



UNIVERSITY OF TORONTO
LESLIE DAN FACULTY OF PHARMACY



WHO Collaborating Centre
for Governance, Accountability and Transparency
in the Pharmaceutical Sector



USAID
FROM THE AMERICAN PEOPLE

UC San Diego
EXTENSION

Combating Corruption and Promoting Equity in the Health Sector Workshop

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MAIN THEMES AND KEY TAKE-AWAYS

MACRO THEMES

1. Health corruption represents a widely diverse combination of activities.
2. A single sufficient measure of corruption is not currently in use, though numerous proxy measures exist.
3. Countries across the full wealth and development range are susceptible to health corruption.
4. Corruption drivers include social, political, and economic factors, in addition to those factors that are specific to health systems.
5. Health corruption occurs across the scope of health activities, from face-to-face interactions to cross-sector, global activity.
6. There is a need to develop strategies to better advance the issue of equity into the conversation about corruption.
7. Health systems must optimize financing to ensure sufficient, predictable cash flow to fund anti-corruption initiatives.
8. Policymakers should capitalize on the rapidly increasing interest in anti-corruption to identify and advance health sector corruption and corresponding anti-corruption efforts.
9. Information asymmetries are facilitators of corruption in the health sector.
10. Anti-corruption initiatives should be developed with clear definitions of what are the relevant outcome measures.
11. The influence of regulatory capture is not currently well monitored.
12. Anti-corruption efforts should not conflate capacity building initiatives with education initiatives.
13. There is currently an unfulfilled need to develop core competencies in anti-corruption education.
14. Governments should mandate that law enforcement is sufficiently applied to the health care sector and also ensure sufficient resources are allocated to enforcement efforts.
15. The perception of corruption as a major barrier to health systems is widely recognized, although there exists wide global variability in perceptions.
16. The topic area of health is largely underrepresented in global discussions on anti-corruption initiatives.
17. Current discussions on anti-corruption initiatives in health do not sufficiently take into account the impact of corruption on equity in health.
18. Global, national, and regional health agencies need to focus on accessing more information/data on healthcare processes so as to facilitate transparency and accountability.
19. Countries should enact legislation and regulations that will help support anti-corruption practices in the health system.

20. Countries should harmonize existing anti-corruption legislation to provide clarity and regulatory harmonization for law enforcement, judiciaries, and public and private healthcare stakeholders.
21. Digital surveillance, data mining, machine learning and visualization techniques can leverage "big data." What is more, these techniques can potentially assist governments to quickly detect and address identified corruption in healthcare practices.
22. Anti-corruption efforts should identify and prioritize anti-corruption, transparency and accountability (ACTA) measures in terms of feasibility, high prevalence, and the likelihood of a high impact.

VERTICAL-SPECIFIC HEALTH CORRUPTION TOPICS

23. Pharmaceutical reimbursement processes are typically complex chains of transactions, many of which are susceptible to corruption.
24. The decreasing affordability to medicines in the United States represents an increased risk for corruption in the pharmaceutical industry.
25. The Access to Medicines Index is a useful tool for illuminating how well select research-based companies contribute to access to medicines globally.
26. In its most recent report, the Access to Medicines Index found that only one-quarter of pharmaceutical companies banned political financial contributions.