidence base built of corruption cases, risks and vulnerabilities in service delivery.

Tools developed and utilised to drive integration and monitoring of corruption in national health policies and programmes.

TI movement and networks engaged with to gather evidence of corruption cases and amplify our messages.

Health actors and networks engaged with to allow input and shape discussion on UHC.

Anti-corruption measures advocated for to be embedded in all health interventions.

Figure 6 – Service delivery pillar results chain

CROSS CUTTING APPROACHES

Transparency in the global health architecture
TI GH will advocate with multilaterals in the health sector (e.g. development banks) to ensure transparency and open information reporting is made requisite in grant and loan agreements. We will work with TI chapters to utilise open information to strengthen feedback loops and improve efficiency and efficacy of funds provided to national health sectors. We will work to inspire and inform other civil society organizations to conduct similar monitoring.

Corruption Sensitivity Framework for Health
A replicable anti-corruption dashboard will be developed to monitor anti-corruption mainstreaming in health and the impact of mainstreaming on the attainment of SDGs 3 and 16. This will serve as the foundation for the development of standards allowing government progress in mainstreaming anti-corruption measures to be monitored.

STRENGTHENING OUR CONTRIBUTION TO THE TI MOVEMENT

We have a unique position within the TI movement as a Global Thematic Network Initiative (GTNI) housing the movement's expertise on corruption in the health sector. It is crucial for TI GH to effectively and strategically contribute to the strategies of TI S and TI UK, TI GH's host chapter to realise our potential as a global centre of excellence on anti-corruption in health.

We will achieve this by contributing towards the achievement of TI's global strategy, in particular: 1) protect the public's resources and 6) defend civic space for accountability. In practical terms we will make greater use over the next three years of experience and information within the movement. Using evidence from across the movement to inform policy, practice and change. We will work with different components of the movement (chapters, networks etc.) to bring about change in a more effective manner (for example, targeting advocacy through different channels).

Operationally, we will seek to develop and deepen our relationship with national chapters within the movement, including strategic relationships with at least six national chapters, across all continents, identifying joint areas of work, along with research and advocacy priorities. Developing 'keystone' chapters will allow TI GH to be better informed, and to better respond on a global level.

In the UK, TI UK strategic principles to Advance Policy, Improve Practice and Promote change have informed the development of TI GH's strategy. For more explicit descriptions of how we will support the fulfilment of the TI UK strategy please refer to 'TI UK's Strategy 2021-30' which reflects this document and our 10-year aspiration.

PARTNERSHIPS AND ENGAGEMENT

Developing and maintaining strong relationships with key stakeholder groups is paramount to ensuring the success of TI GH. These include multilaterals, governments, civil society, the private sector and academia. By doing this we will ensure that others buy into our vision, amplify our messages and work with us to reach our goals.

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