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Discussion webinar:

***Curing corruption: Mainstreaming
integrity measures for stronger
health systems***

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Introduction and Executive Summary

The Universal Declaration of Human Rights (UDHR) counts the right to health as a basic and inalienable Human Right¹. Reliable healthcare is essential to reduce preventable deaths and hence intrinsic to the right to life. The health sector is vital for all countries, and particularly so for developing nations due to its profound impact on human well-being, economic development, and social stability. A study by the Brookings Institution found that for every US Dollar invested in health in developing countries, there is an economic return of between USD 2 and 4. The study consequently contends that investment in the health sector could lead to a USD 4.4 trillion boost across all developing countries, or a 7% increase in GDP by 2040.²

Researchers assess that some 3 million people die each year in low- and middle-income countries from lack of access to health care and twice as many due to poor quality healthcare³. The illegal diversion of funds, in particular through corruption, plays a significant role in this tragedy. Based on various evaluations, the World Health Organisation (WHO) estimates that an average of 7% (over USD 440 billion) of all government health expenditures worldwide were illegally diverted in 2021, whereby lower- and low-income countries were worse hit with a respective average between 12 and 18% embezzled (i.e. respectively between USD 1 and 17 billion)⁴.

Corruption in the health sector is not merely a governance failure: it is a public health emergency that erodes public trust, undermines equity, and costs many lives. As countries and development actors accelerate efforts toward Universal Health Coverage (UHC) and pandemic preparedness, the urgency of embedding anti-corruption, transparency, and accountability (ACTA) into health governance has never been greater. Corruption not only diverts scarce resources but also enables substandard care, unsafe products, and exploitative practices that hit the most vulnerable the hardest.

On 3 April 2020, Team Europe Democracy's (TED) Working Group on Accountability and the Rule of Law (1.2.) convened a webinar discussion that brought together policymakers, practitioners, and civil society. The discussion also enabled key stakeholders from Civil Society, Member States and EU Delegations to share lessons learnt and to generate synergies for designing and implementing more transparent, accountable, and effective projects in the sector, while mitigating corruption risks and maximising impact. Concretely, the session explored recent efforts and emerging practices from key actors - including the World Health Organization (WHO), the U4 Anti-Corruption Resource Centre, Transparency International's Global Health Programme, and the EU's Directorate-General for International Partnerships (DG-INTPA) - to address corruption risks across the health system. Together, they articulated a growing consensus that anti-corruption must be treated not as a political afterthought, but as a core pillar of health system strengthening.

WHO is taking a systems-level approach by mainstreaming ACTA into its core UHC agenda and convening the Global Network on Anti-Corruption, Transparency and Accountability (GNACTA). This multi-stakeholder platform aims to unify fragmented efforts, promote evidence-based approaches, and scale ACTA solutions that directly contribute to improved health outcomes.

The U4 Anti-Corruption Resource Centre has focused on corruption risks in the medical products and vaccines (MPV) value chain - from clinical research to manufacturing and regulation. Corruption in R&D, such as falsified trial data and regulatory manipulation, poses grave threats to public health and trust. U4's recommendations include mandatory clinical trial registration, strengthened ethics oversight, whistleblower protections, and international collaboration to build regulatory capacity, particularly in low- and middle-income countries.

Transparency International has been working on procurement integrity initiatives. Procurement represents a significant share of public health spending and is especially vulnerable to corruption due to information asymmetries, lack of transparency, and weak institutional capacity. Together with governments, local authorities and civil society open procurement systems and robust monitoring tools can be established allowing for multi-stakeholder oversight, which in turn ensures accountability and delivers significant results.

The European Commission, through DG-INTPA, is working to mainstream ACTA into its development cooperation, with new political and legal instruments under discussion. The EU also leverages its investments in local health manufacturing to promote regulatory reform, as seen in Rwanda, Nigeria, and South Africa, while providing hands-on guidance material and an upcoming HelP Desk to support its staff and members countries.

These efforts demonstrate a clear shift from isolated anti-corruption initiatives to integrated, cross-sectoral strategies. They underscore the importance of aligning technical interventions with political will, strengthening institutions, and fostering a culture of accountability that spans both donor and partner countries.

The session supported that momentum, highlighting promising practices and offering actionable recommendations for governments, donors, and health actors to collectively reduce corruption risks and ensure more equitable, resilient, and effective health systems. The fight for health must include the fight against corruption.

¹ <https://www.un.org/en/about-us/universal-declaration-of-human-rights>, article 25

² https://www.brookings.edu/articles/how-investing-in-health-has-a-significant-economic-payoff-for-developing-economies/?utm_source=chatgpt.com

³ <https://www.weforum.org/stories/2019/11/effects-and-costs-of-poor-quality-healthcare/>

⁴ As presented by David Clarke, WHO, during the webinar itself.



1 World Health Organization (WHO): Mainstreaming work on anti-corruption for Universal Health Coverage (UHC) and the Global Network on Anti-Corruption, Transparency and Accountability (GNACTA)

WHO's anti-corruption work focusses on four axes:

- 1- Stressing to partners the importance of integrity and the effective stewardship of health resources towards UHC.
- 2- Mainstreaming anti-corruption perspectives into its own work, framing corruption as a public health rather than a political issue.
- 3- Convening the Global Network on Anti-Corruption, Transparency and Accountability (GNACTA), an interagency/multi-stakeholder network coordinating efforts, sharing evidence, and aligning approaches.
- 4- Assisting member states in advocating for stronger political commitment to anti-corruption, transparency and accountability (ACTA) for UHC.

GNACTA⁵ creates and tests targeted, innovative and evidence-based ACTA solutions that prioritise improving health outcomes. It bridges gaps and break silos that impede effective ACTA action and generate sustained momentum in the sector. A multistakeholder, platform, it enables to develop, implement, monitor, evaluate, and share ACTA approaches. Its goals are to

- (i) unify the multisectoral approach to corruption,
- (ii) address shared problems that demand collective action,
- (iii) Develop clear outputs to be implemented at country level and
- (iv) Reduce corruption and increase efficiency and effectiveness of health.

The network has been growing over the last couple of years, in particular with new states joining.

The Lancet, one of the world's highest-impact academic medical journals is about to launch a commission on anti-corruption, with the goal to better understand the root causes of corruption and to develop effective solutions against it. Through its commission programme, the Lancet works with academic partners and leading experts to identify the most pressing issues in science, medicine, and global health, with the aim of providing recommendations that change health policy or improve practice. The Lancet Commission on Anti-Corruption will be primarily run by the London School of Tropical Medicine and Hygiene, and WHO will be one of its members. Interested stakeholders are invited to participate and support that initiative.

⁵ <https://gnacta.org/>



2 CMI U4 Anti-Corruption Resource Centre: Addressing corruption across the medical products' value chain

Corruption significantly undermines the development, delivery, and equitable access to medical products and vaccines, posing a major threat to global health security. Despite some progress, disparities in countries' capacity to produce and distribute essential health products persist—especially in Africa, where practically all vaccines and the vast majority of medicines are imported⁶, and over 50% of people in sub-Saharan Africa lack access to essential medicines⁷.

The COVID-19 pandemic highlighted stark inequalities in vaccine access, leaving resource-poor countries behind. Experts predict that there is more than a 1-in-4 chance of another pandemic within the next decade⁸. New threats like H5N1 and drug-resistant TB underscore the urgency of diversifying value chains and strengthening local manufacturing capacity.

Initiatives like CEPI, PATH⁹, and the EU's Global Gateway are investing in local production and supply chain resilience, particularly in Africa and Latin America. However, critical corruption risks remain - particularly in R&D, manufacturing, and regulation - requiring more targeted anti-corruption efforts to ensure accountability and transparency in the Medical Products and Vaccines (MPV) value chain.

Corruption in research and development (R&D), particularly in clinical trials, poses serious ethical and safety risks. Key issues include:

- **Data Manipulation and Misreporting:** Pressure from pharmaceutical companies and weak oversight can lead to biased or falsified trial results. High profile cases (such as in recent years GSK's misreporting in trials¹⁰ and Whistleblower claims about irregularities during Pfizer's Covid-19 vaccine trials¹¹) corroborate that risk.
- **Undue Influence and Exploitation:** Regulatory systems in low-capacity countries are vulnerable to corporate abuse. In 1996, Pfizer illegally tested an unregistered drug on 100 Nigerian children during a meningitis outbreak¹². Despite international outcry and a class-action lawsuit, the Nigerian government never disclosed its investigation, raising collusion concerns.
- **Theft and Misuse of Funds:** erode public trust and undermine public support and funding for critical research. In Taiwan (2013), university professors used false receipts to embezzle USD 1,700 to 17,000 in research funds¹³.

Overall, the lack of transparency, accountability, and effective oversight in clinical research undermines public trust, compromises patient safety, and discourages critical investment.

The U4 Helpdesk recommends¹⁴ concrete measures to mitigate corruption risks in R&D, including clinical trials:

1. **Mandatory Pre-Registration and Results Disclosure** of all clinical trials:
2. **Strengthening Review Boards and Ethics Committees** through adequate resourcing and empowerment to oversee trials effectively, ensuring adherence to ethical standards and minimizing conflicts of interest.
3. **Robust Regulatory Oversight** through rigorous monitoring and enforcement mechanisms from regulatory agencies to detect and prevent data manipulation, fraud, and other unethical practices.
4. **Transparent Funding and Conflict of Interest Policies:** for researchers and institutions in vaccine development.
5. **Whistleblower Protections:** through legal safeguards, encouraging the reporting of corruption without fear.
6. **International Collaboration and Standardisation,** sharing best practices, supporting capacity-building, particularly in low- and middle-income countries, to uphold integrity in vaccine research and trials.

The weak regulatory infrastructure in low-income countries limits the ability to detect corruption and unethical practices in clinical trials. Partnerships with high-income countries can help build research capacity. The European & Developing Countries Clinical Trials Partnership (EDCTP)¹⁵ for example awarded 45 grants between 2024 and 2021 totalling over EUR 15 million to strengthen ethics and regulatory systems in Africa.

⁶ <https://www.devex.com/news/africa-imports-90-of-its-drugs-a-new-foundation-wants-to-change-that-104599>

⁷ https://www.afro.who.int/sites/default/files/2024-05/WHO_Africa%20Newsletter%20Q2_2024.pdf

⁸ <https://www.airfinity.com/articles/a-strong-pandemic-defence-system-could-reduce-the-chance-of-another-covid>

⁹ <https://cepi.net/boosting-advanced-stage-clinical-trial-capacity-east-and-central-africa-combat-regional-epidemic>

¹⁰ <https://ti-health.org/wp-content/uploads/2016/09/29-06-2016-Corruption-In-The-Pharmaceutical-Sector-Web-2.pdf>

¹¹ <https://www.u4.no/publications/corruption-during-covid-19.pdf>

¹² ¹³ <https://knowledgehub.transparency.org/assets/uploads/kproducts/Corruption-in-vaccine-research-and-clinical-trials.pdf>

¹⁵ <https://www.edctp.org/>



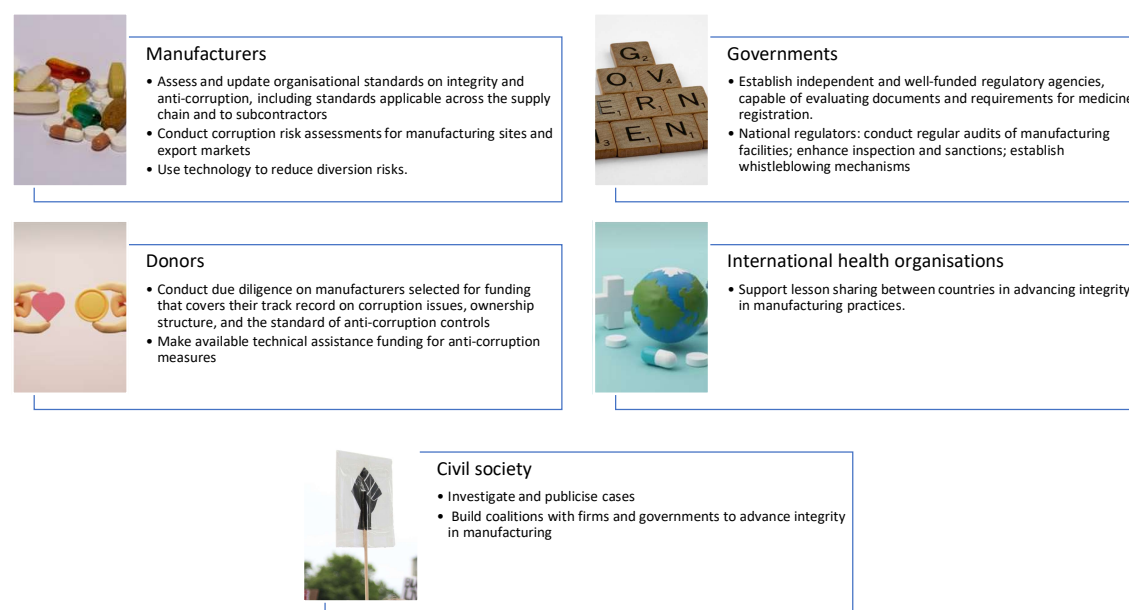
Expanding manufacturing capacity in low- and middle-income countries is critical but fraught with corruption risks:

- **Certification Fraud:** To obtain Good Manufacturing Practices (GMP) certification, companies may falsify compliance data or bribe regulators. In 2018, whistleblowers exposed that a subsidiary of Shanghai Fosun Pharmaceutical falsified data to gain certification¹⁶.
- **Procurement Corruption:** Bribery and bid-rigging in construction contracts are common. In 2019, Fresenius Medical Care paid USD 3.7 million in bribes to win contracts for dialysis centres in Moroccan military hospitals¹⁷.
- **Product Registration Manipulation:** Once products are made, registration processes are also vulnerable. In Egypt (2021), a study revealed opaque selection criteria, lack of conflict-of-interest guidance, and unchecked discretion among approval committee members, increasing the risk of corruption.¹⁸

As a result, corruption undermines trust and investment, enabling substandard or falsified medicines to enter the market. During health emergencies, this can lead to public mistrust and non-compliance, prolonging crises.

Tackling these issues requires coordinated efforts from pharmaceutical firms, governments, donors, international organisations, and civil society to promote transparency and strengthen anti-corruption measures throughout the manufacturing and regulatory stages.

The U4 recommends:



Best practice: Ghana's Food and Drugs Authority has attained WHO maturity level 3¹⁹, demonstrating how investing in regulatory capacity (training assessors, strengthening oversight mechanisms, and fast-tracking authorisations) can significantly improve response times during health crises.

Investing in anti-corruption safeguards across the MPV value chain ensures that medical products are safe, effective, and accessible. It helps protect health systems from fraud and corruption, secures public trust, and guarantees better health outcomes—particularly during emergencies when it matters most.

¹⁶ <https://www.fiercepharma.com/manufacturing/fosun-pharma-massively-fakes-api-production-data-and-bribes-regulators-whistle-blower>

¹⁷ ¹⁷ <https://www.u4.no/publications/corruption-risks-related-to-investment-in-vaccine-manufacturing-facilities-in-africa.pdf>

¹⁹ <https://www.afro.who.int/news/ghana-foods-and-drugs-authority-fda-attains-maturity-level-3-regulatory-status>

3 Transparency International Global Health: Lessons learned from analysing corruptive practices in procurement and decision-making in health sector

Procurement represents globally around one third of all government spending²⁰, and the health sector is distinctively susceptible to corruption with 10 to 25% of this spending estimated to be lost to corrupt practices²¹. Such vulnerability stems from multiple structural issues: limited supplier choices, confidentiality clauses in contracts, and asymmetries of information—for example, in clinical trials where complex data can easily be manipulated or hidden, obscuring wrongdoing.

And indeed, half of the top 10 causes of inefficiency in the health sector are estimated to be procurement-related²². This results in a wide spectrum of waste, including overpriced, sub-standard or counterfeit medicines, and inadequate equipment or infrastructure.

A few striking cases illustrate the dramatic dimensions of the issue around the world:

- In Romania (2016), disinfectants and sanitisers were found to be watered down by up to 90% and sold to hospitals²³.
- In Honduras (2022), useless mobile hospitals were purchased at inflated prices, following fraud by the Head of emergency procurement during the COVID-19 pandemic²⁴.
- In South Africa (2024), over EUR 20 million was awarded to a ghost company in a tender for oxygen plants to state hospitals²⁵.

These incidents have catalysed heightened attention from international donors and domestic governments and, as in Africa with the Lusaka Agenda²⁶, to promote sustainable, domestically financed health systems.

A central enabler of corruption remains the traditional opacity of procurement processes. When transparency is ensured across all stages of the process, it drastically reduces corruption risks and improves value-for-money.

When procurement processes are opened, multiple stakeholders benefit:

- Governments and CSOs can monitor for red flags and follow suspect procurements.
- Ministries of Health can better plan with accurate data.
- Private sector actors can understand market opportunities and bid more competitively.

Information about the companies awarded with contracts is highly valuable and can raise red flags, e.g. when they have been incorporated shortly before the tender or have no track record for the services or goods tendered. The website of the Zambian procurement agency²⁷ is an example of platforms supporting open procurement across all sectors, by providing information on the various stages of the procurement life cycle, including live listings of current tenders with selection criteria, of awarded contracts, as well as guidelines for bidders. In Nepal, Zambia and Uganda, Transparency International has worked with the respective Ministry of Health, health providers and other NGOs to improve publication of procurement data, often finding that numerous problems are a result of insufficiently resourced procurement agencies, hence not well equipped to mitigate corruption risks.

²⁰ <https://www.open-contracting.org/>

²¹ https://www.unodc.org/documents/corruption/Publications/2013/Guidebook_on_anti-corruption_in_public_procurement_and_the_management_of_public_finances.pdf

²² <https://cdn.who.int/media/docs/default-source/health-financing/technical-briefs-background-papers/whr-2010-background-paper-28.pdf>

²³ <https://www.theguardian.com/world/2016/may/26/romanias-great-antiseptic-dilution-scam-spreads-fury-and-infection>

²⁴ <https://www.occrp.org/en/news/honduras-sentences-ex-official-to-over-10-years-for-buying-useless-mobile-hospitals>

²⁵ <https://www.da.org.za/2024/10/da-demands-answers-on-r428-million-oxygen-tender-awarded-to-ghost-company>

²⁶ <https://futureofghis.org/final-outputs/lusaka-agenda/>

²⁷ <https://www.zppa.org.zm/procurement>

The Ukrainian e-procurement system²⁸ is another compelling example of the leverage that transparency has on the problem: over 2,000 healthcare organisations are estimated to have saved on average 15% on procurements thanks to that new tool.

Such data can be monitored and analysed by CSOs to hold authorities to account, as done by Transparency International and the Government Transparency Institute for public procurement in Uganda and Kenya²⁹. Online dashboards track corruption risks based on indicators such as the number of contracts awarded to single bidders, the number of contracts received by each supplier and their respective geographies, as well as other pertinent data used to calculate Integrity Indicator scores sector-by-sector, year after year.

To support global awareness and action, Transparency International's Health Atlas³⁰, developed with BMZ and GIZ, offers a searchable database of news related to health integrity issues, categorized by geography, corruption type, and health sector domain.

²⁸ <https://prozorro.gov.ua/en/about>

²⁹ <https://ug.opentender.eu/> and <https://ke.opentender.eu/>

³⁰ <https://atlas.ti-health.org/>



4 DG-INTPA: Mainstreaming anti-corruption efforts in development cooperation

The Directorate-General for International Partnerships (DG-INTPA) is also alarmed at the scale of funds diverted away from the sector around the globe and is consequently active. Framing corruption as a technical and public-health issue to ease dialogue with partner countries is well-advised, while not always practical for all actors, as ultimately the political context cannot be escaped.

The joint communication on the fight against corruption issued by the European Commission³¹ lays out a clear political framework to fight corruption. While it primarily addresses corruption within the EU, it also has a global dimension and features two key innovative proposals:

- (i) a horizontal global sanctions regime which would not focus on a particular geography, but rather apply globally, directly tied to corruption.
- (ii) an ambitious directive to harmonise criminal penalties for corruption across the EU, including the private sector.

While these are under discussion with the European Parliament and the Council, it illustrates the EU's growing prioritisation of anti-corruption, both internally and externally.

Internationally, the EU has worked through platforms such as the Open Government Partnership (e.g., in Kenya and Ghana³²), supporting transparency, procurement reforms, judiciary strengthening, and civil society engagement. The EU-LAC Global Gateway investment agenda³³ also emphasises the importance of mainstreaming anti-corruption across all sectors, aiming to attract private investment while strengthening good governance and transparency.

In the health sector, most EU funding goes to multilateral mechanisms like Gavi (*the vaccine alliance*) and the Global Fund, and it is essential for these initiatives to address corruption risks. Budget support remains a strong tool for country-level engagement by the EU, offering leverage through policy conditions.

In view of Africa's extreme dependency on imports for medicines and vaccines, the EU is investing in strengthening local manufacturing such as in Rwanda with EUR 100 million for a "360-degree" approach covering research, vocational training, and regulatory reform. Other key countries include Nigeria and South Africa with similar investments in local production, giving the EU real leverage to promote governance best practice. Regulatory agencies such as the Africa CDC³⁴ (Centres for Disease Control and Prevention) and national health bodies are EU key partners in ensuring good practices are upheld.

Beyond awareness-raising, the EU is giving higher priority to hands-on anti-corruption leadership via practical tools: a new guidance document on anti-corruption in Health has been published, and a Help Desk is being set up to support program managers. The focus now is on implementation—translating awareness and frameworks into effective action.

³¹ https://commission.europa.eu/publications/joint-communication-fight-against-corruption_en

³² <https://www.opengovpartnership.org/members/kenya/#current-action-plan> and <https://www.opengovpartnership.org/members/ghana/#current-action-plan>

³³ https://international-partnerships.ec.europa.eu/policies/global-gateway/eu-lac-global-gateway-investment-agenda_en

³⁴ <https://africacdc.org/>



5 Conclusion and key recommendations

Corruption in the Health sector represents a profound threat to global health equity and efficiency, and to economic development overall.

The evidence presented across initiatives - from WHO's strategic positioning, to CMI/U4's exposure of risks in the medical products value chain, to Transparency International's data-driven procurement analyses, and the EU's policy mainstreaming – illustrates the systemic, multifaceted nature of the problem and provides perspectives for impactful initiatives.

Efforts must move beyond fragmented responses toward systemic, sustained, and multisectoral and multi-stakeholder collaboration. Key to this is embedding anti-corruption, transparency and accountability (ACTA) mechanisms at every level of the health system—from R&D and manufacturing, to procurement, delivery, and oversight. Doing so not only enhances value-for-money and health outcomes, but restores confidence in public health institutions and systems, particularly during crises.

Recommendations:

1. **Mainstream ACTA into Health Systems and Policy Frameworks:** Anti-corruption should be framed as a health systems strengthening tool. WHO's GNACTA network and the upcoming Lancet Commission are key to building a robust knowledge base and framing collective action.
2. **Invest in Regulatory Capacity and Oversight:** Especially in low- and middle-income countries, funding for independent, well-resourced regulatory agencies must be prioritised to detect fraud, enforce standards, and fast-track access to quality medical products.
3. **Ensure Integrity in R&D and Clinical Trials:** Mandate pre-registration and results disclosure, strengthen ethics committees, enforce transparency in funding, and protect whistleblowers to uphold public trust and patient safety.
4. **Open Up Procurement Systems:** As seen in Zambia, Ukraine, and Uganda, digital tools and transparent procurement platforms enable oversight, competition, and citizen accountability. Open data must become the norm.
5. **Leverage Development Finance and Political Will:** The EU and other donors must use their financing tools (budget support, Global Gateway, multilateral investments) to condition support on ACTA benchmarks and drive reform.

A collective, actionable shift from diagnosing corruption to dismantling its root causes - through transparency, data, institutional integrity, and coordinated governance- is not optional. It is a prerequisite to achieving Universal Health Coverage and global health security.

