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Corruption during Covid-19

Trends, drivers, and lessons learned for reducing corruption in health emergencies

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Covid-19 is far from over. Between January 2020 and October 2022, corruption infiltrated Covid responses across the world and contributed to prolonging the crisis. Lessons learned during the last three years should inform policy responses to ongoing and future health emergencies. Enhancing transparency in decision-making, integrating a gender perspective, strengthening public financial management, investing in data governance, and supporting health workers should be at the centre of all strategies.

Main points

- The global response to Covid-19 is far from over. Governments have allocated substantial resources to address the crisis and will continue to do so as the virus evolves and causes periodic flare-ups of infections and deaths. These resources have been and will continue to be vulnerable to corruption, with deleterious effects on the world's most vulnerable people.
- Between December 2020 and October 2022, there was a wave of Covid corruption-related incidents across service delivery; health financing; governance and leadership; medical products, vaccines, and technologies; health management information systems; and human resources.
- Worldwide trends included different forms of petty corruption at the point of service delivery, procurement corruption, embezzlement and mismanagement of funds, state capture, the expansion of black markets and proliferation of substandard and falsified medicines, data manipulation and misuse, and corruption in health workforce governance, recruitment, and management.
- There were several economic, political, and social drivers that enabled corruption to infiltrate and compromise governments' responses to Covid-19. While these existed across the world, they placed a heavier burden on the already-strained health systems in developing countries.
- Inequality in healthcare access left marginalised groups more vulnerable to Covid corruption. Their experiences included being victims of bribery, overcharging, sextortion, and having to make other informal payments in exchange for healthcare services, including Covid care. They also experienced limited access to quality medicines and were more prone to acquiring substandard and falsified medical products on the black market.
- Covid corruption had an acute impact on women, because of gendered power differentials and the large role they play in providing care for their families. Additionally, women were continuously underrepresented in decision-making bodies, despite occupying a large share of the service industry and the informal economy.
- There were several local, national, regional, and global initiatives to address Covid corruption. These efforts, while commendable, were successful only when they focused on integrating contextual factors in their design and implementation, and set to address systemic gaps in integrity, transparency, and accountability.

- These experiences with Covid corruption should provide key inputs for local, national, and global health policymakers shaping responses to future pandemic and other health emergencies. This report recommends enhancing transparency in decision-making at the district, national, and global levels; integrating a gender perspective in health emergencies-related anti-corruption initiatives; strengthening public financial management and ensuring the independence of audits; digital civic engagement when public space is constrained; strong data governance; and investing in strategies to support health workers and minimise drivers of functional corruption, as well corruption engendered by social norms.

Contents

Covid-19: an ongoing crisis

Covid-19 has reinforced vulnerabilities worldwide. It has threatened people's health and well-being, shattered health systems, exacerbated poverty and inequality, limited children's access to education, and negatively impacted economies.[1] Blindfolded by their lack of knowledge about this disease, governments' efforts to contain Covid-19 once and for all have been limited at best.

Between January 2020 and October 2022, the pandemic illustrated the challenges of collective action by the global community to face common threats. These included the misuse, hoarding, and price gouging of vaccines, medical products, and equipment. The emergency, coupled with insatiable demand for these products and shortages, left supply chains vulnerable to abuse.[2] Advance-purchasing agreements for products such as personal protective equipment (PPE) and Covid-19 vaccines transferred risks from suppliers to buyers, contributing to overbuying and overpaying.[3] The Covax initiative, which engaged in pooled procurement to reduce costs and ensure equitable distribution of Covid-19-related products in low- and lower middle-income countries, had a limited impact because of a lack of timely financing.[4]

When it came to Covid-19 vaccines, hoarding, wastage, and unnecessary boosting were common practices. By December 2021, around 20% of vaccine doses administered were boosters.[5] By July 2022, only 58 countries had reached the World Health Organization's (WHO) commitment to inoculate 70% of their population. In low-income countries, just 16% of eligible adults had completed two-course doses.[6] The distortions in the global supply of vaccines have been such that the WHO no longer expects countries to reach this commitment. Instead, it now calls for prioritising the vaccination of all health workers and people older than 60.[7]

At present, the world is facing other pressing challenges. The war in Ukraine has led to a large influx of Ukrainian refugees across Europe and impacted global food security, energy prices, and energy supply security.[8] Climate change has unleashed extreme weather events, with droughts and floods displacing millions of people and

1. UNU-EHS and UNDRR 2022.
2. Kohler and Wright 2020; Mahase 2020.
3. Thornton, Wilson, and Gandhi 2022.
4. Agarwal and Reed 2022.
5. UN News, 2021.
6. Santos 2022.
7. Ibid.
8. European Council 2022; Stephens 2022.

killing many others.[9] Between these two emergencies, Covid-19 had killed more than 6 million people globally by October 2022[10] and is evolving into more transmissible variants capable of evading the body's immune response.[11]

The global response to Covid-19 is far from over. Just as the world transitions to accept Covid-19 as a long-term disease, the approach of the Access to COVID-19 Tools Accelerator (ACT-A), a multilateral initiative to address the Covid-19 pandemic, is also set to change. ACT-A will now place more attention on increasing procurement of and improving access to treatments. Procurement corruption, along with other forms of corruption such as diversion, theft, and the proliferation of substandard and falsified medical products, remains a latent risk.[12]

Addressing corruption in pandemic and emergency contexts is vital to minimise losses and ensure that resources achieve their intended aims. Governments have allocated substantial resources to address the Covid-19 crisis and will continue to do so as the virus evolves and causes periodic flare-ups of infections and deaths. Additionally, diseases such as polio,[13] tuberculosis,[14] Ebola,[15] and monkeypox[16] have taken a greater toll on public health this year, requiring further funds. These resources have been and will continue to be susceptible to corruption, with deleterious effects on the world's most vulnerable people. Documenting how and why Covid corruption happened, as well as assessing anti-corruption efforts during this crisis, should inform local, national, and global health decision-making for present and future health emergencies.

This report summarises research on Covid-19-related corruption in the health sector conducted by U4 between January 2020 and October 2022. It illustrates how corruption, including fraud,[17] materialised in Covid-19 responses. It also recounts the drivers of corruption, explains how Covid corruption impacted people, and elaborates on anti-corruption strategies deployed. The report concludes with lessons learned for minimising corruption during health crises.

9. Dickie 2022.
10. Johns Hopkins University – Coronavirus Resource Centre, 2022.
11. Kuchipudi 2022.
12. Ravelo 2022.
13. McKenna 2022.
14. WHO 2021b.
15. Atuhaire and Maishman 2022.
16. Radio France Internationale 2022.
17. U4 defines fraud as an 'economic crime involving deceit, trickery, or false pretences by which someone gains unlawfully. Fraud often accompanies corrupt acts, in particular embezzlement, where it is typically used to falsify records to hide stolen resources.' This Issue highlights corruption cases, as well as fraudulent cases that resulted in corruption. For conciseness, the report uses corruption as an umbrella concept that includes fraud.

Methods

The report is based on desk-based research. It summarises findings on Covid corruption trends, drivers of Covid corruption, the impact of Covid corruption on different population groups, and anti-corruption efforts during Covid-19. The sources are media articles, as well as reports from state and non-state institutions, from January 2020 to October 2022. Further research on this subject would benefit from stakeholder interviews and focus groups. Doing so may highlight the prevalence of additional corruption manifestations and drivers.

Trends and manifestations of Covid-19 corruption

While Covid corruption obstructed health systems across the world, it placed a heavier burden on the already-strained health systems in developing countries. Aid-recipient countries had chronic systemic weaknesses, which meant that they required ongoing financial and technical support.[18]

While Covid corruption obstructed health systems across the world, it placed a heavier burden on the already-strained health systems in developing countries.

Nonetheless, all countries – regardless of their income level – struggled to cope with increasing demand for quality health services and a limited supply of medical products, services, and personnel. The result was a wave of corruption-related incidents across all key building blocks of health systems: service delivery; health financing; governance and leadership; medical products, vaccines, and technologies; health management information systems; and human resources.

Petty corruption in service delivery

Between 2020 and 2022, countries from all income levels faced similar incidents of petty corruption:

1. Sales of falsified Covid test certificates were found in South Africa,[19] Lesotho,[20] the UK, France, and Spain.[21] There were also allegations of patients bribing healthcare staff to get falsified certificates in Singapore[22] and Australia.[23]
2. Bribes and queue-jumping to access Covid-19 vaccines were widespread. In Lebanon, leaders were found bribing their constituents with free Covid-19 vaccines ahead of the 2022 elections.[24] Queue-jumping from politicians, senior

18. Steingrüber et al. 2020.
19. Makhafola 2021.
20. Charumbira 2021.
21. Europol 2021.
22. Hamzah 2022.
23. Davey 2021a.
24. Agence France-Press 2021.

and high-level government officials, as well as wealthy individuals, happened in Malaysia,[25] the Philippines,[26] Peru,[27] Argentina,[28] Spain,[29] Poland,[30] Canada,[31] and Ecuador.[32]

3. Price gouging and profiteering rose in critical times when Covid infections peaked. At its worst wave in 2021, India witnessed profiteering amid the oxygen crisis,[33] a rise in hefty fees[34] to access hospital beds, as well as artificial scarcity[35] for such beds.In Peru, the police arrested several health workers, who charged up to US$21000 per bed for critically ill Covid patients in a state-run hospital.[36]
4. In Venezuela and Iran,[37] the government's slow and unclear rollout of vaccines left many desperate to get Covid-19 vaccines on the black market. In the Venezuelan state Lara, at least 2,000 people were inoculated with jabs made of boiled water, antibiotics, and analgesics, at a cost of US$100–450 each.[38]

Procurement corruption and embezzlement affecting health financing

Procurement corruption prevailed as one of the most common types of Covid corruption. In Africa alone, approximately US$1.78 billion was allegedly spent and lost in corrupt procurement deals in Cameroon (333 million), Malawi (1.3 million), South Africa (910 million), Kenya (541 million), Nigeria (96,000), and Uganda (528,000).[39] In Malaysia, the Anti-Corruption Commission opened 25 investigations over alleged corruption in Covid-19-related procurements and the distribution of aid and stimulus packages during the pandemic.[40] In the UK, almost two-thirds of contracts related to the purchase of personal protective equipment (PPE) were awarded to firms that were part of a special 'VIP lane', without following due

25. Ahmad and Pfordten 2021.
26. South China Morning Post 2021.
27. BBC 2021e.
28. AFP 2021.
29. News Wires 2021.
30. Gwozdz-Pallokat 2021.
31. BBC 2021d.
32. News Agency 2021.
33. Pathak 2021.
34. Shankar and Singh 2021.
35. The News Minute 2021.
36. Aquino and Sherwood 2021.
37. Kangarlou 2021.
38. Alcalde 2021.
39. Aikins 2022.
40. FMT Reporters 2022.

diligence.[41] Transparency International Global Health uncovered 3.7 billion pounds worth of contracts warranting further investigation.[42]

Corruption was also prevalent in the procurement of Covid vaccine doses. For example, Bangladeshi activists found large discrepancies in what the government was paying for the Sinopharm vaccine: a government committee approved the purchase of 15 million doses at US$10 per dose, but a separate order of 3.15 million doses cost the government US$100 per dose.[43]

Additionally, large amounts of Covid-19 funds were allegedly embezzled, mismanaged and/or not accounted for in several countries, including Afghanistan (US$27,000),[44] the Democratic Republic of Congo (US$357 million of Covid funding awarded by the International Monetary Fund [IMF]),[45] and Cameroon (US$333 million).[46]

Grand corruption weakening health governance and leadership

State capture siphoned off much-needed resources from the Covid response. In Viet Nam, foreign ministry, tourism, air, medical, and manufacturing officials were arrested over allegations of multimillion dollars' worth of corruption scandals and mismanagement of Covid funds. They charged astronomical fees for repatriation flights and pocketed almost US$240 million, fixed prices for emergency healthcare and equipment, and violated regulations on bidding.[47] In another case, the company Viet A was found to be exerting undue influence on policy decisions made by the Ministry of Health, central and local governments. They paid US$35 million in bribe 'bonuses' to health and hospital officials. In return, Viet A earned US$175 million in revenue from winning bids and selling overpriced Covid-19 testing kits.[48]

State capture siphoned off much-needed resources from the Covid response.

41. Mason and Conn 2021.
42. Marks, Whiffen, and Wright 2021.
43. New Age 2021.
44. Maftoon 2021.
45. BBC 2021b.
46. Human Rights Watch 2021a.
47. Ehrlich 2022.
48. Ibid; Bui 2022.

In Brazil, Covid corruption implicated members of Jair Bolsonaro's administration (2019-2022) and key allies.[49] The Senate inquiries uncovered officials from the Ministry of Health attempting to buy the Covaxin vaccine, which had not yet been approved by the Brazilian government, through intermediate buyers, at above-market prices. Additionally, the Ministry of Health's previous head of logistics was found to be requesting a US$1 kickback on each AstraZeneca dose offered by US-based Davati Medical Supply, a company that did not represent AstraZeneca and could not deliver on the deal.[50]

In several countries, former ministers of health and other high-level government officials were arrested because of their involvement in Covid-related grand corruption schemes:

- Kyrgyzstan's minister of health was arrested for wasting US$18.8 million on the purchase of unnecessary Covid-19 vaccine doses. The payments were allegedly made to offshore accounts.[51]
- Zimbabwe's minister of health was detained over corruption allegations in the procurement of Covid tests and medical equipment, amounting to US$60 million in 2020.[52]
- The minister of health from the Democratic Republic of Congo was placed under provisional arrest over alleged embezzlement of more than US$7 million destined for the Covid-19 response in 2020.[53]
- South Africa's Gauteng health department chief financial officer faced a Special Tribunal hearing for her role in the procurement of PPE contracts, worth more than 42.8 million rand.[54]
- Bolivia's minister of health was arrested over allegedly buying overpriced ventilators, each at a price of US$27,683 despite its real cost being US$10,312–11,941 in 2020.[55]
- The former Head of *Inversión Estratégica de Honduras* (INVEST-H), an organisation tasked with Covid-19 emergency procurement contracts, was sentenced to nearly 11 years in prison for wasting money purchasing overpriced and useless mobile hospitals.[56]

49. Felizola 2021.
50. Fishman 2021.
51. Kupfer 2022; Putz 2022.
52. Chingono 2020.
53. Africanews 2021.
54. Koko 2021.
55. Deutsche Welle 2020.
56. Madureira 2022.

Additionally, a recent study found that many Covid vaccine manufacturers engaged in state capture when they demanded indemnification from national governments in developing countries. This led to several low and middle-income countries (LMICs) changing their legislation to cater to manufacturers' demands. The result was the stalling of vaccine access in these countries.[57]

Growing black markets, falsified medical products and lack of clinical trial transparency

Fake vaccination schemes and falsified vaccines and other medical products proliferated in black markets during the pandemic. Falsified versions of Covid-19 vaccines were found in Mexico, Poland,[58] Iran,[59] India, and China.[60] Schemes to sell falsified records of Covid-19 vaccine status were discovered in Saudi Arabia,[61] Canada,[62] Hong Kong,[63] Germany,[64] and the US.[65] Worldwide, there was a 257% increase in fake vaccination cards being sold online via the Telegram app, with this corresponding to the peak of Covid-19 cases due to the Delta variant.[66]

Additionally, the manipulation of clinical trials for Covid-19 vaccines eroded public trust and endangered people's access to safe and good-quality health products. A 2021 report from Transparency International analysed 85 registered clinical trials for Covid-19 vaccines and found that only 12% made their clinical trial protocols public. This meant that there was no information available on how the trials had been run.[67] There is evidence that this lack of transparency provided room for malpractice. For instance, a whistleblower who was part of Pfizer's clinical trials in Texas reported to the *British Medical Journal* (BMJ) that: 'The company falsified data, unblinded patients, employed inadequately trained vaccinators, and was slow to follow up on adverse events reported in Pfizer's pivotal phase III trial.'[68] In Peru, a Sinopharm's clinical trial was suspended before its completion after allegations of queue-jumping by elite groups from the government, the Catholic Church, and the private sector came to light. The government confiscated all remaining doses, and several legitimate volunteers were 'left in the dark', unable to get a second dose or

57. Gorodensky and Kohler 2022.
58. BBC 2021c.
59. WHO 2021a.
60. Srivastava 2021.
61. Naar 2022.
62. Olivier 2022.
63. Leung 2022.
64. BBC 2021a.
65. Bergal 2021.
66. CBS News 2021.
67. Rhodes et al. 2021.
68. Srivastava 2021.

find out if their first dose had been a placebo. Unvaccinated volunteers were not given adequate follow-up and protection by the institutes conducting the trials, in an apparent breach of trial protocols.[69]

There was also evidence of duplication, weak clinical trial reporting and research waste in clinical trials focused on Covid-19 treatments. In the spring of 2020, about 247 clinical trials testing hydroxychloroquine's potential to prevent or treat Covid-19 competed for the same patients. None of them managed to get a large, representative sample. Their lack of coordination contributed to statistically insignificant results, as well as duplication of research.[70] In the same year, a report of clinical trials for favipiravir, another drug tested for Covid-19 treatment, found that more than 85% of trials completed worldwide did not publish their results on trial registries.[71] This 'prevented pooling of data and conducting meta-analysis to generate conclusive evidence to support recommendation of Favipiravir use in Covid-19 or know about its safety and efficacy profile'.[72] By June 2020, 1,516 trials, which was 40% of a total of 3,754 completed trials on different drugs tested for Covid-19 treatment, had not made their results public, either on the trial registries or via academic outlets.[73]

The quality of some medical products for Covid-19 treatments was dubious, representing a health risk for different population groups. In 2020, an academic study highlighting the benefits of ivermectin – a drug used against parasites – in treating Covid-19 was taken down due to ethical concerns. Several paragraphs in the study were plagiarised, its raw data contradicted the study's protocol on many occasions, and there were at least 79 patient records that were clones of other records.[74] In 2022, fake versions of Merck's oral antiviral drug, molunpiravir, were found worldwide. Sellers in an online market website disclosed their ability to daily dispatch their falsified products to the US, Chile, Peru, Colombia, and Brazil.[75]

Data manipulation and misuse affecting health management information systems

Governments manipulating data on Covid-19 infections and death rates created a mismatch between reality and official accounts in several countries, including Brazil, India, the Philippines, Tanzania, Zambia,[76] and Venezuela.[77] This contributed to

69. Ascarza 2021.
70. Schwartz, Boulware, and Lee 2022.
71. Bruckner 2020b.
72. Khambholja and Asudani 2020.
73. Bruckner 2020a.
74. Davey 2021b.
75. Plata 2022.
76. Broom et al. 2021.
77. Silva and Long 2020.

resource misallocations, worse spikes in infections, and increased mistrust in governments' capacities to tackle the pandemic.

Covid-19 datasets could be shared and traded at large scale, increasing the risks of unscrupulous actors using this information for personal benefit and with no medical consideration.[78] In Latin America, the Covid-19 Observatory of AlSur Coalition found that most technological initiatives in 14 Latin American countries processed personal and sensitive data without a proper assessment of legality, necessity, and/or proportionality in their impact on human rights.[79]

Opacity and corruption in health workforce governance, recruitment, and management

A highly qualified, motivated, and supported health workforce is essential for an effective response to health emergencies. However, corruption in the health sector contributes to the recruitment of staff who are unqualified to respond to a crisis.[80] Staff recruited through the back door are, in turn, less likely to report corruption and mismanagement. A study in Nigeria found that healthcare staff hired on unmeritorious grounds were unable to challenge hospital management when corrupt acts like PPE hoarding occurred during Covid-19.[81]

Corruption in the management of Covid funds and procurement of Covid-related medical products and equipment also had a detrimental impact on healthcare workers' safety, morale, and ability to provide quality care. In Nigeria, doctors and nurses reported that allocated resources announced by the government never translated into improving their working conditions. As a result, many deliberately avoided treating Covid patients.[82] In Kenya, healthcare workers protested over the government's failure to protect them. A 2020 investigation found the government had mismanaged US$70.4 million.[83] Transparency International's worldwide network of Advocacy and Legal Advice Centres (ALACs) received several complaints from healthcare workers based in the Democratic Republic of Congo and Venezuela for obliging them to work with little or no pay, and in Ireland over fears that their employers were not implementing sufficient safety measures.[84]

Health workers in these contexts might engage in 'functional' corruption to protect themselves and/or secure a minimum living wage. During Covid-19, corrupt acts

78. Sejerøe Hausenkamph et al. 2022.
79. AlSur 2021.
80. Steingruber et al. 2020.
81. Agwu et al. 2022.
82. Ibid.
83. Human Rights Watch 2021b.
84. Transparency International 2020b.

ranged from stealing PPE and selling it on the black market for a profit, to asking for bribes from patients and illegal absenteeism. The theft of medical products from hospital facilities was heavily documented. In Uganda, the Kampala Capital City Authority was asked to account for 21,000 Covid vaccine doses that went missing.[85] In Rwanda, eight health workers were arrested for allegations of stealing testing kits and Covid-19 vaccines.[86] In Ghana, hospital staff stole and sold personal protective equipment for personal profit.[87]

85. URN 2021.
86. Hitayezu 2022.
87. BBC 2020.

Corruption drivers during Covid-19

Corruption drivers are critical gaps in national, regional, or international political, economic, and social settings, which enable corruption risks to manifest. The relative importance of these factors depends on the corruption problem in question.[88]

Economic drivers

Increased financing and limited absorption capacity

Emergency scenarios call for expedient government responses, which may come at the expense of transparency and accountability. Health procurement is an area particularly vulnerable to this. From the start of the outbreak, governments were pressured to respond. However, their limited capacity to manage large amounts of Covid-related funds led many of them to bypass normal procedures at times, relaxing regulatory, budgetary, and accounting safeguards. This increased the risks of diversion and mismanagement, and limited governments' ability to negotiate prices with suppliers.[89] Failures in ensuring procurement transparency enabled opportunities for undue influence, bribery, price gouging, and the proliferation of substandard and falsified medical products.[90]

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Increased demand and limited supply

The pandemic increased the demand for acute and critical care, personal protective equipment, essential medicines, vaccines, ventilators, and diagnostics. Governments, however, struggled to meet these demands, especially at the start of

88. Wathne 2021.
89. United Nations Pacific Regional Anti-Corruption 2021; Kohler and Dimancesco 2020.
90. Kohler and Wright 2020.

the outbreak.[91] The pandemic also exposed health systems' vulnerabilities that existed prior to the pandemic.[92]

As the global demand for medical products rose, supply chains struggled to deliver. For instance, the Covid-19 vaccine supply chain faced significant challenges due to a limited number of vaccine manufacturing companies, inappropriate coordination with local organisations, lack of vaccine monitoring bodies, difficulties in monitoring and controlling vaccine temperature, vaccination costs, and lack of financial support for vaccine purchase.[93] Desperation provided fertile ground for corruption: cases of overpriced medical services and equipment, bribery, vaccine queue-jumping, favouritism, and nepotism emerged as a result.[94]

Political /institutional drivers

Poor preparedness and planning

Covid-19 exposed serious vulnerabilities in pandemic preparedness and response plans. There was limited capacity to: properly conduct surveillance to detect pathogens and modelling to see how the virus spread; enhance public health guidance and communication; and develop therapies and vaccines.[95] The successful implementation of Covid-19 vaccination campaigns depended on the resilience of countries' supply chain systems. These systems needed to ensure 'effective vaccine storage, handling, and stock management; rigorous temperature controls in the supply chain; and the maintenance of adequate logistics management information systems'.[96] Among the reasons why vaccination campaigns were slow to deliver in Sub-Saharan Africa was the region's poor trade and logistics capacity. The short shelf-life of some vaccines meant that poor transport logistics could increase the risk of delivering unusable vaccines.[97]

Previous and endemic corruption contributed to weakening health systems' preparedness for health emergencies. An exposé from an independent digital newspaper in Colombia, *La Silla Vacía*, revealed that the theft of US$6.7 million by a state official, which was destined to provide healthcare for an indigenous group before the pandemic, could have been used to buy between 241 and 322 intensive unit beds and ventilators during the pandemic.[98]

91. Ibid.; Chaib 2020.
92. Sagan et al. 2021.
93. Alam et al. 2021.
94. Cepeda Cuadrado 2021.
95. Maxmen 2021.
96. UNODC 2020b, p. 3.
97. Nyantakyi and Munemo 2022.
98. La Silla Vacía 2020.

Impunity trends

Lack of, or poor, accountability and poor enforcement measures enable an environment for uncontested impunity. In December 2021, Zimbabwe Anti-Corruption Commission expressed concerns about the slow pace of corruption cases in the justice delivery system.[99] In March 2022, the Africa Criminal Justice Reform Unit reported that the number of corruption convictions against government officials in South Africa had more than halved. Among the cases with missing responses in 2020/21 financial year were 386 relating to Covid-19 procurement corruption.[100] Although the National Prosecuting Authority (NPA) pointed to the Covid-19 restricted environment as the cause for slow progress, the Africa Criminal Justice Report still found worrying trends in the NPA's performance: 'a decline in overall throughput, a reliance on guilty pleas, a reliance on minor offenses to beef up numbers, and large numbers of cases processed through the unregulated alternative dispute resolution mechanisms'.[101]

Lack of transparency

The lack of transparency along the vaccine value chain – in research and development, manufacturing, distribution, and contracting – is largely to blame for the unequal distribution of Covid-19 vaccines.[102] A 2022 external evaluation of ACT-A found that it compromised on accountability and transparency in its interventions. ACT-A failed at tracking and communicating results, as well as making decision-making, allocation of resources, and reporting transparent. Although data-tracking systems existed, they were set up in an ad hoc manner by different agencies.[103]

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Similar patterns are found at the national level. In Ghana, Transparency International conducted a corruption risk assessment and found that real decision-making over Covid procurement contracts had been opaque.[104] In Madagascar, the lack of legal frameworks for public financial management in emergency situations led to confusion about responsibilities and a lack of accountability.[105]

99. Murwira 2021.
100. Davis 2022.
101. Ibid.
102. Hussmann 2021.
103. Open Consultants 2022.
104. Addah, Doh and Ahuno 2021.
105. Transparency International Initiative Madagascar 2022.

Breakdown of safeguarding systems

Without proper protection, potential whistleblowers are deterred from reporting mismanagement and wrongdoing. Whistleblowers can face reprimands in their workplaces, and sometimes loss of their livelihoods. In India, the Kerala Medical Service Corporation Limited sacked officials who reported fraud over emergency purchases at the beginning of the pandemic.[106] Whistleblowers' lives are also endangered, as the killing of Babita Deokaran shows. Ms Deokaran was the Gauteng health department finance manager, and her assassination was presumed to be the result of her involvement as a key whistleblower in an investigation of PPE fraud in South Africa.[107]

Poor management of conflicts of interest

Having a conflict of interest is not an act of corruption. Not disclosing it and acting upon it for personal benefit is. In 2020, media reports from the UK denounced the government's unwillingness to publish the conflicts of interest from advisers to the coronavirus Vaccine Taskforce. Many of them had financial interests in pharmaceutical companies receiving government contracts. For example, adviser John Bell had around 773,000 pounds sterling (£) worth of shares in Roche, which was the same pharmaceutical company that sold the government £13.5 million worth of antibody tests in May 2020.[108]

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Poor and unreliable data information systems

The scarcity of reliable information contributed to worsening Covid-19 corruption. An investigation found that reporting disincentives and a lack of consensus in all steps of data collection were among the reasons why China could manipulate its Covid data and claim a questionable low death toll – almost 62 times better than Australia's by late 2021.[109]

106. Menon 2021.
107. NDTV 2021.
108. Thacker 2020.
109. Farrelly 2022.

Social drivers

Constrained civic space during the pandemic

When the outbreak started, civil society organisations faced several challenges to hold governments accountable, monitor their performance, advocate for people's rights, and promote citizen participation. Continuous lockdowns, social distancing, and other quarantine measures limited their ability to access information, and conduct community meetings, social audits, and group sessions.[110]

Civil society organisations and other non-state actors, such as the media, require free civic space to conduct their monitoring and reporting work. Yet, several governments extended executive powers, reducing the scope for bottom-up accountability. In 2021, 123 developing countries enforced 254 new legal frameworks related to Covid.[111] These included measures that heightened repression and curtailed access to information laws.[112]

Social pressures and desperation

In many countries, existing social pressures to respond to family and friends' needs, coupled with the anxiety over poor pandemic preparedness and planning, served to justify different forms of corruption. These included favouritism in access to Covid treatments, nepotism in contracts, and vaccine queue-jumping of family and friends. For example, several doctors in Norway broke state guidelines to ration medicines and wrote prescriptions for families and friends at the start of the pandemic.[113]

How Covid corruption impacted people

In both emergency and non-emergency scenarios, it is marginalised groups who struggle to access quality healthcare. These patterns have prevailed during Covid-19. In South Africa, for example, surveys conducted by the Human Sciences Research Council revealed that black South Africans and rural populations were less likely to be vaccinated than their white and urban counterparts. The reason was the lack of accessibility: vaccination sites were usually located in inaccessible locations for people living in rural areas or informal urban settlements, while government communications were mostly in English, despite it being a minority language. Information provided online also did not reach those without access to the internet and pop-up outreach units were inadequately publicised.[114]

110. Mullard and Aarvik 2020.
111. Lorch, Onken and Sombatpoonsiri 2021.
112. Ibid.; The International Center for Non-for-Profit Law n.d.
113. Steingruber et al. 2020.
114. Alexander and Xezwi 2021.

Inequality in healthcare access also left marginalised groups more vulnerable to Covid corruption. Their experiences included being victims of bribery, overcharging, sextortion,[115] and having to make other informal payments in exchange for healthcare services, including Covid care.[116] They also experienced having limited access to quality medicines and were more prone to acquiring substandard and falsified medical products on the black market.[117] These experiences put a significant strain on their ability to exercise their right to health.[118]

Inequality in healthcare access also left marginalised groups more vulnerable to Covid corruption.

Covid corruption had an acute impact on women, because of gendered power differentials and the large role they play in providing care for their families. As patients and caregivers for infected family members, women had a higher likelihood of being the ones in contact with public service providers, making them more vulnerable to corruption. In Zimbabwe, women reported being sexually extorted to access water. In Nigeria, women were arrested and abused by the police over minor Covid-19 infractions.[119] In Mexico, half of the extortions women faced when trying to access public services during Covid-19 happened in the health sector.[120]

Additionally, women represent 70% of the workforce in the health sector. They also occupy a large share of the service industry and the informal economy.[121] Despite this, women were underrepresented in decision-making bodies.[122] Corruption also left a large proportion of women unable to protect themselves from Covid-19. With Covid funds mismanaged or embezzled, and procurement contracts for personal protective equipment rigged, many countries struggled to ensure a constant supply of high-quality equipment and medicines.

Women and their children's healthcare needs also suffered because of Covid-19. The diversion of public resources away from services such as maternity and obstetric care, vaccination, and other forms of primary healthcare put their lives at risk and made them more vulnerable to corruption.[123] While Zimbabwe's health system

115. Sextortion is the abuse of power to obtain a sexual benefit or advantage (U4, n.d).
116. Cepeda Cuadrado 2020b.
117. Transparency International n.d.
118. Forman and Kohler 2020.
119. Transparency International 2020a.
120. Ramirez Aguilar and Guzman 2020.
121. UNODC 2022; Transparency International 2020a.
122. Rajan et al. 2020.
123. Steingrüber et al. 2020.

struggled to cope with rising Covid-19 infections, pregnant women were being forced to bribe healthcare workers for delivering their babies.[124]

124. Partridge-Hicks 2020.

Strategies deployed to address Covid-19 corruption: what worked and what didn't?

Between 2020 and 2022, there were several local, national, regional, and global efforts to address Covid corruption. This section assesses some anti-corruption initiatives identified across the health system building blocks.[125]

Service delivery: tackling petty corruption with tech-based solutions

India experienced a rise in large fees and artificial scarcity of hospital beds during its worst wave in April 2021. In May 2021, technologists and bureaucrats from Bengaluru were tasked with transforming the Covid Hospital Bed Management System (CHBMS) into a unified dashboard to combine information on bed management, private hospitals' information management systems, and information on oxygen and ambulance availability. The aim was to increase transparency and reduce the scope for fraud, including 'bribe-for-bed' scams.[126]

By July 2021, the dashboard showed that 70% of the beds reserved for Covid patients were vacant. However, the numbers were not consistent with the actual figures on the ground, suggesting problems in maintaining real-time updates. Additionally, some healthcare institutions providing Covid care were absent from the dashboard and there were complaints about private healthcare providers denying Covid treatment.[127] A 2022 research study found that only 23 out of 36 subnational governments reported vacant bed availability. Without national guidelines, there was no accountability mechanism to ensure subnational governments provide granular reporting.[128]

The adoption of tech-based solutions to tackle petty corruption, such as bribes and theft, has increased in LMICs, and there are some excellent examples of

125. The six health system building blocks are service delivery; health financing; governance and leadership; medical products, vaccines and technologies; health management information systems; and human resources.
126. Phadnis 2021.
127. Akshatha 2021.
128. Vasudevan et al. 2022.

innovation.[129] Yet, their effectiveness depends on how their design responds to the problem at hand in a particular country context and if the technology is supported by measures that ensure digital insights are turned into action.[130] In the case of India, the lack of national guidelines and measures to secure real-time reporting and hold state governments accountable limited the dashboard's potential to reduce bribe-for-bed scams.

Health financing: the role of civil society and financial management information systems in reducing corruption in procurement and overall spending

Anti-corruption interventions in health financing can benefit from bottom-up approaches. Civil society, for example, can play a complementary role as a watchdog to monitor procurement processes. In 2020, Argentina's Transparency International Chapter, *Poder Ciudadano,* launched a Covid-19 Public Procurement Observatory, which made procurement contracts' information available to the public.[131] By October 2022, it had tracked more than 1,400 procurement deals worth US$185 million.[132] The Observatory findings revealed a greater discretion in procurement processes, a lack of uniform criteria for the publication of information, and an overall disregard for minimum transparency requirements.[133]

While civil society can play an instrumental role in demanding more accountability of government expenditures, top-down approaches are also key for enhancing transparency. Several countries enhanced their institutional capacities to track Covid spending. Rwanda prepared specific Covid-19 codes to track expenditures along the spending chain within its comprehensive financial management information system (FMIS). Pakistan and Benin created additional information systems to complement their FMIS and better monitor their Covid-19 funds' activities and spending.[134] Sierra Leone launched a Corona Virus Disease Response Transparency Task Force to secure integrity in the use of funds and conducted real-time audits of the emergency funding allocated to Covid-19.[135]

Sierra Leone Audit Service's experience demonstrates that it is possible to enhance public health financing over time in fragile states.[136] In both Ebola and Covid-19

129. Holeman, Cookson and Pagliari 2016.
130. Ibid.
131. Castferrante 2022.
132. Poder Ciudadano 2022.
133. El Auditor 2021.
134. Newiak, Wane, and Segura-Ubiergo 2022.
135. Mills 2022.
136. Ibid.

health emergencies, the Audit Service has had the authority, supported by the constitution, to engage in real-time audits. This enabled the recovery of stolen assets post-Ebola, and the dissemination of key information on financial mismanagement – in collaboration with civil society – during Covid-19. By May 2022, the Anti-Corruption Commission had used the audit findings to start investigating allegations of corruption. While it is too early to assess the wider impact of Covid audits, what is clear is that Sierra Leone has provided its national supreme audit institution with a clear mandate and sufficient authority to conduct independent audits. The success of these audits has depended on whether the Audit Service approaches them with a flexible mindset, accommodating emergency settings and circumstances.[137]

Health governance and leadership: enforcing the law to address state capture

In countries where investigation processes and law enforcement happen slowly and sporadically, grand corruption and state capture largely contribute to a culture of impunity. While enforcement measures can be as important as preventative ones to address grand corruption risks, they are not sufficient without an overhaul of the state' modus operandi.

Throughout the Covid-19 pandemic, several former ministers of health and other high-level government officials were arrested (to see specific country examples, refer to the section on grand corruption). Their efficacy in deterring other state actors from engaging in corrupt acts, however, was limited in countries where endemic corruption had already weakened executive and judicial institutions. For example, after Zimbabwe's former Minister of Health, Obadia Moyo, was sacked from office, charged, and detained over serious Covid corruption allegations in 2020, he was acquitted in 2021 on the basis that the allegations were imprecise.[138] Journalists and political activists claimed that the case by the state was made deliberately weak to free Mr Moyo from any responsibility. This reflected the government's adherence to a 'catch-and-release' policy – a clear representation of state capture.[139]

Addressing state capture requires substantial reforms across executive, legislative, and judicial powers, a better internal organisation of the political system, and accountability measures to be in place to regulate the relationship between state and business.[140] To date, no country has taken a comprehensive approach to dismantling state capture linked to Covid-19 beyond applying some sanctions.

137. Ibid.
138. Ndoro 2021a.
139. Garusa 2021; Ndoro 2021b.
140. Martini 2014.

Addressing state capture requires substantial reforms across executive, legislative, and judicial powers, a better internal organisation of the political system, and accountability measures to be in place to regulate the relationship between state and business.

Medical products, vaccines, and technologies: enhancing medical products' quality across supply chains using blockchain

Corruption contributes to the proliferation of falsified medical products, which can happen when legitimate and licensed suppliers manufacture, distribute, and sell falsified medical products through legal channels. Emerging technologies, such as blockchain and artificial intelligence (AI), have been considered to enhance transparency and efficiency across supply chains, contributing to securing medical products' quality.[141] At the start of the Covid-19 pandemic, South Korea piloted blockchain technologies for contract tracing; IBM developed the Rapid Supplier Connect platform based on blockchain technologies to help the US and Canadian governments identify trustworthy companies to deliver high-quality PPE equipment; and Estonia, Hungary, and Iceland used blockchain to host vaccination certificates as part of a pilot project initiated by Guardtime and AstraZeneca Estonia.[142]

Despite its promising applications, blockchain's potential as an anti-corruption tool during Covid-19 was limited. First, the pandemic was characterised by quick and shifting priorities, which truncated the rapid deployment of advanced technologies to monitor different supply chains, such as for PPE, vaccine distribution, vaccine certificates, and rapid antigen test kits, among others. Second, several countries did not meet all the key conditions needed to ensure that the use of blockchain technologies led to more transparent and accountable medical supply chains: political stability, collaboration among relevant interest groups, responsive legal frameworks, and technological capacity. Conducting a context-based analysis is a crucial step before using blockchain and other advanced technologies for anti-corruption purposes.[143]

141. Steingrüber and Ganaya 2021.
142. Aarvik 2022.
143. Cepeda Cuadrado et al. 2022.

HMIS: their role in enhancing decision-making

When they are well-established, health management information systems (HMISs) enable access to timely, relevant, and reliable information. This is essential for effective decision-making about health strategies, policies, and programmes. DHIS2, a free and open-source health data platform, is currently used in 73 low- and middle-income countries as their main HMIS.[144]

During Covid-19, more than 40 countries used DHIS2 for Covid-19 surveillance and 40 countries used it for Covid-19 vaccine delivery. For example, Sri Lanka used DHIS2 to track immunisations, monitor vaccine stocks by using aggregate data and to produce verifiable vaccination certificates. It also analysed immunisations and stock data on a joint dashboard to inform decision-making processes, enhancing accountability in the process.[145]

Nonetheless, using DHIS2 or another HMIS is no guarantee that data will not be misused or manipulated for private gain. There are several reasons why corruption may still happen. First, there could be political and administrative incentives to keep information undisclosed, reducing transparency and accountability. Also, in some countries, the limited pace of digitalisation of health data means that most data collection is recorded in papers, opening opportunities for data manipulation. Third, there may be a lack of or weak open data policies, which can nurture opacity, and, finally, shrinking progressive civic space may result in less access to information that can be used to hold governments accountable. Strong data governance is therefore crucial to ensure that data collection, management, and use are ethical and equitable, and help promote better decision-making.[146]

Human resources: rationing PPE to minimise opportunities for malfeasance

The research conducted here did not find any clear indication of preventive measures taken to actively deter corruption in the selection of healthcare personnel, improper use of medical equipment and products, bribes, and/or absenteeism during the Covid-19 pandemic. While some countries, such as Canada,[147] sought to reduce theft in healthcare facilities by rationing PPE equipment, this measure had a counterproductive effect: it put health workers' lives at further risk.

144. Sejerøe-Hausenkamph et al. 2022.
145. Ibid.
146. Ibid.
147. Seglins and Gomez 2020.

Lessons from this pandemic to minimise corruption risks in other health emergencies

Covid-19 brought health systems to the brink of collapse, hurt economies, increased poverty, and inequality, and pushed back any substantial progress made to achieve the Sustainable Development Goals by 2030.

Since 2021, countries have met to discuss a global accord for pandemic preparedness. In its latest reunion in August 2022, Transparency International provided several recommendations on how to curb Covid corruption.[148] It also put out recommendations for the World Bank's new Financial Intermediary Fund (FIF), which aims to kick-start the estimated US$10.5 billion per year needed to strengthen pandemic preparedness and response.[149] Additionally, the O'Neill Institute for National and Global Health Law and the Foundation for the National Institutes of Health convened leading authorities on international agreements in trade, regional integration, public health emergency preparedness, finance, biomedical science, climate change, maritime affairs, tobacco control and human rights, to discuss norm-setting and regime compliance modalities for the global accord.[150]

Based on U4 and these organisations' findings, this Issue compiles lessons learned from the Covid-19 pandemic. These should inform policymakers' decisions on local, national, and global responses to health emergencies, either presently or in the future.

1. Transparency in decision-making during health crises is crucial at the district, national, and global levels.

This not only constitutes providing information to the public about the decisions made during an emergency, but also ensuring that this information is continuously updated, easily accessible and reflects the most critical societal needs. For this to happen, decision-making groups must be diverse, including representatives from those most affected by health crises, such as women.

148. Transparency International Global Health 2022a.
149. Transparency International Global Health 2022b.
150. O'Neill Institute for National and Global Health Law and the Foundation for the National Institutes of Health 2022.

2. Health emergencies-related anti-corruption initiatives should integrate a gender perspective.

Health emergencies affect men and women differently, and so does corruption. Efforts to enhance transparency, accountability, and integrity in health emergency responses will be most effective when a gender lens is applied in their design and implementation. For example, recognising women's exposure to petty corruption in their interaction with public healthcare providers will lead to the design of anti-corruption measures that capture their experiences, such as gender-sensitive reporting tools. Information collected through this means can contribute to making providers more accountable for women's needs.

3. Healthy financial accounts require reliable public financial management.

Governments require an arsenal of tools to guarantee the integrity of health emergency funds. These should include tracking of funds and dissemination of financial information to the public through user-friendly platforms; legislation in place to ensure due diligence, as well as reduce the scope for conflicts of interest to pervade the management and use of funds; free civic space so non-state actors such as civil society and the media can actively monitor spending and demand accountability in governments' financial performance; and well-established government institutions that can keep spending in check.

As one of the most important financial institutions, supreme audit institutions should have strong legal mandates, independence to conduct audits on any topic and at any time – including real-time audits during health crises – and should count on strong leadership that can take their mandate forward. Donors and international organisations should leverage their influence to support the establishment and independent functioning of such institutions.

4. Civil society can still play its monitoring role when space is constrained physically and legally.

When confinements happen, free civic space is constrained, and legal tools for protecting whistleblowers and access to information fail to deliver, then civil society's monitoring role can be enhanced through digital civic engagement. Development practitioners can support the establishment of digital accountability networks, which help increase awareness of corruption risks, build new alliances, and promote accountability initiatives.[151]

151. Mullard and Aarvik 2020.

Additionally, it is important that donors, governments, and multilateral organisations integrate community leaders into Covid-19 responses. As trusted members of the community, these leaders are in a better position to operate locally and ensure all resources are spent effectively. This will enhance public trust in governments' pandemic preparedness and response plans.[152] It is key to provide more training, support, and resources to these groups.

5. Strong data governance is essential for enhancing transparency, accountability, and integrity of data collected during health emergencies.

Donors, multilateral organisations, and governments involved in the collection, use and management of data during health emergencies should have well-established frameworks in place to guarantee the quality and protection of data in line with a human rights-based approach. This can be achieved by conducting assessments of the need, proportionality, and legality of collecting and using data to avoid impacting on people's human rights to privacy and freedom of expression. There should also be agreements on how to share data between institutions (including standardised formats and public dissemination of aggregate data, such as data on vaccine rates in priority groups), and how to guarantee transparency and interoperability among their information systems. Doing so will help ensure data reliability, which can better inform decision-making processes.

6. There needs to be more attention to protecting health workers and addressing the drivers of functional corruption, as well as petty corruption engendered by social norms.

Social norms may play an 'inverse' accountability function, pressuring health workers to engage in different forms of corruption, such as favouritism, to avoid social exclusion. Creating and enforcing codes of conduct or integrity guidelines, without considering the informal rules that govern societies, will have limited value on changing behaviours.[153] It is important for practitioners and governments to complement conventional integrity measures with strategies that take social norms into account.

Additionally, careful consideration should be given to identifying what could drive health workers to engage in corruption, as well as prioritising their safety and well-being during health emergencies. Low salaries, lack of access to personal protective equipment, and long working hours with minimal support and in high-turnover environments may lead some health workers to consider engaging in bribes, malfeasance, and absenteeism to secure a living wage and protect themselves from

152. Cheney 2021.
153. Steingruber et al. 2020.

falling ill. Interventions such as salary increases, safety reporting mechanisms, and spaces for civil society oversight can be effective anti-corruption measures in these contexts.

7. The private sector also engages in corruption, including state capture, procurement corruption, and lack of transparency in clinical trials. There should be tailored anti-corruption measures aimed at drug manufacturers and private healthcare providers.

Health emergencies increase drug manufacturers' bargaining power vis-à-vis governments, especially during procurement and contracting processes. Legislation on beneficial ownership, access to information laws and due diligence should be in place to regulate public–private sector engagements. Governments may need to delay any processes related to these legislations to act more expediently. Where they do so, it is important that they clearly communicate the interim measures taken to secure the collection of key information about state–business relations, so it can be used for accountability purposes as soon as possible. Additionally, it is recommended that countries establish or, if they have them already, implement 'sunshine laws'. These are legal frameworks to regulate pharmaceutical companies' engagements with healthcare professionals to mitigate the risks of undue influence, collusion, bribery, and proliferation of low-quality or substandard medical products.

Governments, donors, and multilateral organisations, who are actively supporting or host pharmaceutical companies' research on health emergencies-related drugs and treatments, should leverage their influence to ensure contract transparency, and that drug manufacturers make their clinical trial protocols public (ideally prior the recruitment of participants). Governments should revise clinical trial legislation to guarantee the public dissemination of clinical trial protocols in platforms that follow WHO standards.[154]

8. Mainstreaming anti-corruption during health emergencies requires an institutional commitment from governments to adhere to anti-corruption principles within national and global pandemic plans and policies, as well as context-driven measures in collaboration with all interest groups.

At present, there is no uniform approach to anti-corruption in the health sector among countries and international organisations. Transparency International has taken a step forward to enhance coherence in global approaches to health emergencies by recommending that the Global Pandemic Preparedness Accord includes the following measures: WHO guidance on publishing clinical trials, public release of full contracts for purchases of medical products within 90 days,

154. Rhodes et al. 2021.

mechanisms that support transparent procurement and data sharing (such as open procurement, beneficial ownership registries, live audits, vaccination progress of priority, and vulnerable groups), and gender-sensitive whistleblower mechanisms, along with whistleblower protection.[155] These measures should also be replicated in national pandemic preparedness plans and policies.

Additionally, governments, donors, and multilateral organisations that are engaged in pandemic responses should base their anti-corruption measures on a thorough reading of contextual capacities and identification of highest corruption risks.

155. Transparency International 2022a.

References

Aarvik, P. 2022. Is blockchain hitching a ride on the Covid-19 vaccination wave? U4 Blog, 23 June. U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute.

Addah, M. A., Doh, B., and Ahuno, J. T. 2021. Corruption risk assessment of government's Covid-19 Interventions. Ghana, Ghana integrity Initiative.

Africanews. 2021. Congo arrests former health minister over missing COVID funds. 28 August.

AFP. 2021. Argentina president blasts 'unforgivable' vaccine line-jump scandal. France 24, 21 February.

Agarwal, R., and Reed, T. 2022. Financing vaccine equity: Funding for day-zero of the next pandemic. International Monetary Fund Working Paper WP/22/99.

Agwu, P., Orjiakor, C. T., Odii, A., and Onwujekwe, O. 2022. Effects of corruption and unaccountability on responses of frontline health workers to Covid-19 in Nigeria: Lessons and considerations for the social work profession. International Social Work, 28 February.

Agence France-Press, 2021. Jabs for votes: Lebanon's oligarchs turn to COVID-19 bribery. The News Inquirer, 10 June.

Ahmad, R. and Pfordten, D. 2021. Why Covid-19 vaccine queue-jumpers are a threat, and what can be done. The Star, 5 March.

Aikins, E. R. 2022. Corruption in Africa deepens the wounds of Covid-19. Institute for Security Studies, 19 May.

Akshatha, M. 2021. Real-time Covid data shows over 70% beds vacant in Bengaluru. India Times, 16 July.

Alam, S. T. et al. 2021. Challenges to Covid-19 vaccine supply chain: Implications for sustainable development goals. International Journal of Production Economics 239: 1–16.

Alcalde, C. 2021. Al menos 2.000 personas estafadas con vacunas falsas en estado venezolano de Lara. Martí, 28 June.

Alexander, K. and Xezwi, B. 2021. Dose of discrimination: Why the government failed to reach its vaccination targets. Daily Maverick, 28 December.

AlSur. 2021. Regional trends in the deployment of technologies during the pandemic in Latin America: Initial reflections from Al Sur's Covid-19 Observatory. Brief.

Aquino, M. and Sherwood, D. 2021. Peru arrests state hospital workers for charging COVID-19 patients $21,000 per bed. Reuters, 22 July.

Ascarza, L. 2021. El pago por ser voluntario de Sinopharm: abandono, indiferencia y silencio. Salud con lupa, 23 March.

Atuhaire, P. and Maishman, E. 2022. Ebola in Uganda: Three-week lockdown announced for two districts. BBC, 16 October.

BBC (British Broadcasting Corporation). 2020. Africa Eye: Ghana hospital workers cash in on PPE amid coronavirus. 10 August.

BBC 2021a. Coronavirus: Germany fights trade in fake Covid vaccine certificates. 3 June.

BBC. 2021b. Coronavirus in DR Congo: How funds went missing – report. 9 October.

BBC. 2021c. Coronavirus: Pfizer confirms fake versions of vaccine in Poland and Mexico. 22 April.

BBC. 2021d. Covid vaccines: Outrage after casino boss jumps queue for jabs. 26 January.

BBC. 2021e. Peru vaccine scandal: Ex-president asked for early jab, doctors say. 17 February.

Bergal, J. 2021. Fake vaccine card sales have skyrocketed since Biden mandate. PEW, 16 September.

Broom, F., Rueda, A., Adriano, J., and Buguzi, S. 2021. Covid-19, lies and statistics: Corruption and the pandemic. SciDev.Net, 6 April.

Bruckner, T. 2020a. Results are missing for 1,516 clinical trials of potential COVID-19 drugs. TranspariMED, 3 June.

Bruckner, T. 2020b. Weak clinical trial reporting is undermining the search for effective COVID-19 treatments. TranspariMED, 11 May.

Bui, T. 2022. Vietnam's COVID-19 testing scandal goes viral. East Asia Forum, 21 January.

Castferrante. 2022. Civil society organizations can help fight corruption in the COVID-19 response. But only if governments let them. The Global Anticorruption Blog, 28 January.

CBS News. 2021. Delta variant fueling sale of fake COVID-19 vaccination cards, report says. 19 August.

Cepeda Cuadrado, D. 2020b. The ignored pandemic behind Covid-19. The impact of corruption on healthcare service delivery. Transparency International Global Health, London.

Cepeda Cuadrado, D. 2021. Covid-19 corruption in 2021: The pandemic rages on. U4 Blog, 8 December. U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute.

Cepeda Cuadrado, D., Sejerøe Hausenkamph, D., Aarvik, P., Cardona, C., Turati, M., and Mejia Pardo, N. 2022. Safeguarding the Covid-19 vaccine distribution: Evaluating the role of blockchain. U4 Guide 2022:5. U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute.

Chaib, F. 2020. Shortage of personal protective equipment endangering health workers worldwide. WHO, 3 March.

Charumbira, S. 2021. Vaccine certificates-for-sale scam undermines Lesotho's Covid effort. The Guardian, 4 November.

Cheney, C. 2021. How to integrate community leaders into pandemic preparedness. Devex, 1 September.

Chingono, N. 2020. Zimbabwe health minister facing coronavirus corruption charge sacked. The Guardian, 9 July.

Davey, M. 2021a. Australian GPs offered bribes for fake Covid vaccine certificates while others abused by anti-vaxxers. The Guardian, 26 October.

Davey, M. 2021b. Huge study supporting ivermectin as Covid treatment withdrawn over ethical concerns. The Guardian, 15 July.

Davis, R. 2022. Why the NPA is misfiring on high-profile corruption cases. Daily Maverick, 19 March.

Deutsche Welle. 2020. Arrestan a ministro de salud de Bolivia y ordenan auditoría por escándalo respiradores. 21 May.

Dickie, G. 2022. Climate change is driving 2022 extreme heat and flooding. Reuters, 28 June.

Ehrlich, R. S. 2022. Covid corruption rears its ugliest head in Vietnam. Asia Times, 26 July.

El Auditor. 2021. Para Poder Ciudadano no están garantizados los estándares mínimos de transparencia. 6 January.

European Council. 2022. Impact of Russia's invasion of Ukraine on the markets: EU response.

Europol. 2021. Europol warning on the illicit sale of false negative COVID-19 test certificates. 21 February.

Farrelly, B. 2022. Data in the dark: A look at COVID corruption. Independent Australia, 28 July.

Felizola, L. 2021. Covid-19 Vaccine Scandal Could Be the Final Straw for Bolsonaro Supporters. Nacla reporting, 26 August.

Fishman, A. 2021. 'Worst of Brazil': Covid-19 vaccine corruption implicates top Bolsonaro allies. The Intercept, 31 July.

FMT Reporters. 2022. MACC probes 25 cases linked to Covid-19 management. Free Malaysia Today, 2 June.

Forman, L., and Kohler, J. C. 2020. Global health and human rights in the time of COVID-19: Response, restrictions, and legitimacy. Journal of Human rights 19(5): 547-556.

Garusa, T. 2021. Zimbabweans fume over Obadiah Moyo's acquittal. New Zimbabwe, 10 October.

Gorodensky, A. and Kohler, J. 2022. State capture through indemnification demands? Effects on equity in the global distribution of Covid-19 vaccines. Journal of Pharmaceutical Policy and Practice 15(50): 1–11.

Gwozdz-Pallokat, M. 2021. Queue-jumping celebs boost Polish coronavirus vaccine interest. Deutsche Welle, 27 January.

Hamzah, F. 2022. Man charged for corruption after allegedly asking nurse to falsify COVID-19 vaccination records. CNA, 13 January.

Hitayezu, C. 2022. Rwanda: 8 health workers arrested for stealing COVID-19 vaccines, test kits. Down to Earth, 20 January.

Holeman, I., Cookson, T., and Pagliari, C. 2016. Digital technology for health sector governance in low and middle income countries: a scoping review. Journal of Global Health 6(2): 2–11.

Human Rights Watch. 2021a. IMF: Make Cameroon loan contingent on anti-corruption. 18 June.

Human Rights Watch. 2021b. Kenya: Pandemic health workers lack protection. 21 October.

Hussmann, K. 2021. Global access to Covid-19 vaccines: Lifting the veil of opacity. U4 Issue 2021: 12. U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute.

The International Center for Non-for-Profit Law, n.d. Top trends: COVID-19 and civic space.

Johns Hopkins University – Coronavirus Resource Centre. 2022. Global deaths.

Kangarlou, T. 2021. 'It's a catastrophe'. Iranians turn to black market for vaccines as Covid-19 deaths hit new highs. Time, 16 August.

Khambholja, K., and Asudani, D. 2020. Potential repurposing of favipiravir in COVID-19 outbreak based on current evidence. ScienceDirect 35: 101710.

Kohler, J. and Dimancesco, D. 2020. The risk of corruption in public pharmaceutical procurement: how anti-corruption, transparency and accountability measures may reduce this risk.Global Health Action 13(1): 1-10.

Kohler, J. and Wright, T. 2020. The Urgent need for transparent and accountable procurement of medicine and medical supplies in times of Covid-19 pandemic. Journal of Pharmaceutical Policy and Practice 13(58): 1–4.

Koko, K. 2021. Makhura 'liable' for R42.8m in PPE corruption. Mail & Guardian, 17 August.

Kuchipudi, S. V. 2022. How the omicron subvariant BA.5 became a master of disguise – and what it means for the current COVID-19 surge. The Conversation, 26 July.

Kupfer, M. 2022. Kyrgyzstan health minister arrested on Covid-19 vaccine corruption charges. Organized Crime and Corruption Reporting Project, 4 June.

La Silla Vacía. 2020. El robo siempre a la salud pasa facture con coronavirus. 28 April.

Leung, C. 2022. Hong Kong's graft buster prosecutes nurse and 4 others for allegedly forging Covid-19 vaccination records. South China Morning Post, 8 April.

Lorch, J., Onken, M., and Sombatpoonsiri, J. 2021. Sustaining civic space in times of Covid-19: global trends. German Institute for Global and Area Studies, GIGA Focus Global: 8.

Madureira, V. 2022. honduras sentences ex-official to over 10 years for buying useless mobile hospitals. Organized Crime and Corruption Reporting Project, 18 June.

Maftoon, S. 2021. 2.6mn afs embezzled in Ghazni Covid-19 fund. Pahjwok, 1 November.

Mahase, E. 2020. Covid-19: hoarding and misuse of protective gear is jeopardising the response, WHO warns. The British Medical Journal (BMJ) – News, 4 March.

Makhafola, G. 2021. Joburg healthcare worker nabbed for allegedly selling fake Covid-19 test certificates. News24, 22 August.

Marks, T., Whiffen, R., and Wright, T. 2021. Track and trace: Identifying corruption risks in UK public procurement for the Covid-19 pandemic. Transparency International Global Health, London.

Martini, M. 2014. State capture: An overview. U4 Anti-Corruption Helpdesk. U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute.

Mason, R. and Conn, D. 2021. At least 46 'VIP lane' PPE deals awarded before formal due diligence in place. The Guardian, 6 December.

Maxmen, A. 2021. Has COVID taught us anything about pandemic preparedness? Nature, 13 August.

McKenna, M. 2022. Polio Is Back in the US and UK. Here's How That Happened. Wired, 24 August.

Menon, J. 2021. Move to punish whistleblowers who exposed irregular

purchases in Kerala Medical Services Corp. Onmanorama, 24 December 2022.

Mills, L. 2022. Closing the COVID accountability gap: Leveraging Ebola's auditing lessons in Sierra Leone. International Budget, 20 May.

Mullard, S. and Aarvik, P. 2020. Supporting civil society during the Covid-19 pandemic. The potentials of online collaborations for social accountability. U4 Guide 2020: 1. U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute.

Murwira, Z. 2021. Zacc worried by low pace of prosecution. The Herald, 28 December.

Naar, I. 2022. Saudi anti-corruption authority pursues makers of fake Covid-19 vaccine certificates. The National, 20 January.

Ndoro, N. 2021a. Shock as ex-health minister Moyo acquitted of Drax Covidgate scandal. Nehanda Radio, 8 October.

Ndoro, N. 2021b. Sneak peek into 6 high-profile corruption cases with acquittals in 3 months. Nehanda Radio, 30 November.

NDTV. 2021. Indian-origin woman, who gave info on over $20 million scam, killed in South Africa. 25 August.

Newiak, M., Wane A. A., and Segura-Ubiergo, A. 2022. Good governance in Sub-Saharan Africa: Opportunities and Lessons. International Monetary Fund, Washington, D.C.

News Wires. 2021. Spanish officials under fire for jumping queue for Covid-19 vaccine. France 24, 25 January.

New Age. 2021. Purported corruption lurking in Covid vaccine procurement. 12 July.

News Agency. 2021. Ecuador's health minister resigns after just 19 days. Al Jazeera, 20 March.

Nyantakyi, E. B. and Munemo, J. 2022. COVID vaccines: African countries need to fix their distribution chains. The Conversation, 8 February.

Olivier, A. 2022. Quebec's anti-corruption squad investigating fraud schemes linked to COVID-19 vaccine passports. Global News, 20 January.

O'Neill Institute for National and Global Health Law and the Foundation for the National Institutes of Health. 2022. National sovereignty implications of a pandemic instrument. WHO Collaborating Center Support for New Coordinating Mechanisms, July.

Open Consultants. 2022. External evaluation of the Access to COVID-19 Tools Accelerator (ACT-A). WHO, Berlin.

Partridge-Hicks, S. 2020. Pregnant women in Zimbabwe forced to pay bribes to give birth safely: Report. Global Citizen, 4 November.

Pathak, G. 2021. Responsibility must be fixed and guilty punished for deaths caused by artificial oxygen crisis. National Herald India, 22 April.

Phadnis, S. 2021. Bengaluru tech team working to stop corruption by integrating hospital & BBMP systems. Times of India, 6 May.

Plata, G. 2022. The black market for Covid-19 antiviral drugs. BMJ Investigation, 31 May.

Poder Ciudadano. 2022. Monitoreo de Contrataciones por COVID-19.

Putz, C. 2022. The COVID-19 Pandemic Provided Fertile Ground for Corruption. The Diplomat, 8 June.

Rajan, D. Koch, K., Rohrer, K., Bajnoczki, C., Socha, A., Voss, M., Nicod, M., Ridde, V., and Koonin, J. 2020. Governance of the Covid-19 response: a call for more inclusive and transparent decision-making. BMJ Global Health 5: e002655.

Ramirez Aguilar, S. and Guzman, K. 2020. Las mujeres: entre la corrupción, la pandemia y el desencanto. Mexicanos contra la corrupción y la impunidad, 27 September.

Ravelo, J. L. 2022. 'ACT-Accelerator has to change': WHO's Bruce Aylward lays out plans. 29 September.

Radio France Internationale. 2022. Despite deaths, Africa left to fight monkeypox without vaccine. 31 July.

Rhodes, N. et al. 2021. For whose benefit? Transparency in the development and procurement of Covid-19 vaccines. Transparency International Global Health, London.

Santos, R. 2022. With COVID-19 vaccine targets missed, WHO sets sights on highest risk. The New Humanitarian, 25 July.

Sagan, A. et al. 2021. Health systems resilience during Covid-19: Lessons for building back better. WHO, Copenhagen.

Schwartz, I. S., Boulware, D. R., and Lee, T. D. 2022. Hydroxychloroquine for Covid-19: The curtains close on a comedy of errors. The Lancet Regional Health – Americas 11: 100268.

Shankar, R. and Singh, A. 2021. Meet the unscrupulous Indian, the pitted face of the COVID-19 pandemic. The New Indian Express, 23 May.

Seglins, D. and Gomez, C. 2020. Thefts in hospitals lead to lockup of masks, protective gear amid COVID-19 supply shortage. CBC, 9 April.

Sejerøe Hausenkamph, D. 2021. Vaccine hesitancy, institutional mistrust and corruption in sub-Saharan Africa: everything is connected. U4 Blog, 21 May. U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute.

Sejerøe Hausenkamph, D., Cepeda Cuadrado, D., Aarvik, P., and Kirya, M. 2022. Anti-corruption, transparency, and accountability in health management information systems Exploring the potential of the District Health Information Software 2 (DHIS2). U4 Issue 2022: 9. U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute.

Silva, V. and Long, G. 2020. No gloves, no masks: Venezuela's exposed health workers. Financial Times, 7 September.

South China Morning Post. 2021. Coronavirus: Philippine mayors accused of vaccine queue-jumping; India curbs delay supply of jabs. 25 March.

Srivastava, K. 2021. Fake Covid vaccines boost the black market for counterfeit medicines. BMJ 375: 2754.

Steingrüber, S., Kirya, M., Mullar, S., and Jackson, D. 2020. Corruption in the time of Covid-19: A double-threat for low-income countries. U4 Brief 2020: 6. U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute.

Steingrüber, S. and Ganaya, M. 2021. Weak links: How corruption affects the quality and integrity of medical products and impacts on the Covid-19 response. U4 Issue 2021:15. U4

Anti-Corruption Resource Centre, Chr. Michelsen Institute.

Stephens, B. 2022. This is how World War III begins. The New York Times, 15 March.

Thacker, P. D. 2020. Conflicts of interest among the UK government's Covid-19 advisers. BMJ, 9 December.

The News Minute, 2021. Tejasvi Surya alleges big scam in COVID-19 bed bookings by BBMP, cites cases. 4 May.

Thornton, I., Wilson, P., and Gandhi, G. 2022. 'No Regrets' purchasing in a pandemic: Making the most of advance purchase agreements. Global Health 18(62): 1–14.

Transparency International. n.d. Health.

Transparency International. 2020a. Covid-19 makes women more vulnerable to corruption. 21 September.

Transparency International. 2020b. How corruption is making people sick. 14 September.

Transparency International Global Health. 2022a. How to eradicate 'vaxtortion' before the next pandemic – Recommendations for building transparency and accountability into the Global Accord on Pandemic Prevention, Preparedness and Response. Policy brief, July.

Transparency International Global Health. 2022b. Overcoming governance challenges in international health financing. Policy brief, September.

Transparency International Initiative Madagascar et al. 2022. Transparency International – Initiative Madagascar and partners call for better transparency and management around Covid-19 emergency funding. Transparency International, 2 March.

United Nations Pacific Regional Anti-Corruption Project 2021. Corruption risks in public procurement in the context of Covid-19 in Pacific Island countries. UNODC and UN Development Programme (UNDP).

UN News. 2021. WHO warns against blanket boosters, as vaccine inequity persists. United Nations, 22 December.

UNODC (UN Office on Drugs and Crime). 2020a. Breaking the silence on gender and corruption in the Pacific. United Nations Pacific Regional Anti-Corruption Project, information note.

UNODC. 2020b. Covid-19 vaccines and corruption risks: Preventing corruption in the manufacture, allocation, and distribution of vaccines. Policy brief, 9 December.

UNU-EHS (UN University Institute for Environment and Human Security) and UN Office for Disaster Risk Reduction (UNDRR). 2022. Understanding and managing cascading and systemic risks: lessons from Covid-19. UNDRR, Geneva; UNU-EHS, Bonn.

URN. 2021. 21,000 doses of Covid-19 vaccine go missing at KCCA. The Observer, 14 June.

Vasudevan, V., Gnanasekaran, A., Bansal, B., Lahariya, C., Parameswaran, G. G. and Zou, J. 2022. Assessment of COVID-19 data reporting in 100+ websites and apps in India. PLOS Glob Public
Health 2(4): e0000329.

Wathne, C. 2021. Understanding corruption and how to curb it. A synthesis of latest thinking. U4 Issue 2021: 3. U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute.

WHO (World Health Organization). 2021a. Medical Product Alert N°7/2021: Falsified COVID-19 vaccine AstraZeneca. 4 November.

WHO. 2021b. Tuberculosis deaths rise for the first time in more than a decade due to the COVID-19 pandemic. News release, 14 October.

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