



COVID-19 VACCINES AND CORRUPTION RISKS: PREVENTING CORRUPTION IN THE MANUFACTURE, ALLOCATION AND DISTRIBUTION OF VACCINES

SUMMARY

With COVID-19 vaccines being approved for use in different parts of the globe, the scale and complexity of their manufacture, allocation and distribution globally will be unprecedented. This will also present corruption risks that may threaten vital public health goals. These risks include the entry of substandard and falsified vaccines into markets, theft of vaccines within the distribution systems, leakages in emergency funding designated for the development and distribution of vaccines, nepotism, favouritism, and corrupted procurement systems. These corruption risks must be identified and mitigated by public institutions to help advance access to safe and effective COVID-19 vaccines by the population, including the most vulnerable and marginalized groups. The United Nations Convention against Corruption provides a solid global framework for these efforts.

BACKGROUND

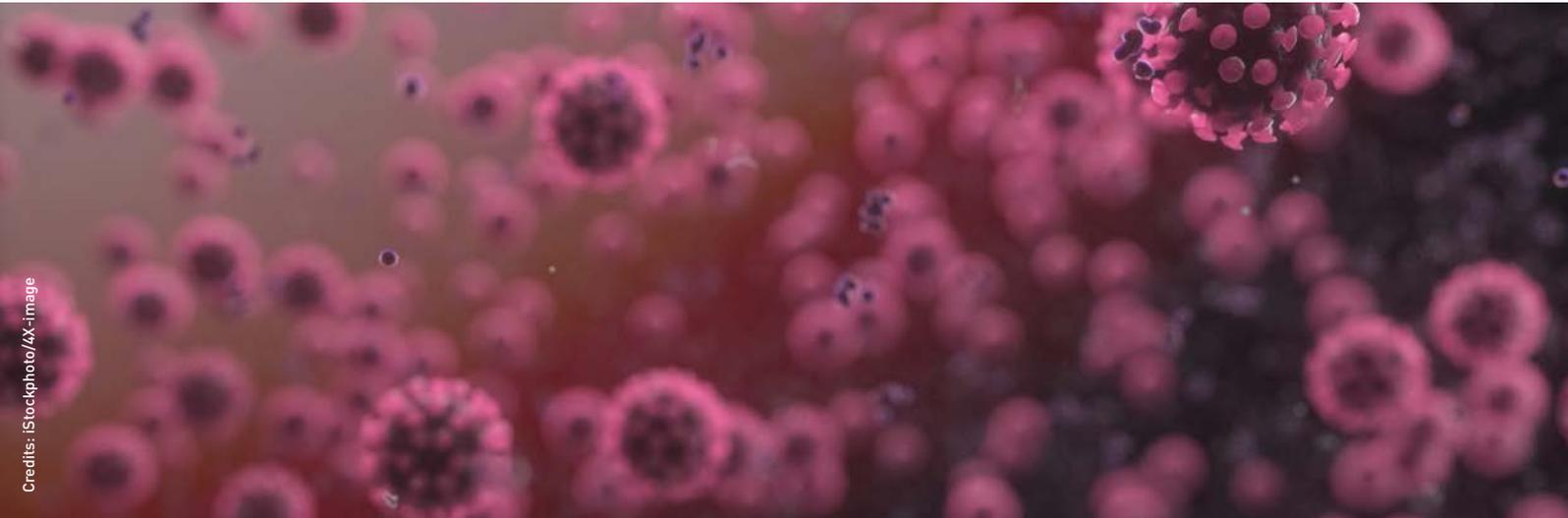
The World Health Organization (WHO) declared the outbreak of a new coronavirus SARS-CoV-2 (COVID-19) a pandemic on 11 March 2020. Since then, the pandemic continues to rage, and morbidity and mortality rates continue to climb globally. This illuminates the urgency of developing and ensuring access to affordable, safe and efficacious vaccines, and their rapid and fair deployment. The positive results announced by a number of vaccine candidates in

November 2020 have led to vaccines being approved at record speed in different parts of the world.

A critical response will be required by governments to ensure access of their populations to safe and effective COVID-19 vaccines. Many governments have indicated that they aim to set up COVID-19 vaccine programmes that will cover their entire populations. The scale and complexity of the allocation, distribution and prioritization of the vaccines will therefore be unprecedented.



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WHO has activated the *R&D Blueprint*, a global strategy and preparedness plan to allow for the fast activation of research and development activities during epidemics. It aims to accelerate diagnostics, vaccines and therapeutics for COVID-19 by improving coordination between scientists and global health professionals, accelerating the research and vaccination development process, and establishing new norms and standards to learn from and improve upon the global response.¹ Furthermore, the WHO secretariat has reviewed and published a list of existing WHO guidance documents that are relevant to the development, production and evaluation of COVID-19 vaccines. The listing explains how current WHO standards may provide useful guidance and information for the development, production and evaluation of candidate COVID-19 vaccines.²

A vaccine for COVID-19 should be viewed as a global public good. For this reason, public institutions should identify and address any potential gaps and barriers, such as the risk of corruption in distribution and allocation processes, to ensure that populations have equitable access to vaccines. Addressing corruption is a priority in times of crisis. This notion was reinforced in the Statement on Corruption in the Context of COVID-19³ issued by the Secretary-General in October 2020 when António Guterres underscored that, “(corruption) is even more damaging in times of crisis – as the world is experiencing now with the COVID-19 pandemic.” He also noted that the pandemic is creating new opportunities for corruption.⁴

To support public institutions in times of crisis, this policy paper identifies potential corruption risks related to the deployment of a COVID-19 vaccine and how these risks may be mitigated. The United Nations Convention against Corruption provides a solid global framework for these efforts.

CORRUPTION RISKS

The race to develop a COVID-19 vaccine

The urgency of developing a vaccine, therapeutics and diagnostics for COVID-19 has resulted in substantial public and private investment into its research and development. A tremendous amount of this activity has been directed at discovering a safe and efficacious COVID-19 vaccine at the global level. WHO is tracking the large number of vaccine candidates undergoing clinical trials on humans and preclinical vaccines being investigated on animals.⁵

Vaccine research and development is a time-consuming and costly process that can take up to a decade to complete – under normal circumstances and with no guaranteed results.⁶ In the current emergency situation, processes have been fast-tracked and several vaccine candidates are showing good results based on clinical trials, with the first ones having already been approved for public use and others in the final stages of receiving the green light.

¹World Health Organization, *R&D Blueprint and COVID-19* (2020). www.who.int/teams/blueprint/covid-19

²World Health Organization, *Standardization of vaccines for coronavirus disease (COVID-19)* (2020). www.who.int/biologicals/Standardization_Covid-19/en/

³United Nations Secretary-General, *Statement on corruption in the context of COVID-19* (2020). www.un.org/en/coronavirus/statement-corruption-context-covid-19

⁴Ibid.

⁵World Health Organization, *Draft landscape of COVID-19 candidate vaccines* (2020). www.who.int/publications/m/item/draft-landscape-of-covid-19-candidate-vaccines

⁶Burki, Thalha, “A new paradigm for drug development.” *The Lancet, Digital Health*, vol. 2, Issue 5, 2020.



The research and development process includes many steps, such as the early research phase, the patent application, the preclinical testing phase, three phases of clinical trials, and the registration process. Shortcuts in any of these steps can result in significant health risks, as well as a loss of public confidence in the benefits of a vaccine. There are ample examples of how the research and development processes are being sped up for the COVID-19 vaccine development. Governments are also issuing licences, or planning to do so, for emergency use, including applying Emergency Use Listing of the WHO.⁷

The fast pace of research and development and the urgent demand for a vaccine may create opportunities for corruption that are likely to impede public health efforts. Conflicts of interest⁸ related to the funding of the research and development of a COVID-19 vaccine is such a corruption risk. An example of this could be when a high-level officer of a government's COVID-19 vaccine research and development programme, who used to work for a private vaccine company that is bidding for a large contract under the government programme to manufacture a vaccine candidate, participates in a decision-making process on that contract.

Some countries have created special commissions to negotiate the purchase of COVID-19 vaccines with the laboratories and universities conducting research and development on potential vaccine candidates. There can be a lack of transparency, and thus a potential risk of corruption in what these agreements entail. These laboratories and universities

have frequently had to sign confidentiality declarations as part of their agreements with the special commissions to secure a vaccine for the populations⁹ of high-income countries. Such agreements risk undercutting fair global access of low-income countries to a COVID-19 vaccine.

Vaccine deployment and weak or non-existent distribution systems

The successful implementation of COVID-19 vaccination programmes will require robust supply systems. Such systems will need to ensure effective vaccine storage, handling and stock management; rigorous temperature controls in the supply chain; and the maintenance of adequate logistics management information systems. This is vital to safeguard the COVID-19 vaccine supply and prevent any interruptions from the point of manufacturing through to service delivery.¹⁰

There are corruption risks throughout the entire vaccine deployment process. As an example, vaccines may be stolen from the public supply chain during the transportation process and diverted to the black market or kept for personal use. Vaccine supplies are also at risk once they reach the hospital or public health facility administering the vaccinations, if there are no reliable oversight measures in place. Public health facility staff may also steal vaccines for resale in the black market or in their own private practices. This risk is particularly pronounced when supplies are limited, and demand is high, as is the case during a pandemic.

⁷World Health Organization Emergency Use Listing Procedure is a risk-based procedure for assessing and listing unlicensed vaccines, therapeutics and in vitro diagnostics with the ultimate aim of expediting the availability of these products to people affected by a public health emergency. See: www.who.int/teams/regulation-prequalification/eul.

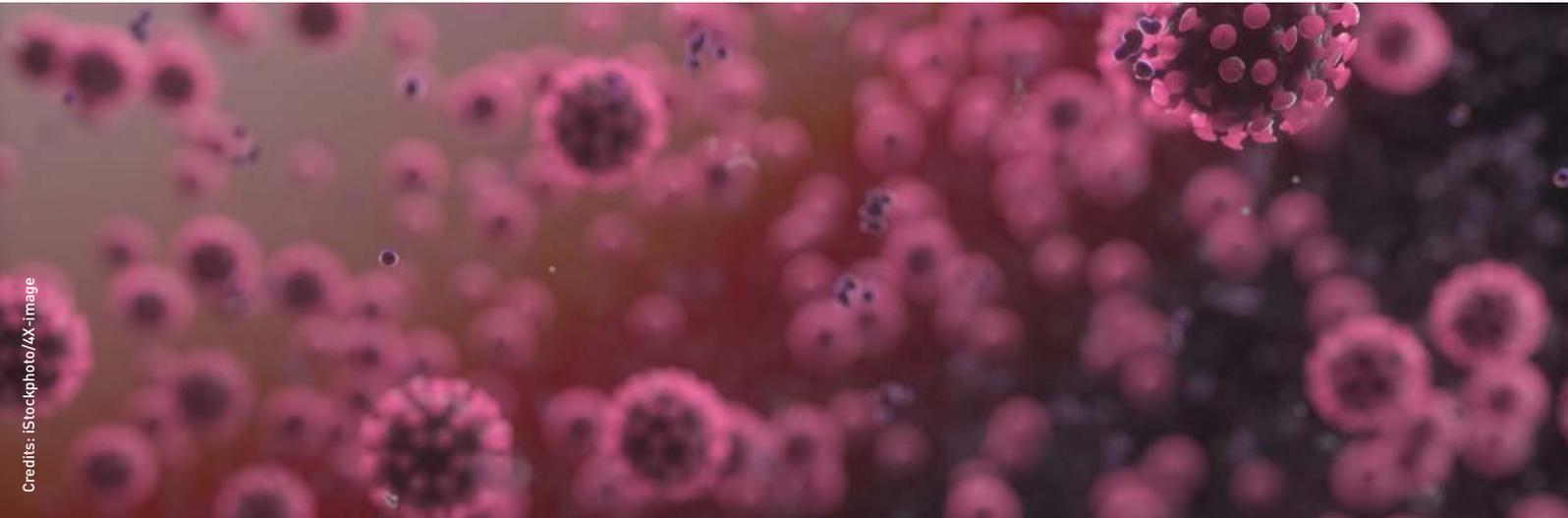
⁸Please see, for example, *Preventing and managing conflicts of interest in the public sector*, prepared by the World Bank, Organisation for Economic Co-operation and Development and the United Nations Office on Drugs and Crime at the request of the Group of Twenty Anticorruption Working Group (2020). www.unodc.org/documents/corruption/Publications/2020/Preventing-and-Managing-Conflicts-of-Interest-in-the-Public-Sector-Good-Practices-Guide.pdf

⁹European Commission, *Questions and answers: Coronavirus and the EU Vaccine Strategy* (2020). https://ec.europa.eu/commission/presscorner/detail/en/qanda_20_1662

¹⁰World Health Organization, *Immunization supply chain and logistics*. www.who.int/immunization/programmes_systems/supply_chain/en/



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Limited vaccine supplies may also incentivize those who have the financial resources to bribe health professionals to secure a vaccine for themselves and/or their family. Some health professionals may also demand payoffs from patients to access COVID-19 vaccines, a practice that will be particularly harmful to poor, marginalized and vulnerable groups.¹¹

Corruption risks in vaccine procurement

Under normal circumstances, the public procurement process poses one of the greatest risks for corruption among all government functions. The large volumes that are involved in public procurement make it highly vulnerable to corruption risks.¹² In many countries, public procurement is estimated to comprise as much as 15 – 30 per cent of the gross domestic product.¹³ Corruption scandals in procurement are widespread, but in the health-care sector, the procurement of pharmaceuticals and medical devices are particularly prone to corruption.

Corruption risks can be found throughout the procurement cycle. During the pre-bidding phase, corruption risks include inaccurately estimating the demand for a particular product or service, circumventing tender procedures, and deliberately tailoring tender documents to favour a particular bidder. During the bidding phase, there is the risk of government officials receiving bribes or kickbacks from suppliers, as well

as the risk of collusion and market division between bidders themselves. Such closed networks thrive by virtue of their exclusion and even more so when oversight is traded for speed and rapid impact. Lastly, in the post-bidding phase, corruption risks include false invoicing, changing contract agreements, and the failure to deliver procured vaccines.¹⁴

In a public health crisis, corruption risks in procurement are amplified by the urgency of needs, required flexibility and requested speed. This may create opportunities for individual discretion that can further increase the risk of corruption. Many countries have issued direct contracts without competitive processes and face challenges in ensuring that controls are in place to detect and prevent abuses and corrupt practices.¹⁵ Unscrupulous government officials may seek to enrich themselves, or those connected to them, through the procurement process by demanding kickbacks from suppliers.¹⁶ Suppliers, on the other hand, may exploit shortages to demand grossly inflated prices from government purchasers and collude with other suppliers to their advantage.¹⁷ If suppliers bribe government officials to circumvent regulatory controls, there is also a risk that governments may purchase substandard or falsified products, undermining the health of their populations and reducing their citizens' trust and confidence in public institutions – as well as in the government's response to the pandemic.¹⁸

¹¹See, for example, T. Koller, D. Clarke and T. Vian, "Promoting anti-corruption, transparency and accountability to achieve universal health coverage." *Global Health Action*, 2020, vol. 13, Issue sup1 and Patricia J. Garcia, "Corruption in global health: the open secret." vol. 384, Issue 10214, December 2019, *The Lancet*.

¹²United Nations Office on Drugs and Crime, *Guidebook on anti-corruption in public procurement and the management of public finances – Good practices in ensuring compliance with article 9 of the United Nations Convention against Corruption* (2013)

¹³Ibid.

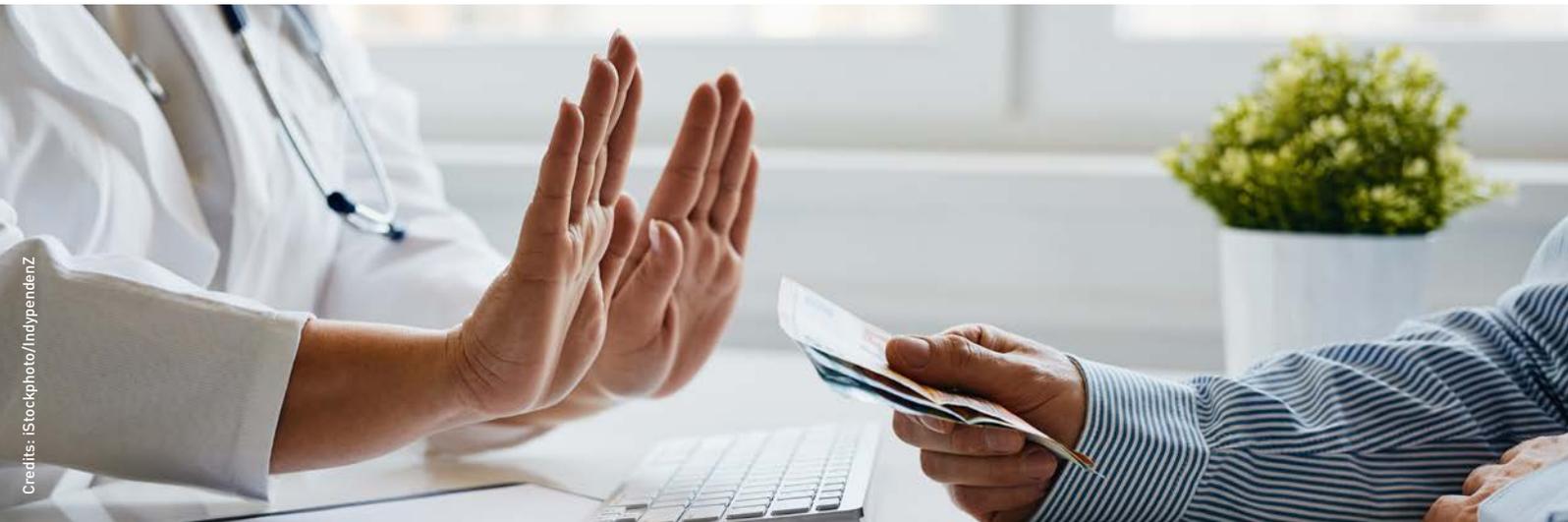
¹⁴Jillian Clare Kohler and Deirdre Dimancesco, "The risk of corruption in public pharmaceutical procurement: how anti-corruption, transparency and accountability measures may reduce this risk." *Global Health Action*, 2020, vol. 13, Issue sup1.

¹⁵Group of Twenty, *G20 good practices compendium on combating corruption in the response to COVID-19* (2020). Prepared by UNODC at the request of the G20 Saudi Presidency.

¹⁶Jillian Kohler and Tom Wright, "The urgent need for transparent and accountable procurement of medicine and medical supplies in times of COVID-19 pandemic." *Journal of Pharmaceutical Policy and Practice*, 2020, vol.13, Issue 58.

¹⁷Ibid.

¹⁸Taryn Vian, "Corruption and the consequences for public health." *International Encyclopedia of Public Health* (2008): 26-33.



Corruption risks in emergency funding

During a crisis response, large amounts of funding are directed to address a critical and complex problem rapidly. As of June 2020, the International Monetary Fund estimated that approximately United States dollars (US\$) 11 trillion had been allocated globally as fiscal support to the COVID-19 response.¹⁹ Additionally, in October 2020, the World Bank's Board of Executive Directors approved US\$ 12 billion for developing countries to finance, purchase and distribute COVID-19 vaccines (as well as tests and treatments) for their populations.²⁰

Large inflows of funding that are disbursed quickly may be vulnerable to corruption if appropriate due diligence measures are not in place. During the Ebola virus disease crisis in Sierra Leone, for example, the Audit Service of Sierra Leone found a lack of documentation underlying nearly US\$ 3.3 million in payments from the Government of Sierra Leone's Ebola-directed accounts and that US\$ 2.5 million in disbursements

had incomplete documentation. The report from the Audit Service also noted many examples of apparent fraud and corruption, for instance, in the procurement of supplies and payments for Ebola response workers.²¹

It is estimated that the International Federation of Red Cross and Red Crescent Societies lost millions in funding due to fraud and collusion in the Ebola response.²² In the aftermath of the Ebola virus disease, an upsurge in maternal mortality rates was observed in Sierra Leone.²³ The explicit and causal relationship that corruption had on maternal mortality rates in Sierra Leone was subsequently confirmed and elaborated on in a sequential mixed-methods study conducted from October 2016 to January 2017.²⁴ Household surveys concluded that women who had given birth since the Ebola outbreak expressed mistrust of health-care workers primarily due to payments demanded for health care that would otherwise have been free.²⁵ Women were therefore disproportionately affected during the Ebola crisis and its aftermath.²⁶

¹⁹International Monetary Fund, *World economic outlook update*, June 2020: www.imf.org/en/Publications/WEO/Issues/2020/06/24/WEOUpdateJune2020

²⁰The World Bank Group, *World Bank approves \$12 billion for COVID-19 vaccines* (October 2020). www.worldbank.org/en/news/press-release/2020/10/13/world-bank-approves-12-billion-for-covid-19-vaccines.

²¹Audit Service Sierra Leone, *Report on the audit of the management of the Ebola funds by the National Ebola Response Centre, November 2014 to April 2015*, www.auditservice.gov.sl/wp-content/uploads/2018/12/assl-auditor-general-report-ebola-phase-2.pdf

²²The International Federation of Red Cross and Red Crescent Societies, *IFRC statement on fraud in Ebola operations* (October 2017). <http://media.ifrc.org/ifrc/ifrc-statement-fraud-ebola-operations>

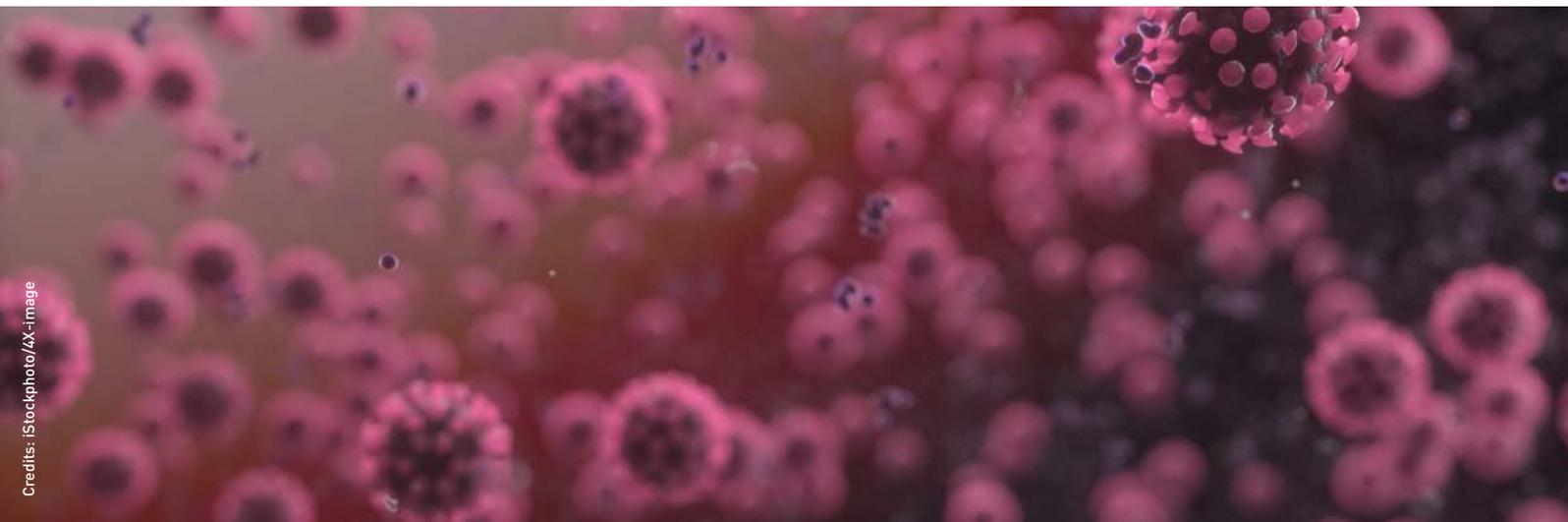
²³Steingruber, S., M. Kiyra, D. Jackson, S. Mullard, *U4 Anti-Corruption Resource Center, Corruption in the time of COVID-19: A double-threat for low-income countries* (2020). Chr. Michelsen Institute.

²⁴James W. T. Elston, Kostas Danis, Nell Gray, Kim West, Kamalini Lokuge, Benjamin Black, Beverley Stringer, Augustine S. Jimmisa, Aiah Biancoe, Mohammed O. Sanko, Donald S. Kazungu, Sibylle Sang, Annemarie Loof, Claudia Stephan, Grazia Caleo, "Maternal health after Ebola: unmet needs and barriers to healthcare in rural Sierra Leone." *Health Policy and Planning* (2020). vol. 35:1, pp. 78–90.

²⁵Ibid.

²⁶Strong, A.E. and Schwartz D.A., *Pregnant in the Time of Ebola: Effects of the West African Ebola Epidemic on Health Care of Pregnant Women: Stigmatization With and Without Infection* (2018) pp. 11–30.

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The production of substandard and falsified vaccines

With the urgent global demand for vaccines, there is a risk of substandard and falsified vaccines entering a market. Corruption may facilitate the involvement of organized criminal groups in the manufacturing of and trafficking in falsified vaccines, and the production of substandard vaccines by others, particularly when supplies will be limited in the early stages of vaccine production and deployment. This risk is further compounded if quality assurance measures are absent or bypassed during the emergency response,²⁷ resulting in adverse health outcomes for the population and an erosion of public trust in the safety and efficacy of a vaccine.

Organized criminal groups take advantage of the COVID-19 pandemic by attacking vulnerabilities and gaps in health and criminal systems. This includes the manufacturing of and trafficking in falsified medical products, driven by the huge global demand and competition in products for COVID-19 prevention, diagnosis, treatment and risk protection.²⁸

Nepotism/favouritism in access to vaccines

An estimated one billion people represent dispersed populations without formal identities, primarily living in developing countries.²⁹ Reaching these populations will be particularly challenging when a COVID-19 vaccine becomes available. COVID-19 vaccine supplies will be limited in the initial stages of vaccine deployment, so it is vital that governments ensure that they allocate the vaccine fairly and

that each dose reaches its intended recipient.³⁰ Decision-making related to the allocation of vaccines to priority groups is also vulnerable to corruption risks, such as conflicts of interest and nepotism.

The principles of equal respect, reciprocity and legitimacy stated in the values framework of the WHO Strategic Advisory Group of Experts on Immunization (SAGE) for the allocation and prioritization of COVID-19 vaccination³¹ should be applied early on in their distribution and allocation.

Transparency – information about public decision-making – is critical here. Transparency allows for the detection of corruption and lowers the likelihood of corrupt behaviour. Transparency lowers information barriers and permits scrutiny and monitoring.³² Governments will need to ensure transparency when establishing the criteria used to determine priority vaccine recipients and also make sure that this is then communicated widely to the population. Transparency is also vital in ensuring that people are made aware of how, where and when to access vaccination programmes.

Corrupt vaccine policy decisions

The private sector, and other relevant stakeholders, may seek to influence government decision-making concerning vaccine policy and deployment. Government officials may be vulnerable to payoffs and bribes from a company with a stake in which vaccine is purchased, for how much, from whom, and where it is distributed. Individuals with close ties to the

²⁷Paul Newton and Katherine Bond, “COVID-19 and risks to the supply and quality of tests, drugs, and vaccines.” *The Lancet Global Health* 8, 6 (2020): e754-e755.

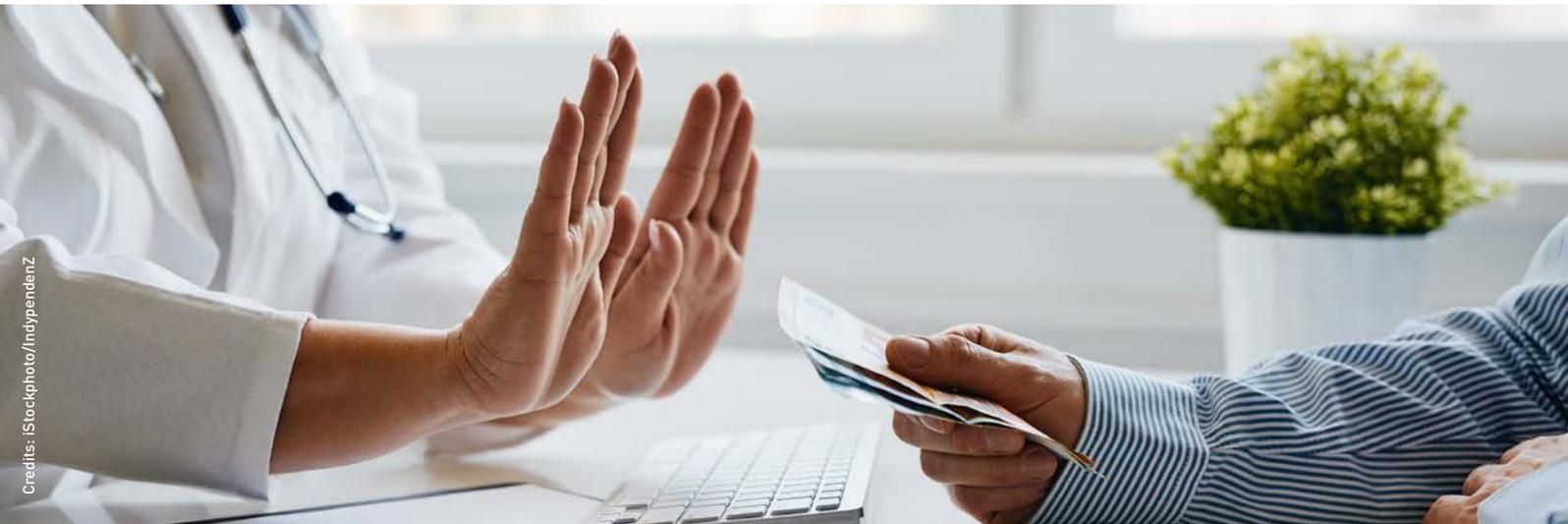
²⁸United Nations Office on Drugs and Crime, Research Brief: *COVID-19-related trafficking of medical products as a threat to public health* (2020), p. 9.

²⁹Weintraub, Rebecca, Yadav P, Berkley, S., “A Covid-19 vaccine will need equitable, global distribution.” *Harvard Business Review*, April 2020, <https://hbr.org/2020/04/a-covid-19-vaccine-will-need-equitable-global-distribution>.

³⁰Ibid.

³¹World Health Organization, *WHO SAGE values framework for the allocation and prioritization of COVID-19 vaccination* (2020). www.who.int/publications/i/item/who-sage-values-framework-for-the-allocation-and-prioritization-of-covid-19-vaccination

³²United Nations Office on Drugs and Crime Education for Justice (E4J) University Module Series: Anti-Corruption (2020). www.unodc.org/e4j/en/anti-corruption/module-6/key-issues/transparency-as-a-precondition.html



health industry may also be involved in the decision-making process regarding vaccine purchases and deployment. As a hypothetical example, a physician, on a national immunization technical advisory group, may support a particular vaccine candidate developed by a company that has provided her/him with research or consultancy funding, and fail to declare this as a conflict of interest.³³

Given the public health crisis, governments may directly determine the prices for vaccines and other essential medical products, which can create corruption risks throughout the supply chain.³⁴ Transparency in pricing of vaccine products is absolutely critical to avoid price gouging and other corrupt practices. The involvement and inclusion of a diverse group of people – at a minimum both women and men – in the vaccine decision-making and deployment processes are key.³⁵ Ensuring equity in terms of access to a COVID-19 vaccine will require that governments adopt an inclusive approach in their recovery efforts.³⁶

MEASURES TO REDUCE CORRUPTION RISKS

In the context of these significant challenges, it is suggested that Member States consider the following immediate and long-term response measures to identify and mitigate

corruption risks that may compromise the access to safe and effective COVID-19 vaccines by the population. The United Nations Convention against Corruption is the only legally binding, universal anti-corruption instrument. It provides a global framework and key tools to foster accountability, integrity and transparency in times of crisis, during and beyond the COVID-19 pandemic.

Immediate domestic response measures

Specialized committee to oversee emergency funds and vaccine deployment³⁷

The creation of a specialized committee with a strong anti-corruption mandate to oversee the prioritization, distribution and monitoring of vaccine programmes, as well as related public policy, can act as a critical oversight body during a public health emergency. Its functions should include the capability to monitor the emergency disbursements of funds, the purchase of vaccines, and the distribution of vaccines and related processes in “real time” so that any red flags can be identified and addressed quickly.

³³Natasha S. Crowcroft, Shelley L. Deeks, and Ross E. Upshur, “Do we need a new approach to making vaccine recommendations?” (January 2015). *British Medical Journal* www.bmj.com/content/350/bmj.h308.

³⁴Alexandra Wrage, “We can’t stop the coronavirus unless we stop corruption.” (May 2020). *Foreign Policy*.

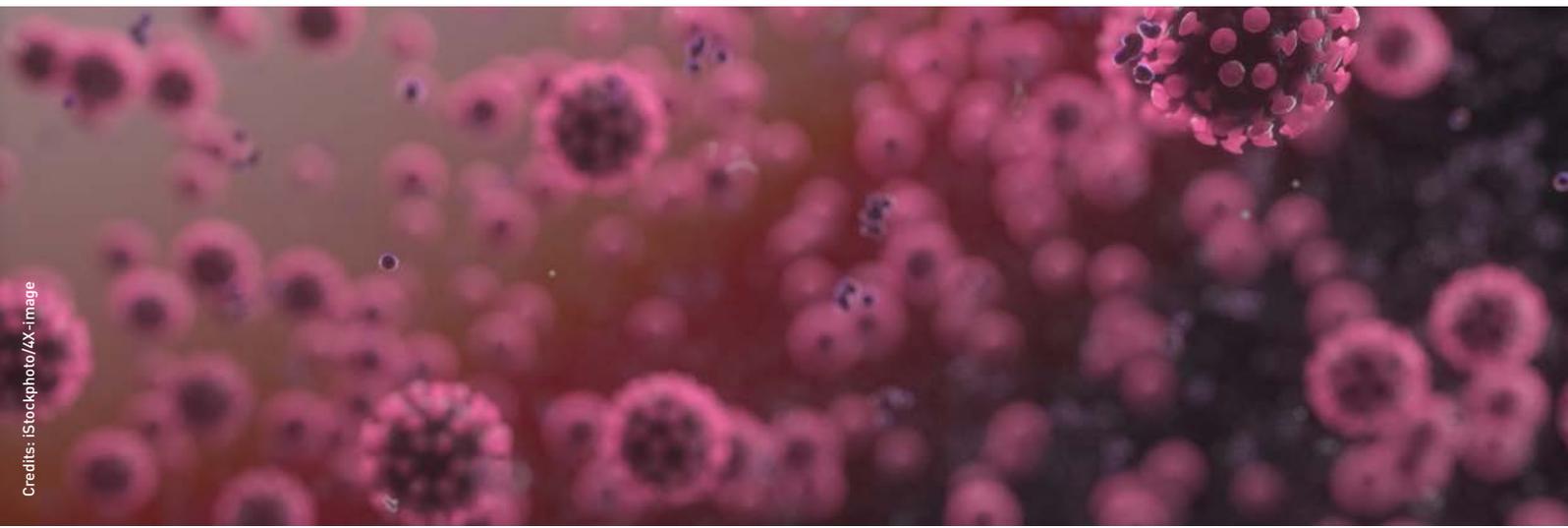
³⁵For further information, please refer to UN Women response to COVID-19 crisis. www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/un-women-response-to-covid-19-crisis.

³⁶As done in Canada, publicizing and clarifying information on the potential qualification of dedicated disbursed aid for certain tranches of the population (i.e., women entrepreneurs) could also be an anti-corruption tool while promoting gender equality. For more information, see: www.canada.ca/en/innovation-science-economic-development/news/2020/05/minister-ng-announces-more-support-for-women-entrepreneurs-amid-covid-19.html

³⁷United Nations Office on Drugs and Crime, *Accountability and the prevention of corruption in the allocation and distribution of emergency economic rescue packages in the context and aftermath of the COVID-19 pandemic* (2020). www.unodc.org/documents/Advocacy-Section/COVID-19_and_Anti-Corruption-2.pdf.



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Transparent and accountable vaccine procurement

Transparent and accountable public emergency procurement processes are vital during a pandemic and can be fostered through open contracting and e-procurement.³⁸ Open contracting may be effective at reducing corruption because it provides the public with information about who is buying what, from whom, at what price and quantity. In addition, e-procurement can be effective at tackling corruption. It allows for the public dissemination of relevant data, such as the bidding and awarding of contracts through a dedicated website, thereby ensuring the element of transparency.

Public procurement frameworks can also help advance transparency and reduce the risk of purchases from illegitimate suppliers during times of crisis. The European Union has issued a guidance document on options and flexibilities pursuant to its public procurement framework for the purchase of the supplies, services, and works related to responding to the COVID-19 pandemic.³⁹ The national procurement agency of Colombia is verifying suppliers that are registered through its framework agreement.⁴⁰ In addition, the *G20 COVID-19 Good Practices Compendium on Combating Corruption in the Response to COVID-19*, prepared

by the United Nations Office on Drugs and Crime (UNODC) at the request of the G20 Saudi Presidency in 2020, can also provide useful guidance for governments on how to control corruption in emergency procurement.⁴¹

Finally, governments can also turn to COVAX,⁴² the vaccine pillar of the Access to COVID-19 Tools (ACT) Accelerator, which is co-led by WHO, the Coalition of Epidemic Preparedness Innovations, and Gavi. COVAX aims to accelerate the research and development and equitable distribution of diagnostics, drugs and vaccines against COVID-19. It can help governments purchase safe and effective vaccines (e.g., through its pooled procurement mechanism for participating countries).⁴³

Transparent criteria for priority vaccine recipients and public information about vaccine programmes

Governments should have clear, transparent and objective criteria for beneficiaries and those that will be prioritized and communicate this widely to the population.⁴⁴ Guidance on how governments may seek to prioritize recipients is provided in the roadmap issued by WHO's SAGE in October 2020.⁴⁵ Along with this, open and clear communication and outreach

³⁸See for further information: United Nations Office on Drugs and Crime, *Guidebook on anti-corruption in public procurement and the management of public finances*. (2013) op.cit.

³⁹European Commission, *Guidance from the European Commission on using the public procurement framework in the emergency situation related to the COVID-19 crisis* (2020/C 108 I/01).

⁴⁰Colombia Compra Eficiente, *Nueva normas ante COVID-19*. Departamento Nacional de Planeación (December, 2020), see www.colombiacompra.gov.co/sala-de-prensa/comunicados/nuevas-normas-ante-covid-19

⁴¹Group of Twenty, *G20 good practices compendium on combating corruption in the response to COVID-19* (2020). Prepared by UNODC at the request of the G20 Saudi Presidency, op.cit.

⁴²COVAX is one of three pillars of the Access to COVID-19 Tools (ACT) Accelerator, which was launched in April 2020 by WHO, the European Commission and France in response to the COVID-19 pandemic. Bringing together governments, global health organizations, manufacturers, scientists, private sector, civil society and philanthropy, with the aim of providing innovative and equitable access to COVID-19 diagnostics, treatments and vaccines. The COVAX pillar is focused on the latter.

⁴³See for further information: www.gavi.org/covax-facility

⁴⁴United Nations Office on Drugs and Crime, *Accountability and the prevention of corruption in the allocation and distribution of emergency economic rescue packages in the context and aftermath of the COVID-19 pandemic* (2020). www.unodc.org/documents/Advocacy-Section/COVID-19_and_Anti-Corruption-2.pdf.

⁴⁵World Health Organization, *WHO SAGE roadmap for prioritizing uses of COVID-19 vaccines in the context of limited supply* (October 2020). www.who.int/docs/default-source/immunization/sage/covid/sage-prioritization-roadmap-covid19-vaccines.pdf?Status=Temp&csfrsn=bf227443_2&ua=1.



channels to raise awareness and understanding of beneficiaries and vaccine programmes, are key once vaccines are ready for deployment.⁴⁶ COVAX can also provide support to its participating governments in this area. Governments can also turn to guidance documents put forward by others, such as the National Academies of Science, Engineering, and Medicine framework of the United States of America for equitable vaccine allocation.⁴⁷

Secure storage and distribution systems to mitigate corruption risks

Secure storage and distribution systems are critical for the safe delivery of COVID-19 vaccines and the mitigation of the risk of vaccines being diverted from public supply to black markets. Manufacturers are already developing strategies to prevent the theft of vaccines. This may include measures such as ensuring the storage of vaccines in undisclosed locations, the use of a Global Positioning System tracking system to monitor supplies in transit, and the use of “dummy” trucks to confuse criminal networks. Hospitals may need to ensure that the rooms where COVID-19 vaccines are stored have heightened security.

Conduct corruption risk assessments

When feasible and ideally before widespread vaccine deployment, a corruption risk assessment can be used by public institutions to identify corruption vulnerabilities within their operations and devise efficient, cost-effective

strategies to mitigate those vulnerabilities or risks.⁴⁸ Timely corruption risk assessments within health ministries or agencies entrusted with the procurement and distribution of COVID-19 vaccines will mitigate potential corruption risks during vaccine distribution procedures. The UNODC publication *State of Integrity: A Guide on Conducting Corruption Risk Assessments in Public Organizations* can serve as a starting point for assessments. This guide allows for a tailored approach to the identification of vulnerabilities and corruption risks as well as measures to mitigate them.⁴⁹

Strengthen civil society participation

Civil society participation in the formulation of policies and monitoring of the overall health system is a necessary element in efforts to curb corruption in the health sector.⁵⁰ During the COVID-19 pandemic, civil society, non-governmental organizations and community-based organizations can support government efforts to counter corruption. Promoting the active participation of civil society should include enabling and encouraging civil society participation in relevant decision-making processes related to the allocation and distribution of COVID-19 vaccines, including those related to the prioritization of recipients, the procurement of vaccines, and the flow of emergency funds for vaccine programmes.

Civil society can assume a key role in monitoring and reporting any irregularities in the vaccine deployment process. Diverse reporting channels must be made available to the general public to facilitate effective and timely reporting of

⁴⁶United Nations Office on Drugs and Crime, *Accountability and the prevention of corruption in the allocation and distribution of emergency economic rescue packages in the context and aftermath of the COVID-19 pandemic* (2020). www.unodc.org/documents/Advocacy-Section/COVID-19_and_Anti-Corruption-2.pdf.

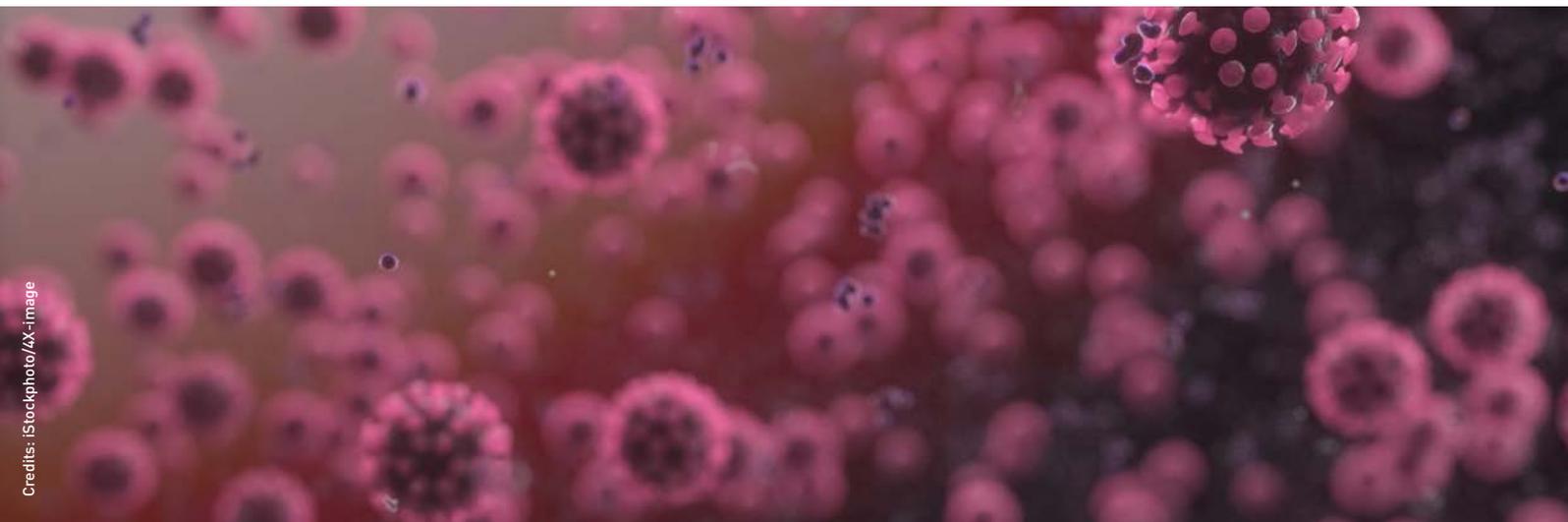
⁴⁷Schmidt, H., Pathak P., Sönmez T. and Ünver M.U., COVID-19: “How to prioritize worse-off populations in allocating safe and effective vaccines.” *British Medical Journal* 2020; 371.

⁴⁸United Nations Office on Drugs and Crime, *State of integrity: A guide on conducting corruption risk assessments* (2020). www.unodc.org/documents/corruption/Publications/2020/State_of_Integrity_EN.pdf

⁴⁹Ibid.

⁵⁰Taryn Vian, Jillian C. Kohler, Gilles Forte, and Deirdre Dimancesco, “Promoting transparency, accountability, and access through a multi-stakeholder initiative: lessons from the medicines transparency alliance.” *Journal of Pharmaceutical Policy and Practice* 10, no. 1 (2017): 18.

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corruption. This may include mobile phone applications, hotlines and other relevant tools that fit the social context. With these tools it is important to ensure that reporting persons have adequate protection.

Protection of journalists and whistle-blowers

Investigative journalists assume an essential role during a crisis when false information may be used to protect those who engage in corrupt activities. Investigations by journalists can help expose alleged corruption or corruption risks within a health system, thereby playing a critical role by bringing the issue to the attention of the public and decision makers. Measures to ensure the protection and safety of journalists are crucial for them to act without fear and bring vital information to the people.

Similarly, during the pandemic, whistle-blowers are critical given the ample opportunities for corruption in times of crisis. In view of this, the Republic of Korea has introduced proxy reporting to promote confidentiality, given the restrictions on anonymous reporting under the Act on the Protection of Public Interest Whistle-Blowers. Under the proxy reporting system, lawyers can file reports on behalf of reporting persons, and the lawyers' names would be listed in the formal report. With the reporting persons remaining unregistered, the risk of disclosure of their identities is

minimized.⁵¹ In particular women may consider that they do not have sufficient protection and confidentiality when deciding about whether to report an alleged incident of corruption.⁵² They may also fear repercussions as a result of reporting corruption. This underscores the importance of not only having effective whistle-blower reporting systems in place, but also ensuring that they are gender-sensitive and are accompanied by efforts to ensure that the public knows how to access them. The UNODC *Resource Guide on Good Practices in the Protection of Reporting Persons* should be consulted for recommendations in this regard.⁵³

Upholding the right to health

The United Nations Office of the High Commission for Human Rights,⁵⁴ WHO,⁵⁵ and the Council of Europe,⁵⁶ among other organizations, recognize that a human rights approach is crucial to an effective public health response to COVID-19. The standards of the right to health hold particular importance for effective pandemic care and responses.⁵⁷ Corruption infringes on the full enjoyment of the right to health. For example, when bribes prevent women from accessing public health services, such as child and maternity health care, or when medical products are stolen from the public health system and diverted to the black market.

⁵¹United Nations Office on Drugs and Crime, *Report of the Implementation Review Group on its first resumed eleventh session* (2020). www.unodc.org/documents/treaties/UNCAC/WorkingGroups/ImplementationReviewGroup/31Aug-2Sep2020/V2004800e.pdf

⁵²The Social Norms and Petty Corruption research project was carried out by a team led by Professor Sarah Brierley (Washington University, St. Louis) and Eliz Ozdemir with support from United Kingdom Aid through the STAAC programme. A full report is available upon request from STAAC-Ghana.

⁵³United Nations Office on Drugs and Crime, *Resource guide on good practices in the protection of reporting persons* (2015).

⁵⁴United Nations Office of the High Commission for Human Rights, *UN Human rights treaty bodies call for human rights approach in fighting COVID-19* (March 2020).

⁵⁵World Health Organization, *Addressing human rights as key to the COVID-19 response* (2020). www.who.int/publications-detail/addressing-human-rights-as-key-to-the-Covid-19-response.

⁵⁶Council of Europe, Commissioner for Human Rights, *Learning from the pandemic to better fulfil the right to health* (April 2020). www.coe.int/en/web/commissioner/-/learning-from-the-pandemic-to-better-fulfil-the-right-to-health.

⁵⁷Lisa Forman and Jillian Clare Kohler, "Global health and human rights in the time of COVID-19: Response, restrictions, legitimacy." *Journal of Human Rights*, vol. 19, Issue 5, 2020.



The COVID-19 crisis has exacerbated the vulnerability of stigmatized and marginalized groups, unveiling the deep economic and social inequalities and inadequate health and social protection systems that require urgent attention as part of the public health response.^{58,59} Upholding fundamental human rights principles must be central to any response to a global health crisis, particularly with regard to the prioritization and distribution of vaccines.⁶⁰ This is crucial for a successful recovery from a public health perspective. The WHO resource allocation and priority setting framework, which considers transparency, ethical values, public health needs, and robust regulatory approaches, as examples, can serve as a guide to country vaccine allocation efforts.⁶¹

Long-term measures

Strengthening anti-corruption laws and policies

The rapid spread of COVID-19 has compelled governments to act quickly and nimbly, emphasizing the importance of having robust corruption mitigation strategies in place. This may include reviewing and strengthening existing anti-corruption laws and policies and ensuring that they advance such measures as the active participation of civil society, upholding the rule of law, and ensuring the sound management of public affairs. Additionally, public institutions should have mechanisms in place to strengthen their transparency and

accountability to the people they serve, particularly in those institutions vital to the development, distribution and allocation of COVID-19 vaccines.

Comprehensive auditing, oversight, accountability and reporting mechanisms to monitor the disbursement process and verify appropriate receipt⁶²

There will be massive financial resources allocated to the deployment of any COVID-19 vaccine globally. These financial resources will require comprehensive auditing, oversight and reporting mechanisms to ensure accountability and effectively mitigate corruption risks. In the Philippines, emergency legislation has established a Joint Congressional Oversight Committee requiring the President to submit weekly reports to Congress about the allocation and use of funds dedicated to addressing the COVID-19 pandemic.⁶³

Identifying and protecting vulnerable individuals and communities

Corruption reduces access to health care, education and social protection services which in turn have an effect at the individual, family, community and country levels, increasing vulnerabilities and socioeconomic inequalities. Corruption disproportionately affects the most vulnerable and marginalized people. In times of crisis, the compounded impact can further devastate lives and livelihoods. Corruption in vulnerable sectors such as health care and public service

⁵⁸Wang, QuanQiu & Xu, Rong Xu & Volkow, Nora, "Increased risk of COVID-19 infection and mortality in people with mental disorders: analysis from electronic health records in the United States." *World Psychiatry*. Official journal of the World Psychiatric Association. 10.1002/wps.20806.

⁵⁹United Nations, *COVID-19 and human rights: We are all in this together* (2020).

www.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and

⁶⁰Convention on the Rights of Persons with Disabilities.

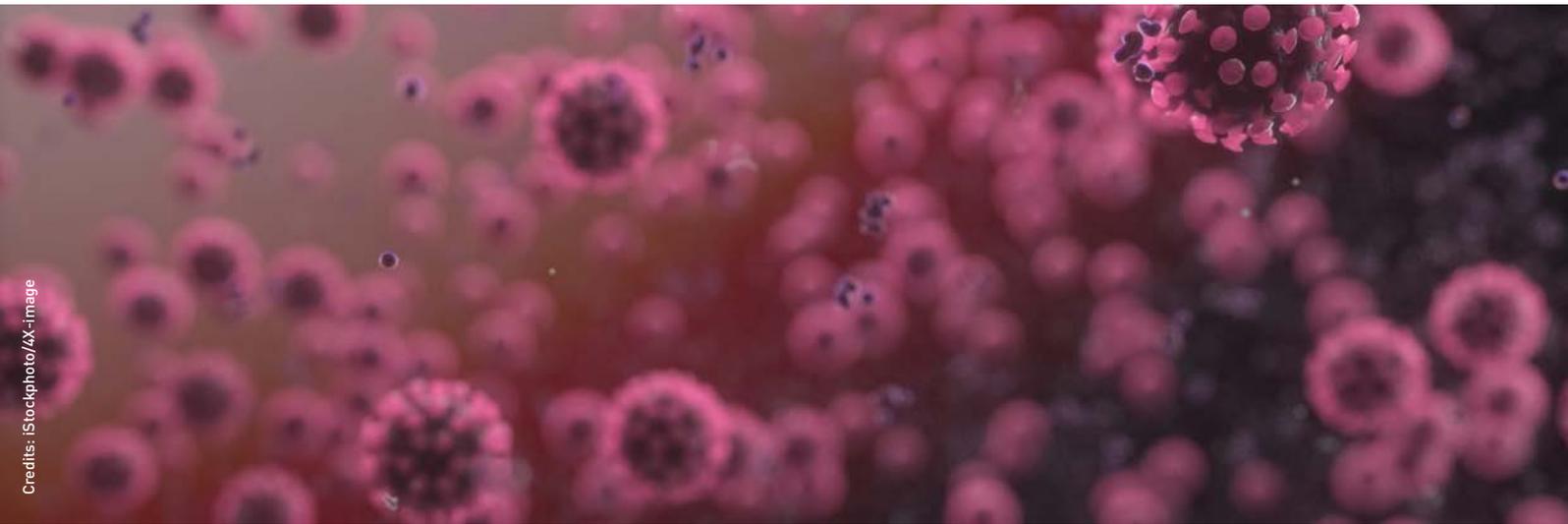
⁶¹World Health Organization, *Ethics and COVID-19: Resource allocation and priority setting* (2020).

www.who.int/ethics/publications/ethics-and-covid-19-resource-allocation-and-priority-setting/en/.

⁶²United Nations Office on Drugs and Crime, *Accountability and the prevention of corruption in the allocation and distribution of emergency economic rescue packages in the context and aftermath of the COVID-19 pandemic* (2020). www.unodc.org/documents/Advocacy-Section/COVID-19_and_Anti-Corruption-2.pdf.

⁶³Republic of the Philippines, Congress of the Philippines, Metro Manila, Eighteenth Congress (March 2020).

www.senate.gov.ph/Bayanihan-to-Heal-as-One-Act-RA-11469.pdf.



delivery exclude the people who are in need the most by creating insurmountable barriers to free and fair access to health care, social protection, education and community support. In the context and aftermath of the COVID-19 pandemic, vulnerable individuals and communities who may be challenged in accessing the public health system need to be identified and supported. As a starting point, these groups need to have access to information about their entitlements and benefits, including available vaccine programmes and how they can access them. The use of digital tools can help governments overcome identification barriers and ensure that the distribution of a COVID-19 vaccine is equitable and reaches marginalized and vulnerable populations.⁶⁴ Timeframes for the delivery of vaccines to particular population groups should also be provided to the public, so if expectations are not met, they can be reported and addressed.

⁶⁴Rebecca Weinraub, Prashant Yadav, and Seth Berkley, "A COVID-19 vaccine will need equitable, global distribution." *Harvard Business Review* (April 2020). <https://hbr.org/2020/04/a-covid-19-vaccine-will-need-equitable-global-distribution>.



WHAT THE UNITED NATIONS OFFICE ON DRUGS AND CRIME CAN OFFER

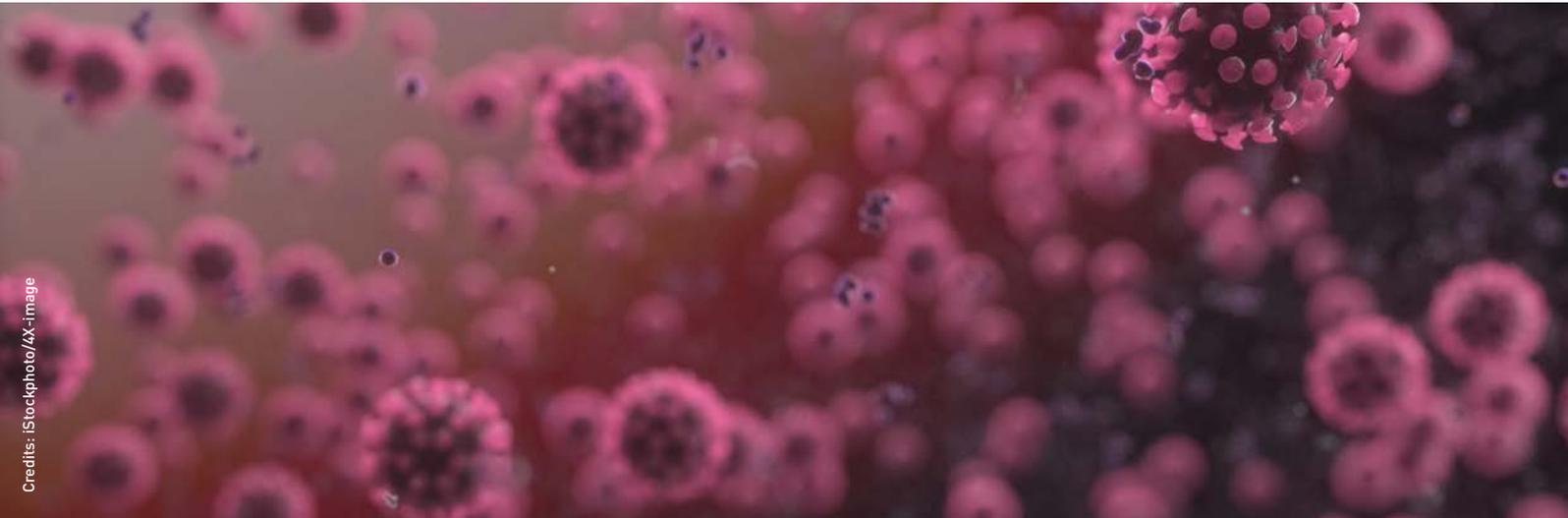
UNODC experts in the implementation of the United Nations Convention against Corruption, who are specialized in the subject matter, are based both at its headquarters in Vienna and in a network of field-based advisers. They can provide technical assistance to States parties to the Convention in areas such as:

- Development and implementation of national and sector-specific anti-corruption strategies and action plans, including in times of crisis, to synthesize existing knowledge rapidly into concise, targeted guidance
- Conduct of corruption risk assessments and development and implementation of corruption mitigation strategies
- Practical advice on the prevention of corruption, including on public procurement and in the health sector, and facilitation of public participation in government decision-making processes
- Legislative drafting and review, and the simplification of administrative procedures
- Support for the development of mechanisms to report corruption and protection of reporting persons
- Advice on addressing the gender dimensions in decision-making processes to prevent corruption and ensure a more inclusive recovery

This paper is part of a series of UNODC policy papers to address challenges and propose recommendations for the immediate and long-term response to the COVID-19 pandemic. Other papers in the series address, among other topics, fiscal responses and the prevention of corruption, accountability and the prevention of corruption in the allocation and distribution of emergency economic rescue packages. The full set of UNODC policy documents and research briefs are available at www.unodc.org/unodc/en/covid-19.html.



Credits: iStockphoto/4X-image



Other UNODC resources

- United Nations Convention against Corruption (2004) (www.unodc.org/documents/treaties/UNCAC/Publications/Convention/08-50026_E.pdf)
- State of Integrity: A Guide on Conducting Corruption Risk Assessments in Public Organizations (2020) (www.unodc.org/documents/corruption/Publications/2020/State_of_Integrity_EN.pdf)
- Preventing and Managing Conflicts of Interest in the Public Sector: Good Practices Guide (2020) (www.unodc.org/documents/corruption/Publications/2020/Preventing-and-Managing-Conflicts-of-Interest-in-the-Public-Sector-Good-Practices-Guide.pdf)
- Preventing and Combating Corruption Involving Vast Quantities of Assets (Expert Recommendations) (2019) (www.unodc.org/documents/corruption/Publications/2019/19-10467_Preventing_Combating_Corruption_ebook.pdf)
- National Anti-Corruption Strategies: A Practical Guide for Development and Implementation (2015) (www.unodc.org/documents/corruption/Publications/2015/National_Anti-Corruption_Strategies_-_A_Practical_Guide_for_Development_and_Implementation_E.pdf)
- Guidebook on Anti-Corruption in Public Procurement and the Management of Public Finances (2013) (www.unodc.org/documents/corruption/Publications/2013/Guidebook_on_anti-corruption_in_public_procurement_and_the_management_of_public_finances.pdf)
- Resource Guide on Good Practices in the Protection of Reporting Persons (2015) (www.unodc.org/documents/corruption/Publications/2015/15-04741_Person_Guide_eBook.pdf)
- Reporting on Corruption: A Resource Tool for Governments and Journalists (2014) (www.unodc.org/documents/corruption/Publications/2014/13-87497_Ebook.pdf)
- The Time is Now: Addressing the Gender Dimensions of Corruption (2020) (www.unodc.org/documents/corruption/Publications/2020/THE_TIME_IS_NOW_2020_12_08.pdf)

Additional resources

- UNDP/UN Women COVID-19 Global Gender Response Tracker: <https://data.undp.org/gendertracker/>