Governing Pharma Corruption:
Leveraging the SDGs to Tackle Pharmaceutical Corruption

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Presentation Agenda

1. Uniqueness of Health Corruption
2. Existing Governance Mechanisms
3. Transition from MDGs to SDGs
4. SDGs: Harmonizing Health Corruption Governance?
5. Topics for Discussion
Learning Objectives

• **Describe** the unique characteristics and challenges of health and pharmaceutical-related corruption;

• **Assess** the different policy and governance approaches to combat health and pharmaceutical corruption with an emphasis on the need for “good” governance

• **Formulate** suggestions for policy and governance solutions leveraging the United Nations’ Sustainable Development Goals and their related targets and indicators
Key Concepts
Corruption in Health

- **Impact on Global Health:** Corruption is a serious threat to global health outcomes, leading to financial waste, compromised health security, and adverse health consequences.

- **Scope of Corruption:** Forms of corruption impacting global health are endemic worldwide in public and private sectors, and in developed and resource-poor settings alike.

- **Perceptions:** Allegations of misuse of funds and fraud in global health initiatives also threaten future investment. Current domestic and sectorial-level responses are fragmented and have been criticized as ineffective.
Corruption in Health:
Sectors at Risk

Potential Sources of Corruption

• **Healthcare Professionals, Administrators/Management:** Corruption and fraud can emanate from point of care or within health delivery system.

• **Drug Procurement Systems:** Corruption, diversion and counterfeiting can emanate from both highly controlled and high risk drug supply and procurement systems.

• **Financing:** Financing and funding of local, national and global health initiatives may be susceptible to corruption.

![Figure 1-1 Corruption in the health sector: risk areas and consequences (Weerasuriya, 2004)](image-url)
Corruption in Health: Available Resources

**Background Information**

- TI operates a global Corruption Perception Index that ranks/scores individual countries on perceptions of public sector corruption.


- TI Report highlighted risk factors and consequences for health sector corruption, types of corruption in health, and methods to address.

![TI Report](image-url)
The Disease of Corruption:
A forum article of global corruption experts discussing key issues in health corruption

Goals

- **Advocacy:** Group of diverse authors highlight unique risks of health types of corruption and identify key challenge areas

- **Key Themes:** (1) problems with “zero corruption”; (2) need for better data; (3) importance of transparency; (4) need for multi-stakeholder partnership; (5) linkages to global health security; and (6) good governance central to anti-corruption efforts.
Fig. 3 Heat map of Transparency International’s Global Corruption Barometer (GCB): perceptions of the extent of corruption in medical and health services institutions. Transparency International’s 2013 GCB uses surveys from more than 114,000 respondents in 107 different countries to assess people’s direct experiences and views on corruption in main institutions in their countries. This includes assessing perception of the extent of corruption in Medical and Health Services institutions measured on a scale of 1 to 5, where 1 indicates “not at all corrupt” and 5 indicates “extremely corrupt.” The above map was generated using publicly available data from GCB and was visualized in ArcGIS map. It depicts the varying levels of public perception on how corrupt medical and health institutions are within respective countries (global mean score of 3.3).
Corruption Seen As Biggest Barrier to Improving Health in Developing Countries

Percent who say that each choice is the MOST important reason why it has been difficult to improve health for people in developing countries

- Corruption and misuse of funds: 44%
- Lack of infrastructure and resources: 16%
- Lack of political leadership: 15%
- Widespread poverty: 11%
- Lack of effective programs: 7%
- Not enough money from US and other wealthier countries: 3%
- None of these is the most important reason/Don't know: 13%

SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted December 1-7, 2015)

Fig. 2 Public perception on the role of corruption in improving health in developing countries (Kaiser Family Foundation) [6]. Surveys conducted by the Kaiser Family Foundation examining Americans’ opinions on the US role in global health have consistently found that the American public views corruption as a major problem. In its 2015 survey, 44% of respondents believed that ‘corruption and misuse of funds’ was the most important reason why health cannot be improved in developing countries. Seventy-nine percent of respondents also believed corruption was a major barrier, meaning that corruption is viewed by the American public as the biggest barrier (more than lack of infrastructure/resources, poverty, lack of political leadership and effective programs, and lack of funding) to investing in programs that support global health goals.
Diversity of Health Corruption

**Domestic-level Corruption:**
- An estimated 5-10% of USA public sector health expenditures are lost to fraudulent overbilling. An estimated 56% of Russian Federation total health expenditures are “informal” payments.
- Developed country settings often suffer from “informal economy” settings, absenteeism, embezzlement, and diversion/theft.
- Pharmaceutical sector corruption can lead to diversion/theft and manufacture/distribution of counterfeit medicines

**Private-Sector Corruption**
- Large multinational pharmaceutical companies have been prosecuted for billion dollar fines for fraud and abuse, bribery of healthcare providers, and illegal marketing.

**Global Health Systems**
- Global health systems such as the Global Fund have been associated with corruption damaging credibility and public trust
With a multi-year, multi-million dollar marketing campaign called “Viva Zyprexa,” Lilly encouraged its sales reps to promote off-label prescribing for dementia and depression. This was despite a black box warning that it increases the risk of death in older patients with dementia-related psychosis. This included development of marketing material, training, and funding of CME/grants. $1.415 billion fine including a $515 million criminal fine, at that time the largest in healthcare and criminal
US Department of Justice recovered $2.3 billion in health care fraud recoveries in FY2014 (5th straight year of more than $2 billion in cases involving false claims against federal health care programs) totaling some $14.5 billion from 2009-2014.
Allegations of Misuse

- Allegations of corruption in Uganda involving GF disbursements of $45.3 million in 2006 uncovered illegal acts by public officials, government ministers and CHWs.

- 2011 AP reports GF’s internal audit uncovers misuse of $34 million in grants in Djibouti, Mali, Mauritania, and Zambia. Leads to negative press with donor countries that threatened to suspend financial support.
Key Figures (2008-May 2016)

- 13 investigations in 32 different countries
- $104,145,193 identified as non-compliant expenditures

Diversity of Health Corruption
Examples

Figure 1: Examples of health corruption types and scopes

Forms of health corruption are diverse and complex spanning developed and developing countries. Each needs to be addressed with targeted policy and interventions.
Background: Global Counterfeit Drug Trade

- **Global Scope of the Problem**
  Impacts all settings. Counterfeits detected throughout global supply chain (hospitals, pharmacies, wholesale markets, global health programs, and unregulated settings)

- **Global Statistics Limited But Indicate Severe Problem**
  WHO estimates >10-30% of the drug supply chain counterfeit in LDCs and LMICs. Center for Medicines in Public Interest estimated that global counterfeit medicines trade worth some $75 billion. Accurate information difficult to obtain.

- **Threat to Global Health Security**
  Global counterfeit medicines trade is operated by transnational criminal networks with attendant security concerns. Explosive growth according to UNODC, WHO and Interpol.
**Geographic Spread**
(n=1,510)

- **China:** China comprises 417 of all therapeutic class incidents detected by CIS equating to almost a quarter (28%) of total data subset.

- **Other Countries:** Peru (12%), Uzbekistan (11%), Russia (8%), and Ukraine (7%) are other top 4 countries following China. Top 5 account for 66% of total sample.

- **Low Frequency:** Countries outside of Top 10 comprise only approximately 25% of the total data subset.

LEGEND
CIS Legitimate Supply Chain Incidents

- None
- 1-5 incidents
- 6-25 incidents
- 26-100 incidents
- 101-200 incidents
- > 201 incidents
Pharma Corruption

Fake Medicines in the USA

Strong Regulatory Structures

- **Controlled Supply Chain**: USA one of highest regulated markets.
- **Global Trade**: Traveled from Turkey – Switzerland – Denmark – UK – USA
- **Gray Market**: Purchased from unauthorized drug wholesaler connected to Canadadrugs.com
- **Counterfeit Avastin**: Contained cornstarch, acetone and other chemicals; no API
- **Drug Regulatory Authority**: In 2012-2013 FDA contacted >900 doctors in 48 states that potentially purchased counterfeit Avastin

Path of Fake Avastin

The fake Avastin traveled through a series of overseas suppliers before reaching the Canada Drugs’ network. Companies controlled by Canada Drugs procured the counterfeit cancer medicine, marketed it to U.S. doctors and shipped it through a contractor in Tennessee, court records and business documents show. Doctors identified by the FDA as the network’s customers were warned that they may have bought the fake Avastin.

Sources: WSJ reporting, FDA
Part 2: Existing Governance Mechanisms
Governance for Corruption:
A proposal for enhanced global health governance to address health-related corruption

**Goals**

- **Advocacy:** Highlight unique risks and impact of multisector – multistakeholder health-related corruption and its impact on health security.

- **Diversity:** Recognize the health corruption comes in many forms, but inherently pose risk to human health.

- **Examine Existing Tools:** Harmonize existing tools/resources with flexibility for local/community needs.

- **New Governance Mechanisms:** Propose new mechanisms to improve governance, surveillance, and enforcement.
Tools for Corruption
Legal Frameworks

Utilize Existing Frameworks

- **UNODC**: Employ partnership with WHO and UNODC on developing a global health corruption protocol to existing 2003 U.N. Convention against Corruption (“UNCAC”) by amending treaty to allow protocol development.

- **Anti-Corruption Laws**: Explore use of domestic and regional corruption tools such as the USA Foreign Corrupt Practices Act, UK Anti-Bribery Act and other fraud and abuse statutes (US FCA, Anti-kickback statute, STARK law.)
Global Health Corruption
The need for recognition and a unique definition

**Working definition:**

“misappropriation of authority, resources, trust or power for private or institutional gain that has adverse effects on regional, local, or international health systems and/or that negatively impacts individual patient and/or population health outcomes.”

Tools for Corruption

1. Harmonize and Utilize Existing Tools, Methods, Good Practices, etc.: Including those developed by UN Development Programme.

   1. Capacity building for transparency and audit policies;
   2. Common framework for corruption monitoring and evaluation of public health programs and funding;
   3. Codes of Conduct for public and private sector actors
   4. Minimum standards for member state laws to specifically prevent and prosecute health-based corruption;
   5. Health financing improvements to curtail the need for an informal health sector;
   6. Centralized surveillance and data repository system to report and investigate global health corruption;
   7. Multilateral processes to freeze proceeds from corruption and aid in recovery of diverted assets; and
   8. Commitment to earmark portions of seized assets to fund and develop these systems among members.
### Proposed Governance Model

#### Summary Table

<table>
<thead>
<tr>
<th>GOVERNANCE SYSTEM</th>
<th>DESCRIPTION</th>
<th>BENEFITS</th>
<th>INSTITUTIONAL RESPONSIBILITY</th>
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<tbody>
<tr>
<td>Establishing International Consensus on &quot;Global Health Corruption&quot;</td>
<td>Suggested definition: “misappropriation of authority, resources, trust or power for private or institutional gain that has adverse effects on regional, local, or international health systems and/or that negatively impacts individual patient and/or population health outcomes.”</td>
<td>Establishes an internationally recognized definition and draws needed attention to the unique risks of health-related corruption</td>
<td>International community and input from all relevant stakeholders (e.g., public health agencies, law enforcement, regulators, judicial system, civil society, global health systems, donors)</td>
</tr>
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<td>WHO-UNODC Global Health Corruption Protocol Under UNCAC</td>
<td>Development of an international binding treaty protocol on global health corruption and establishing the necessary global health governance framework</td>
<td>Implements definition under an existing international treaty and establishes infrastructure for global corruption framework</td>
<td>Member states of WHO and UNODC</td>
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<td>Global Health Anti-Corruption Governance Framework</td>
<td>Model Acts System: Development of Model Acts system of core anti-corruption definitions and requirements for individual states to implement with certain flexibilities</td>
<td>Development of a model system for states to follow in developing their own domestic systems and aids in harmonization</td>
<td>Signatories to Protocol in consultation with domestic stakeholders</td>
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<td></td>
<td>Domestic and Regional Corruption Tools: Assessment of inclusion of existing domestic anti-corruption tools that have had success</td>
<td>Examines existing enforcement tools that have curbed domestic level health corruption</td>
<td>Governance structure of protocol (e.g., conference of state parties, other developed governing body)</td>
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<td></td>
<td>Useful International Tools and Systems: Assessment and active inclusion of existing methods, tools and good practices addressing corruption developed by international organizations</td>
<td>Assesses existing tools developed by international organizations aimed at addressing global health system corruption</td>
<td>Governance structure of protocol (e.g., conference of state parties, other developed governing body)</td>
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<td>Governance System: Development and implementation of dynamic global health governance structure to address global health corruption flexible enough to deal with diverse forms of corruption in different settings</td>
<td>Governance system flexible enough to be tailored to domestic and global health system needs. Should be comprehensive including components of protocol implementation, financing, incorporation of health system strengthening, and establishment/recommendation of various anti-corruption interventions.</td>
<td>All stakeholders</td>
</tr>
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</table>
Part 3: Transition from MDGs to SDGs
WE CAN END POVERTY 2015
MILLENNIUM DEVELOPMENT GOALS

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development
Good Governance Anyone?:
Arguing for the need for good pharmaceutical governance post-2015

Goals

- **Recognition:** Emphasizing that pharmaceutical governance impacts many degrees of population health outcomes.

- **Case Studies:** Highlights GG efforts by World Bank, WHO GGM, MeTA, and Global Fund

- **Good Governance:** Need for country ownership over GG initiatives, multistakeholder engagement, and need for more robust M&E.

- **Advocacy:** Central argument that good governance in pharmaceutical systems should be critical component of post-2015 development agenda.
Ensure healthy lives and promote well-being for all at all ages

TARGETS

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)

3.8.2 Number of people covered by health insurance or a public health system per 1,000 population

3.8.1 Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

3.8.2 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis

3.8.2 Total net official development assistance to medical research and basic health sectors

3.9 Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks
### Health-Related Targets in the Sustainable Development Goals.

<table>
<thead>
<tr>
<th>Target No.</th>
<th>Target Description</th>
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<tbody>
<tr>
<td>2.1</td>
<td>By 2030, end all forms of malnutrition, including, achieving, by 2025, the internationally agreed-on targets of stunting and wasting in children under 5 yr of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.</td>
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<tr>
<td>3.1</td>
<td>By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.</td>
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<tr>
<td>3.2</td>
<td>By 2030, end preventable deaths of newborns and children under 5 yr of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.</td>
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<tr>
<td>3.3</td>
<td>By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, waterborne diseases, and other communicable diseases.</td>
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<td>3.4</td>
<td>By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.</td>
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<td>3.5</td>
<td>Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.</td>
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<td>3.6</td>
<td>By 2020, halve the number of global deaths and injuries from road traffic accidents.</td>
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<td>3.7</td>
<td>By 2030, ensure universal access to sexual and reproductive health care services, including family planning, information, and education, and the integration of reproductive health into national strategies and programs.</td>
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<tr>
<td>3.8</td>
<td>Achieve universal health coverage, including financial-risk protection, access to quality essential health care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all.</td>
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<tr>
<td>3.9</td>
<td>By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination.</td>
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<tr>
<td>3.a</td>
<td>Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.</td>
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<tr>
<td>3.b</td>
<td>Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full extent the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) regarding flexibility to protect public health, and in particular provide access to medicines for all.</td>
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<tr>
<td>3.c</td>
<td>Substantially increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries, especially in the least-developed countries and developing small island states.</td>
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<td>3.d</td>
<td>Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction, and management of national and global health risks.</td>
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<tr>
<td>5.2</td>
<td>Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.</td>
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<tr>
<td>5.6</td>
<td>Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Program of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.</td>
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<tr>
<td>6.1</td>
<td>By 2030, achieve universal and equitable access to safe and affordable drinking water for all.</td>
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<tr>
<td>6.2</td>
<td>By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.</td>
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<tr>
<td>6.3</td>
<td>By 2030, improve water quality by reducing pollution, eliminating dumping, and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally.</td>
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<tr>
<td>11.1</td>
<td>By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.</td>
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<tr>
<td>13.1</td>
<td>Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries.</td>
</tr>
<tr>
<td>16.1</td>
<td>Significantly reduce all forms of violence and related death rates everywhere.</td>
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</tbody>
</table>
| 16.9       | By 2030, provide legal identity for all, including birth registration.
GOAL 16
Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and protect human rights.

16.3
Promote the rule of law at the national and international levels and ensure equal access to justice for all.

16.4
By 2030, significantly reduce illicit financial and arms flows, fight cross-border corruption, strengthen the recovery and return of stolen assets and combat all forms of organized crime.

16.5
Substantially reduce corruption and bribery in all their forms.

16.6
Develop effective, accountable and transparent institutions at all levels.
Part 4: SDGs: Harmonizing Health Corruption Policy and Governance?
Reinforcing importance of health corruption: Scale, diversity, impact on health and society, and multifactorial challenges.

Emerging Technologies: Need to leverage emerging technologies of social media platforms, e-government/open procurement, big data mining technology, anticounterfeiting supply chain technology.

SDG Health Corruption Framework: Call for Health Corruption SDG sub-indicators combining Goals 3 and 16 (mobilization with 17) and focusing on three primary translational domains.
SDG Goal 3

Targets
• Focus on UHC (access to quality medicines and vaccines), health system strengthening, and TRIPS flexibilities

Indicators
• Coverage of essential healthcare services (pharmaceuticals?) and proportion of population with access to affordable medicines on a sustainable basis.

Corruption Examples
• Fraud and abuse in healthcare financing; corruption in procurement; overcharging for services; collusion in contracting; theft and diversion; embezzlement.

3.b.1 Proportion of the population with access to affordable medicines and vaccines on a sustainable basis
3.b.2 Total net official development assistance to medical research and basic health sectors
SDG Goal 16

**Targets**
- Focus on reducing corruption and increasing accountability and transparency

**Indicators**
- Proportion of persons who have been asked for a bribe; discrepancy in government expenditures; satisfaction with public services.

**Corruption Examples**
- Bribery; misallocation of health sector funds; public perception about healthcare delivery.
SDG Goal 17

Targets
• Focus on creating partnerships to support progress towards goals and enable policy coherence

Indicators
• Number of countries with mechanisms to enhance policy coherence; number of countries with multi-stakeholder development effectiveness monitoring frameworks.

Key Partners for Health Corruption
• UNDP, WHO, UNODC, World Bank, TI, U4, etc.
SDG Health Corruption Sub-Indicators

IAEG-SDGs
Inter-agency Expert Group on SDG Indicators

Examples of SDG sub-indicators to address Global Health Corruption

- Bribery and Healthcare Access: "Proportion of persons who paid or were asked to pay a bribe (or who made an informal payment) for public or private health services"
- Survey data, community monitoring, social media
- Fraud, Abuse, Misuse, Embezzlement: "Amount of United States dollars recovered in health systems related fines, penalties and settlements"
- Global and domestic health prosecutions/audits
- Quality and Access to Medicines: "Number of unfilled, expired, stolen, diverted, substandard, unapproved, or falsified medicines detected"
- Number of poor quality products detected/seized
- Health Workforce and Systems: "Proportion of national health budget and official development assistance committed for health system strengthening and good governance"
- Data on government health expenditures and ODA
- Capacity for Global Health Risks: "Proportion of emergency fund expenditures with appropriate use/documentation"
- Audits, M&E, counterfactual evaluation designs

17 PARTNERSHIPS FOR THE GOALS

- Policy Coherence: "Number of countries implementing UNCAC provisions in the health sector"
- Monitoring of UNCAC implementation and anti-corruption policy/law mapping
- Multistakeholder Partnerships: "Amount of support and participation by countries, international organizations, and civil society in health anti-corruption partnerships"
- Funding commitments to health corruption SDGs sub-indicators

3 GOOD HEALTH AND WELL-BEING

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

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Translational Domains
Laws, Policies and Governance

and how they address issues related to health and pharmaceutical systems

and interventions can be used as case studies and then be translated to other countries or regions

This process also needs to be accompanied by increased surveillance, M&E, transparency, and data sharing related to health/pharma corruption

Mapping existing governance and corruption-related data, country coverage, and use of proxy indicators for SDG goals

Assessment of whether existing laws, surveillance, and interventions can be used as case studies and then be translated to other countries or regions

Mobilization around SDG 17 to improve policy coherence, increase availability of data and use of tech, and promote multisector and interdisciplinary cooperation

LEGAL MAPPING
Legal mapping/atlas of anti-corruption laws and policies and how they address issues related to health and pharmaceutical systems
System Priorities

Governance System

- **International Consensus (SDGs?):** Can SDGs enable countries and international organizations to harmonize policies, regulations, surveillance, and laws to deal with health-related corruption?

- **Surveillance and M&E:** Attempting to harmonize financing and governance indicators to detect corruption and fraud will help recipient countries.

- **Prevention:** Goal should be prevention, not enforcement against low-level corruption.

- **Global Enforcement:** Prioritization on aggressive prosecution against transnational organized crime related health corruption.
Final Summary
Importance of Addressing Corruption in Pharmaceuticals

1. Serious Corruption in Health
   Corruption in health and pharma presents unique security, social and public health risks that need to be addressed uniquely from other forms of corruption.

2. Scope and Diversity of Corruption
   The scope of pharma corruption is immense and characteristics are uniquely diverse to each drug supply chain, though there are shared global vulnerabilities.

3. A Need for “Good” Global Pharmaceutical Governance
   Leveraging existing tools and resources should be explored. In addition, enhanced governance through SDGs and UNCAC could improve global surveillance, prevention and enforcement.
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Thank you for listening and we welcome any questions/comments