TRANSPARENCY INTERNATIONAL GLOBAL HEALTH

Strategy 2024-26

CONTENTS

EXECUTIVE SUMMARY

Corruption is a public health emergency causing detrimental inefficiencies and inequities which adversely affect health outcomes. About US $560 billion is lost annually to corruption and fraud in the health sector, which is more than enough to close the yearly financing gap to reach universal health coverage by 2030.

Expenditure is wasted due to inefficiency, poor decision making and corruption, resulting in poorer health outcomes. Despite a 2023 high level commitment by UN member states recognising corruption as a barrier to achieving universal health care coverage, minimal advancements have been made since the declaration was initially made in 2019.

Transparency International Global Health (TI-GH) is part of Transparency International, the world's leading anti-corruption Movement. We are the only civil society group globally dedicated to addressing some of the most pressing corruption risks in the health sector – a long-neglected issue which we have shined the light on through research and advocacy, working with like-minded allies in academic institutions, government and the private sector to advance progress and implement practical solutions. As a Centre of Excellence, we work to ensure effective, accountable and transparent health systems which leave no room for corruption, and which support the attainment of universal health coverage. Over 2024-2026, we will be bolder in our approach, encouraging a tidal wave of stakeholders across public and private spheres to put anti-corruption at the forefront of health plans, actions and investments.

Three outcome areas to achieve this have been devised based on our value add, the evidence, our experience, where corruption hot spot areas exist transnationally and where work with chapters are synergistic. The outcomes and associated outputs align to key strategic areas in the wider TI-movement strategy, are inter-connected and mutually reinforcing:

Over the next three years we will ensure that efforts to tackle corruption are embedded into health systems at all levels. Building on our experience and expertise, we will consolidate our role as a global leader in the space, making the case for change to ensure that corruption does not hold back progress towards SDG-3

IMPACT

Advancing universal health coverage (SDG3) by reducing corruption in the health sector

PROBLEM

Political Will: Despite high level commitments, anti-corruption is still not a priority for health system resilience and strengthening programmes and reform

Policy and Regulation: The complex, transnational and opaque nature of the global health supply chain leaves them vulnerable to corruption and regulatory/policy capture

Collective Action: Citizens, media, civil society and users affected by corruption in health services not engaging in collective efforts to hold power to account and act

SOLUTION

Evidence and engagement to embed anti-corruption measures into UN, government and funding priorities in health

Research into drivers of lobbying, standards, tools and engagement to shape specific policies and practice in the sector

Targeted evidence and advocacy to various stakeholder groups to encourage action and strengthen accountability

TARGET

Governments, Multi-laterals, Funders

Private Sector, Governments, Chapters

Chapters, CSOs, Adolescents & Women, Media

OUTCOMES

1. **Measures taken by governments and global health actors to address corruption in the health sector**

   1.1 At least 10 countries/UN bodies embed anti-corruption into health systems resilience frameworks, programmes and policies

   1.2 Anti-corruption in health included as a priority agenda for at least 4 funders

   1.3 Anti-corruption measures incorporated into at least 2 health emergency preparedness and health financing frameworks

2. **Stronger policy environment mitigating corruption risks across the global health supply chain**

   2.1 At least 5 governments and 10 CSOs utilise TI-developed tools to strengthen supply chains

   2.2 At least 3 transnational supply chain risks mitigated through collective action

   2.3 Practices in responsible lobbying in the health sector better understood and potential risks mitigated

3. **Chapters and civil society, media and adolescent & women's networks engaged on reducing corruption in health**

   3.1 At least 10 TI Chapters/Civil Society equipped with tools and best practices for advocacy

   3.2 20% increase in global media coverage and at least 5 in-depth investigative reports on corruption in health

   3.3 At least 10 youth & women's networks equipped with evidence to put pressure on decision makers

ROLE

Cross-cutting: as a centre of excellence we combine our knowledge of how health systems work with anti-corruption research, tools and approaches to build resilient sustainable health systems working with Chapters, civil society, multi-laterals, funders, private sector, media and adolescent networks

We build and leverage the evidence base to engage and advocate to governments/multi-laterals

We conduct research, develop guidelines and roll out monitoring tools in partnership with private sector, government and Chapters

We support investigative journalists and co-develop evidence informed advocacy/case studies with CSOs, Chapters and Adolescents

BACKGROUND

Corruption is a public health emergency causing detrimental inefficiencies and inequities which adversely affect health outcomes. Of the US$8.5 trillion spent on health services globally, around 7% is lost to fraud and corruption.[1] This translates to US $560 billion lost annually[2] , which is more than enough to close the yearly $370 billion financing gap to reach universal health coverage by 2030[3,4] – a key United Nations commitment.

Opacity in the governance and delivery of health services provides fertile grounds for inefficiency and corruption to occur. Expenditure is wasted due to inefficiency, poor decision-making and corruption, resulting in poorer health outcomes. Despite a 2023 high-level commitment by UN member states recognising corruption as a barrier to achieving universal health care coverage, minimal advancements have been made since the declaration in 2019.

Corruption in health is a life and death scenario if not addressed. Studies reveal a correlation between corruption, lower levels of health expenditure and adverse health outcomes including infant and maternal mortality and shortened life expectancy.[5,6,7,8] Potential corruption risks including patronage and clientelism among others can influence health resource allocation and expenditure. Research conducted across 20 African countries revealed a strong correlation between a heightened perception of national corruption and poorer health outcomes, particularly affecting individuals in low-income groups[9]. There is also evidence

suggesting that reductions in AIDS deaths were much slower in countries with higher levels of corruption.[10] Corruption is a common theme in studies exploring obstacles to accessing effective care. The adverse consequences of corruption reach beyond the realm of health, impacting global security. Effectively addressing corruption is imperative in controlling both communicable and non-communicable diseases and ensuring preparedness for global emergencies.

The Corruption Perception Index 2018 identified health as one of the most corrupt sectors[11] and the OECD found 45% of citizens globally consider the sector to be corrupt.[12] This is due to its substantial resources, information and power asymmetry between providers and consumers, numerous actors involved where relationships may be opaque, system complexity, fragmentation, and a global supply chain for medicines and devices which exposes more entry points for potential corruption including manipulation of data and embezzlement. Governments' discretionary powers in licensing health facilities and providers, coupled with the potential for financial gain through unnecessary procedures can increase vulnerability to corruption risks.[13]
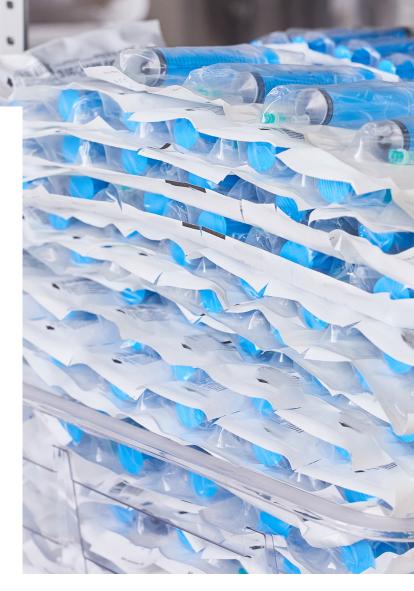
Whilst the health sector is heavily regulated, identifying and punishing corrupt practices in health remains challenging due to blurred lines between inefficiency, negligence and intentional

1   https://pure.port.ac.uk/ws/portalfiles/portal/17778636/The_Financial_Cost_of_Healthcare_Fraud_Report_2015.pdf
2   https://ti-health.org/content/elusive-data-can-unlock-the-anti-corruption-impasse-in-global-health/
3   https://www.brookings.edu/articles/closing-africas-health-financing-gap
4   https://pubmed.ncbi.nlm.nih.gov/28728918
5   https://www.rienner.com/title/Fighting_Corruption_in_Developing_Countries_Strategies_and_Analysis
6   https://academic.oup.com/heapol/article/23/2/83/590549?login=false
7   https://www.imf.org/external/pubs/ft/wp/2000/wp00116.pdf
8   https://www.amnesty.org.uk/press-releases/burkina-faso-pregnant-womens-rightss-rightss-rightss-rightss-rightss-rights-dying
9   https://onlinelibrary.wiley.com/doi/10.1111/tmi.12177
10 https://www.sciencedirect.com/science/article/abs/pii/S0305750X18301633?via%253Dihub
11 https://www.transparency.org/en/cpi/2018
12 https://www.oecd.org/els/health-systems/Tackling-Wasteful-Spending-on-Health-Highlights-revised.pdf
13 https://papers.ssrn.com/sol3/papers.cfm?abstract_id=984046

abuse. Information asymmetries, monopoly, unchecked discretion and insufficient accountability for decisions (absence of sanctions for non-performance), lack of oversight, limited citizen voice and participation for social control (in areas like absenteeism or drug procurement monitoring), and a lack of transparency (including active disclosure and access to information) contribute to exposure to corruption risk. Additionally, weak enforcement mechanisms, such as the regulation of markets for medicines and devices, pricing, prescription behaviour and the inadequate detection and punishment of corruption, further compound the susceptibility to corruption in the health sector.[14]

Tackling corruption in the health sector is hindered by the absence of conclusive evidence regarding effective strategies and impact on outcomes. A 2016 Cochrane Systematic review found a lack of empirical evidence on the effectiveness of anti-corruption measures in the health sector.[15] The review however identified some promising strategies despite the evidence not meeting the rigorous standard of the Cochrane review, these included strengthening accountability, improving data, enhancing supervision, adjusting salaries, implementing performance-based incentives and sanctions, increasing transparency, fostering citizen engagement and bolstering law enforcement. Despite the growth of anti-corruption strategies in health, there is a noticeable gap in transforming this knowledge into prioritised and actionable implementation.[16]

Projections indicate a significant expansion of the healthcare AI market, with an expected compound annual growth rate of 50% until 2025.[17] AI systems hold the potential to enhance care delivery, elevate patient experiences and simultaneously reduce costs. This underscores the transformative impact of AI in optimizing healthcare practices and outcomes and the potential to use it for corruption risk reduction. Whilst we see the potential to democratise and allow rapid access to information, we also see the need to ensure that the right policies and governance structures are put in place to ensure that AI is not used for corrupt practices. Vigilant anti-corruption efforts are crucial to ensure ethical and equitable healthcare practices as technology advances.

14 https://academic.oup.com/heapol/article/23/2/83/590549

15 https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008856.pub2/full#:~:text=Cochrane%20researchers%20searched%20for%20all,studies%20that%20met%20their%20criteria.&text=The%20review%20suggests%20that%20some,have%20an%20effect%20on%20corruption

16 https://tspace.library.utoronto.ca/bitstream/1807/107939/1/8.%20Mapping%20of%20good%20practices%20of%20anti-corruption%20interventions%20in%20the%20health%20sector.pdf

17 https://www.researchgate.net/publication/343518171_The_Future_of_Healthcare_around_the_World_Four_Indices_Integrating_Technology_Productivity_Anti-Corruption_Healthcare_and_Market_Financialization

INTRODUCTION

Transparency International Global Health (TI-GH) is part of Transparency International, the world's leading anti-corruption Movement, comprised of over 100 national Chapters and a Secretariat in Berlin. We are the only civil society group globally dedicated to addressing some of the most pressing corruption risks in the health sector – a long-neglected issue which we have shined the light on through research and advocacy, working with like-minded allies in academic institutions, government and the private sector to advance progress and implement practical solutions. As a Centre of Excellence, TI-GH brings unparalleled expertise in applying transparency, anti-corruption and accountability solutions to address global health problems. We effectively combine our knowledge of how health systems work with anti-corruption research, tools and approaches to help build resilient sustainable health systems, which contributes to improving health outcomes for all.

Our strategy incorporates a gender perspective as a cross-cutting area across our entire portfolio, fostering inclusivity and recognising the unique vulnerabilities to corruption risk among different intersectional identities. Our focus extends beyond women to encompass the diverse impacts of corruption in health on children, men, transgender and gender non-conforming individuals. Transparency International's Global Corruption Barometer, with its inclusion of gender-related questions, underscores the importance of recognising and mitigating the gendered impact of corruption. Findings in regions like Latin America, the Middle East and North Africa, where one in five people report corruption affecting access to government services like health care or education, underscore the necessity of a gender-sensitive lens in our collective efforts to reduce corruption in the health sector

VISION AND MISSION

Our Vision is:

a world without corruption in the health sector

Our mission is to:

ensure effective, accountable and transparent health systems which leave no room for corruption

The significant losses attributed to corruption and fraud in the health sector make achieving universal health coverage (Sustainable Development Goal 3) a formidable challenge. Concerted and accelerated efforts are required to integrate accountability, anti-corruption and transparency solutions into all aspects of the health programming, plans and strategies to help mitigate this challenge.

OPERATING PILLARS

Interventions to advance our outcomes are framed
under three interconnected strands:

WE ADVANCE POLICY

Use research, evidence and advocacy to drive the
use and improvement of law, regulation, systems and
policy to deter and pursue corruption.

WE IMPROVE PRACTICE

Drive the public and private sectors to change behaviours
and attitudes and stop corruption.

WE PROMOTE CHANGE

Share knowledge, create pressure and reduce opposition,
mobilise and support allies to tackle corruption

Research and advocacy form the backbone of our work. We use evidence
to raise global awareness about corruption in health systems, shape policy
recommendations and drive change. We have used evidence as the basis for
recommendations for greater transparency provisions in the Pandemic Accord,
inclusion of transparency indicators in the Global Pandemic Preparedness
Monitoring framework and the UN UHC High-level resolution.

THEORY OF CHANGE

Our theory of change, spanning 2024-2026, articulates our contribution in conjunction with many others on the impact we seek to have in the world: advancing universal health coverage (SDG3) by reducing corruption in the health sector. Three outcome areas to achieve this have been devised based on our value add, the evidence, our experience, where corruption hot spot areas exist transnationally and where work with chapters are synergistic. The outcomes and associated outputs across our operating pillars align to key strategic areas in the wider TI-movement strategy and are inter-connected and mutually reinforcing:

- **Outcome 1 (political will): Measures taken by government and global health actors to address corruption in the health sector**
- **Outcome 2 (policy and regulation): Stronger policy environment mitigating corruption risks across the global health supply chain**
- **Outcome 3 (collective action): Chapters and civil society, media and youth & women's networks actively engaged in reducing corruption in health**

Our inputs entail co-developing solutions that are agile and nimble, recognising that health systems are complex, change is never linear, and contexts evolve. We use a pathway of change[18] approach to co-select the right combination of steps and a menu of solutions for each context to address the highest corruption risk areas in the health sector. We use the pathways of change framework to advance progress on our outputs and outcomes which are categorized into the following **4 key interrelated steps**:

- **Intelligence: data and tracking**
- **Connections: partnerships and engagement**
- **Shifts: advocacy and influence**
- **Legacy: sustainable actions**

The foundations of our work rest in rigorous data and contextual analysis (intelligence) which help define the specific partnerships and engagement (connections) needed to advance evidence-based recommendations using our convening power to draw together government, chapters/civil society, consumers, media, academics and industry. Getting the evidence and recommendations to a diverse group of partners who can use it for advocacy and influencing (shifts) can lead to sustainable actions and changes that become institutionalised (legacy).

Under each step are a menu of options that can be selected to best suit the needs in each context to reach specific policy, practice and change results. Different routes can be taken by choosing a menu of solutions to reach the same goals. New routes can be plotted as opportunities and challenges arise. This approach allows for maximum flexibility in reaching goals as it does not dictate the sequence in which activities must be achieved, how or when. In this way, the most promising routes to achieve outputs and outcomes can be tailored for each setting. This is particularly relevant to combating corruption which varies enormously between different settings, requiring a framework that can quickly adapt to changing circumstances.

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18 https://www.tandfonline.com/doi/full/10.1080/17441692.2020.1868016

IMPACT

Advancing universal health coverage (SDG3) by reducing corruption in the health sector

OUTCOMES

Political Will
Measures taken by government and global health actors to address corruption in the health sector

Policy & Regulation
Stronger policy environment mitigating corruption risks across the global health supply chain

Collective Action
Chapters and civil society, media and adolescent women's networks engaged on reducing corruption in health

OUTPUTS

1.1. (policy): At least 10 countries/UN bodies embed anti-corruption into health systems resilience frameworks, programmes and policies

1.2. (change): Anti-corruption in health included as a priority agenda for at least 4 funders

1.3. (practice): Anti-corruption measures incorporated into at least 2 health emergency preparedness and health financing frameworks

2.1. (policy): At least 5 governments and 10 CSOs utilise TI-developed tools to strengthen supply chains

2.2. (change): At least 3 transnational supply chain risks mitigated through collective action

2.3. (practice): Practices in responsible lobbying in the health sector better understood and potential risks mitigated

3.1. (policy): At least 10 TI Chapters/Civil Society equipped with tools and best practices for advocacy

3.2. (change): 20% increase in global media coverage and at least 5 in-depth investigative reports on corruption in health

3.3. (practice): At least 10 youth & women's networks equipped with evidence to put pressure on decision makers

INPUTS

Step	Menu of Solutions
Intelligence Data and Tracking	• Research • Indices/benchmarks • Dashboards • Monitoring/ tracking tools • Assessments
Connections Partnerships and Engagement	• Convene stakeholders • Targeted collaboration • Solutions dialogue and events • Networks analysis • Position pieces
Shifts Advocacy and Influence	• Advocacy tools/strategies • Package/share evidence • Learnings Briefs • Investigative pieces • Stories of change
Legacy Sustainable Actions	• Integration of tools • Tailored advice • Capacity and skills transfer • Guidelines, frameworks and policy briefs

We aim to tackle corruption in the health sector in partnership with government, Chapters/civil society, media and the private sector. We want to accelerate efforts to support effective, accountable and transparent health systems which leave no room for corruption and support the delivery of Universal Health Coverage. We provide a combination of evidence, expertise, insights and influencing tactics to advance policy, practice and change relevant to different health institutions and contexts. By influencing policies, practices and systems, we put anti-corruption at the centre of health systems, ensuring valuable and scarce resources are used efficiently and effectively.

We used the following criteria to focus on our outcomes and outputs, developed through an iterative process of problem definition, solution design and consultation with internal and external stakeholders:

- **Importance:** focus on the highest corruption risks in the health sector based on evidence and expertise

- **Action:** provides actors with insights, tools, approaches and solutions to take forward

- **Transnational:** the solutions lie at least partly in multilateral fora or across various national contexts where we have a credible pathway to exerting sufficient influence to achieve change, and this change would positively advance health systems resilience to tackle corruption in numerous other countries; and

- **Differentiation:** our contribution is unique or differentiated from other stakeholders and is a clear value add to the sector

OUTCOMES

Outcome 1 (political influence): Measures taken by governments and global health actors to address corruption in the health sector

Over the next three years it is crucial that we build on the momentum gained and ensure that addressing corruption is a global health priority across all countries. This means ensuring anti-corruption measures are better embedded into country health strategies and plans as well as in health sector guidance and policies, emerging from WHO and other institutions. Our working relationships with WHO and UN agencies, including UNODC and UNDP, make us well placed to inform and work with agencies on the development of such policies. TI's global chapter network is an invaluable resource, allowing us to draw upon evidence and experience from across the globe to ensure that recommendations and policies are practical and realistic.

Our advocacy positions have been based on evidence and learning generated through our work with TI chapters and partners. These relationships across the TI movement allow us to utilise information and evidence from the wider movement to effectively build policy narratives and to advocate for change. They also allow us, in partnership with chapters to develop nationally tailored, and contextually relevant solutions to address corruption in the health sector, by combining our technical expertise in health, with the in-depth knowledge of national systems, political, social and economic drivers of corruption that the TI movement of national chapters brings.

We will use the upcoming Lancet Commission on corruption in health to advance country agendas on this issue. To support this, we will develop a suite of tools and approaches to allow the costs, and impact of corruption within health systems to be estimated, along with modelling on the impacts of corruption on key health outcomes. This will be complemented by tools and policy recommendations from our existing work, such as procurement red flag analyses that can help identify corruption vulnerabilities within public procurement systems, along with best practice collections on approaches to tackle corruption within the sector.

To ensure progress is made by countries in the integration of anti-corruption measures into domestic health plans, we will work with the multilateral agencies, including WHO, the Global Fund and the World Bank to integrate anti-corruption measures into their health systems strengthening policies. We will use our existing relationships with governments and bilateral donors, to further integration of anti-corruption into health sector **strategies**, utilising forums, publications and direct advocacy to engage bilateral development partners.

With the 'Pandemic Accord' due to be ratified in 2024, we anticipate a political window of opportunity over the next three years to ensure that signatory nations live up to the commitments of the accord. Through the course of our work during the pandemic, we developed **extensive experience** and **an evidence base** on how to address corruption in emergencies. Drawing on our experiences from COVID-19, TI-GH will work with Chapters in countries to support the development of health emergency preparedness measures that incorporate transparency and accountability measures. We will collaborate with the TI secretariat's ongoing advocacy efforts towards International Financial Institutions to ensure that transparency and accountability measures, such as open contracting, and beneficial ownership registers are included in emergency preparedness grants and loans.

With barriers to addressing corruption not just technical, but political and social, we will work with partners to develop more politically nuanced approaches to tackling corruption, increasing the use of political economy analyses to better uncover, and understand political barriers to corruption in the health sector.

Output 1.1 (policy): At least 10 countries/UN bodies embed anti-corruption into health systems resilience frameworks, programmes and policies

Key Activities:

- Develop and deploy methodologies and tools for estimating the financial costs of corruption in health systems, and modelling the impact on health outcomes
- Develop a light touch online comparator to assess the progress of countries in embedding anti-corruption into the health sector
- Use political economy analyses to deepen understanding of and develop approaches to increase political willingness
- Advocate and engage with major global health implementors on prioritising anti-corruption approaches

Output 1.2 (change): Anti-corruption in health included as a priority agenda for at least 4 funders

Key Activities:

- Share evidence on current investments in fighting corruption in health with bilateral donors and multilateral members
- Conduct meetings with bi- and multi-lateral organisations to identify and influence greater prioritisation and investment to tackle corruption in health

- Use the Lancet Commission and evidence on investment in corruption in health as evidence to push agenda and discourse at key global health events and through global health publications

Output 1.3 (practice): Anti-corruption measures incorporated into at least 2 health emergency preparedness and health financing frameworks

Key Activities:

- Advocate and engage with global and regional health institutions
- Develop and disseminate regional advocacy toolkits and best practice guides to enable chapters and partners to advocate for increased uptake of anti-corruption, transparency and accountability measures in emergency preparedness

Outcome 2 (policy and regulation): Stronger policy environment mitigating corruption risks across the global health supply chain

The global medicines supply chain spanning geographies and involving multiple actors is estimated to be worth $1.4 trillion. Although procurement accounts for 1/3 of government budgets globally, it is considered by the OECD to be the highest risk area for corruption. Corruption risks occur throughout supply chains, resulting in money being wasted, and hampering the ability of people to access health services. With WHO estimating that 1 in 10 drugs in sub-Saharan Africa are sub-standard or falsified, there is a need to improve supply chain resilience for all products, to improve health outcomes and ensure that limited resources are not lost due to fraud and corruption.

Our research into specific supply chain risks, including efficiency gains from anti-corruption in procurement, and assessments of **COVID-19 procurement vaccine transparency**, has enabled a better understanding of supply chain vulnerabilities. Our work on improving procurement transparency and tracking COVID-19 vaccines has facilitated procurement systems reform. We will use this experience to move our focus beyond procurement and engage in tackling corruption risks across supply chains.

Many large pharmaceutical companies are heading towards a patent cliff, and few have new products which they are confident will continue to fund research and effectively run their organisations. This has the potential to drive corruption risk across two key areas: 1) increased competition may result in increased pressure to get results, introducing corruption risks – although many larger companies have strong anti-bribery and anti-corruption programmes with analytics to identify outliers; and 2) new and emerging generics companies who do not often have mature compliance programmes will be competing fiercely for their market share in new areas as the patents expire.

Ensuring access to information and enabling others to do more with information is key to empowering chapters and other groups to hold power to account. There are many tools available on procurement, but they are rarely used by the public. We will build on existing tools, working with chapters in affected settings to identify issue areas and work iteratively with them to select and adapt appropriate tools to monitor supply chains and report irregularities. We will also support greater use of information, including procurement, financial transaction and audit data to reduce corruption vulnerabilities, hold power to account and prevent corruption from impacting health outcomes.

Partnerships with industry, including manufacturers and associations such as the Pharmaceutical Supply Chain Coalition and International Federation of Pharmaceutical Manufacturers and Traders will be leveraged to mitigate corruption in the production and supply of medical technologies including medicines. We will work with governments and industry partners to develop or enhance guidelines and standards, including disclosure of interaction with government officials and the use of marketing incentives, to increase transparency and accountability.

Our **analysis of UK government contracts during COVID-19** found regulatory capture and potential nepotism, in the award of £3.7 billion pounds worth of contracts. Bribery and misappropriation of COVID-19 funds has taken place in **a number of countries**. Our research into **COVID-19 vaccines** revealed a global veil of secrecy around supply contracts and posited that this may be due to the demand-supply imbalance which enabled certain firms to force through opacity to protect commercial confidentiality at the expense of transparency for public interest. This has been since **validated in South Africa**. Despite this the pharmaceutical industry has made positive strides in instituting strong compliance, regulations, and policies to combat corruption. We will work with pharmaceutical organisations to apply lessons learned and best practices in the sector.

In the health sector, responsible lobbying plays a pivotal role in counteracting undue influence (**the disproportionate and unregulated influence by those with vested interests, which may also lead to regulatory or policy capture**), ensuring a fair business landscape. While undue influence poses risks such as regulatory capture, responsible lobbying fosters fair competition, mitigates distortions, and safeguards public trust. Proactive engagement in responsible lobbying, coupled with self-regulation, is crucial for the sector's integrity. Further research is needed to identify good standards for responsible lobbying and strategies to mitigate the risks of policy or regulatory capture, especially considering the substantial impact on public health and financial stakes.

We will build on and adapt existing tools and resources, including multi-level procurement assessments and bespoke IT solutions including combining our **AIMon** tool to enable publicly reported corruption trends to be tracked with red flagging systems. Our advocacy will focus on the need for robust regulations that

ensure fair market competition and equitable access to essential medicines. Our policy focus is on embedding anti-corruption and transparency measures within supply chain operations to improve funding efficiencies, reduce losses and ensure health products reach all.

Output 2.1 (policy): At least 5 governments and 10 civil society organisations utilise tools and approaches to strengthen global health supply chains

Key Activities

- Introduce automated corruption detection systems, which flag potentially corrupt procurements
- Adapt existing tools, and develop new tools (e.g. combined procurement and product distribution dashboards) that can be used by governments/chapters/civil society to address supply chain issues
- Use and expand findings from our procurement analyses to develop policy recommendations and guidance to strengthen procurement practices in the sector
- Engage governments and civil society organisations to increase uptake of tools and approaches

Output 2.2 (change): At least 3 transnational supply chain

risks mitigated through collective action

Key Activities

- Use machine learning and AI approaches to rapidly identify where corruption may occur in supply chain to influence action
- Work with government, private sector and civil society to develop and implement collective action approaches to reduce corruption vulnerabilities
- Advocate towards an improved policy and regulatory environment with international organisations and private sector

Output 2.3 (practice): Practices in responsible lobbying in the health sector better understood and potential risks mitigated

Key Activities

- Conduct research on lobbying in the health sector to understand good practices and potential risks
- Conduct deep dives into potential risk areas e.g. political influence, grand corruption, revolving door
- Convene industry, WHO, government and health bodies to share findings and identify collective actions to mitigate risks

Outcome 3 (collective action): Chapters and civil society, media and youth & women's networks engaged on reducing corruption in health

There is enormous untapped and underutilised potential among civil society, media and youth & women's networks to have a stronger voice to hold decision-makers to account in preventing corruption in the health sector and taking remedial actions when corruption has occurred. Outputs under this outcome have been defined for each stakeholder group given different tactics and approach to engage. Efforts under this outcome will promote collective action in country to actively engage and hold decision-makers to account in ensuring anti-corruption strategies in the health sector are implemented and monitored to reinforce outcome 1.

With chapters in 100 countries in the wider Transparency International Movement, there exists considerable understanding of the political and economic landscape in each setting to successfully tailor anti-corruption, transparency and accountability solutions in the health sector based on where transformational change can happen. Leveraging on anti-corruption tools developed by the TI Movement, we will adapt and tailor these for the health sector to spur collective action. Evidence and experience from this outcome will be used to inform outcome 1 and 2 and vice versa. We will work with Chapters to galvanise other CSOs, media and youth & women networks in-country to coordinate and consolidate advocacy and actions.

We have worked closely with many chapters in different regions on health sector corruption with impressive progress. However, there is a need to shift resources directly to geographies where

problems exist and ensure our role respects this knowledge and skill in-country. Work with chapters will continue where interest exists to co-create solutions to tackling corruption in the health sector based on Chapter priorities on high priority corruption risks (see Table 1).

As a centre of excellence, our role will focus on providing sector specialism to support chapters with the integration of anti-corruption measures into their health systems, drawing on evidence, best practice, standards and technical expertise. Using the same approach, we also seek to engage civil society who currently work in the health sector to further embed anti-corruption approaches into their ongoing health reform efforts.

The focus on engaging youth & women's networks is based on the barriers for this group in accessing certain health services (i.e., sexual and reproductive health services) due to judgement, gender biases and age restrictions which can lead to bribes or denial of services. It also lends itself well to users of health services self-advocating and taking action to reduce their own barriers to accessing services.

The media is an important stakeholder group to provide a strong mouthpiece for exposing corruption in health to the wider public. We will deepen engagement with investigative reporters to expose insights on trends in health sector corruption across countries based on findings from our language learning tool **AiMon** which tracks media reporting globally on corruption in health.

Output 3.1 (policy): **At least 10 TI Chapters/civil society equipped with tools and best practices for advocacy**

Key Activities

- Co-create approaches and seek funding opportunities to advance topic areas (Table 1) prioritised by Chapters/civil society in-country

- Co-develop, advocacy tactics with Chapters/ CSOs to influence and support the achievement of outcome 1

- Host a community of practice with Chapters to share resources, facilitate peer exchange and discuss promising anti-corruption ideas, actions and successes in the health sector

Output 3.2 (change): **20% increase in global media coverage and at least 5 in-depth investigative reports on corruption in health**
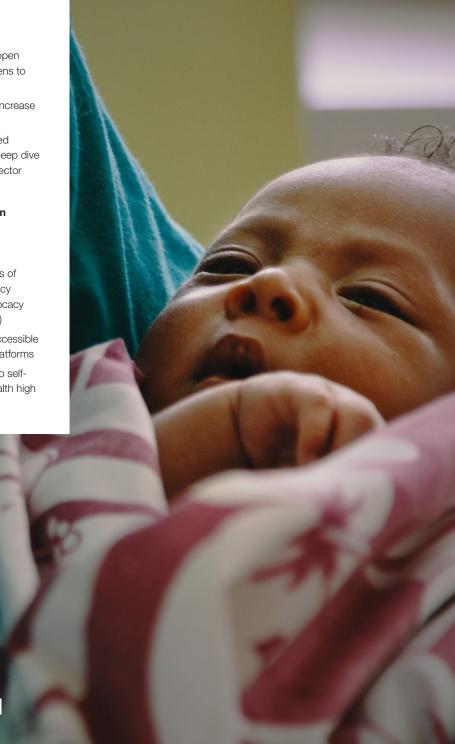
Key Activities

- Expand our existing machine learning tool (AIMon) to open source enabling more civil society, journalists and citizens to access it

- Convene targeted sessions with key media outlets to increase reporting on corruption in health

- Work with investigate reporters where key intel is shared (including insights from outcome 2 and 3) to support deep dive reporting into high corruption risk areas in the health sector

Output 3.3 (practice): **At least 10 youth & women's networks equipped with evidence to put pressure on decision makers**

Key Activities

- Hold awareness workshops to understand experiences of corruption in the health sector, linking with TI's Advocacy and Legal Advice Centres (ALACs) and co-create advocacy messages (connecting with stakeholders in output 3.1)

- Share evidence (including from outcome 2 and 3) in accessible formats to use and share on social media and other platforms

- Cultivate champions of adolescent & women leaders to self-direct and sustain efforts to keep anti-corruption in health high on the political agenda

CONTRIBUTION TO NATIONAL RESULTS

The table below outlines potential topics based on emerging corruption risk in national health sectors that TI-GH in conjunction with Chapters can co-collaborate on under Output 3.1:

Table 1: Co-creating and rolling out anti-corruption solutions with National Chapters

Indicative Chapter-led topics	Indicative Results with Chapters
Bribery (financial, gifts, informal) to access health services	• Decrease in reports of requests for bribes or informal payments (Corruption Barometer) • Increased reporting of bribery through protected channels (I.e. ALACs) • Improvement in surveys on trust and fairness in health systems
Absenteeism/ghost health workers as linked to corruption risk specifically	• The impact of absenteeism/ghost workers in the health sector is assessed • Measures in place to improve staff presence (e.g. community monitoring/audits to confirm presence of health care workers during working hours; advocating for timely/regular disbursement of salaries to reduce motivation for absenteeism)
Transparency and accountability in health budgets	• Budget information publicly accessible through user-friendly formats and used to hold government to account • Social accountability approaches including use of civic audits regularly used • Budget transparency rating improves (IBP assessment) • Performance metrics published which links health budgets to service delivery outcomes • Chapters increase the number of reports on areas of concern they make to audit bodies
Transparency and accountability in health procurement	• Number of countries publishing health procurement information increases • Chapters and partners are better able to access procurement information and use it to hold government to account • Procurement data used by civil society groups to monitor health sector performance
Counterfeit medicines	• Joint national roadmaps for action on counterfeit medicines developed by governments and the private sector • Evidence of action taken to combat corruption risks in national distribution systems (e.g. track and trace system in operation and functioning or adoption of technology for authentication) • Customs controls and regulation in place to prevent entry of counterfeit medicines • Monitoring systems in place to increase surveillance on suspected counterfeit/falsified medicines.
Sexual forms of corruption to access health services	• Confidential and safe reporting systems established for survivors • Policies in place to protect against sextortion in the health sector, including transparent disciplinary actions for offenders • Widespread training on preventing sexual forms of corruption in the health sector

LINKS WITH THE TI MOVEMENT STRATEGY

TI-GH is one part of the worldwide Transparency International Movement. Our strategy has been designed to help deliver key strategic objectives in the TI Movement global strategy 2021-30, **Holding Power to Account:**

Table 2: Connections to TI-Movement Strategy

TI Strategic Objectives	TI-GH Outputs
Protect the public's resources	• **1.1:** At least 10 countries/UN bodies embed anti-corruption into health systems resilience frameworks, programmes and policies • **1.2:** Anti-corruption in health included as a priority agenda for at least 4 funders • **1.3:** Anti-corruption measures incorporated into at least 2 health emergency preparedness and health financing frameworks • **2.1:** At least 5 governments and 10 civil society organisations utilise TI-developed tools to strengthen health supply chains • **2.2:** At least 3 transnational supply chain risks mitigated through collective action • **3.1:** At least 10 TI Chapters/civil society equipped with tools and best practices for advocacy • **3.2:** 20% increase in global media coverage and at least 5 in-depth investigative reports on corruption in health
Drive integrity in business	• **2.2:** At least 3 transnational supply chain risks mitigated through collective action • **2.3:** Practices in responsible lobbying in the health sector better understood and potential risks mitigated
Drive integrity in business	• **2.3:** Practices in responsible lobbying in the health sector better understood and potential risks mitigated
Drive integrity in business	• **3.1:** At least 10 TI Chapters/civil society equipped with tools and best practices for advocacy • **3.3:** At least 10 youth & women's networks equipped with evidence to put pressure on decision makers