

Scoping exercise

Corruption within the pharmaceutical supply chain to the developing world



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Intelligence requirement 1

A list of non-governmental organisations currently engaged in work on pharmaceutical and health service industry corruption, transparency or governance issues relevant to developing countries.

Analyst's note: The organisations identified in this section fall broadly into one of the following categories:

- a) Organisations focused on **anti-corruption, transparency and good governance** research and policy that may or may not undertake sector-based work on pharmaceuticals and/or health services.
- b) Organisations focused on **global health policy** and **pharmaceutical industry issues** that undertake work or are well placed to undertake work on **anti-corruption and transparency issues**.
- c) Organisations focused on **global health policy and governance** or **health service and pharmaceutical industry policy** that have undertaken work or are well placed to undertake work on **aid effectiveness**.

Only a minority of organisations listed below primarily focus on anti-corruption in the pharmaceutical sector. An even smaller proportion of organisations have a dominant focus on the impact of corruption for developing world access to medicines. Organisations identified through the collection process have a tendency to pursue research and advocacy at the sectoral level (i.e. health services more generally). Many civil society organisations (CSOs) working on aid effectiveness, health policy, and transparency and governance have not necessarily specialised on specific components of the health sector and instead include pharmaceuticals as part of their broader work on health services.

Intergovernmental organisations, such as the World Health Organisation (WHO) and the United Nations Office on Drugs and Crime (UNODC), and national aid agencies, such as the United Kingdom's Department for International Development (DFID), the United States Agency for International Development (USAID) and the Australian Agency for International Development (AusAID), have been strongly involved in health sector anti-corruption initiatives. Some of their work is highlighted across the various sections of this report; however the organisations themselves are not listed in this section, as they are not NGOs. They are provided in the diagram overleaf for reference.

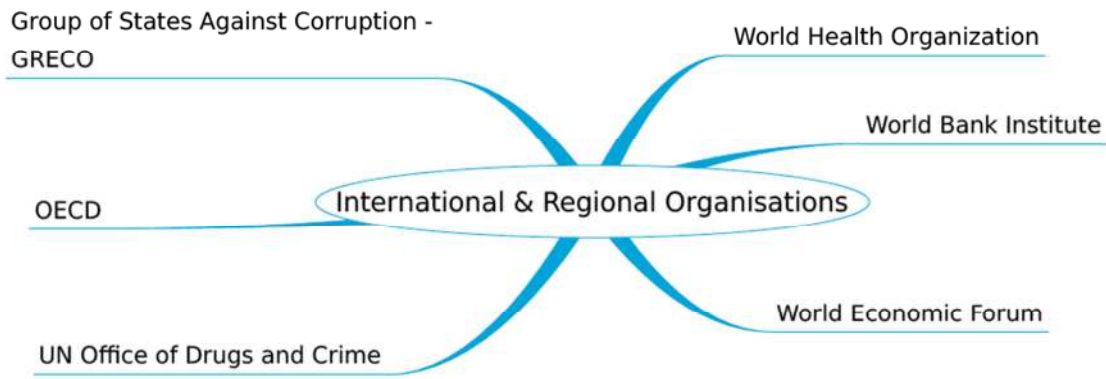


Fig 1. Key international and regional organisations

Two of the resources created during the collection and processing stages of this contract have been made publicly available at:

Pharmaceutical anti-corruption project custom Google search engine

<http://bit.ly/pharmasearch>

This custom Google search engine includes 81 high-level URLs of relevant sources and organisations for more effective and targeted research in the future. The custom search engine will generally return more relevant results than standard Google searches, as it only searches the included URLs and not the wider internet.

Pharmaceuticals monitor Twitter list

<http://bit.ly/pharmamonitor>

This Twitter list is made up of 65 accounts that would be helpful to monitor for anti-corruption issues in the pharmaceutical sector, including all the organisations identified in the following pages.

Actively engaged organisations



Fig 2. Key civil society stakeholders

Organisation	Center for Global Development
Location	Washington DC, United States
Website	http://www.cgdev.org/
Twitter handle	@CGDev
Relevant URL(s)	http://www.cgdev.org/blog/corruption-india's-health-sector-let's-look-bigger-picture http://www.cgdev.org//topics/global_health http://www.cgdev.org/topics/transparency
<p>CGD has a prominent and visible presence on global health policy and transparency issues with offices in both the United States and Europe. Although CGD's commentary on health sector corruption is limited and their focus within global health policy is on foreign-aid funded health services, the dual focus on health and transparency puts CGD in a strong position to participate in dialogue on anti-corruption issues in the health sector.</p>	

Organisation	Chr. Michelsen Institute
Location	Bergen, Norway
Website	http://www.cmi.no/
Twitter handle	-
Relevant URL(s)	http://www.cmi.no/research/themes/?global-health-and-development
<p>CMI operates the U4 Anti-corruption Resource Centre and supports work on pharmaceutical and health service sector corruption. The CMI programme on global health and development focuses on a number of issues relevant to health governance and anti-corruption.</p>	

Organisation	European Healthcare Fraud & Corruption Network
Location	EU
Website	http://www.ehfcn.org/
Twitter handle	-
Relevant URL(s)	http://www.ehfcn.org/what-we-are-about/about-fraud-corruption-waste
<p>EHFCN is a membership based organisation made up of insurance companies, NGOs and government agency stakeholders with a primary focus on healthcare fraud in Europe. EHFCN participates in awareness-raising campaigns, produces publications and runs training courses and seminars. While the EHFCN is not working in a developing country context, its Europe wide focus does mean some of its work is on Eastern European health sector corruption hotspots.</p>	

Organisation	Global Integrity
Location	Washington DC, United States
Website	http://www.globalintegrity.org/
Twitter handle	@GlobalIntegrity
Relevant URL(s)	http://www.globalintegrity.org/node/153
<p>Global Integrity works on open source information and communications technology to improve accountability and transparency. Every year GI produces a Global Integrity Report reviewing national level transparency in public procurement processes, media freedom, asset disclosure and conflicts of interest regulations. Global Integrity does have some limited coverage of health sector corruption with the focus on Official Development Aid (ODA) health service provision in African nations.</p>	

Organisation	Global Pharma Health Fund
Location	Giessen, Germany
Website	http://www.gphf.org/
Twitter handle	@GPHF
Relevant URL(s)	http://www.gphf.org/web/en/historie/lproj.htm
<p>GPHF is a NGO purely focused on the proliferation of counterfeit medicines. The organisation has developed a mobile mini-laboratory for rapid drug quality verification and easy counterfeit medicines detection. The laboratories are deployed in a number of countries across the Americas, Asia and Africa, with the largest numbers in Sub-Saharan Africa.</p>	

Organisation	Heartfile
Location	Islamabad, Pakistan
Website	http://www.heartfile.org/
Twitter handle	@HeartfileTweets
Relevant URL(s)	http://www.heartfile.org/pdf/22_Corruption.pdf http://www.heartfile.org/pdf/MOU_NWFP_TI.pdf
<p>Heartfile is a high-profile Pakistani NGO working on health policy and health systems analysis. It has received funding for health sector anti-corruption work from the Partnership for Transparency Fund. The founder, Dr Sania Nishtar, has published a number of papers on health governance and corruption.</p>	

Organisation	International Network for Rational Use of Drugs
Location	Arlington, United States
Website	http://www.inrud.org/
Twitter handle	-
Relevant URL(s)	http://coveo.msh.org/CES6/Coveo/Search.aspx?sk=INRUD&q=corruption
<p>INRUD undertakes research on strategies necessary to improve drug prescription, distribution and use. INRUD primarily works in developing nations and emerging economies with members spanning Asia, Africa and the Americas. INRUD syndicates material from Medicines Transparency Alliance and has published material on pharmaceutical sector corruption and health sector governance.</p>	

Organisation	Health Action International (HAI) and HAI (Africa)
Location	Amsterdam, The Netherlands (international); Nairobi, Kenya (Africa)
Website	http://www.haiweb.org/ http://www.haiafrica.org/
Twitter handle	-
Relevant URL(s)	http://www.haiafrica.org/index.php?option=com_content&view=article&id=23#
<p>HAI (Global) works in the area of health policy, with regional offices in Nairobi, Penang and Lima. HAI (Global) participates in MeTA and has produced a number of policy papers on pharmaceutical sector issues relevant to good governance including regulation of mark-ups in the pharmaceutical supply chain, competition policy, sales taxes on medicines and pharmaceutical promotion. HAI Africa is particularly active on transparency issues around medicines and has a strong CSO partner network.</p>	

Organisation	Management Sciences for Health
Location	Cambridge, United States
Website	http://www.msh.org/
Twitter handle	@MSHHealthImpact
Relevant URL(s)	http://www.msh.org/our-work/health-system/pharmaceutical-management http://www.msh.org/search?keywords=corruption&submit.x=-953&submit.y=-112 http://www.msh.org/blog/2011/06/19/health-is-wealth-especially-in-fragile-states
<p>MSH works in the area of improving health systems in developing countries. The organisation has a number of project and research platforms on health system governance. Under the umbrella of pharmaceutical management, MSH work on selection and rational use of medicines, information management systems and pharmaceutical regulation. Although work is not directly focused on corruption, it is cited as a recurring theme in institutional health system settings.</p>	

Organisation	Medecins Sans Frontieres
Location	Geneva, Switzerland (international office)
Website	http://www.msf.org/
Twitter handle	@MSF_access
Relevant URL(s)	http://www.msfacecess.org/ http://www.msfacecess.org/search?query=corruption
<p>While MSF International have very little commentary on pharmaceutical or health device corruption issues they are well placed in developing nation working environments to provide intelligence and insight into health corruption issues. The MSF Access campaign does deal with global health and pharmaceutical sector governance issues and would be an important partner in more general health sector anti-corruption work.</p>	

Organisation	Open Society Foundation
Location	New York, United States
Website	www.opensocietyfoundations.org/
Twitter handle	@OpenSociety
Relevant URL(s)	http://www.opensocietyfoundations.org/topics/accountability-health http://www.opensocietyfoundations.org/topics/anticorruption
<p>Open Society Foundation has supported a number of transparency and accountability campaigns including the Extractive Industries Transparency Initiative (EITI). While health publications and campaigns are focused more generally on human rights and health sector governance, Open Society Foundation does have a Health Financing section, which has cross-cutting agendas across the general governance, accountability and anti-corruption work programmes.</p>	

Organisation	Partnership for Transparency Fund
Location	Washington DC, United States
Website	http://ptfund.org/
Twitter handle	@PTFund
Relevant URL(s)	http://ptfund.org/2012/04/controlling-healthservices-corruption-odisha-india/ http://ptfund.org/2012/04/monitoring-medicines-procurement-philippines/ http://ptfund.org/2012/04/corruption-drug-trials-kerala-india/ http://ptfund.org/publications/case-studies-by-sector-test/
<p>Partnership for Transparency Fund provides grant support to a number of initiatives to improve transparency and anti-corruption initiatives in key developing countries. Grant recipient projects are published as case studies. A number of case studies have been produced on health sector anti-corruption initiatives from India, Nepal and Philippines.</p>	

Organisation	Regional Anti-Corruption Initiative
Location	Sarajevo, Bosnia and Herzegovina (secretariat)
Website	http://www.rai-see.org/
Twitter handle	-
Relevant URL(s)	http://www.rai-see.org/news/world/2652-thank-you-i-don-t-take-bribes-an-initiative-to-remedy-corruption-in-the-slovak-health-care-sector.html http://www.rai-see.org/events/upcoming-events/3577-global-anti-corruption-and-corporate-compliance-for-pharma-september-11-13-2013-berlin-germany.html http://www.anticorruption-croatia.org/home/news-from-croatia/172-minister-350-family-doctors-suspected-of-bribery-health-care-not-in-danger
<p>Made up of nine Southeast European member countries, the RAI is the primary anti-corruption forum in the region. The RAI process engages with governments, local and international civil society organisations, bilateral aid agencies and international organisations to combat corruption. Although RAI has had limited focus on health sector corruption, the hosting of an upcoming Global Anti-corruption and Corporate Compliance for Pharma event in September 2013 may indicate more attention is being paid to pharmaceutical sector corruption.</p>	

Organisation	Transparency International
Location	Berlin, Germany (secretariat)
Website	http://www.transparency.org/
Twitter handle	@anticorruption
Relevant URL(s)	http://www.transparency.org/topic/detail/health/P5 http://www.transparency.org/research/gcr/gcr_health http://www.tisrilanka.org/?p=9752 http://tiuganda.org/index.php/projects/health http://www.spidercenter.org/projects/promoting-social-accountability-health-sector-northern-uganda http://www.ti-bangladesh.org/oldweb/about/ColinKnox-pap-Mar09.pdf http://www.tikenya.org/index.php?option=com_content&view=article&id=27&Itemid=58 http://iacconference.org/ http://15iacc.org/agenda/session-reports/

Transparency International is one of the leading NGO networks on transparency and anti-corruption globally. In 2006, TI published the regularly cited *Global Corruption Report 2006: Corruption and Health* and individual country chapters have continued to participate in research and working groups on health sector corruption. TI also helps run and fund the International Anti-corruption Conference Council, which has previously facilitated forums on health sector corruption.

Organisation	U4 Anti-corruption Resource Centre
Location	Bergen, Norway
Website	http://www.u4.no/
Twitter handle	@U4_ACRC
Relevant URL(s)	http://www.u4.no/themes/health-sector/ http://www.u4.no/publications/good-governance-for-medicines-initiatives-exploring-lessons-learned/ http://www.u4.no/publications/corruption-in-the-health-sector-2/

U4 Anti-corruption Resource Centre has published a number of extensive and high-level reports on health sector corruption over the last decade and identifies the health sector as one of its key thematic areas for research. Other organisations regularly syndicate and use recent U4 reports on health sector corruption as the leading work on health sector anti-corruption and good governance. Research and policy authors are leading commentators on health sector corruption issues. U4 also operates training courses on corruption in the health sector for U4 development partner country members.

Other relevant organisations

Organisation	Access to Medicine Foundation
Location	Haarlem, The Netherlands
Website	http://www.accesstomedicineindex.org/
Twitter handle	@AtMIndex
Relevant URL(s)	http://www.accesstomedicineindex.org/ranking http://www.accesstomedicineindex.org/index-publications
<p>The foundation produces the Access to Medicine Index. The index records pharmaceutical company performance on a number of indicators, seeking to measure corporate efforts to improve access to medicine worldwide. A number of reports detail company performance on anti-corruption initiatives.</p>	

Organisation	Alliance for Human Research Protection
Location	New York, United States
Website	http://www.ahrp.org/
Twitter handle	-
Relevant URL(s)	http://www.ahrp.org/cms/content/view/149/70/ http://www.ahrp.org/cms/content/blogcategory/59/109/
<p>AHRP is an NGO network predominately campaigning on medical research practices with a US centric focus. Limited publication of original material and more an aggregator of existing news stories. Carries a section on corrupt practices by the pharmaceutical sector, which contains some relevant material.</p>	

Organisation	AMARRIBO Brasil
Location	São Paulo, Brazil
Website	http://www.amarribo.org.br/
Twitter handle	@AMARRIBO
Relevant URL(s)	http://www.amarribo.org.br/pt_BR/iniciativas/brasil_em_andamento
<p>AMARRIBO Brazil is an NGO campaigning and advocating on anti-corruption issues in Brazil. Helps support the International Anti-corruption Conference Council. Limited coverage of health corruption issues.</p>	

Organisation	American Enterprise Institute
Location	Washington DC, United States
Website	http://www.aei.org/
Twitter handle	@AEI
Relevant URL(s)	http://www.aei.org/policy/health/global-health/ http://www.aei.org/article/health/global-health/the-great-pharmaceuticals-scam/
<p>AEI has a strong global health policy portfolio, including work on counterfeit medication and corruption impacts on aid effectiveness. Roger Bate is the key AEI resident scholar writing on these issues; co-authored a 2006 paper titled <i>Tariffs, Corruption and Other Impediments to Medicinal Access in Developing Countries: Field Evidence with Africa Fighting Malaria</i>.</p>	

Organisation	Anti-corruption Research Network
Location	Berlin, Germany
Website	http://corruptionresearchnetwork.org/
Twitter handle	-
Relevant URL(s)	http://corruptionresearchnetwork.org/topics/health http://corruptionresearchnetwork.org/datasets/where-the-bribes-are-interactive-database http://corruptionresearchnetwork.org/datasets/2011-bribe-payers-index
<p>Facilitated by Transparency International, the Anti-corruption Research Network carries a number of health related anti-corruption material sources and links to anti-bribery sources and health sector data sets.</p>	

Organisation	Basel Institute on Governance
Location	Geneva, Switzerland
Website	http://www.baselgovernance.org
Twitter handle	-
Relevant URL(s)	http://www.baselgovernance.org/gov/health-systems/ http://www.baselgovernance.org/events/article/generics-and-biosimilars-affordable-medicine/?tx_ttnews[backPid]=325&cHash=9ba552b795 http://www.baselgovernance.org/events/article/philanthropy-in-global-health-governance-and-effectiveness-criteria/?tx_ttnews[backPid]=41&cHash=3c1e193836
<p>Basel Institute on Governance has a governance and anti-corruption division. This division has a thematic research area on health systems. Although the majority of health governance and anti-corruption work was carried out prior to 2008, the institute still has strong research capacity on health sector transparency issues and did hold an event on pharmaceutical generics.</p>	

Organisation	Business Anti-corruption Portal
Location	Copenhagen, Denmark
Website	http://www.business-anti-corruption.org/
Twitter handle	-
Relevant URL(s)	http://www.business-anti-corruption.org/anti-corruption-tools-inventory/sector-specific-anti-corruption-resources/other-sectors/
<p>This research portal is geared towards businesses looking for tools to assist with due diligence and integrity systems. The portal contains helpful country transparency profiles, guides on bribery laws and cross sector lists of anti-corruption initiatives.</p>	

Organisation	Center for Medicine in the Public Interest
Location	New York, United States
Website	http://www.cmpi.org/
Twitter handle	@drugwonks
Relevant URL(s)	http://www.cmpi.org/in-the-news/in-the-news/measuring-responsibility-in-big-pharma/ http://www.cmpi.org/in-the-news/in-the-news/talking-turkey-about-access-to-medicines/
<p>CMPI is a CSO working on US domestic and global health policy issues. CMPI aggregates relevant pharmaceutical-industry news and undertakes profile work on the Access to Medicines Index.</p>	

Organisation	Center for Strategic & International Studies (CSIS)
Location	Washington DC, United States
Website	www.csis.org/
Twitter handle	@CSIS
Relevant URL(s)	http://www.smartglobalhealth.org/ http://csis.org/program/global-health-policy-center https://csis.org/files/publication/120227_Morrison_RightingGlobalFund_Web.pdf
<p>Despite having a global healthcare programme, CSIS has limited coverage of healthcare sector corruption and its global healthcare policy work is somewhat preoccupied with domestic US dimensions and security paradigm focused. The Smart Global Health portal carries a range of publications on global health issues such as health diplomacy and security linkages to health policy. CSIS did publish some commentary on corruption issues arising from Global Fund programmes in 2011.</p>	

Organisation	Chatham House – Centre on Global Health Security
Location	London, United Kingdom
Website	http://www.chathamhouse.org/research/global-health
Twitter handle	@CHGlobalHealth
Relevant URL(s)	http://www.chathamhouse.org/research/global-health-security/current-projects/identifying-sustainable-methods-improving-global-he http://www.chathamhouse.org/research/global-health/current-projects/counterfeit-medicines
<p>Chatham Houses' Centre on Global Health Security has three key thematic research areas: access to health products, transborder disease threats and international health governance. The centre carried out work in 2010 on counterfeit drugs with the publication of a briefing paper and event. Although the centre has not pursued health or pharmaceutical sector corruption and transparency issues under its Access to Medicines platform, its ancillary work on global health issues does focus on researching mechanisms that assist in the provision of medicines in developing countries.</p>	

Organisation	Ecumenical Pharmaceutical Network
Location	Nairobi, Kenya
Website	http://www.epnetwork.org/
Twitter handle	-
Relevant URL(s)	http://www.epnetwork.org/access-to-and-rational-use-of-medicines http://www.epnetwork.org/pharmalink-newsletter http://www.epnetwork.org/epn-members
<p>EPN is a large network of Christian NGOs researching and campaigning on pharmaceutical access issues. The EPN has strong representation across Sub-Saharan Africa and collaborate with Health Action International (HAI) Africa.</p>	

Organisation	Equinet Africa
Location	Harare, Zimbabwe
Website	http://www.equinet africa.org/
Twitter handle	-
Relevant URL(s)	http://www.equinet africa.org/bibl/discussion.php http://www.equinet africa.org/workgovernance.php
<p>Equinet Africa, the Regional Network on Equity in Health in Southern Africa, is an NGO working on social justice and equality in the health sector. One of its key thematic areas of work is on health governance, which has some incidental coverage of anti-corruption. Equinet produces both original research material and is also an aggregator of relevant papers and policy on health governance.</p>	

Organisation	European Public Health Alliance
Location	Brussels, Belgium
Website	http://www.epha.org/
Twitter handle	-
Relevant URL(s)	http://www.epha.org/a/2323
<p>Syndicates some material on health services sector corruption, though work is primarily EU focused.</p>	

Organisation	Food and Drug Law Institute
Location	Washington DC, United States
Website	http://www.fdpi.org/
Twitter handle	-
Relevant URL(s)	http://www.fdpi.org/resources/resources-order-box-detail-view/why-self-regulation-does-not-work-resolving-prescription-corruption-caused-by-excessive-gift-giving-by-pharmaceutical-manufacturers
<p>The Food and Drug Law Institute facilitates member education and discussion of regulatory issues relevant to the health and pharmaceutical sector. Carries have some US specific materials on corruption in the pharmaceutical sector related to prescription corruption.</p>	

Organisation	GBC Health
Location	New York, United States
Website	http://www.gbchealth.org/
Twitter handle	@GBCHealth
Relevant URL(s)	http://www.gbchealth.org/asset/session-the-business-of-health-diplomacy/?words=corruption
<p>Organisation made up of multinational pharmaceutical companies and health service providers established to provide a forum for corporate social responsibility (CSR) programmes, discussions on global health diplomacy and industry engagement on global health issues.</p>	

Organisation	Global Forum on Pharmaceutical Anti-Counterfeiting
Location	Sunbury-on-Thames, United Kingdom
Website	http://www.pharma-anticounterfeiting.com/
Twitter handle	-
Relevant URL(s)	http://www.pharma-anticounterfeiting.com/7gf-review.html
<p>The Global Forum on Pharmaceutical Anti-Counterfeiting is a multi-stakeholder forum on pharmaceutical protection in both developing and industrialised countries. The protection work predominately focuses on counterfeit, diverted and substandard medicines. Annual conferences held by the GFPAC draw leading commentators from industry and CSOs.</p>	

Organisation	Global Health Check
Location	London, United Kingdom
Website	http://www.globalhealthcheck.org/
Twitter handle	-
Relevant URL(s)	http://www.globalhealthcheck.org/?p=1374
<p>Global Health Check is a blog edited by Ceri Averill, Health Policy Advisor for Oxfam GB that reposts relevant articles and original material on the international health sector. Contains some discussion of health service corruption and aid effectiveness.</p>	

Organisation	Global Health Progress
Location	-
Website	http://www.globalhealthprogress.org/
Twitter handle	@GlobalHealth
Relevant URL(s)	http://www.globalhealthprogress.org/search/node/corruption http://www.globalhealthprogress.org/perfect-prescription http://www.globalhealthprogress.org/kenyan-health-office-says-health-aid-best-channeled-through-governments
<p>The Global Health Progress initiative includes collaboration between research-based pharmaceutical companies and global health analysts focused on access to medicine and healthcare in the developing world issues. Global Health Progress carries developing country health governance reports.</p>	

Organisation	Health and Fragile States Network
Location	London, United Kingdom
Website	www.healthandfragilestates.org/
Twitter handle	-
Relevant URL(s)	http://www.healthandfragilestates.org/index.php?option=com_docman&task=cat_view&gid=13&&Itemid=38 http://www.healthandfragilestates.org/index.php?option=com_docman&task=cat_view&gid=15&&Itemid=38
<p>HFSN is a network made up of DFID, European Commission, HealthNet TPO, International Medical Corps, International Rescue Committee UK, Merlin, Save the Children UK, University of New South Wales Sydney, UNICEF, World Bank and WHO. The network develops policy and research agendas around health service delivery in fragile states. Although the network has not specifically addressed health sector corruption issues, fragile state environments are likely to confront corruption and governance issues.</p>	

Organisation	Health Systems & Policy Monitor
Location	Germany
Website	http://www.hspm.org/ http://hpm.org/ (archived)
Twitter handle	-
Relevant URL(s)	http://www.hpm.org/Downloads/Symposium_Krakau/Wlodarczyk_Governance_in_health_sectors.pdf http://hpm.org/en/Surveys/Jagiellonian_University_-_Poland/13/Drug_advertisement_and_corruption.html
<p>Health Systems and Policy Monitor (previously Health Policy Monitor) is a research network that collates leading health sector policy reports and documents, some of which include health system governance. While the HPM was previously global in its research focus you HSPM is more focused on the European Union.</p>	

Organisation	Health Rights Movement Bangladesh
Location	Dhaka, Bangladesh
Website	http://hrmbd.org/
Twitter handle	-
Relevant URL(s)	http://www.irinnews.org/Report/97454/Bangladeshi-health-sector-corruption-hits-poor-hardest
<p>Human Rights Movement Bangladesh is a coalition of NGOs campaigning on health rights in Bangladesh. NGO members work on monitoring corruption in public hospitals to ensure health access to under-privileged people. Many of the members have collaborated with international NGOs on Bangladesh health sector corruption case studies.</p>	

Organisation	Henry Kaiser Family Foundation
Location	Washington DC, United States
Website	http://kff.org/
Twitter handle	@KaiserFamFound
Relevant URL(s)	http://kff.org/news-summary/daily-report-global-health-conversations-health-sector-corruption/
<p>Henry Kaiser Family Foundation undertakes analysis on a range of US and international healthcare issues. Their Global Health Policy platform is dominated by health diplomacy issues from a US perspective and understanding health policy objectives and aid effectiveness in terms of Aids, tuberculosis and malaria initiatives. Aid effectiveness work does appear to raise question about corruption.</p>	

Organisation	Human Rights House Network (Uganda)
Location	Kampala, Uganda
Website	http://humanrightshouse.org/
Twitter handle	-
Relevant URL(s)	http://humanrightshouse.org/Articles/8777.html
<p>HRHN (Uganda) carries very limited material on health sector corruption but is located in a strategic location in terms of contentious issues around HIV/Aids pharmacy issues.</p>	

Organisation	Independent Advocacy Project
Location	Nigeria
Website	http://iap-nigeria.org/
Twitter handle	-
Relevant URL(s)	http://iap-nigeria.org/#/publications/4540129688
<p>IAP is Nigeria's leading anti-corruption monitoring organisation. IAP has participated in programmes examining the link between HIV/Aids funding and corruption, titled Promoting Accountability and Transparency in HIV Funding (PATH). The outcome of PATH is published in a report <i>Transparency Deficit: A report on HIV/Aids Funding in Nigeria</i>.</p>	

Organisation	International Policy Network
Location	Washington DC, United States
Website	http://policynetwork.net/
Twitter handle	-
Relevant URL(s)	http://policynetwork.net/health
<p>IPN mostly focuses on counterfeit pharmaceutical drugs, tariffs and health industry price controls. Alongside its health policy platform is its accountability programme, which covers issues related to foreign aid spending. Has published papers on generics and counterfeiting in India.</p>	

Organisation	Internet Center for Corruption Research
Location	Passau, Germany
Website	http://www.icgg.org/
Twitter handle	-
Relevant URL(s)	http://www.icgg.org/downloads/2010/Angima.pdf
<p>Carries some general case studies and guidance notes on anti-corruption but only very limited material on health sector based corruption.</p>	

Organisation	IntraHealth International
Location	Chapel Hill, NC, United States
Website	http://www.intrahealth.org
Twitter handle	@IntraHealth
Relevant URL(s)	http://www.intrahealth.org/page/are-per-diems-beneficial-in-health-care
<p>IntraHealth International conducts research in a number of health policy fields. While it has not produced any work on corruption issues it does syndicate U4 Anti-corruption Resource material.</p>	

Organisation	Oxfam International
Location	Oxford, United Kingdom (secretariat)
Website	http://www.oxfam.org/
Twitter handle	@Oxfam
Relevant URL(s)	http://www.oxfam.org/en/campaigns/health-education/health http://www.oxfam.org/en/policy/bp125-blind-optimism http://www.oxfam.org/en/pressroom/pressrelease/2011-11-16/global-aid-agreement-knife-edge http://www.oxfam.org/sites/www.oxfam.org/files/eye-on-the-ball-medicine-regulation-020211-en.pdf
<p>Oxfam International and its regional offices have consistently participated in transparency initiatives such as EITI and Publish What You Pay campaigns. They also undertake policy advocacy work on aid effectiveness. While Oxfam has not carried out work on health and pharmaceutical sector corruption it has done work on substandard medicines and is likely to be interested in future work on anti-corruption in aid health programmes.</p>	

Organisation	Pharmaceutical Research and Manufacturers of America
Location	Washington DC, United States
Website	http://www.phrma.org/
Twitter handle	@PhRMA
Relevant URL(s)	http://www.phrma.org/media/releases/key-us-health-industries-outline-six-point-plan-improved-health-economic-growth-asia-
<p>Connected with Global Health Progress. Mostly focused on intellectual property protection and counterfeit drug issues.</p>	

Organisation	Pharmaceutical Security Institute
Location	London, United Kingdom and Hong Kong, China
Website	http://www.psi-inc.org/index.cfm
Twitter handle	-
Relevant URL(s)	http://www.psi-inc.org/counterfeitSituation.cfm http://www.psi-inc.org/geographicDistributions.cfm http://www.psi-inc.org/safeMedicines.cfm
<p>PSI is a not-for-profit membership based organisation campaigning on counterfeit medicine issues and safe medicines. PSI membership includes 26 major pharmaceutical manufacturers alongside key government agencies.</p>	

Organisation	Population Services International
Location	Washington DC, United States
Website	http://www.psi.org/
Twitter handle	@PSIimpact
Relevant URL(s)	http://www.psi.org/impact-magazine/2011/05/susan-brems-phd
<p>PSI has a strong presence in health policy issues in developing countries. PSI is recipient of major grants from donors like The Global Fund to Fight Aids, Tuberculosis and Malaria, USAID and the Gates Foundation. Some of this funding is issued as sub-awards to local organisations to achieve national health impact from the community level up. Although very little engagement on corruption issues, PSI appears to be interested in health governance issues.</p>	

Organisation	Public Health Foundation of India
Location	New Delhi , India
Website	http://www.phfi.org/
Twitter handle	-
Relevant URL(s)	http://www.phfi.org/our-activities/research-a-centres/key-areas/health-system-and-policy/208-transparency-and-accountability-in-drug-procurement-and-distribution-in-india
<p>Public Health Foundation India has undertaken a number of studies on inefficiencies and inequities in India's public health financing and delivery. A number of these studies consider transparency and accountability procedures in pharmaceutical and health service procurement.</p>	

Organisation	Trace International
Location	United States and United Arab Emirates
Website	http://www.traceinternational.org/
Twitter handle	@TRACE_Inc
Relevant URL(s)	http://www.traceinternational.org/Knowledge/Compendium/Search_Compendium.html
<p>Trace International is a not-for-profit resource service that provides anti-bribery compliance solutions to companies. The Trace Compendium contains multiple case studies entries on bribery actions taken against pharmaceutical companies.</p>	

Non-regulatory initiatives

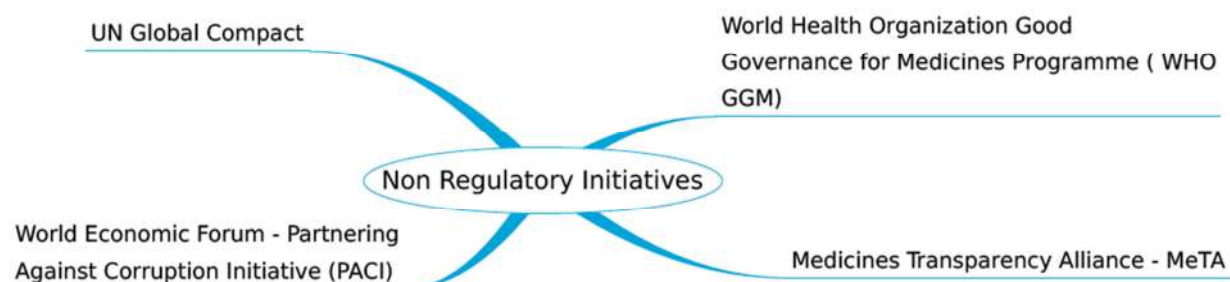


Fig 3. Key non-regulatory initiatives

Organisation	Asian Development Bank/OECD Anti-corruption Initiative for Asia and the Pacific
Location	International
Website	http://www.oecd.org/site/adboecdanti-corruptioninitiative/
Twitter handle	-
<p>The ADB/OECD initiative's 31 member economies in the Asia-Pacific region have jointly developed the Anti-corruption Action Plan for Asia and the Pacific and work together towards its implementation. The action plan sets out the goals and standards for sustainable safeguards against corruption in the economic, political and social spheres of the countries in the region.</p>	

Organisation	Medicines Transparency Alliance
Location	Amsterdam, The Netherlands
Website	http://www.medicinestransparency.org/
Twitter handle	-
Relevant URL(s)	http://www.medicinestransparency.org/key-issues/transparency-and-accountability/ http://www.medicinestransparency.org/about-meta/core-principles/ http://www.medicinestransparency.org/fileadmin/uploads/Documents/MeTA_review_pilot.pdf
<p>The MeTA project is a health services and pharmaceutical transparency project supported by the World Bank, WHO and DFID. The project aims to improve information exchange to address medical access and corruption issues. A pilot programme was developed and rolled out in Ghana, Jordan, Kyrgyzstan, Peru, Philippines, Uganda and Zambia. The website contains a number of guides, reports and policy documents relevant to pharmaceutical and health sector anti-corruption work.</p>	

Organisation	Transparency and Accountability Initiative
Location	London, United Kingdom
Website	http://www.transparency-initiative.org/
Twitter handle	@TAInitiative
Relevant URL(s)	http://www.transparency-initiative.org/reports/donor-aid-new-frontiers-in-transparency-and-accountability
<p>Undertaking similar work to Global Integrity in terms of working with technology to improve transparency, though no specific work on health sector transparency. Has published material on international aid transparency initiatives.</p>	

Organisation	UN Global Compact
Location	Geneva, Switzerland
Website	http://www.unglobalcompact.org/
Twitter handle	@globalcompact
Relevant URL(s)	http://www.unglobalcompact.org/Issues/transparency_anticorruption/ http://www.unglobalcompact.org/docs/issues_doc/Anti-Corruption/UNGC_AntiCorruptionReporting.pdf http://www.unglobalcompact.org/docs/issues_doc/Anti-Corruption/Fighting_Corruption_Supply_Chain.pdf http://unpsi.org/about-psi/
<p>The UN Global Compact partners with UNODC, Transparency International, the International Chamber of Commerce, the World Economic Forum Partnership Against Corruption Initiative and the World Bank Institute to provide a forum and opportunities for businesses to take up anti-corruption agendas. The Global Compact Anti-Corruption principles are derived from the UN Convention against Corruption.</p>	

Organisation	World Economic Forum Partnering Against Corruption Initiative
Location	Geneva, Switzerland
Website	http://www.weforum.org/
Twitter handle	-
Relevant URL(s)	http://www.weforum.org/issues/partnering-against-corruption-initiative#PACIsectors
<p>PACI is an international anti-corruption initiative of the World Economic Forum. Unfortunately there is no pharmaceutical representation on PACI despite the initiative being globally relevant in the anti-corruption field.</p>	

Organisation	World Health Organisation Good Governance for Medicines Programme
Location	Geneva, Switzerland
Website	http://www.who.int/medicines/ggm/en/
Twitter handle	@WHO
Relevant URL(s)	http://www.who.int/medicines/areas/policy/goodgovernance/en/ http://www.who.int/medicines/areas/policy/goodgovernance/documents/en/index.html http://www.who.int/medicines/areas/policy/goodgovernance/implementation/en/index.html
<p>In 2004, WHO launched the Good Governance for Medicines (GGM) programme with the aim of addressing corruption in the pharmaceutical sector by promoting good governance and regulatory system strengthening. The programme is broken into three phases: national transparency assessment, development of a national GGM framework and implementation of a national GGM programme. The WHO publishes transparency assessments and progress reports online. Alongside MeTA, GGM is one of the key sector-based initiatives addressing corruption in the pharmaceutical sector.</p>	

Intelligence requirement 2

A list of regulations, legislation, codes and standards relating to anti-corruption, anti-bribery, transparency and good governance relevant to the pharmaceutical sector.

Analyst note: Anti-corruption and bribery reform over the last decade has been preoccupied with domestic criminalisation of bribing public officials at home or abroad. International framework conventions generally require signatories to implement domestic anti-bribery legislation and participate in external reviews of their anti-corruption legislation by international organisations and working groups.

National laws on bribery of foreign public officials are an important mechanism to discourage exporters, including those in the pharmaceutical sector, from bribing public officials in importer countries, even where the laws in the importing country do not criminalise active corruption. For example, pharmaceutical exporter companies domiciled in the United Kingdom, United States, Canada, Israel, Singapore or Japan whose staff offer or pay bribes for commercial benefit could face enforcement action in their home country for bribing a foreign public official.

While international framework conventions have instilled a level of commonality in different national anti-bribery regimes, key differences in domestic regulations exist. These include: scope (public and/or private sector bribery), nature (active or passive – active is the bribe offer and passive is the bribe receipt), liability of companies and due diligence required, and extraterritoriality (scope of jurisdiction).

The list of regulations in the following section focuses on international and regional framework conventions or agreements and national regulations. National regulations primarily include laws that criminalise bribery, though there are some examples of pharmaceutical specific regulations. For detailed information on pharmaceutical regulations in developing countries that govern medicine assessment, procurement, distribution, licensing and marketing see the WHO's Good Governance of Medicines Phase 1 National Transparency Assessment Country Reports available at <http://bit.ly/ggmcountryreports>.

International and regional regulations

Instrument	United Nations Convention against Corruption
Jurisdiction	International
Application	140 signatories; 167 parties: http://www.unodc.org/unodc/en/treaties/CAC/signatories.html
Website	http://www.unodc.org/documents/treaties/UNCAC/Publications/Convention/08-50026_E.pdf http://www.business-anti-corruption.com/fileadmin/user_upload/word/UNCAC_Summary.doc
<p>Entering into force in 2005, the UNCAC is one of the primary international framework mechanisms to confront corruption. Convention signatories commit to establishing domestic anti-corruption, anti-money laundering and anti-bribery policies and laws. Signatories also commit to international cooperation in asset freezing and recovery. Articles 10 and 13 require state parties to implement public reporting measures and disclosure regimes.</p> <p>While the UNCAC shares a number of overlapping provisions with the OECD Convention, there are some important differences. For example, UNCAC contains provisions that state parties consider implementing measures preventing and criminalising private sector bribes.</p> <p>Despite forming an important international framework for developed and developing countries to build domestic anti-corruption legislation on, the voluntary nature of the review mechanism to assess State Party implementation remains a major weakness of the convention.</p>	

Instrument	OECD Convention on Combating Bribery of Foreign Public Officials in International Business Transactions
Jurisdiction	International framework convention requiring domestic regulation
Application	OECD member jurisdictions and some non-OECD members: http://www.oecd.org/daf/anti-bribery/antibriberyconventionratification.pdf
Website	http://www.oecd.org/daf/anti-bribery/anti-briberyconvention/38028044.pdf
<p>The OECD is an international anti-bribery regime aimed at criminalising bribery of foreign public officials in international business transactions. The OECD Convention is much narrower than the UNCAC in terms of the modalities of corruption and money laundering covered. A number of OECD recommendations complement the OECD anti-bribery regime, which are of relevance to the pharmaceutical and health services sector including the Recommendation on Anti-corruption Proposals for Aid-funded Procurement and the OECD Recommendation on Bribery and Officially Supported Export Credits.</p>	

Instrument	EU Convention on the Fight against Corruption involving Officials of the European Communities or Officials of Member States of the EU (1997)
Jurisdiction	European Union
Application	Framework decision for EU member states
Website	http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:41997A0625%2801%29:EN:HTML http://europa.eu/legislation_summaries/fight_against_fraud/fight_against_corruption/l33027_en.htm
<p>This convention requires EU members to establish criminal offences for the act of passive or active corruption. It requires members to also take measures against companies that do not exercise control or take due diligence actions to prevent active corruption.</p> <p>The convention does not include preventative actions. The main aim was to ensure EU members' criminal provisions against corruption not only cover bribery of their own public officials, but also bribery involving public officials from other EU countries.</p>	

Instrument	Council Framework Decision 2003/568/JHA of 22 July 2003 on Combating Corruption in the Private Sector
Jurisdiction	European Union
Application	Framework decision for EU member states
Website	http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32003F0568:EN:NOT http://europa.eu/legislation_summaries/fight_against_fraud/fight_against_corruption/l33308_en.htm http://ec.europa.eu/home-affairs/news/intro/docs/110606/3673/COM%20Decision%20C(2011)%203673%20final%20_EN.pdf http://www.coe.int/t/dghl/monitoring/greco/default_en.asp
<p>The framework decision requires EU members to establish criminal offences in domestic legislation to criminalise active and passive corruption in the private sector (the EU Convention on the Fight against Corruption only deals with public corruption). Instigating, aiding and abetting corruption is also to constitute a criminal offence. The EU Framework Decision has a much broader definition of behaviour that constitutes corruption and the modalities of corrupt transactions. To support and review domestic implementation, the Commission Decision on Establishing an EU Anti-corruption reporting mechanism for periodic assessment ('EU Anti-corruption Report') was accepted in 2011.</p>	

Instrument	African Union Convention on Preventing and Combating Corruption
Jurisdiction	Africa
Application	African Union member signatories: http://www.business-anti-corruption.com/about-corruptio-u/
Website	http://www.africa-union.org/official_documents/Treaties_%20Conventions_%20Protocols/Convention%20on%20Combating%20Corruption.pdf http://www.africa-union.org/root/au/Documents/Treaties/List/African%20Convention%20on%20Combating%20Corruption.pdf http://sp.au.int/ANTICOR/
<p>The AU Convention on Preventing and Combating Corruption is a regional framework requiring criminalisation of corruption activities (a broad definition that includes the private sector), preventative measures, international cooperation and a review mechanism.</p>	

Instrument	Economic Community of West African States (ECOWAS) Protocol on the Fight Against Corruption
Jurisdiction	West African states: Benin, Burkina Faso, Cape Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, and Togo
Website	http://www.afrimap.org/english/images/treaty/ECOWAS_Protocol_on_Corruption.pdf
<p>This protocol obliges signatories to implement legislative measures to criminalise active and passive bribery in the public and private sectors, illicit enrichment, false accounting and aiding and abetting corrupt practices. The protocol also seeks to secure protection of victims, judicial and law enforcement cooperation and anti-corruption legislation harmonisation across nations.</p>	

Instrument	Southern African Development Community (SADC) Protocol Against Corruption
Jurisdiction	South African state signatories: Angola, Botswana, Democratic Republic of Congo, Lesotho, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe
Website	http://www.jus.uio.no/english/services/library/treaties/04/4-04/sads-against-corruption.xml
<p>Adopted in 2001, the SADC Protocol Against Corruption calls on signatories to promote the development of anti-corruption mechanisms at the national level, cooperation in the fight against corruption by state parties and harmonise anti-corruption national legislation in the region.</p>	

Instrument	Inter-American Convention Against Corruption
Jurisdiction	Americas
Application	Signatory countries of the Organization of American States (OAS): http://www.oas.org/juridico/english/Sigs/b-58.html
Website	http://www.oas.org/juridico/english/Treaties/b-58.html http://www.oas.org/juridico/english/mesicic_intro_en.htm
<p>The IACAC was one of the first international instruments on corruption. The convention requires signatories to foster international cooperation and implement criminal laws dealing with government official corruption, preventative measures and identification and extradition. Under the convention the Mechanism for Follow-up on the Implementation of the Inter-American Convention against Corruption (MESICIC) has been established to evaluate implementation of the treaty.</p>	

Instrument	International Federation of Pharmaceutical Manufacturers and Associations' (IFPMA) Code of Practice
Jurisdiction	International
Application	Voluntary code for IFPMA members: http://www.ifpma.org/about-ifpma/members/companies.html
Website	http://www.ifpma.org/fileadmin/content/Publication/IFPMA_Code_of_Practice_2012.pdf http://www.ifpma.org/
<p>The 2012 IFPMA Code of Practice is an industry driven self-regulatory code that establishes standards for IFPMA members and their agents to adhere to. Code requirements cover a number of ethical, corporate social responsibility, transparency, good governance and anti-corruption requirements. The code requirements cover a number of stages in the pharmaceutical supply and marketing chain, including clinical trials and research, promotional material, continuing medical education, labelling, interactions with healthcare service providers and samples. The code also establishes a complaint mechanism whereby the IFPMA can investigate and adjudicate complaints about IFPMA members.</p>	

Instrument	Pharmaceutical Supply Chain Initiative
Jurisdiction	Pharmaceutical industry
Application	Voluntary code
Website	http://www.pharmaceuticalsupplychain.org/ http://www.pharmaceuticalsupplychain.org/downloads/psci_guidance.pdf http://www.bsr.org/
<p>The PSCI is a CSR initiative of major pharmaceutical companies and BSR: The Business of a Better World that establishes social responsibility principles for the pharmaceutical supply chain. These principles contain commitments related to labour standards, health and safety, environmental protection and fair business practices. Commitments on fair business practices refer to the prohibition on all corruption, extortion, embezzlement and other illegal inducements in business or government relationships. A number of large pharmaceutical multinational companies participate in the initiative.</p>	

National regulations and laws

Instrument	Bribery Act 2010 (UK)
Jurisdiction	United Kingdom
Website	http://www.legislation.gov.uk/ukpga/2010/23/contents https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181762/bribery-act-2010-guidance.pdf
<p>The United Kingdom's introduction of its Bribery Act in July 2011 set a new benchmark for anti-corruption legislation. The act creates a general offence to pay or offer a bribe in return for improper performance 'of a relevant duty or function', meaning the legislation is applicable in both private and public contexts. There is also a specific offence of bribing a foreign government official. Of importance is the specific corporate offence of failing to prevent bribery. This is designed to make companies and other corporate bodies responsible for failing to prevent bribery committed on their behalf by employees, agents or subsidiaries. Considering the extra-territorial scope of the UK Bribery Act, many pharmaceutical companies will be looking at the due diligence requirements to avoid corporate liability for corrupt activities and transactions.</p>	

Instrument	Prevention of Corruption Acts 1889 to 2010
Jurisdiction	Ireland
Website	http://www.irishstatutebook.ie/2001/e-ct/pub/0027/print.html http://www.justice.ie/en/JELR/20120620%20RIA%20-%20Corruption%20Bill%20Scheme.pdf/Files/20120620%20RIA%20-%20Corruption%20Bill%20Scheme.pdf
<p>After receiving a poor report card from the OECD Anti-bribery Group, Ireland passed the Prevention of Corruption (Amendment) Act 2010 which sought to improve Ireland's fragmented anti-corruption legislation. Since Ireland's ratification of the UN Convention on Corruption in 2011, the Department of Justice and Equality has proposed to consolidate Ireland's corruption legislation into the Criminal Justice Corruption (Consolidation) Bill. The 2010 amendment act expanded the scope of corruption regulation to outside of Ireland. Bribery of foreign government official is now covered within Ireland's anti-corruption laws and applies to all persons and companies having a connection with the state.</p>	

Instrument	Criminal Code Section 299 and Criminal Code Section 331
Jurisdiction	Germany
Website	http://www.gesetze-im-internet.de/englisch_stgb/englisch_stgb.html#p2862 http://www.gesetze-im-internet.de/englisch_stgb/englisch_stgb.html#p2407
<p>According to the OECD Working Group on Bribery, Germany has assumed a leading position in the investigation and prosecution of foreign bribery cases. Germany's criminal code contains a number of provisions criminalising both active and passive bribery of domestic and foreign public officials. German law does not recognise corporate criminal liability in bribery cases and only individuals can be subject to criminal prosecutions. However, a company can be held liable under Germany's Administrative Offenses Act for an act of corruption committed by a person with managerial responsibility for the company if, as a result of the offense, duties of the company were violated or the company was enriched.</p>	

Instrument	Federal Act against Unfair Competition and Swiss Criminal Code
Jurisdiction	Switzerland
Website	http://www.seco.admin.ch/themen/00645/00657/00659/01395/index.html?lang=en
<p>Taken together, these two pieces of legislation criminalise both private and public official bribery in Switzerland. Switzerland's anti-bribery legislation makes provision for some extraterritorial application, though does not cover foreign subsidiaries. A company can be held liable for certain criminal offenses if it fails to institute all reasonable organisational measures to prevent bribery and corruption. New legislation is currently proposed in Switzerland that would make all forms of bribery, including bribery provisions for the private sector, subject to criminal investigations.</p>	

Instrument	Foreign Corrupt Practices Act
Jurisdiction	United States
Application	United States with some extraterritorial application
Website	http://www.justice.gov/criminal/fraud/fcpa/docs/fcpa-english.pdf http://www.justice.gov/criminal/fraud/fcpa/
<p>The FCPA is the United States' key anti-corruption and anti-bribery legislation. The act prohibits bribery of foreign officials and employees who work for foreign governments and applies to public or private US organisations and legal persons, including a foreign person or firms, if they commit a prohibited act in the United States. Foreign subsidiaries are also captured under the legislation. The FCPA requires companies to maintain records on anti-corruption due diligence and internal controls to prevent corrupt behavior. The FCPA does not however, criminalise passive corruption.</p>	

Instrument	Physician Financial Transparency Reports (Sunshine Act)
Jurisdiction	United States
Website	http://thomas.loc.gov/cgi-bin/query/z?c111:S.301 :
<p>As part of the Patient Protection and Affordable Care Act (also known as Obamacare), the 'Sunshine Act' requires the reporting of all payments and transfers of value of \$10 or more that the manufacturers make to physicians and teaching hospitals. The reports are provided to the Centers for Medicare and Medicaid Services who publishes the reports in an online database. The Sunshine Act does not prohibit activities but is more a reporting, disclosure and transparency measure.</p>	

Instrument	Corruption of Foreign Public Officials Act
Jurisdiction	Canada
Website	http://laws-lois.justice.gc.ca/eng/acts/C-45.2/page-1.html
<p>CFPOA is Canada's anti-corruption and anti-bribery legislation implemented to comply with OECD requirements. Proposed amendments to modernise the act and bring it more in line with US and British legislation are currently before the Federal Parliament (Bill S-14). The bill removes provision for facilitation payments, increases maximum penalties, strengthens book-keeping requires and broadens application.</p>	

Instrument	Israeli Penal Law 5737-1977 (Section 291A)
Jurisdiction	Israel
Website	http://www.track.unodc.org/LegalLibrary/LegalResources/Israel/Laws/Israel%20Penal%20Code%20Amendment%202008%20(Amendment).pdf
<p>In 2008, Israel passed amendments to its Penal Law to criminalize the bribery of a foreign government official by Israeli companies. The aim of the amendment was to satisfy the ratification requirement of the OECD Anti-bribery Convention, which it joined in 2009.</p>	

Instrument	Prevention of Corruption Act (Cap 241, 1993 Rev Ed)
Jurisdiction	Singapore
Website	http://statutes.agc.gov.sg/aol/search/display/view.w3p?page=0;query=Compld%3A2836f92d-478b-4913-b0be-eeb007c153ed;rec=0;resUrl=http%3A%2F%2Fstatutes.agc.gov.sg%2Faol%2Fbrowse%2FtitleResults.w3p%3Bletter%3DP%3Btype%3DactsAll
<p>The Prevention of Corruption Act criminalises both public and private sector corruption and covers 'gratification' of both domestic and foreign public officials. Singapore's Penal Code (Cap 224, 2008 Rev Ed) also deals with bribery of domestic public officials.</p>	

Instrument	Unfair Competition Prevention Act
Jurisdiction	Japan
Website	http://www.wipo.int/wipolex/en/details.jsp?id=6996
<p>The UCPA is Japan’s legislation which criminalises bribery of a foreign public official. Japan also has provisions in its Criminal Code which prohibits bribery of a domestic public official. Generally speaking, the UCPA does not apply to private sector bribery; however there are other limited provisions in Company Laws which do deal with some forms of bribery. The UCPA makes little provision for parent company liability for subsidiaries.</p>	

Instrument	PRC Criminal Law and PRC Unfair Competition Law
Jurisdiction	China
Website	http://www.ethic-intelligence.com/compliance-tools/31-anti-bribery-and-anti-corruption-strategy/268-interpretations-of-the-supreme-people-s-court-on-bribe-offering
<p>Established in 2011, China’s anti-corruption law criminalises both private and public corruption and bribery and does not provide any exemption for facilitation payments. The PRC Criminal Law sets out eight different types of criminal bribery, distinguished by their type (active or passive) and the parties involved. The practical implementation of the new criminal law provisions are guided by the Supreme People's Procuratorate of Several Issues Concerning the Specific Application of the Law in the Handling of Criminal Bribe-giving Cases.</p> <p>The laws do have some extraterritorial effect as the laws apply to all those residing in China, regardless of their nationality; to all Chinese citizens living abroad; and to companies and institutions registered under Chinese law, including foreign owned enterprises operating in the country, joint ventures and Chinese companies overseas. The PRC regulators are apparently strengthening their investigation and prosecution of bribery cases, pursuing more than 10,000 private sector bribery cases in 2010.</p>	

Instruments	Prevention of Corruption Act (1988) and Prevention of Bribery of Foreign Public Officials and Officials of Public International Organisations Bill
Jurisdiction	India
Website	http://www.prsindia.org/uploads/media/Bribery/Prevention%20of%20Bribery,%2026%20of%202011.pdf http://www.prsindia.org/billtrack/the-prevention-of-bribery-of-foreign-public-officials-and-officials-of-public-international-organisations-bill-2011-1601/
<p>In 2011, the government put forward the Prevention of Bribery of Foreign Public Officials and Officials of Public International Organisations Bill. The proposed legislation criminalises bribery of foreign public officials or officials of public organisation and makes provision for fines and imprisonment (from six months to seven years). The proposed bill which has been subject to significant debate and contestation since 2011, as it would significantly modernise India's existing Prevention of Corruption Act (1988). Currently the PCA attaches criminal liability under the Indian Penal Code to both public and private sector corruption but has not provided for the criminalisation of bribing a foreign public official.</p>	

Instrument	Brazilian Criminal Code and Anti-Corruption Bill 6826/2010
Jurisdiction	Brazil
Website	http://www.trust.org/item/20130426040830-k20de/ http://www.onlineprnews.com/news/387810-1370580089-brazil-proposes-revised-anti-corruption-law-update-from-international-tax-compliance-services-team.html http://www.lexology.com/library/detail.aspx?g=5260d916-3073-4840-9b9d-7c2660954999
<p>Despite signing the OECD Convention on Combating Bribery in 1997, Brazil's compliance with the convention requirements is questionable. Brazil did establish legislation but only for personal liability for bribery of a foreign public official, not corporate liability, which some commentators suggest does not satisfy the OECD convention. However, new proposed legislation, currently before the House of Representatives, should address the issue of corporate liability, though it will not impose criminal liability on corporations (only administrative and civil).</p>	

Intelligence requirement 3

An all-source list of English-language publications on pharmaceutical industry transparency and corruption issues related to developing countries and emerging economies.

Analyst Note: In 2006, Transparency International published the *Global Corruption Report 2006*, which focused on corruption and health (see <http://bit.ly/globalcorruptionreport>). During 2006-07, several academics and CSOs followed up with a number of articles and reports on pharmaceutical and health sector corruption. However, the 2008-13 timeframe requested by the client means that these documents are not listed in the following section. Furthermore, the WHO Good Governance for Medicines programme was started in 2004 and so early documentation is not included for the same reason.

Books

Title	A Practical Approach to Pharmaceutical Policy
Author	Andreas Seiter
Publisher	World Bank
Year	2010
Expense	Free
URL	http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2010/06/22/000334955_20100622050742/Rendered/PDF/552030PUB0Phar10Box349442B01PUBLIC1.pdf
<p>This book discusses the wide range of challenges faced by policymakers in the pharmaceutical sector, presents the current know-how in terms of policy measures, and provides specific examples of policy packages, even in the event of political resistance and capacity limits. This book focuses on developing countries and tries to address the issues faced by both low- and middle-income countries. Chapter 3, titled Patterns of Dysfunction, reviews corruption and bribery in the pharmaceutical sector.</p>	

Title	Access to Medicines and the Role of Corporate Social Responsibility: The Need to Craft a Global Pharmaceutical System with Integrity (in The Cambridge Textbook of Bioethics)
Author	JC Kohler and P Illingworth
Publisher	Cambridge University Press
Year	2008
Expense	Purchase only
URL	http://books.google.ca/books/about/The_Cambridge_textbook_of_bioethics.html?id=FkgrwOcqZCMC
<p>Medicine and health care generate many ethical problems and dilemmas that are of great academic, professional and public interest. This comprehensive resource is designed as a succinct yet authoritative text and reference for clinicians, bioethicists and advanced students seeking a better understanding of ethical problems in the clinical setting. The chapter on access to medicine and corporate social responsibility by Koher and Illingworth examines the role CSR plays in shaping anti-corruption and good governance approaches to medicines access.</p>	

Title	Access to Medicines as a Human Right: What are the Implications for Pharmaceutical Industry Responsibility
Author	Lisa Forman and Jillian Clare Kohler
Publisher	University of Toronto Press
Year	2012
Expense	Purchase only
URL	http://books.google.ca/books?id=Zsm0OsBn90cC&dq=corruption+and+pharmaceutical&source=gbs_navlinks_s
<p>According to the World Health Organisation, one-third of the global population lacks access to essential medicines. Should pharmaceutical companies be ethically or legally responsible for providing affordable medicines for these people, even though they live outside of profitable markets? Can the private sector be held accountable for protecting human beings' right to health?</p>	

Title	Anticorruption in the Health Sector: Strategies for Transparency and Accountability
Author	Taryn Vian, William D Savedoff and Harald Mathisen
Publisher	Kumarian Press
Year	2010
Expense	Purchase only
URL	http://www.cmi.no/publications/publication/?3667=anticorruption-in-the-health-sector
<p>This book brings practical experience to bear on anti-corruption approaches tailored specifically to health, addressing the consequences of different types of corruption and showing how agencies can more effectively address these challenges as an integral part of their development work.</p>	

Title	Bad Pharma: How Drug Companies Mislead Doctors and Harm Patients
Author	Ben Goldacre
Publisher	HarperCollins Publishers
Year	2012
Expense	Purchase only
URL	http://books.google.ca/books/about/Bad_Pharma_How_drug_companies_mislead_do.html?id=4amY1Q6ld4QC&redir_esc=y
<p>Bad Science exposed the tricks that quacks and journalists use to distort science. Now Ben Goldacre puts the \$600 billion global pharmaceutical industry under the microscope. What he reveals is a fascinating mess.</p>	

Title	Corporate Crime in the Pharmaceutical Industry
Author	John Braithwaite
Publisher	Routledge
Year	1984; 2012 (2nd edition)
Expense	Purchase only
URL	http://books.google.ca/books?id=qohzMAEACAAJ&dq=corruption,+pharmaceutical&hl=en&sa=X&ei=oKGuUYzdD4GHrgGh94GQDw&ved=0CFgQ6AEwBw
<p>First published in 1984, this updated edition examines corporate crime in the pharmaceutical industry. Based on extensive research, including interviews with 131 senior executives of pharmaceutical companies in the United States, the United Kingdom, Australia, Mexico and Guatemala, the book is a major study of white-collar crime. It covers topics such as international bribery and corruption, fraud in the testing of drugs and criminal negligence in the unsafe manufacturing of drugs. The author considers the implications of his findings for a range of strategies to control corporate crime, nationally and internationally.</p>	

Title	Diagnosing Corruption in Ethiopia: Perceptions, Realities, and the Way Forward for Key Sectors
Author	Janelle Plummer
Publisher	World Bank Publications
Year	2012
Expense	Free
URL	http://www-wds.worldbank.org/external/default/WDSContentServer/IW3P/IB/2012/06/15/000386194_20120615035122/Rendered/PDF/699430PUB0Publ067869B09780821395318.pdf
<p>For decades, corruption in Ethiopia has only been discussed at the margins. Perhaps because many have not experienced corruption as a significant constraint to their lives and businesses, or perhaps because a culture of circumspection has dampened open dialogue, Ethiopia has neither seen the information flows nor the debate on corruption that most other countries have seen in recent years. This study attempts to fill this information gap. Conducted by the World Bank (with financial support from the United Kingdom, the Netherlands and Canada) in conjunction with the Federal Ethics and Anti-corruption Commission of Ethiopia, the study is an independent overview of corruption. The sectors covered are health (chapter 2), education, water, justice, construction, land, telecommunications and mining.</p>	

Title	Phake: The Deadly World of Falsified and Substandard Medicines
Author	Roger Bate
Publisher	AEI Press
Year	2012
Expense	Purchase only
URL	http://books.google.ca/books?id=lbu4w9r2FNIC&dq=The+Deadly+World+of+Falsified+and+Substandard+Medicines&source=gbs_navlinks_s

Roger Bate has spent years on the trail of counterfeit medicines in Asia, Africa and the Middle East, learning the anatomy of a nebulous, far-reaching black market that has resulted in countless deaths and injuries around the world. This book is the culmination of Bate's research and travels – both a first-hand account of the counterfeit drug trade and a policy analysis with important ramifications for decision makers in the US Food and Drug Administration and the World Health Organisation.

Title	Phantom Billing, Fake Prescriptions, and the High Cost of Medicine: Health Care Fraud and What to Do about It
Author	Terry L Leap
Publisher	Cornell University Press
Year	2011
Expense	Purchase only
URL	http://www.jstor.org/stable/10.7591/j.ctt7zgpq

US healthcare is a \$2.5 trillion system that accounts for more than 17% of the country's GDP. It is also highly susceptible to fraud. Estimates vary, but some observers believe that as much as 10% of all medical billing involves some type of fraud. In 2009, New York's Medicaid fraud office recovered \$283 million and obtained 148 criminal convictions. In July 2010, the US Justice Department charged nearly 100 patients, doctors and healthcare executives in five states of billing the Medicare system out of more than \$251 million through false claims for services that were medically unnecessary or never provided. These cases only hint at the scope of the problem.

Title	Pharmaceutical Reform: A Guide to Improving Performance and Equity
Author	Marc Roberts and Michael Reich
Publisher	World Bank
Year	2011
Expense	Free
URL	http://www-wds.worldbank.org/external/default/WDSContentServer/WDSP/IB/2011/09/28/000386194_20110928013526/Rendered/PDF/646660PUB0Phar00Box361543B00PUBLIC0.pdf

Medicines are important beyond their therapeutic utility: they are often seen by the public as the most tangible representation of healthcare, and their availability is taken (sometimes problematically) as an indicator of the quality and accessibility of services. Yet despite the integral role of medicines in health system performance, the availability and appropriate use of essential medicines in developing countries continues to be a challenge. Many countries experience serious difficulties in providing high-quality services, free of corruption in the public sector. Chapter 8 provides commentary on pharmaceutical corruption.

Title	Pharmaceutical Anti-counterfeiting: Combating the Real Danger from Fake Drugs
Author	Mark Davison
Publisher	John Wiley & Sons
Year	2011
Expense	Purchase only
URL	http://books.google.ca/books?id=KbHjRbhxLCoC&dq=corruption+and+pharmaceutical&source=gbs_navlinks_s

This book overviews and integrates the business and technical issues that pharmaceutical companies need to know in order to combat the major global problem of counterfeit medicines. In addition to discussion of the problems, the author Davison addresses analytical techniques scientists use to detect counterfeits and presents some possible solutions to the threat of counterfeit medical products. Coverage moves from basic overview of the problem, costs/risks to consumers (toxic products and mistrust of drug companies) and businesses (revenue loss and public mistrust), government oversight and regulation, authentication strategies (packaging and analytical techniques), product tracking and supply chain, and case studies from around the globe.

Reports

Title	A Framework for Good Governance in the Pharmaceutical Sector: GGM Model Framework
Author	Eloy Anello
Publisher	World Health Organisation
Year	2008
Expense	Free
URL	http://www.who.int/medicines/areas/policy/goodgovernance/GGMframework09.pdf
<p>In an attempt to curb corruption in pharmaceutical systems, WHO established the Good Governance for Medicines programme. The programme's goal is to reduce corruption in pharmaceutical systems through the application of transparent, accountable administrative procedures and the promotion of ethical practices. In the GGM programme, the focus is on the fundamental need to have good laws, regulations, policies and procedures in place to improve the management of the medicines chain and a corruption-free environment to promote access to good-quality medicines.</p>	

Title	Addressing corruption in the health sector: Securing equitable access to healthcare for everyone
Author	Karen Hussmann
Publisher	U4 Anti-Corruption Resource Centre
Year	2011
Expense	Free
URL	http://www.u4.no/publications/addressing-corruption-in-the-health-sector-securing-equitable-access-to-health-care-for-everyone/
<p>The development community is striving to achieve results and value for money with its investments in health around the world. Yet, donors often work in countries where the risk of corruption is high and where public management and oversight systems are weak. The main purpose of this U4 Issue is to increase awareness around corruption in the health sector and provide practical guidance on how to identify and prevent it.</p>	

Title	Addressing Corruption in the Health Sector
Author	Karen Hussmann
Publisher	Department for International Development
Year	2010
Expense	Free
URL	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67659/How-to-Note-corruption-health.pdf
<p>DFID is striving to achieve results and value for money with its investments in health around the world. Yet, it often works in countries where the risk of corruption is high and where public management and oversight systems are weak. In many countries, DFID assistance has strengthened accountability bodies such as anti corruption commissions and the Office of the Auditor General. As the capacity of these bodies increases, so does the likelihood of corruption being uncovered at the sector level. DFID advisers need the knowledge and skills to prevent, detect and address corruption in their sectors. The main purpose of this note is to raise DFID advisers' awareness on corruption in the health sector and provide practical guidance on how to identify and prevent it.</p>	

Title	Addressing corruption through sector approaches: Exploring lessons from the Moroccan anticorruption strategy for the health sector
Author	Hady Fink and Karen Hussmann
Publisher	U4 Anti-Corruption Resource Centre
Year	2013
Expense	Free
URL	http://www.u4.no/publications/addressing-corruption-through-sector-approaches-exploring-lessons-from-the-moroccan-anti-corruption-strategy-for-the-health-sector/downloadasset/3073
<p>Sector-specific anti-corruption efforts are widely recommended but rarely implemented at the country level. The Moroccan Central Authority for Corruption Prevention opted for a sector approach, identifying the health sector as a priority. This analysis of the process and challenges offers valuable lessons for anyone considering similar approaches in any sector.</p>	

Title	Assessment of Governance and Corruption in the Pharmaceutical Sector: Lessons Learned from Low and Middle Income Countries
Author	Aissatou Diack, Andreas Seiter, Loraine Hawkins and Imad Subhi Dweik
Publisher	World Bank
Year	2010
Expense	Free
URL	http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/PharmGovernanceGuidanceNote.pdf
<p>Pharmaceuticals are a critical input for the health sector. At the same time, the drug business sustains many individual and corporate livelihoods and produces handsome returns for those involved in the trade. Good governance is critical for the sector to maximise returns for public health and minimise risks for patients from ineffective or contaminated drugs. Given the large financial volume of the market, the potential for corruption is significant. Vulnerable points are those at which decisions about market access and purchasing are made. This includes institutional functions such as licensing, inclusion into formularies and public procurement as well as the individual prescriber, who selects drugs for a specific patient.</p>	

Title	Assessment of medicines regulatory systems in sub-Saharan African countries
Author	World Health Organisation
Publisher	World Health Organisation
Year	2010
Expense	Free
URL	http://apps.who.int/medicinedocs/documents/s17577en/s17577en.pdf
<p>This report summarizes the findings of 30 assessments of regulatory systems carried out by assessment teams on behalf of WHO's Department of Essential Medicines and Pharmaceutical Policies. Structures for medicines regulation existed in the countries assessed, and the main regulatory functions were addressed, although in practice the measures were often inadequate and did not form a coherent regulatory system. Common weaknesses included a fragmented legal basis in need of consolidation, weak management structures and processes, and a severe lack of staff and resources. On the whole, countries did not have the capacity to control the quality, safety and efficacy of the medicines circulating on their markets or passing through their territories</p>	

Title	Bribery in Health Care in Peru and Uganda
Author	Jennifer Hunt
Publisher	National Bureau of Economic Research
Year	2007
Expense	Free
URL	http://www.nber.org/papers/w13034
<p>This paper examines the role of household income in determining who bribes and how much they bribe in healthcare in Peru and Uganda. Rich patients are more likely than other patients to bribe in public healthcare: doubling household consumption increases the bribery probability by 0.2-0.4 percentage points in Peru, compared to a bribery rate of 0.8%; doubling household expenditure in Uganda increases the bribery probability by 1.2 percentage points compared to a bribery rate of 17%. The income elasticity of the bribe amount cannot be precisely estimated in Peru, but is about 0.37 in Uganda. Bribes in the Ugandan public sector appear to be fees-for-service extorted from the richer patients amongst those exempted by government policy from paying the official fees. Bribes in the private sector appear to be flat-rate fees paid by patients who do not pay official fees.</p>	

Title	Combating Counterfeit, Falsified and Substandard Medicines: Defining the Way Forward?
Author	Charles Clift
Publisher	Chatham House – Centre on Global Health Security
Year	2010
Expense	Free
URL	http://www.chathamhouse.org/publications/papers/view/109517
<p>Counterfeit, falsified and substandard medicines pose a considerable threat to health. Although detailed knowledge of their prevalence and impact on human health is limited, they can fail to cure, promote antimicrobial resistance, and ultimately kill. The threat from these medicines is probably growing, particularly in poorer countries with weak regulatory mechanisms and poorly monitored distribution networks.</p> <p>Counterfeiting can be very profitable and counterfeiters are becoming increasingly sophisticated. This makes patients in developing countries particularly vulnerable, since they usually have to buy medicines from their own resources.</p>	

Title	Corruption and health expenditure in Italy
Author	Raffaele Lagravinese and Massimo Paradiso
Publisher	Munich Personal RePEc Archive
Year	2012
Expense	Free
URL	http://mpa.ub.uni-muenchen.de/43215/
<p>The vulnerability of the health sector to corruption lies in the complex interaction between the social environment and the institutional setting of health systems. This interaction is investigated in the case of Italy, specifically looking at the impact of corruption on health expenditure. The health sector has often been involved in corruption offences and decentralised health expenditure is considerably out of control.</p>	

Title	Corruption and Pharmaceuticals: Strengthening Good Governance to Improve Access
Author	Jillian Clare Cohen, Monique Mrazek and Loraine Hawkins
Publisher	World Bank
Year	2007
Expense	Free
URL	http://idea.phm.utoronto.ca/PDF/Kohler,%20Corruption%20and%20Pharmaceuticals.pdf
<p>Access to safe, good quality and affordable pharmaceuticals continues to be one of the main problems affecting global health and corruption is one of the key driving factors. This chapter presents an overview of the problem of corruption in the pharmaceutical sector and equips decision makers with the tools to identify vulnerabilities and prioritise strategies to tackle this problem.</p>	

Title	Corruption in Healthcare Systems
Author	Shu Yang Hu, Christopher Cadham, Jennifer Yu and Mari Galloway
Publisher	MonWHO Montreal
Year	2012
Expense	Free
URL	http://www.monwho.org/wp-content/uploads/2013/02/MonWHO%20Theme%20Guide%202013%20Final.pdf

Corruption is a pervasive and complex problem in healthcare systems impacts health status and healthcare accessibility. While it is impossible to determine the exact global costs of corruption in the health sector, it is apparent that corruption amounts to billions of dollars annually. Corruption is often largely responsible for the absence of improved health outcomes with increased spending on health.

Title	Corruption in Russian Health Care: The Determinants and Incidence of Bribery
Author	Klara Sabirianova Peter and Tetyana Zelenska
Publisher	Institute for the Study of Labor
Year	2010
Expense	Free
URL	http://www.iza.org/conference_files/worldb2010/zelenska_t5300.pdf

This paper uses the Russian Longitudinal Monitoring Survey to examine the incidence and determinants of informal payments in Russian healthcare industry during 1994-2005. Findings indicate that long-run endowments of healthcare sector, greater economic development and higher healthcare expenditure have a bribery-reducing effect, while short-run budgetary fluctuations do not have a discernible effect on bribery. There is also a positive association between salary of medical personnel and bribery but this effect is not robust. Interestingly, the private sector is more prone to corruption.

Title	Corruption in the Health Sector
Author	Carin Nordberg and Taryn Vian
Publisher	U4 Anti-Corruption Resource Centre
Year	2008
Expense	Free
URL	http://www.u4.no/publications/corruption-in-the-health-sector-2/
<p>Corruption in the health sector is a concern in all countries, but it is an especially critical problem in developing and transitional economies where public resources are already scarce. Corruption reduces the resources effectively available for health, lowers the quality, equity and effectiveness of healthcare services, decreases the volume and increases the cost of provided services. It discourages people to use and pay for health services and ultimately has a corrosive impact on the population's level of health.</p>	

Title	Fighting Corruption in the Health Sector: Methods, Tools and Good Practices
Author	Jillian Clare Kohler
Publisher	UNDP
Year	2011
Expense	Free
URL	http://www.undp.org/content/dam/undp/library/Democratic%20Governance/IP/Anti corruption%20Methods%20and%20Tools%20in%20Health%20Lo%20Res%20final.pdf
<p>The study brings together UNDP's efforts to support countries to develop frameworks to accelerate their efforts to meet the Millennium Development Goals as well as successfully meet the commitments of the UN Convention against Corruption. It also specifically takes forward UNDP's agenda to develop sectoral approaches to address corruption in different sectors.</p>	

Title	Good Governance and Health: Assessing Progress in Rwanda
Author	Derick W. Brinkerhoff, Catherine Fort and Sara Stratton
Publisher	USAID and Twubakane
Year	2009
Expense	Free
URL	http://www.intrahealth.org/~intrahea/files/media/good-governance-and-health/assessing-progress-in-rwanda/goodgovandhealth.pdf
<p>Experience around the world has demonstrated that attention to governance is important to the ability of health systems to fulfil essential public health functions. Health governance concerns the institutions and linkages that affect the interactions among citizens/service users, government officials and health service providers. There is general agreement that good health governance is characterised by responsiveness and accountability; an open and transparent policy process; participatory engagement of citizens; and operational capacity of government to plan, manage, and regulate policy and service delivery.</p>	

Title	Good governance for medicines initiatives: Exploring lessons learned
Author	Jillian Clare Kohler and Natalia Ovtcharenko
Publisher	U4 Anti-Corruption Resource Centre
Year	2013
Expense	Free
URL	http://www.u4.no/publications/good-governance-for-medicines-initiatives-exploring-lessons-learned/
<p>Corruption in the pharmaceutical system results in wasted resources, limited access to health services and reduced health gains. In this U4 Issue paper, we examine select global initiatives in the area of good governance and medicines that have been applied since 2000. These initiatives taken by the World Bank, the WHO and the Global Fund, as well as the Medicines Transparency Alliance, have been particularly useful in generating a political and policy dialogue around the issue of pharmaceutical system good governance.</p>	

Title	Governing for Better Health: A Targeted Literature Review
Authors	M Shukla and K Johnson Lassner
Publisher	US Agency for International Development
Year	2012
Expense	Free
URL	http://www1.msh.org/global-presence/upload/3-Governance-Interviews_May2012FINAL_PRINTupdated.pdf
<p>This literature review, carried out by the USAID Leadership, Management, and Governance project, was conducted to help identify key concepts and practices that inform the development and use of technical assistance and leadership development training of those who govern in the health sectors of low and middle-income countries.</p>	

Title	Health Sector Governance and Implications for the Private Sector
Author	Dina Balabanova, Valeria Oliveira-Cruz and Kara Hanson
Publisher	Rockefeller Foundation
Year	2008
Expense	Free
URL	http://www.resultsfordevelopment.org/sites/resultsfordevelopment.org/files/resources/Health%20Sector%20Governance%20and%20Implications%20for%20the%20Private%20Sector.pdf
<p>The private sector plays an increasingly important role in the health systems of low- and middle-income countries. Scaling up the delivery of essential interventions to achieve international health targets is dependent on working with it. The private health sector includes an enormous diversity of actors, including providers, funder, and suppliers of physical and knowledge inputs for the health sector. The boundaries between the public and private sectors are often unclear as many private actors operate outside the regulatory framework of the health sector on an informal basis.</p>	

Title	Informal Payments and Moonlighting in Tajikistan's Health Sector
Author	Andrew Dabalen and Waly Wane
Publisher	World Bank
Year	2008
Expense	Free
URL	http://elibrary.worldbank.org/docserver/download/4555.pdf?expires=1369928751&id=id&accname=guest&checksum=782D067D64AF5A637407D7364F428E8A
<p>This paper studies the relationship between gender and corruption in the health sector. It uses data collected directly from health workers, during a recent public expenditure tracking survey in Tajikistan's health sector. The paper provides evidence that workers are more likely to engage in informal charging the farther they fall short of their perceived fair-wage, adding weight to the fair wage-corruption hypothesis. Finally, there is some evidence that health workers who feel that healthcare should be provided for a fee are more likely to informally charge patients.</p>	

Title	Measuring Transparency in the Public Pharmaceutical Sector: Assessment Instrument
Author	Guitelle Baghdadi-Sabeti, Jillian Clare Cohen-Kohler and Eshetu Wondemagegnehu
Publisher	World Health Organisation
Year	2009
Expense	Free
URL	http://www.who.int/medicines/areas/policy/goodgovernance/AssessmentInstrumentMeastranspENG.PDF
<p>A number of factors contribute to the urgent challenges in the pharmaceutical sector, including poverty, market failures and government failures. The latter often results, at least in part, from a lack of transparency in the pharmaceutical system. Lack of transparency in the pharmaceutical system is an issue of increasing concern because bad practices can waste resources, which in turn reduces the availability of essential medicines and so threatens the well-being of populations.</p>	

Title	Mozambique: Corruption undermining health service
Author	-
Publisher	Integrated Regional Information Network
Year	2012
Expense	Free
URL	http://www.refworld.org/docid/50bdd8622.html

Corruption is rife in Mozambique's public health sector. According to a 2006 study by the Centre for Public Integrity in Maputo, corruption is present at all levels in the system: from the reception to the laboratory, during appointments with doctors, and even at the morgue. A 2011 regional household survey by Transparency International found that nearly 40% of Mozambican respondents had paid bribes for medical services in the past year – the highest such figure in the region. In Mozambique, it was second only to the percentage that had paid bribes to the police.

Title	Pakistan's health sector: Does corruption lurk?
Author	Heartfile
Publisher	Heartfile
Year	2008
Expense	Free
URL	http://www.heartfile.org/pdf/health-sector-corruption-pakistan.pdf

This paper constitutes the preamble for the first chapter of a monograph for the Partnership for Transparency Fund, NWFP Health Reform Unit and Heartfile's collaborative study 'Assessing governance for eliminating corruption in the health sector in Pakistan'.

Title	Pharmaceutical Access in Least Developed Countries: On-the-ground barriers and industry successes
Author	D Wayne Taylor
Publisher	Cameron Institute
Year	2010
Expense	Free
URL	http://cameroninstitute.com/index.php?option=com_content&view=article&id=43:pharmaceutical-access-in-least-developed-countries-on-the-ground-barriers-and-industry-successes&catid=2:publications&Itemid=5

This report suggests that the greatest barriers to access and improved health are not drug prices or patents but on the ground barriers such as market failure, corruption, nonexistent health human resources and infrastructure, and the lack of both local and international political will.

Title	Political Economy Analysis of the Health Sector (Rural Health Services) in Ghana
Author	Patrick Apoya
Publisher	STAR-Ghana
Year	2012
Expense	Free
URL	http://www.starghana.org/assets/PE%20Analysis%20of%20Health%20Report.pdf

This analysis addresses three key tasks. The first is an analysis of the political economy of the health sector, particularly as it relates to the government business cycle and with emphasis on rural health services. In particular, the analysis identified where the drivers of change within the sector (issues, institutions, actors, etc) are located and assess previous initiatives to promote accountability and responsiveness in the delivery of health services, particularly for rural parts of the country and for excluded social groups. The second task is drawing out the implications of this analysis for development of programme strategy, specifically strategies for promoting coalitions and alliances between and amongst key actors at national, district and local levels to address the issues of concern to the actors. The third task is identification of key issues affecting pro-poor service delivery and access, drivers of change and opportunities for facilitating diverse alliances of stakeholders to enable the poor access quality services.

Title	Righting the Global Fund
Author	J. Stephen Morrison and Todd Summers
Publisher	Center for Strategic and International Studies
Year	2012
Expense	Free
URL	http://csis.org/files/publication/120227_Morrison_RightingGlobalFund_Web.pdf
<p>Over the course of 2011, the Geneva-based Global Fund to Fight Aids, Tuberculosis, and Malaria experienced unprecedented adversity. Media accounts and internal reports drew attention to instances of corruption involving grantees: \$34 million of probable fraud in four African countries triggered a suspension of assistance by Germany and two other European donors. External reviews detailed the Fund's deficient managerial practices, weak oversight of investments and ineffectual board governance.</p>	

Title	Strengthening pharmaceutical systems through transparency and accountability: the MeTA Kyrgyzstan framework
Author	Djanyl Djusupova and Mariam Djankorozova
Publisher	Medicines Transparency Alliance
Year	2009
Expense	Free
URL	http://www.medicinestransparency.org/fileadmin/uploads/Documents/Kyrgyzstan-MeTA-Workplan.pdf
<p>Following initial expression of interest from the Ministry of Health and the Mandatory Health Insurance Fund, a scoping visit to explore potential for a MeTA pilot in Kyrgyzstan was carried out on 2-6 July 2007. The current Minister of Health (MOH) granted official approval for Kyrgyzstan to participate in MeTA as a pilot country: he expressed particular concern about high medicine prices and affordability of medicines. He noted that despite removal of Value Added Tax on medicines, prices did not change and competition decreased. He also expressed concern about limited physical access to medicines in rural areas.</p>	

Title	The World Medicines Situation 2011: Good Governance for the Pharmaceutical Sector
Author	Jillian Clare Kohler and Guitelle Baghdadi-Sabeti
Publisher	World Health Organisation
Year	2011
Expense	Free
URL	http://www.who.int/medicines/areas/policy/world_medicines_situation/WMS_ch20_wGoodGov.pdf

Each year, an estimated US\$ 5.3 trillion is spent worldwide on providing health services. It is estimated that 25% of total health expenditure is spent on pharmaceuticals. Regrettably, and for a variety of reasons, a significant proportion of these resources are wasted – one example being corruption in the system – resulting in significant losses, in terms of both health and economics. Corruption within the pharmaceutical sector is of increasing concern, not simply because of the cost implications but more importantly because it denies many people access to medicines, which, provided they are of good quality and used appropriately, offer a cost-effective solution to many health problems.

Title	Towards a cleaner and more efficient health sector
Author	World Health Organisation
Publisher	World Health Organisation
Year	2010
Expense	Free
URL	http://www.who.int/healthsystems/topics/financing/healthreport/CorTBNo2.pdf

Measuring corruption and its impact on health spending efficiency and on health outcomes is complex and cross-country comparisons are often difficult. In one Asian country between 5% and 10% of the health budget disappeared before it was even paid by the Ministry of Finance to the Ministry of Health. Informal payments accounted for 56% of total health expenditure in an East European country. In an African country, a study found that over two-thirds of drugs meant for distribution in the public health system were wasted due to theft and 'leakage'. In another African country, only 27% of the officially allocated recurrent non-wage health budgets from the central level arrived to the regions, and further down the chain only 2% of the resources reached the health facilities. Finally, it is estimated that 10 to 25% of public procurement spending globally (including pharmaceuticals) is lost to corrupt practices.

Title	Transparency and accountability in an electronic era: the case of pharmaceutical procurements
Author	Brenda Waning and Taryn Vian
Publisher	U4 Anti-Corruption Resource Centre
Year	2008
Expense	Free
URL	http://www.u4.no/publications/transparency-and-accountability-in-an-electronic-era-the-case-of-pharmaceutical-procurements/
<p>The burgeoning HIV/Aids epidemic means that more labour and financial resources are being dedicated to the procurement of antiretroviral medicines for treatment. While patients, physicians, national governments and development partners are eager to see treatment programmes expanded, rapid scale up often results in circumstances whereby resources have to be spent quickly, and sometimes resources are added to systems that are already weak and vulnerable to corruption. This U4 Brief describes how international partners and national procurement agencies have used information technology to improve transparency and increase accountability in procurement of HIV/Aids medicines.</p>	

Title	Transparency Deficit: A Report on HIV/Aids Funding in Nigeria
Authors	Babatunde Olugboji, Adedeji Adeleye and Segun Fakorede
Publisher	Independent Advocacy Project
Year	2009
Expense	Free
URL	http://www.km4h.com/data%20for%20km4h/Books/transparency%20deflict.pdf
<p>Over a one year period, Independent Advocacy Project conducted a study on the management and allocation of HIV/Aids funding in Nigeria as a constituent of the programme Promoting Accountability and Transparency in HIV/Aids funding (PATH). The outcome of this study is this report, which scrutinised HIV/Aids funding and related issues, the performance of the National Agency for the Control of Aids and the State Action Committee on Aids against the background of corruption in the country's health sector.</p>	

Title	Vulnerabilities to corruption in the Health Sector: Perspectives from Latin America Sub-systems for the Poor
Author	Karen Hussmann
Publisher	UN Development Programme
Year	2011
Expense	Free
URL	http://www.u4.no/recommended-reading/vulnerabilities-to-corruption-in-the-health-sector-perspectives-from-latin-american-sub-systems-for-the-poor-with-a-special-focus-on-the-sub-national-level/
<p>Transparency and accountability are widely recognised as crucial dimensions of democratic governance. In the health sector democratic governance is acknowledged as one of the key building blocks for health systems strengthening as laid out by the World Health Organisation. Yet, in Latin America and the Caribbean there is little knowledge and awareness about an important cause and consequence of bad governance in health systems: corruption.</p>	

Title	Watching Your Health: Mapping Transparency and Integrity Risks in Health Service Delivery in Africa
Authors	Paul Bukuluki, John Ssengendo, David Mafigiri, Peter Byansi and Paul Banoba
Publisher	Transparency International – Uganda
Year	2011
Expense	Free
URL	http://www.transparency.org/news/pressrelease/20111124_uganda_tisda
<p>This report presents the findings of an assessment of transparency and integrity in the health sector in Uganda. The study adopted the approach of the Health Systems Framework, which identifies six building blocks of health systems namely: health financing, health leadership and governance, medical products and technologies, health information, health workforce and health service delivery. The study investigated issues of governance, namely transparency, accountability, integrity, public participation, corruption and institutional performance in each of the building blocks.</p>	

Title	WHO Good Governance for Medicines programme: An innovative approach to prevent corruption in the pharmaceutical sector
Authors	Guitelle Baghdadi-Sabeti and Fatima Serhan
Publisher	World Health Organisation
Year	2010
Expense	Free
URL	http://www.who.int/healthsystems/topics/financing/healthreport/25GGM.pdf
<p>Corruption is a major obstacle to strengthening pharmaceutical systems and increasing access to quality medicines. In an effort to address this complex and multi-faceted challenge, WHO launched the Good Governance for Medicines programme in 2004. Initially a pilot project in four Asian countries, the GGM grew rapidly to become a global programme implemented in 26 countries. This paper is intended to share country experiences in implementing the GGM programme in the last six years. It is based on information received from countries that have already implemented the GGM and have documented their experiences. This paper also offers a number of analyses on best practices and lessons learnt.</p>	

Journal Articles

Title	An examination of pharmaceutical systems in severely disrupted countries
Author	Jillian Clare Kohler, Enrico Pavignani, Markus Michael, Natalia Ovtcharenko, Maurizio Murru and Peter S Hill
Publisher	BMC International Health and Human Rights
Year	2012
Expense	Free
URL	http://www.biomedcentral.com/1472-698X/12/34
<p>This research assesses informal markets that dominate pharmaceutical systems in severely disrupted countries and identifies areas for further investigation. Findings are based on recent academic papers, policy and grey literature, and field studies in Somalia, Afghanistan, the Democratic Republic of Congo and Haiti. The public sector in the studied countries is characterised in part by weak Ministries of Health and low donor coordination. Informal markets, where medicines are regularly sold in market stalls and unregulated pharmacies, often accompanied by unqualified medical advice, have proliferated. Counterfeit and sub-standard medicines trade networks have also developed. To help increase medicine availability for citizens, informal markets should be integrated into existing access to medicines initiatives.</p>	

Title	Benchmarking and Transparency: Incentives for the Pharmaceutical Industry's Corporate Social Responsibility
Author	Matthew Lee and Jillian Kohler
Publisher	Journal of Business Ethics
Year	2010
Expense	Purchase only
URL	http://link.springer.com/article/10.1007%2Fs10551-010-0444-y
<p>With over two billion people lacking medicines for treatable diseases and 14 million people dying annually from infectious disease, there is undeniable need for increased access to medicines. There has been an increasing trend to benchmark the pharmaceutical industry on their corporate social responsibility performance in access to medicines. Benchmarking creates a competitive inter-business environment and acts as incentive for improving CSR. This article investigates the corporate feedback discourses pharmaceutical companies make in response to criticisms from benchmarking reports.</p>	

Title	Combating healthcare corruption and fraud with improved global health governance
Author	Tim K Mackey and Bryan A Liang
Publisher	BMC International Health and Human Rights
Year	2012
Expense	Free
URL	http://www.biomedcentral.com/1472-698X/12/23
<p>Corruption is a serious threat to global health outcomes, leading to financial waste and adverse health consequences. Yet, forms of corruption impacting global health are endemic worldwide in public and private sectors, and in developed and resource-poor settings alike. Allegations of misuse of funds and fraud in global health initiatives also threaten future investment. Current domestic and sectoral-level responses are fragmented and have been criticised as ineffective. In order to address this issue, we propose a global health governance framework calling for international recognition of global health corruption and development of a treaty protocol to combat this crucial issue.</p>	

Title	Conflicts of Interest, Institutional Corruption, and Pharma: An Agenda for Reform
Author	Marc A Rodwin
Publisher	Suffolk University Law School
Year	2012
Expense	Free
URL	http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2162597
<p>Physician relations with pharmaceutical firms are a source of conflicts of interest that can bias their prescriptions and advice. Drug firms pay physicians for numerous activities including consulting, serving on advisory boards, lecturing, writing articles and conducting clinical trials. They also make grants and gifts to physicians. Some physicians earn income by dispensing drugs. At the same time, physicians may participate in clinical trials that evaluate drugs, advise the US Food and Drug Administration regarding drug risks and benefits, write reports and articles on drug use, teach about drug use in medical schools or in continuing medical education forums, recommend that a hospital or insurer formulary include a drug, develop practice guidelines for drug use, and prescribe drugs for their patients.</p>	

Title	Confronting corruption in the health sector in Vietnam: Patterns and prospects
Author	T Vian, DW Brinkerhoff, FG Feeley, M Salomon and NTK Vien
Publisher	Public Administration and Development
Year	2011
Expense	Free
URL	http://www.bu.edu/cghd/files/2011/11/HDDP-No.14-October-2011.-Vian-et-al.pdf
<p>Corruption in Vietnam is a national concern that could derail health sector goals for equity, access and quality. Yet, there is little research on vulnerabilities to corruption or associated factors at the sectoral level. This article examines current patterns and risks of corruption in Vietnam's health sector and reviews strategies for addressing corruption in the future.</p> <p>The article builds on the findings and discussion at the sixth Anti-corruption Dialogue between the Vietnamese government and the international donor community. Development partners, government agencies, Vietnamese and international non-governmental organisations, media representatives and other stakeholders explored what is known about important problems such as informal payments, procurement corruption and health insurance fraud.</p>	

Title	Corruption in Ghanaian healthcare system: the consequences
Author	Pius Agbenorku
Publisher	Journal of Medicine and Medical Sciences
Year	2012
Expense	Free
URL	http://interesjournal.org/JMMS/Pdf/2012/October/Agbenorku.pdf
<p>Corruption affects both developing and developed countries and all sectors of development negatively and is of global concern. This study seeks to expound on corruption in the healthcare sector and the various consequences associated with it. A descriptive study involving questionnaires were administered to persons between the ages of 20-59 in the Kumasi Metropolis. This current study showed that corruption exists in all units of the healthcare sector and is costly to human life. Resources are either over or underutilised in sectors where corruption exists.</p>	

Title	Corruption in medical practice: How far have we gone?
Author	Amin A Muhammad Gadit
Publisher	Journal of Pakistan Medical Association
Year	2011
Expense	Free
URL	http://www.jpma.org.pk/PdfDownload/2548.pdf
<p>Corruption in the healthcare system is widely known, both in the developing and the developed world. Corruption can be divided into two categories: practices that involve measures that usually lead to monetary gains and others that involve non-monetary forms of corruption, which include unethical behaviours that are not geared to monetary benefit in the short term but in due course would lead to some form of benefit. A number of features of healthcare system corruption have been identified including: financial leakages, embezzlement, illegal fees, kickbacks, theft of supplies and equipment, over-invoicing, clever book keeping, selling public positions and bribes, failure to base decisions on evidence, preferential treatment to well-connected people and unfair hiring practices.</p>	

Title	Current status of medicines procurement
Author	Eva Ombaka
Publisher	American Journal for Health Systems Pharmaceuticals
Year	2009
Expense	Free
URL	http://www.ajhp.org/content/66/5_Supplement_3/s20.full
<p>Procurement is one of several elements of the drug management cycle. But since medicines represent a large part of a hospital's expenditures, ranging from 5% to 12% in developed countries to as much as 40% in developing countries, procurement is a critical activity of any institution.</p> <p>Procurement is a complex process involving many stakeholders who can affect it or whose work can be markedly changed by it. Many issues must also be addressed if the provision of equitable, quality and efficient pharmaceutical care is to occur. In this paper, procurement in the hospital setting has been taken to have several stakeholders who, while interested in the general equity and quality-efficient outcomes, have a specific interest in one or more aspects of procurement. Therefore, successful hospital procurement must also address their specific needs.</p>	

Title	Dealing with sectoral corruption in Bangladesh: Developing citizen involvement
Author	Colin Knox
Publisher	Public Administration and Development
Year	2009
Expense	Free
URL	http://www.ti-bangladesh.org/oldweb/about/ColinKnox-pap-Mar09.pdf
<p>Bangladesh has had a troubled political history since gaining independence in 1971 and is also beleaguered by poverty and environmental disasters. In particular, corruption is blighting its prospects for economic growth, undermining the rule of law and damaging the legitimacy of the political process. This article adopts a sectoral approach to the study of corruption by examining people's experiences of using health and education services in Bangladesh through a large-scale quantitative survey. It also presents case study research which assesses the impact of anti-corruption work by Transparency International Bangladesh in the areas of health and education. The article concludes that the poorest in Bangladesh are most penalised by corruption and there is a need for committed political leadership if ongoing efforts to tackle corruption are to be effective and sustainable.</p>	

Title	Do No Harm: Corruption in the Indian Health Care System
Author	Lauren Webb
Publisher	Emory Journal of International Affairs
Year	2013
Expense	Free
URL	http://emoryjia.org/2013/03/29/do-no-harm-corruption-in-the-indian-healthcare-system/
<p>In countries like the United States and the United Kingdom, a hysterectomy is an operation of last resort, conducted only after a biopsy or other tests confirm cancer and rarely necessary for women under age 40. In several states in India, however, a recent Oxfam report found that private clinics perform unnecessary hysterectomies on rural women to take advantage of government healthcare funding.</p>	

Title	Dying of corruption
Author	Sören Holmberg and Bo Rothstein
Publisher	Health Economics, Policy and Law
Year	2011
Expense	Purchase only
URL	http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=8368265
<p>In many poor countries, over 80% of the population have experienced corrupt practices in the health sector. In rich countries, corruption takes other forms such as overbilling. The causal link between low levels of the quality of government (QoG) and population health can be either direct or indirect. Using cross-sectional data from more than 120 countries, our findings are that more of a QoG variable is positively associated with higher levels of life expectancy, lower levels of mortality rates for children and mothers, higher levels of healthy life expectancies and higher levels of subjective health feelings. In contrast to the strong relationships between the QoG variables and the health indicators, the relationship between the health-spending measures and population health are rather weak most of the time and occasionally non-existent.</p>	

Title	Estimation of Petty Corruption in the Provision of Healthcare Services: Evidence from Slum Areas of Karachi
Author	Roohi Ahmed and Qazi Masood Ahmed
Publisher	Journal of Economics and Sustainable Development
Year	2012 3(8)
Expense	Free
URL	http://www.gdnet.org/~research_papers/Estimation%20of%20petty%20corruption%20in%20the%20provision%20of%20health%20care%20services:%20Evidence%20from%20slum%20areas%20of%20Karachi
<p>This paper brings to light the detailed analysis of the prevalence of corruption in healthcare services in the slum areas of Karachi. The empirical results provide significant evidence that the residences of slum areas of Karachi in all the five districts are forced to pay bribes in order to get the basic healthcare facilities. However, the people living in the District Malir and District East are more exposed to corruption as compared to the other districts. Health is one of the most essential basic needs of every individual living in any society. The result shows that people with better income and education understands the importance of good health and are thus ready to pay bribes to get the health services. Moreover, in the public healthcare units, all staff, including doctors, nurses and others, are actively involved in corrupt activities.</p>	

Title	Ethically Questionable Behavior in Sales Representatives – An Example from the Taiwanese Pharmaceutical Industry
Author	Ya-Hui Hsu, Wenchang Fang and Yuanchung Lee
Publisher	Journal of Business Ethics
Year	2009
Expense	Purchase only
URL	http://www.jstor.org/stable/41413273
<p>Recent corporate disgraces and corruption have heightened concerns about ethically questionable behavior in business. The construct of ethically questionable behavior is an under-portrayed area of management field research, and deserves further studying, especially in sales positions. This study uses four variables from the human resource management field to explain the ethically questionable behavior of sales representatives in the pharmaceutical industry.</p>	

Title	Governance and health sector development: A case study of Pakistan
Author	G Pappas, A Ghaffar, T Masud, AA Hyder and S Siddiqi
Publisher	Internet Journal of World Health and Societal Politics
Year	2009
Expense	Free
URL	http://archive.ispub.com/journal/the-internet-journal-of-world-health-and-societal-politics/volume-7-number-1/governance-and-health-sector-development-a-case-study-of-pakistan.html#sthash.0up6qRKS.dpbs
<p>The volatile political history of Pakistan has led to problems with governance overall and in the health sector. Governance is defined by six domains of concern: voice and accountability; political stability and absence of violence; government effectiveness; regulatory quality; rule of law; and control of corruption. A review of the literature concerning the health sector in Pakistan is interpreted using this conceptual framework.</p>	

Title	Governance in the pharmaceutical sector
Author	Armin Fidler and Wezi Msisha
Publisher	Eurohealth
Year	2008
Expense	Free
URL	http://www2.lse.ac.uk/LSEHealthAndSocialCare/pdf/eurohealth/VOL14No1/FidlerMsisha.pdf

Pharmaceutical products are an important element of health systems that often make a difference in health outcomes, particularly for the poorest people. Despite this, global inequalities in access to pharmaceuticals persist, due to a number of factors including poor governance and corruption. This article provides a general overview of the pharmaceutical sector's vulnerability to corruption, reviews initiatives to improve governance in this sector within the Eastern Europe and Central Asia region and concludes by making recommendations for further addressing this issue.

Title	Health system determinants of infant, child and maternal mortality: A cross-sectional study of UN member countries
Authors	Katherine A Muldoon, Lindsay P Galway, Maya Nakajima, Steve Kanters, Robert S Hogg, Eran Bendavid and Edward J Mills
Publisher	Globalization and Health
Year	2011
Expense	Free
URL	http://www.globalizationandhealth.com/content/7/1/42

Several key measures of a health system predict mortality in infants, children, and maternal mortality rates at the national level. Improving access to water and sanitation and reducing corruption within the health sector should become priorities.

Title	Is disclosure of potential conflicts of interest in medicine and public health sufficient to increase transparency and decrease corruption?
Authors	Angela Spelsberg, Anke Martiny and PS Schoenhofer
Publisher	Journal of Epidemiology and Community Health
Year	2009
Expense	Purchase only
URL	http://www.jstor.org/stable/20721018
<p>Conflicts of interests are now considered as a major gateway for corruption in medicine and public health. They predominantly affect the way that doctors evaluate and use the products of the pharmaceutical and medical device industry by a systematic and ubiquitous exposure during professional life, starting at medical school. Recent estimates of marketing expenditures of the pharmaceutical industry amount to US\$57.5 billion (2004) in the United States alone, with 63.2% or \$36.3 billion for samples and detailing directly addressing individual physicians, the majority of them working in private practice. The other \$21.2 billion are spent on scientific meetings, e-promotion, promotional drug use trials, journal advertising, direct-to-consumer advertising and unmonitored promotion.</p>	

Title	Policy & Politics: Sea Change on Financial Conflicts of Interest in Health Care?
Author	Virginia A Sharpe
Publisher	The Hastings Center Report
Year	2009
Expense	Purchase only
URL	http://www.jstor.org/stable/25548383
<p>For the last quarter century, members of the medical and scientific communities have detailed the corrosive influence of industry payments to clinicians and biomedical scientists. Studies have repeatedly revealed how drug companies influence medicine and medical research. Public policy concerning transparency about these financial relationships has reached a tipping point, reflected in recent state and federal initiatives to require disclosure of industry payments and other transfers of value to healthcare professionals.</p>	

Title	Prescriptions for Compliance with the Foreign Corrupt Practices Act: Identifying Bribery Risks and Implementing Anti-bribery Controls in Pharmaceutical and Life Sciences Companies
Authors	Roger M Witten, Kimberly A Parker, Jay Holtmeier and Thomas J Koffer
Publisher	The Business Lawyer
Year	2009
Expense	Paid
URL	http://www.jstor.org/discover/10.2307/41553142?uid=3739448&uid=2134&uid=2&uid=70&uid=3737720&uid=4&sid=21102092836113
<p>The US Foreign Corrupt Practices Act has become a focal point of enforcement efforts of the US Department of Justice and US Securities and Exchange Commission, as witnessed by the surge in the number of companies and individuals currently under investigation or that have recently settled charges of bribing foreign government officials to secure business advantages. This heightened level of law enforcement activity has particularly affected pharmaceutical and life sciences companies. For example, enforcement authorities are currently conducting an investigation involving payments made by the six leading manufacturers of orthopaedic implants to physicians employed by government-owned hospitals outside the United States, while several well-known pharmaceutical companies are also targets of similar investigations.</p>	

Title	Recent Changes in the Anti-corruption Landscape for Healthcare Companies
Authors	Melanie Reed and John P Rupp
Publisher	Practical Law Company
Year	2010
Expense	Free
URL	http://www.cov.com/files/Publication/dea7986b-ae9f-434c-adde-664bbb0556e8/Presentation/PublicationAttachment/413a4a76-5335-4187-8f99-6cf6fdf0fe34/Recent%20Changes%20in%20the%20Anti-corruption%20Landscape%20for%20Healthcare%20Companies%20-%202011.pdf
<p>There have been significant recent anti-corruption developments for companies and individuals, particularly in the healthcare sector. Although companies and individuals operating in all industry sectors should be considering the implications of the recent developments outlined in this chapter, they are particularly pertinent to the healthcare sector.</p>	

Title	Review of corruption in the health sector: Theory, methods and interventions
Author	Taryn Vian
Publisher	Health Policy and Planning
Year	2008
Expense	Free
URL	http://heapol.oxfordjournals.org/content/23/2/83.full.pdf

There is increasing interest among health policymakers, planners and donors in how corruption affects healthcare access and outcomes, and what can be done to combat corruption in the health sector. Efforts to explain the risk of abuse of entrusted power for private gain have examined the links between corruption and various aspects of management, financing and governance. Behavioural scientists and anthropologists also point to individual and social characteristics which influence the behaviour of government agents and clients. This article presents a comprehensive framework and a set of methodologies for describing and measuring how opportunities, pressures and rationalisations influence corruption in the health sector. The article discusses implications for intervention, and presents examples of how theory has been applied in research and practice. Challenges of tailoring anti-corruption strategies to particular contexts, and future directions for research, are addressed

Title	The Impact of Acts of Corruption on the Enjoyment of the Right to Health
Author	Brigit Toebes
Publisher	International Council on Human Rights Policy
Year	2007
Expense	Free
URL	http://cop.health-rights.org/teaching/46/The-Impact-of-Acts-of-Corruption-on-the-Enjoyment-of-the-Right-to-Health

The health sector is highly prone to corruption. In some countries, the health sector is considered to be the most corrupt sector of all. Health sector corruption deprives people of access to healthcare and leads to poor health outcomes. Corruption has for example been negatively associated with child and infant mortality, with the likelihood of an attended birth, with immunisation coverage and with low birth weight. As such, corruption potentially violates the 'right to the highest attainable standard of health' as set forth in a number of international human rights treaties. This report assesses how corruption impacts upon the right to health and how the right to health can be used as a tool to address health sector corruption.

Title	Transparency in Nigeria's public pharmaceutical sector: Perceptions from policy makers.
Author	Habibat A Garuba, Jillian C Kohler and Anna M Huisman
Publisher	Globalization and Health
Year	2009 5
Expense	Free
URL	http://www.globalizationandhealth.com/content/5/1/14
<p>Pharmaceuticals are an integral component of healthcare systems worldwide, thus, regulatory weaknesses in governance of the pharmaceutical system negatively impact health outcomes especially in developing countries. Nigeria is one of a number of countries whose pharmaceutical system has been impacted by corruption and has struggled to curtail the production and trafficking of substandard drugs. In 2001, the National Agency for Food and Drug Administration and Control underwent an organisational restructuring resulting in reforms to reduce counterfeit drugs and better regulate pharmaceuticals. Despite these changes, there is still room for improvement. This study assessed the <i>perceived</i> level of transparency and potential vulnerability to corruption that exists in four essential areas of Nigeria's pharmaceutical sector: registration, procurement, inspection (divided into inspection of ports and of establishments) and distribution.</p>	

Other articles and presentations

Title	A Prescription for Corruption
Author	Aleksandar Vasovic and Ben Hirschler
Publisher	Reuters
Year	2012
Expense	Free
URL	http://graphics.thomsonreuters.com/specials/Pharma.pdf (33)
<p>In recent years, Big Pharma has forked out billions of dollars to settle scandals involving improper promotion of medicines in the United States. Now bribes paid to foreign doctors and other state employees are shaping up as the next major legal liability threat for the industry. A Reuters examination of US Securities and exchange commission filings by the world's top 10 drug companies has found that eight of them recently warned of potential costs related to charges of corruption in overseas markets.</p>	

Title	Anti-Corruption Compliance Program Development: An Alternative Roadmap
Author	Keith Martin
Publisher	Pharmaceutical Compliance Monitor
Year	2012
Expense	Free
URL	http://www.pharmacompliancemonitor.com/anti-corruption-compliance-program-development-an-alternative-roadmap/2053/
<p>More than two years of focused investigation by the Department of Justice and Securities and Exchange Commission into the business practices of the pharmaceutical sector have ensured that, in 2012, most savvy companies now have at least the framework of anti-corruption compliance in place. However, many are missing a vital component for making the compliance programme truly effective. The process of anti-corruption programme development should begin with a risk assessment up to the task.</p>	

Title	Bribery and corruption dog China's drug business
Author	Hepeng Jia
Publisher	Chemistry World
Year	2013
Expense	Free
URL	http://www.rsc.org/chemistryworld/Issues/2007/May/BriberyCorruptionChinaDrug.asp
<p>As Zheng Xiaoyu, former chief of China's State Food and Drug Administration awaits trial on corruption charges, pharmaceutical industry insiders are hoping that the case will spur renewed efforts to clean up their business.</p>	

Title	Controlling Corruption to Improve Health Services for the Poor in Odisha State, India
Author	Ajit Panda
Publisher	Partnership for Transparency Fund
Year	2009-10
Expense	Free
URL	https://ptfund.box.com/s/012ba5557e26293f82a4
<p>Corruption and a lack of transparency in government administered health services has led a local Indian CSO, Ayauskam, to mobilise and educate citizens and citizen organisations to engage in coalition-building and hold health service providers to a higher standard of accountability across 10 Panchayats of Khariar block in Nuapada district, Odisha.</p>	

Title	Development and Current Status of the National Good Governance for Medicines Initiative in Macedonia
Author	Renata Slaveska Raichki and Arta Kuli
Publisher	Good Governance For Medicines
Year	2011
Expense	Free
URL	http://www.inrud.org/ICIUM/ConferenceMaterials/1193-slaveska_raichki-_a.pdf
<p>Powerpoint presentation of a case study on the Good Governance for Medicines initiative in Macedonia.</p>	

Title	Global drug industry tightens anti-corruption code
Author	Ben Hirschler
Publisher	Reuters
Year	2012
Expense	Free
URL	http://www.reuters.com/article/2012/03/01/pharmaceuticals-corruption-idUSL5E8DS7RC20120301
<p>Bribes paid to foreign doctors and other state employees are shaping up as a major legal liability threat for Big Pharma, which has already forked out billions of dollars to settle mis-selling scandals in the United States. The International Federation of Pharmaceutical Manufacturers and Associations has expanded and strengthened its code to ensure 'the highest ethical and professional standards'.</p>	

Title	High doses of medical corruption worldwide
Author	Carla Bleiker
Publisher	DW
Year	2013
Expense	Free
URL	http://www.dw.de/high-doses-of-medical-corruption-worldwide/a-16501875#
<p>This articles overviews health and pharmacy corruption in a range of countries including Germany, Zimbabwe, Peru and Croatia and highlights the variations in the causes and nature of corruption.</p>	

Title	Kyrgyzstan: Pharma Controversy Comes to Corruption-Rife Bishkek
Author	Chris Rickleton
Publisher	EurasiaNet
Year	2013
Expense	Free
URL	http://www.eurasianet.org/node/66774
<p>Kyrgyz media outlets have been full of accusations and counter-claims about low-quality medicines, corruption and conflicts of interest, raising concerns about government oversight of the lucrative pharmaceuticals sector. Central to the simmering controversy is Repretin, a generic drug designed to treat anemia. It is manufactured in Egypt and sold by Rotapharm Ltd, a British-registered company that won tenders to supply several large state-run hospitals in 2012.</p>	

Title	Measuring transparency in the Egyptian pharmaceutical system
Authors	Abd Elsalam and Samah Ragab
Publisher	American University in Cairo
Year	2011
Expense	Free
URL	http://dar.aucegypt.edu/bitstream/handle/10526/2234/ETD_2011-Spring_Samah-Ragab-Abd-Elsalam_Thesis.pdf?sequence=4
<p>The main purpose of this study is to assess the degree of transparency and accountability in the public pharmaceutical sector in Egypt. It aims to sound the alarm about the weak points that could be vulnerable to corruption if measures to improve transparency and accountability are not introduced as soon as possible. The study uses a WHO transparency measuring instrument to assess a critical function of the pharmaceutical public sector as a case study: medicines registration (product licensing). The study introduces a comparative analysis that sheds light on the position of the Egyptian pharmaceutical system compared to 14 other developing countries who conducted the same assessment.</p>	

Title	Public Service Delivery in Arab Countries: Corruption Risk and Possible Responses: Corruption Vulnerabilities in Health Systems
Author	Karen Hussmann
Publisher	UNDP: Regional Conference in the Republic of Tunisia
Year	2011
Expense	Free
URL	http://www.pogar.org/publications/ac/2012/Report_Roundtable%20on%20corruption%20in%20health%20sectors_RC_29-30_09_2011.pdf http://www.pogar.org/publications/ac/2011/tunisia/background%20note-health%20sector.e.pdf
<p>In the framework of the regional conference on Public Service Delivery in Arab Countries: Corruption Risks and Possible Responses, the health sector was one of three service delivery sectors for more detailed discussions on its prevalent corruption risks in the Arab region and potential mitigating strategies to be pursued through the ACIAC programme. Participants in the roundtable on corruption in health included representatives of Djibouti, Egypt, Jordan, Morocco, Palestine and Tunisia and a wide range of different institutions, including parliaments, multinational pharmaceutical companies, anti-corruption commissions, ombudsman offices, civil society and international multi- and bilateral agencies.</p>	

Title	Transparency key for industry as anti-corruption laws bite in 2012
Author	Bill Buzzeo
Publisher	Pharmacy Field
Year	2012
Expense	Free
URL	http://crm.cegedim.com/Docs_Articles/Compliance/Pf-March2012-Transparency.pdf
<p>Improving regulatory compliance in the wake of global legislation around anti-corruption has emerged as one of pharma's key challenges for 2012. A 2011 Cap Gemini report on impending change within life sciences showed that only addressing fragmented business processes and a lack of access to business critical data rank higher as the most critical issues for the sector.</p>	

Title	Transparency Monitoring Study: A Rapid Assessment of Transparency in Key Functions of Pharmaceutical Services in 15 countries
Author	Rasha Hamra
Publisher	Good Governance For Medicines
Year	2011
Expense	Free
URL	http://www.inrud.org/ICIUM/ConferenceMaterials/711-hamra-_c.pdf
<p>Powerpoint presentation on multiregional implementation of the Good Governance for Medicines Initiative.</p>	

Key commentators and experts

Roger Bate, economist and resident scholar at the America Enterprise Institute,
<http://www.aei.org/scholar/roger-bate/>.

John Braithwaite, Distinguished Professor at the Australian National University and author of *Corporate Crime in the pharmaceutical Industry*, <http://www.anu.edu.au/fellows/jbraithwaite/>.

Ben Goldacre, science writer, broadcaster, academic and doctor,
<http://www.badscience.net/about-dr-ben-goldacre/>.

Karen Hussmann, Senior Resource Person for the U4 Anti-corruption Resource Centre, and public policy expert on anti-corruption, fragile states and health economy,
<http://www.u4.no/info/about-u4/course-experts/karen-hussmann/>.

Jillian Clare Kohler, Associate Professor and Director of Global Affairs at the University of Toronto's Leslie Dan Faculty of Pharmacy, <http://www.pharmacy.utoronto.ca/users/kohler-j>.

Sania Nishtar, founder of Heartfile and leading health system author,
<http://www.sanianishtar.info/pdfs/nishtarbio.pdf>.

Ian Perrin, Centre Manager of the Centre on Global Health at Chatham House,
<http://www.chathamhouse.org/node/52566>.

Taryn Vian, Associate Professor at Boston University's School of Public Health,
http://sph.bu.edu/index.php?option=com_sphdir&id=239&Itemid=340&INDEX=771.

Intelligence requirement 4

A high-level comparative assessment of pharmaceutical supply chain corruption risks.

Summary: Within the pharmaceutical supply chain, registration, selection of essential medicines and promotion stand out as particularly susceptible to corruption. These stages of the chain are particularly significant because of the scale of bribery likely involved and the fact that regulatory approval is essential to company market share. Furthermore, anti-bribery and corruption enforcement actions by the US Department of Justice appear to confirm that these stages in the supply chain are of particular concern. However, with greater manufacturing and clinical trials taking place in emerging economies, inspection of pharmaceutical establishments (particularly manufacturing plants) and clinical trials may also become increasingly vulnerable to corruption.

Modalities of pharmaceutical industry transactions

Pharmaceutical and health sector corruption is financially costly and poses a significant threat to public safety. An average of 5.59% of annual global health spending is lost to fraud and error. Based on World Health Organisation (WHO) estimates of global healthcare expenditure totalling US\$4.7 trillion, a 5.59% loss rate equates to approximately \$260 billion lost annually to fraud and error (2009 figures).

The global provision of medicines involves a diverse set of international transactions, legitimate markets and underground economies, and public or private sector stakeholders. Companies domiciled in developed countries have historically dominated pharmaceutical production and export, although the last decade has seen growing emerging economy pharmaceutical manufacture and utilisation (see figures 4 and 5 overleaf).

The global picture is no longer one of export from the developed world to the developing world. Multinational companies appear to be establishing offshore operations in emerging economies to serve regional supply chains and market demand. Countries such as India and China are expanding pharmaceutical production for both domestic use and export. The increasing market share for pharmaceutical generics, which are exported to a diverse range of international importers, is another important trend – with India home to some of the largest generics companies. Considerable underground economies for counterfeit, stolen and illegally diverted products are also operating in a number of countries and represent a major threat to public safety.

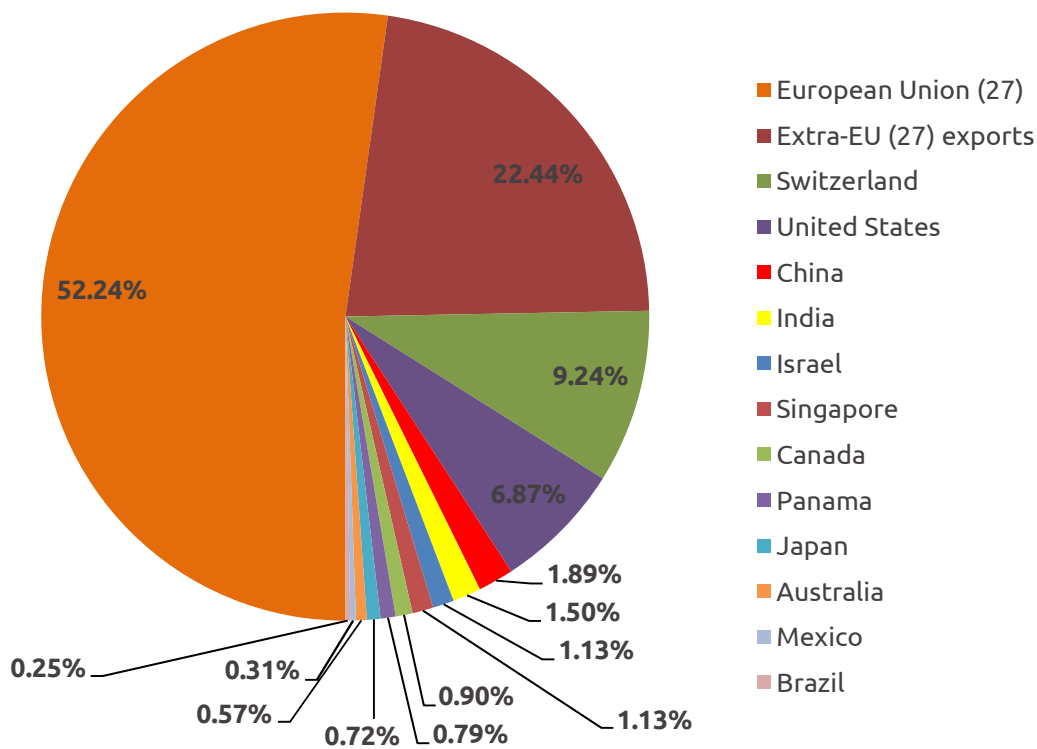


Fig 4. Top pharmaceutical exporters by market share (2011)

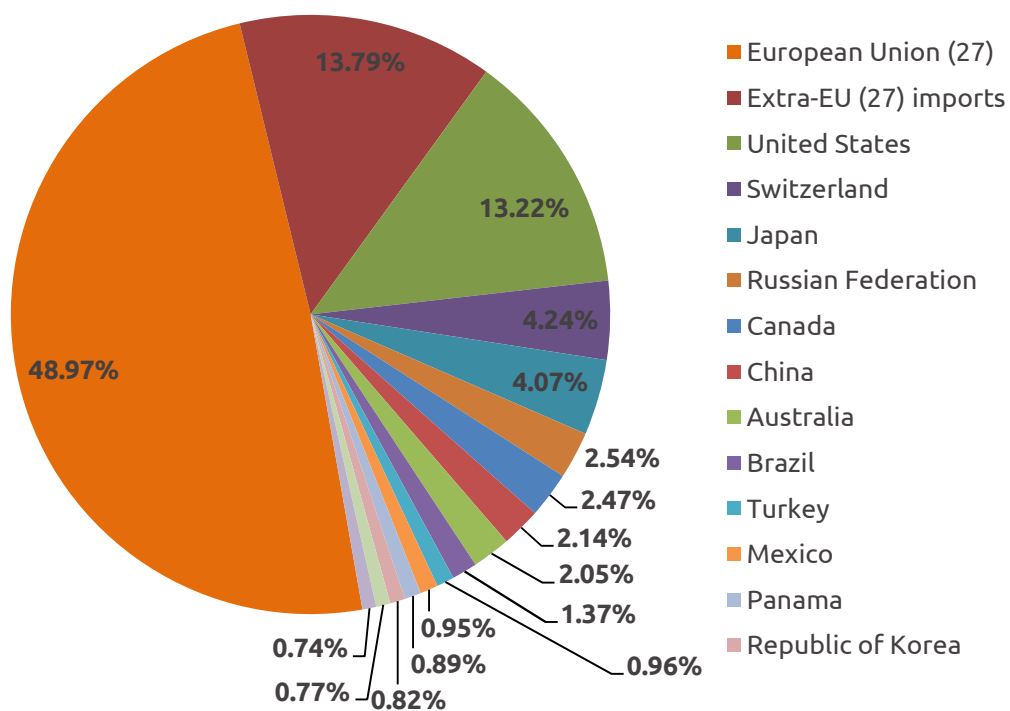


Fig 5. Top pharmaceutical importers (2011)

Data from Table 11.39 in *WTO International Trade Statistics 2012*, <http://bit.ly/wtotradestats2012>.

Pharmaceuticals, health services and medical devices constitute a substantial component of official development aid transfers to developing countries. Bilateral financial aid transfers can also be used to procure such services and supplies. In this context, anti-corruption is part of an ongoing dialogue about aid effectiveness. With health a core component of three of the eight Millennium Development Goals, multilateral aid agencies are well aware that health sector corruption can have significant adverse effects on poverty reduction objectives and wider human security.

Large scale, multilateral global health programmes also present corruption risks. Revelations of limited corruption within Global Fund to Fight Aids, Tuberculosis and Malaria programmes in 2011 showed that even the most high-profile organisations can be vulnerable to corruption risk. A number of World Bank health programmes have also been shown to involve corruption.

The pharmaceutical supply chain and corruption risk

In most instances, pharmaceutical supply chains involve regulatory procedures before a producer can market medicines and make them available to the public. Governments establish regulatory protocols to ensure public safety and cost-effective access to medicines. Most stages in the pharmaceutical supply chain involve government oversight and regulatory assessment by public officials. This results in multiple points in the pharmaceutical supply chain being vulnerable to incidents of public official bribery or other corruption risks, including extortion, cronyism, nepotism, patronage, graft and embezzlement; the results of which can be substandard, unsuitable or ineffective medicines entering the market.

The WHO Good Governance for Medicines programme identifies eight unique stages in the pharmaceutical supply chain, from registration to distribution (see figure 6 below). These constitute decision-making points, that is points at which government oversight or authorisation are required within the supply chain.



Fig 6. The eight stages of the pharmaceutical supply chain

The level of corruption risk within the pharmaceutical supply chain varies between countries. It is strongly influenced by the overall structure and governance of the healthcare system. There are two broad categories of health system structure: integrated systems – in which the public sector both finances and directly provides healthcare, and finance-provider systems – in which public financing is separated from provision. Each system can magnify or diminish corruption risk in specific supply chain stages. The finance-provider system can encourage excessive or low-quality medical treatment, fraud in billing government agencies or insurance companies, and corruption in the review of medical appointments. Whereas the integrated system is likely to have higher incidences of bribery in procurement, illegally charging patients, diverting patients to private practice, informal payments and medical personnel absenteeism.

It is also important to note that not all supply chain components face active bribery and other corruption risks from a pharmaceutical producer, manufacturer or exporter. Some parts of the supply chain are vulnerable to corruption by domestic institutions or individuals that is not related or in some instances counter to the interests of the pharmaceutical company. For example, theft or bribery in the distribution chain does not involve active corruption by pharmaceutical companies.

Equally relevant is the scale of corruption. In some stages of the pharmaceutical supply chain, corruption can be characterised as 'petty' and spread across a large number of individual medical practitioners and local businessmen. In other stages, corruption is more serious and targeted at public officials and major institutionalised decision-making points – for example, the selection of essential medicines or pharmaceutical registration.

By examining foreign bribery prosecutions in large pharmaceutical exporter countries and the WHO GGM country reports from 2004 onwards, it has been possible – together with a wider literature review – to undertake a high-level corruption risk assessment across the pharmaceutical supply chain in developing and emerging economy countries. The results of this assessment are summarised in table 1 opposite and detailed in the following pages. Note that due to the high-level nature and global scale of the assessment, the risk levels indicated below may not necessarily be indicative of a particular country's pharmaceutical supply chain corruption risks.

1. Registration

Description

Registration of pharmaceutical products is one of the first decision points in a country's regulatory system. National Medicine Regulatory Authorities (MRAs) are allocated the role of evaluating the safety, quality and effectiveness of medicines and the accuracy of product descriptions submitted for national registration. Formal registration usually results in companies gaining marketing, distribution and sale authorisation from national authorities. The assessment of registration applications is usually undertaken by a committee of experts with the necessary scientific and medical knowledge. MRAs are also responsible for producing up-to-date lists of all registered pharmaceutical products.

Table 1. Supply chain corruption risk matrix

Supply chain process	Likelihood	Impact	Risk
Registration	4	4	High
Licensing of companies	2	2	Low
Inspection of establishments	3	2	Low/Medium
Promotion	5	4	High
Clinical trials	2	4	Medium
Selection of essential medicines	3	4	High
Procurement	3	3	Medium
Distribution	2	3	Low

Likelihood 1 = improbable 2 = remote 3 = occasional 4 = probable 5 = frequent

Impact 1 = negligible 2 = low 3 = moderate 4 = significant 5 = catastrophic

Nature of corruption risk

Registration is a key entry point in the pharmaceutical supply chain. Under resourced agencies in developing countries operating in less than robust legislative environments and with poor institutional processes for assessing registration applications are not only ill-equipped to fulfil public safety and rational use of medicines objectives but are also prone to corruption and bribery risk.

As the central regulatory gatekeepers, public officials working for registration agencies and ancillary organisations are inevitably the focus of bribery and corruption efforts by domestic and international pharmaceutical companies. Companies may bribe government officials for favourable assessments or provide facilitation payments to expedite the assessment process. In some instances, public officials are offered industry consultation jobs by companies in exchange for favourable decisions in a bid to build long-term links with registration agency staff. MRA staff can engage in biased or unfair handling of registration applications in order to actively solicit illegal payments.

For multinational pharmaceutical companies who have already secured regulatory registration in other jurisdictions, assessment does not usually pose challenges in terms of meeting regulatory standards. It is the mid- to lower-tier companies without a prior history of registration approvals that would be more likely to engage in corrupt activities to gain preferential assessment for sub-optimal pharmaceutical products.

There are a few factors mitigating corruption risk in the registration process. Centralised decision making makes it comparatively easier to identify individual officials than during other stages of the supply chain that employ disaggregated and dispersed decision-making processes (at the individual facility or medical professional level). Essential drugs lists published by WHO, public listings of registered medicines and publication of registration assessment decisions can also improve transparency. Furthermore, registration does not necessarily translate to automatic procurement and export.

2. Licensing of companies

Description

Pharmaceutical companies seeking to operate in foreign jurisdictions as manufacturers, suppliers or distributors require appropriate operating licenses from national regulatory bodies. Licensing procedures assess the safety and security of medicine manufacture, storage and distribution.

Nature of corruption risk

Corruption risk in the licensing of pharmaceutical premises and operations is limited to bribery of assessment and licensing issuance officers. Comparatively, the risk of corruption in licensing applications, while still present, is not as significant as during the registration stage. With product registration secured, a company has already overcome the first major regulatory barrier and has not yet been subject to actual compliance inspections. Corruption risk is most likely heightened when a license has been suspended and a company is seeking reinstatement.

3. Inspection of establishments

Description

Inspection of pharmaceutical operations given licenses to manufacture, market and distribute pharmaceutical products is the key compliance and enforcement process in the pharmaceutical supply chain. During this stage, production plants, storage areas and marketing are all reviewed and inspected for compliance with existing licenses by national or sub-national regulatory agencies.

Nature of corruption risk

The primary corruption risk is the bribery of or collusion with enforcement and inspection officers whose role it is to ensure quality and safety control in the manufacture and marketing of registered and licensed pharmaceutical products. Deficiencies and non-compliance in manufacturing can lead to substandard medicines that endanger public safety. With global supply chains, poor manufacturing practices in lax regulatory environments can result in substandard drugs finding their way in markets all over the world.

GlaxoSmithKline (a multinational pharmaceutical and consumer healthcare company) and Ranbaxy Laboratories (an Indian generics manufacturer) have faced enforcement actions by the US Department of Justice under the False Claims Act for non-compliance with required manufacturing process standards. In both cases, plants were based in countries with poor compliance and enforcement capacity.

4. Promotion of medicines

Description

With registration and other regulatory approvals in hand, pharmaceutical companies need to ensure that medical practitioners are prescribing their product over competitor brands. Through multiple mediums such as journals, conferences, treatment guidelines, samples, promotional materials and direct advertising, companies seek to provide product information and shape physician prescribing patterns. By creating physician disposition to prescribe a particular product, companies can exponentially increase product demand and sales.

Nature of corruption risk

The promotion of pharmaceutical goods to medical practitioners has triggered considerable debate about conflicts of interest and medical ethics. The concern is that pharmaceutical companies attempt to influence physician prescription actions through a range of incentives, which the pharmaceutical industry argues is a legitimate marketing practice. However, there is some evidence that promotions and incentives from pharmaceutical companies can lead to irrational prescription and increase health costs. WHO GGM Phase 1 National Assessments consistently identify promotion activities as being vulnerable to corrupt practices.

The US Physician Payment Sunshine Act attempts to address these issues by requiring disclosure of payments, goods provision (samples), educational material and other pharmaceutical promotions received by medical practitioners from pharmaceutical companies. Importantly, the Sunshine Act does not attempt to ban particular promotional and marketing activities, but simply requires disclosure of any potential benefits. Other jurisdictions are now looking to duplicate this legislation in order to deal with what is perceived as the widespread improper influence of physicians by the pharmaceutical industry.

The challenge is identifying the fine line between unethical medical practice and bribery constituting an offence under exporter country anti-bribery legislation. Additionally there is the outstanding question of whether foreign physicians are foreign public officials for the purpose of the Foreign Corrupt Practices Act (FCPA).

A number of US companies have faced domestic False Claims Act and FCPA actions in relation to kickbacks, gifts and speaker fees for doctors. Between 2002 and 2012, the US Securities and Exchange Commission and Department of Justice has taken FCPA enforcement action against a number of pharmaceutical companies for providing doctors illegal benefits for prescription of company products.

5. Clinical trials

Description

Clinical trials are studies into the effects of pharmaceutical products on humans carried out pre and post product registration. The trials are broken into a number of stages and overseen at healthcare facilities by a principal investigator and Clinical Research Organisation. Companies generally sponsor the principal investigator trials and ethics committees to help guide confidentiality, consent and health risk issues. Governments generally have regulatory oversight of clinical trial processes to protect the interests and rights of trial participants, ensure defensible scientific methodologies are applied and verify the veracity of clinical results and data.

Clinical trials are not always run in countries in which the pharmaceutical product is to be released. In many instances, companies run trials in developing countries due to cost effective and favourable regulatory regimes, yet the clinical data is for submissions to developed country regulatory assessment processes and marketing approvals. Clinical trials in developing countries and emerging economies have exponentially increased over the last decade. According to the US Food and Drug Administration, there is now almost three times the number of developing countries participating in clinical trials than there was during the entire period from 1948 to 2000.

Nature of corruption risk

Key corruption risks inherent in the clinical trials process include bribery and kickbacks paid to regulatory compliance officials, data review analysts and review committee members. Companies seeking to manipulate clinical research data may also attempt to corrupt foreign medical organisations and physicians supporting clinical trials. Although the level of bribery used at this stage could be characterised as 'petty', the safety implications for patients are significant.

Despite the lack of prosecutions relating to clinical trial corruption, the US Department of Justice and Securities and Exchange Commission have focused their surveillance on companies that may be paying bribes to foreign Clinical Research Organisations. Corruption at this stage of the supply chain carries a very high reputational risk for companies and illegal behaviour could have cross-jurisdictional impact for clinical trials in other countries.

6. Selection of essential medicines

Description

There can often be multiple variations of similar medicines competing for market share and essential medicines lists formulated by national health authorities seek to evaluate the comparative health benefits and safety concerns of similar medications. In many circumstances, essential medicines lists are also compiled for public subsidy, insurance and reimbursement schemes. Securing placement on an essential medicines list can therefore greatly increase a product's market share, particularly where prescription is subsidised or insured.

Nature of corruption risk

Without strong governance controls and institutional processes, companies or lobbyists may exert undue influence or offer bribes and kickbacks to selection committee members. Many developing countries do not have legislation preventing the provision of gifts from pharmaceutical companies to committee members and lack conflict of interest procedures. In approximately one quarter of countries, there are no written criteria for the selection process for national essential medicines lists. Rules around appointment of selection committee members also appear generally weak in many developing countries.

WHO GGM studies indicate a slightly elevated corruption risk in the essential medicines process in comparison to the registration process. For larger pharmaceutical companies, registration is an important step but securing a reliable market share through selection listing is far more critical. However, the publication of national essential medicines lists and their comparison with WHO lists and those of other jurisdictions provides the opportunity to identify discrepancies and provides an added layer of public oversight.

7. Procurement of medicines

Description

Pharmaceutical procurement is the process of medicines acquisition by relevant health institutions from manufacturers, suppliers and distributors. After assessing technical and institutional needs, health institutions draft requests for tenders or proposals and may publish open tender documents, invited tender, commercial negotiation or direct procurement. Health institutions generally review tender bids and select the most competitive and appropriate bid.

Nature of corruption risk

Regardless of the level at which procurement is undertaken (national, sub-national or facility), the procurement process is prone to competitor collusion, compromised tender request documentation, bribery of government procurement officials and poor contract monitoring.

The most common form of corruption in the procurement process is bribery of procurement officials to secure preferential bid assessment, release of confidential information on bids, unfair skewing of procurement requirements or lax enforcement of the supplier's contractual obligations. On the bidding side, collusion between competitors to drive up prices or limit bid competition can also be prevalent; however this is more likely to be considered anti-competitive behaviour rather than corruption per se.

Anti-corruption initiatives have been implemented in a number of developing countries, particularly India, where procurement audits, community oversight and monitoring, and online publication of all procurement processes appear to have reduced corrupt behaviour within procurement practices.

While WHO GGM assessments have found comparatively lower corruption vulnerability in this part of the supply chain, procurement is a very significant expense for public health budgets: pharmaceutical expenditures and drug procurements account for 20-50% of public health budgets in developing countries. Although the likelihood of corruption is not very high, the consequence of corruption in procurement is likely to be financially substantial. An estimated 10-25% of public procurement costs is lost to corruption according to the World Health Organisation.

8. Distribution of medicines

Description

Once landed at port, pharmaceuticals are transported through a number of in-country supply channels. The distribution of pharmaceuticals to hospitals, medical centres, pharmacies and other retailers and facilities necessitates their safe storage, dispatch, transportation and disposal.

Nature of corruption risks

The corruption risk associated with the distribution of pharmaceuticals arises more from malfeasance within the importer country than any particular actions of pharmaceutical manufacturers or exporters. Insecure storage conditions can encourage theft of medical stocks or those tasked with transportation may be involved in large-scale theft.

Some medical practitioners may also be involved in illegal diversion of pharmaceutical products through prescriptions to 'ghost patients', retainment of patient fees or theft of drugs for personal use. Studies in Venezuela, Costa Rica and Uganda have shown that theft of pharmaceutical supplies by health professionals is a prevalent issue.

The risk of theft is often increased due to excessive storage and stock control pressures that arise as a result of uneven patterns in funding and procurement. This is often due to aid conditions that require urgent usage of funds.

In many instances, illegally diverted products are resold through the underground economy without sufficient medical direction and supervision.



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