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THE PROLIFERATION OF CORRUPT ACTIVITIES IN PUBLIC HEALTH SYSTEMS DURING THE GLOBAL COVID-19 PANDEMIC

Bruno Meini*

Abstract

The health-care sector should aim at maintaining and improving the quality of life and individual welfare of each patient, but this is difficult when corruption pervades one or more of the pillars of health-care services such as the structure, organisation, financing, and/or delivery systems. Health systems are particularly susceptible to corruption due to the very large amounts of monetary resources involved, information asymmetries, the large number and wide distribution of actors, system complexity and fragmentation, and the increasingly advanced international supply chain of medicines and medical equipment. Corruption weakens the effective functioning of health systems and usually contributes to their progressive deterioration. The extent, nature, and impact of corrupt practices within the health-care sector remain one of the main challenges to governments across the world. These practices include absenteeism, informal payments, fraud, mismanagement of funds, and the theft and embezzlement of medicines and medical devices. Health systems continue to perform under pressure and some of them are stretched beyond their capacity as a result of the global Covid-19 pandemic. Responding to this health emergency and successfully minimising its negative effects requires that large-scale public health resource investments are carried out. However, these large investments can create a fertile environment for the growth of corrupt and illegal activities. The purpose of this article is, therefore, to discuss and analyse in depth the causes and consequences of corruption in the health-care sector during the global Covid-19 crisis.

* Bruno Meini, Faculty Member, Unicaf University, Cyprus. Member of the Scientific Committee of the International Observatory of Social Theory on New Technologies and Sustainability – Sostenibilia, Sapienza University of Rome.

1. INTRODUCTION

Corruption has been rooted in human society since ancient times¹ and remains a widespread problem that undermines democratic mechanisms² and the rule of law.³ It is a global phenomenon, one that affects both the public and private spheres as well as the areas where the two are closely interrelated.⁴ Corruption can undermine political stability, economic growth, and civil and social progress in both developed and developing countries.⁵

Despite the absence of a shared international legal definition of corruption, this social problem can be interpreted in two ways – in the narrower sense of referring to bribery only, or in the wider sense of including a variety of illegal activities, such as bribery, extortion, fraud, cartels, abuse of power, embezzlement, and money laundering. These activities are criminal offences in most jurisdictions, albeit that the exact definition of offences normally varies from one country to another.⁶ Moreover, a universally accepted definition of corruption in the literature is missing⁷ because this concept is difficult to define due to its complex and multidimensional nature.⁸

Corruption is a form of unprincipled or illegal behaviour by an individual or group who abuse a position of power or service involving responsibility to the public in

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- ¹ Brioschi C & Shugaar A (2017) *Corruption: A Short History* Washington, DC: Brookings Institution Press.
- ² Rock MT (2007) 'Corruption and Democracy' *DESA Working Paper* (No. 55), available at <https://www.un.org/en/desa/corruption-and-democracy> (visited 28 July 2021). See also Adersson S & Anechiarico F *Corruption and Corruption Control: Democracy in the Balance* New York: Routledge.
- ³ Mijatović D (2021) 'Corruption Undermines Human Rights and the Rule of Law', available at <https://www.coe.int/en/web/commissioner/-/corruption-undermines-human-rights-and-the-rule-of-law> (visited 29 July 2021).
- ⁴ Wathne C (2021) *Understanding Corruption and How to Curb it: A Synthesis of Latest Thinking* Bergen: U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute at 4.
- ⁵ Gründler K & Potrafke N (2019) 'Corruption and Economic Growth: New Empirical Evidence' *CESifo Working Paper* (No. 7816), available at <https://www.un.org/en/desa/corruption-and-democracy> (visited 30 July 2021).
- ⁶ Global Infrastructure Anti-Corruption Centre (2020) 'What is Corruption', available at <https://giaccentre.org/what-is-corruption/> (visited 30 July 2021).
- ⁷ Liu X (2016) 'A Literature Review on the Definition of Corruption and Factors Affecting the Risk of Corruption' 4(6) *Open Journal of Social Sciences* 171 – 177 at 172. See also Polner M & Ireland R (2010) 'Overview of Literature on Corruption' *WCO Research Paper* (No. 7), available at <http://www.wcoomd.org//media/wco/public/global/pdf/topics/research/research-paper-series/corruption.pdf> (visited 31 July 2021).
- ⁸ Kinkhabwala BA & Gor R (2017) 'Is Corruption Inevitable? – Assessing the Measures Taken and Role of Spirituality for Better Future' 47(12) *Chartered Secretary* 80 – 84 at 80.

order to obtain personal benefits.⁹ It can take various forms and occurs in different socio-cultural contexts.¹⁰ The World Bank's definition clearly and concisely illustrates unequivocal examples of the abuse of public office for private gain:

*Public office is abused for private gain when an official accepts, solicits, or extorts a bribe. It is also abused when private agents actively offer bribes to circumvent public policies and processes for competitive advantage and profit. Public office can also be abused for personal benefit even if no bribery occurs, through patronage and nepotism, the theft of state assets, or the diversion of state revenues.*¹¹

It is important to emphasise that while this definition is widely used in the literature, it refers exclusively to the legal and economic aspects of corrupt practices without any reference to the social, cultural, ethical, and moral implications of the phenomenon.¹²

Corruption is also a pervasive problem in the health sector, one with negative effects on life expectancy, especially for poorer people who live in developing countries. In particular, the five dimensions of health-system performance – access, quality, equity, efficiency, and efficacy of health services – are severely damaged by corruption, which impedes the full realisation of lasting universal health coverage.¹³ In addition, the disastrous impact of corruption on health-care service delivery has been aggravated by the Covid-19 pandemic, which has created ideal conditions for corrupt actors to take advantage of an unprecedented situation.¹⁴

2. MAIN FORMS OF CORRUPTION IN HEALTH SYSTEMS

The World Health Organization (WHO) defines health systems as 'all organizations, people and actions whose primary intent is to promote, restore or maintain health.

⁹ Iyanda DO (2012) 'Corruption: Definitions, Theories and Concepts' 2(4) *Arabian Journal of Business and Management Review (Oman Chapter)* 37 – 45 at 39, available at [https://www.arabianjbm.com/pdfs/OM_VOL_2_\(4\)/4.pdf](https://www.arabianjbm.com/pdfs/OM_VOL_2_(4)/4.pdf) (visited 2 August 2021). See also Kurer O (2005) 'Corruption: An Alternative Approach to its Definition and Measurement' 53(1) *Political Studies* 222 – 239 at 227 – 231.

¹⁰ Graycar A (2015) 'Corruption: Classification and Analysis' 34(2) *Policy and Society* 87 – 96 at 87 – 90.

¹¹ World Bank (1997) *Helping Countries Combat Corruption: The Role of the World Bank* Washington, DC: World Bank at 8 – 9.

¹² Popova Y & Podolyakina N (2014) 'Pervasive Impact of Corruption on Social System and Economic Growth' 110 *Procedia – Social and Behavioral Sciences* 727 – 737 at 733. See also Ochulor CL (2011) 'Ethical and Moral Implications of Corruption' 7(5) *Canadian Social Science* 223 – 228 at 226 – 227.

¹³ Hussmann K (2020) *Health Sector Corruption: Practical Recommendations for Donors* Bergen: U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute at 1 – 4.

¹⁴ Teremetskyi V et al. (2021) 'Corruption and Strengthening Anti-Corruption Efforts in Healthcare during the Pandemic of Covid-19' 89(1) *Medico-Legal Journal* 25 – 28 at 26.

This includes efforts to influence determinants of health as well as more direct health-improving activities.¹⁵ The WHO's definition of health systems is sufficiently explicit. In line with this definition, the author intends to analyse in detail how corruption may undermine the functioning of a health-care system.¹⁶

Corruption within health-care systems is an increasingly worrying problem across the world. This is due mainly to the large amounts of public resources circulating within these systems, which make the multiplicity of health workers involved susceptible to unethical and dishonest actions, with dysfunctional effects on the entire system. In many countries, anti-corruption task forces have been set up to address this problem, but it remains a globally destabilising phenomenon.¹⁷

Corrupt activities in the health sector (both public and private) can be classified into five principal categories: absenteeism, informal payments, fraud, mismanagement of resources, and theft and resale of medicines and other medical supplies.¹⁸

One of the best-known forms of corruption is voluntary absenteeism by health-care workers. This basically occurs in two ways: when a health worker is persistently absent from duty without an approved reason but remains legitimately on the payroll, or when an individual fraudulently added to the payroll does not actually form part of the employed staff.¹⁹ As a result, many patients must wait longer because public health facilities are understaffed, and this can have negative effects on health-care services. Such absenteeism undermines patients' trust in public facilities because health workers arbitrarily reduce their in-patient care times.²⁰

¹⁵ World Health Organization (2007) *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action* Geneva: WHO at 2.

¹⁶ Sforza V et al. (2020) 'A Review of the Literature on Corruption in Healthcare Organizations' 15 (4) *International Journal of Business and Management* 98 – 111.

¹⁷ Witvliet MI (2011) 'Corruption Undermines Health Care Systems: A Human Rights Issue' 9 *Freedom from Fear Magazine* 14 – 17 at 15.

¹⁸ Kohler JC & Asiimwe A (2011) *Fighting Corruption in the Health Sector: Methods, Tools and Good Practices* New York, NY: UNDP at 20 – 25.

¹⁹ Vian T (2020) 'Anti-Corruption, Transparency and Accountability in Health: Concepts, Frameworks, and Approaches' 13 (Supplement 1) *Global Health Action* 1694744, available at <https://www.tandfonline.com/doi/full/10.1080/16549716.2019.1694744> (visited 11 August 2021).

²⁰ Hutchinson E, Balabanova D & McKee M (2019) 'We Need to Talk About Corruption in Health Systems' 8(4) *International Journal of Health Policy and Management* 191 – 194 at 192, available at http://www.ijhpm.com/article_3578_72fb5e614a6761eb1da854bca2ecda61.pdf (visited 11 August 2021).

This causes an increasing number of people in need of appropriate medical treatment to choose a private hospital or clinic.²¹

For example, many studies indicate that absenteeism is one of the main causes of the ineffective delivery of health care in the West African anglophone region, especially in Nigeria. In September 2019, four researchers from the University of Nigeria explored absenteeism in 10 primary health centres (PHCs) in Enugu State, Nigeria; PHCs are at the level of the health system classified at risk of absenteeism. The practice of regularly staying away from work without a well-founded reason was identified as highly prevalent among health workers and represents another problem within PHCs, when tardiness is also taken into consideration. Research has confirmed that so-called ‘godparents’ (usually godfathers) have great political power at the local level, with almost absolute decision-making powers in the health sector. The researchers have convincingly shown how godparents’ power affects absenteeism among primary health-care professionals, as godparents protect health workers from disciplinary action when they are unjustifiably absent from work, in particular when they are engaged in private practice.²²

In most cases, informal payments in health care constitute corrupt practice when they are ‘unreported or unregistered illegal payments that have been received, in cash or in kind, in exchange for the provision of a service (or of a faster or better service) that is officially free’.²³ For most countries, this type of corruption includes, among its main causes, a general tolerance towards bribery, low salaries for health workers (including physicians), ineffective and inefficient administrative apparatuses, and weak prevention and control mechanisms.²⁴

Informal payments can be referred to by different terms such as bribery, black money, or grey money, depending on the country concerned. These unofficial

²¹ National Academies of Sciences, Engineering, and Medicine (2018) *Crossing the Global Quality Chasm: Improving Health Care Worldwide* Washington, DC: The National Academies Press at 208.

²² Onwujekwe O et al. (2019) ‘Exploring Health-Sector Absenteeism and Feasible Solutions: Evidence from the Primary Healthcare Level in Enugu, South East Nigeria’ Working Paper (No. 14) London: SOAS-ACE Research Consortium at 5 – 6, available at <https://ace.soas.ac.uk/publication/exploring-health-sector-absenteeism-and-feasible-solutions-evidence-from-the-primary-healthcare-level-in-enugu/> (visited 12 August 2021).

²³ Stringhini S, Thomas S, Bidwell P, Mtui T & Mwisongo A (2009) ‘Understanding Informal Payments in Health Care: Motivation of Health Workers in Tanzania’ 7(53) *Human Resources for Health*, available at <https://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-7-53> (visited 12 August 2021).

²⁴ Slot B et al. (2017) *Updated Study on Corruption in the Healthcare Sector* Luxembourg: Publications Office of the European Union at 10.

forms of payment have become a significant and controversial issue in health systems, especially in developing and transitional countries.²⁵ Bribery is widely criminalised in the health sector, and both the party who offers or provides the bribe (supply-side) and the party who solicits or receives the bribe (demand-side) may be criminally prosecuted.²⁶

Supply-side bribes occur when a company or individual pays a bribe to someone who is in a position to agree to a contract for the provision of a particular service. Kickbacks can be a form of supply-side bribe. This occurs when a family doctor accepts money or goods to buy and prescribe certain medicines or to refer their patients to private clinics for specialist treatment.²⁷ A significant example is fee-splitting, an unethical practice in which a specialist or health-care facility shares their professional fee with the referring general practitioner.²⁸

Demand-side bribes, by contrast, often happen when a patient pays a bribe to a doctor or another component of the medical staff to obtain service of good quality and/or quicker access.²⁹ On African Anti-Corruption Day 2019, for example, Transparency International and Afrobarometer released the *Global Corruption Barometer Africa 2019*, which reveals that more than one in four African citizens, or 28 per cent of the continent's population, had paid a bribe in the preceding year to access public services, including health care. This equates to about 130 million people across the 35 African countries surveyed. The report highlights that poorer citizens are more vulnerable to corruption than richer citizens in Africa. In particular, almost two in five of the poorest people paid bribes for public services against one in five of the wealthiest people. In addition, young people (18–34) are likelier to pay more bribes than their elders (55 or over).³⁰

²⁵ Habibi Nodeh F et al. (2017) 'Reduction and Elimination Solutions of Informal Payment in Iran's Health System' 31(139) *Medical Journal of the Islam Republic of Iran*, available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6014793/> (visited 13 August 2021).

²⁶ Myint U (2000) 'Corruption: Causes, Consequences, and Cures' 7(2) *Asia-Pacific Development Journal* 33 – 58 at 42 – 43.

²⁷ Ensor T & Duran-Moreno A (2002) 'Corruption as a Challenge to Effective Regulation in the Health Sector' in Saltman RB, Busse R & Mossialos E (eds) *Regulating Entrepreneurial Behaviour in European Health Care Systems* Buckingham: Open University Press at 109.

²⁸ Parsa M et al. (2016) 'Fee-Splitting among General Practitioners: A Cross-Sectional Study in Iran' 19(12) *Archives of Iranian Medicine* 861 – 865 at 861. See also Idowu BM et al. (2020) 'Perspectives of Nigerian Doctors on the Practice of Rebates, Fee-splitting, and Kickbacks' 27(2) *West African Journal of Radiology* 128 – 135 at 129 – 133.

²⁹ Ensor T & Duran-Moreno A (2002) at 107.

³⁰ Pring C & Vrushi J (2019) *Global Corruption Barometer Africa 2019: Citizens' Views and Experiences of Corruption* Berlin: Transparency International at 15 – 17.

Health-care fraud is a financial crime that always has an identifiable victim who is at risk of significant injury or death in extreme cases (e.g. patients who are subject to superfluous or unsafe medical treatments because of their greed). There are several situations that are defined as fraud, each of which has at its foundation the concept of taking money improperly out of the health-care system.³¹ Specifically, this crime takes place

when an individual, a group of people, or a company knowingly misrepresents or mis-states something about the type, the scope, or the nature of the medical treatment or service provided, in a manner that could result in unauthorized payments being made.³²

Health-care fraud can be committed by medical providers, patients, and other people who deliberately misinform the health-care system to obtain an illegal benefit or unauthorised payment.³³ Health-care-provider fraud schemes can include the following situations: billing for medical services, supplies or equipment that are not really performed or delivered; billing for a non-covered service as a covered service; misrepresenting dates, locations or providers of a service; over-utilisation of services; issuing false or unnecessary prescriptions; and incorrect reporting of diagnoses and procedures.³⁴

The South African Special Investigating Unit (SIU), a state agency, has investigated several alleged cases of fraud, which has led to the dismissal of the Members of Executive Councils (MECs),³⁵ the resignation of the Minister of Health,³⁶ and the

³¹ Peck S & McKenna L (2017) 'Fraud in Healthcare: A Worldwide Concern' 17(2) *HealthManagement.org: The Journal* 89 – 176 at 124 – 125, available at <https://healthmanagement.org/c/healthmanagement/issue/volume-17-issue-2-2017> (visited 16 August 2021).

³² United States Attorney's Office – Western District of Michigan (2019) 'Health Care Fraud', available at <https://www.justice.gov/usao-wdmi/health-care-fraud> (visited 16 August 2021).

³³ FBI (2016) 'Health Care Fraud', available at <https://www.fbi.gov/scams-and-safety/common-scams-and-crimes/health-care-fraud> (visited 16 August 2021). See also Drabiak K & Wolfson J (2020) 'What Should Health Care Organizations Do to Reduce Billing Fraud and Abuse?' 22(3) *AMA Journal of Ethics* 221 – 231, available at https://journalofethics.ama-assn.org/sites/journalofethics.ama-assn.org/files/2020-02/pfor1-2003_0.pdf (visited 16 August 2021).

³⁴ Piper C (2013) '10 Popular Health Care Provider Fraud Schemes: "Do not Harm" Isn't their Motto' January/February *Fraud Magazine*, available at <https://www.fraud-magazine.com/article.aspx?id=4294976280> (visited 16 August 2021).

³⁵ Nicolson G (9 October 2020) 'Fired MEC Bandile Masuku Slams SIU Report' *Daily Maverick*, available at <https://www.dailymaverick.co.za/article/2020-10-09-fired-mec-bandile-masuku-slams-siu-report/> (visited 25 November 2021).

³⁶ Isilow H (30 September 2021) 'Report Implicates Former South African Health Minister, Others in Coronavirus Contract Scandal' *Anadolu Agency*, available at

suspension of senior officials in the Department of Health.³⁷ The SIU's investigative activities have focused on allegations of widespread fraudulent irregularities in the awarding of government contracts for personal protective equipment and other measures to mitigate the spread of Covid-19 in 2020. The SIU revealed that these contracts amounted to almost USD 900 million.³⁸

Common methods of health-care billing fraud are unbundling and upcoding. The former is when a health-care provider is supposed to charge for a group of medical procedures covered by a single unique code, but instead intentionally charges for each procedure separately in order to maximise reimbursement.³⁹ For example, a patient might undergo multiple medical treatments for a broken leg, such as resetting the bone or being put in a cast, and the health centre use different codes for each single treatment instead of using the bundled code; this results in higher reimbursable costs.⁴⁰ Upcoding occurs when a health-care provider assigns the wrong code to a medical procedure or therapy to get a higher reimbursement.⁴¹ For example, a patient might suffer from acute bronchitis but the hospital reports a diagnosis of chronic bronchitis. This qualifies as upcoding.⁴²

Health-care fraud can also be perpetrated by patients with the clear intention of defrauding the health system. Examples of this type of fraud include feigning a health condition in order to receive drugs that can then be sold, forging or altering

<https://www.aa.com.tr/en/africa/report-implicates-former-south-african-health-minister-others-in-coronavirus-contract-scandal/2378559#> (visited 25 November 2021).

³⁷ Ellis E (30 September 2021) 'Minister of Health Apologises for Digital Vibes Scandal and Announces Suspension of Anban Pillay and Other Senior Officials' *Daily Maverick*, available at <https://www.dailymaverick.co.za/article/2021-09-30-minister-of-health-apologises-for-digital-vibes-scandal-and-announces-suspension-of-anban-pillay-and-other-senior-officials/> (visited 25 November 2021).

³⁸ Magome M (29 September 2021) 'Report: Corruption at S Africa Health Ministry during COVID' *Associated Press*, available at <https://apnews.com/article/coronavirus-pandemic-business-africa-health-south-africa-b41b697e2ec09287027dd942f5622d55> (visited 26 November 2021).

³⁹ Slater D (2002) 'Business Side of Pain Management' in Weiner RS (ed) *Pain Management: A Practical Guide for Clinicians* (6 ed) Boca Raton, FL: CRC Press at 913.

⁴⁰ Hilder & Associates PC (18 May 2020) 'Are There Different Types of HealthCare Billing Fraud?', available at <https://www.hilderlaw.com/blog/2020/05/are-there-different-types-of-healthcare-billing-fraud/> (visited 17 August 2021).

⁴¹ Grant-Kels JM & Kim A (2016) 'Billing and Up Coding: What's a Doctor-Patient to Do?' 2(4) *International Journal of Women's Dermatology* 149 – 150.

⁴² Verhovshek GJ (4 February 2016) 'Upcoding vs. Downcoding: Know the Difference', available at <https://www.physicianspractice.com/view/upcoding-vs-downcoding-know-difference> (visited 17 August 2021).

medical bills and/or receipts, and making use of someone else's coverage or insurance card information to receive health-care services.⁴³

Mismanagement of resources is another form of corruption. The loss or misuse of funds is often perpetrated by hospital administrators who stipulate agreements with companies to purchase only their equipment or take money for projects or conditions that often are neither a need nor a priority for their community.⁴⁴ The lack of receipts and/or treasurer's reports on the financial transactions of the organisation, the extensive use of cash payments rather than traceable payments (e.g. cheques), and the continual postponement of verification procedures with financial officers are signs of possible mismanagement.⁴⁵

Also common is the theft and resale of medicines and other medical supplies by health-care workers, who commit this crime in collaboration as well as autonomously,⁴⁶ and in certain cases in collusion with private pharmacies.⁴⁷ An immediate consequence of these actions is to reduce the availability of prescription drugs for patients who are then obliged to buy unreliable medicines from private sources, leading to an increased risk of illness or death.⁴⁸ For example, on 13 January 2021 in Dar es Salaam, Tanzania, 23 pharmacists of the state-run Muhimbili Orthopaedic Institute were arrested because they were accused of the alleged theft of medicines and medical facilities between 2018 and 2020 to a total value of approximately USD 517,000.⁴⁹

⁴³ Theoharis M (2021) 'Health Care Fraud', available at <https://www.criminaldefenselawyer.com/crime-penalties/federal/Healthcare-Fraud.htm> (visited 17 August 2021).

⁴⁴ National Academies of Sciences, Engineering, and Medicine (2018) at 209.

⁴⁵ Mbukpa E & Eze EA (2020) 'Assessment of Mismanagement of Fund in Health Information Management System in General Hospital, Calabar' 8 (3) *International Journal of Health and Psychology Research* 16 – 33 at 19.

⁴⁶ Ferrinho P et al. (2004) 'Pilfering for Survival: How Health Workers Use Access to Drugs as a Coping Strategy' 2(4) *Human Resources for Health*, available at <https://human-resources-health.biomedcentral.com/articles/10.1186/1478-4491-2-4#citeas> (visited 23 November 2021).

⁴⁷ Waitera A (15 July 2018) 'Eight under Probe for Theft of Sh5m HIV kits from Murang'a Hospital' *The Star*, available at <https://www.the-star.co.ke/news/2018-07-15-eight-under-probe-for-theft-of-sh5m-hiv-kits-from-murang-a-hospital/> (visited 23 November 2021).

⁴⁸ Bruckner T (2019) *The Ignored Pandemic: How Corruption in Healthcare Service Delivery Threatens Universal Health Coverage* London: Transparency International at 11.

⁴⁹ Xinhua (2021) '23 Tanzanian Pharmacists Arrested over Alleged Theft of Medicines', available at http://www.xinhuanet.com/english/2021-01/14/c_139665375.htm (visited 18 August 2021).

3. CORRUPT PRACTICES AFFECTING THE HEALTH-CARE SECTOR DURING A PANDEMIC

The worldwide circulation of Covid-19 has resulted in a terrible economic crisis and posed exceptional challenges to health-care systems across the globe. Billions of people have been ordered to stay at home for long periods of time through extensive lockdowns, while millions have died because of lethal complications due to the coronavirus.⁵⁰ Each country is therefore committed to achieving an optimal balance between combating the Covid-19 pandemic and safeguarding essential health services, especially for the most fragile and vulnerable populations, such as the elderly, children, people living with one or more chronic conditions, and the disabled and other minority groups.⁵¹

However, in the search for a rapid and adequate response to the pandemic, many governments have not been able to develop an effective and efficient anti-corruption strategy, consequently leaving their health systems vulnerable to abuses and fraud.⁵² The United Nations Secretary-General's statement on corruption in the context of Covid-19 urges the international community to take action, given the gravity of the situation:

Corruption is criminal, immoral and the ultimate betrayal of public trust. It is even more damaging in times of crisis – as the world is experiencing now with the COVID-19 pandemic. The response to the virus is creating new opportunities to exploit weak oversight and inadequate transparency, diverting funds away from people in their hour of greatest need. ... We must work together to stop [such] thievery and exploitation by clamping down on illicit financial flows and tax havens; tackling the vested interests that benefit from secrecy and corruption; and exercising utmost vigilance over how resources are spent nationally. Together, we must create more robust systems for accountability, transparency and integrity without delay ... I urge all governments and all leaders to be transparent and accountable, and to use the tools provided by the United Nations Convention against

⁵⁰ Cuffari B (18 May 2021) 'How Has the Covid-19 Pandemic Impacted Global Health' *News Medical Life Sciences*, available at <https://www.news-medical.net/health/How-has-the-COVID-19-Pandemic-Impacted-Global-Health.aspx> (visited 18 August 2021).

⁵¹ World Health Organization (2020) *Maintaining Essential Health Services: Operational Guidance for the Covid-19 Context*, available at <https://www.who.int/publications/i/item/WHO-2019-nCoV-essential-health-services-2020.1> (visited 19 August 2021).

⁵² Teremetskyi V et al. (2021) at 26.

Corruption. As an age-old plague takes on new forms, let us combat it with new heights of resolve.⁵³

Early in the pandemic, shortages of medical supplies contributed significantly to a general panic around the virus. Despite this emergency, many traders decided to drastically increase the prices of hand sanitiser and protective medical equipment (masks, gloves and suits, and the like) to obtain enormous profits.⁵⁴ In response to this serious situation, the Massachusetts authorities intervened by modifying the state's consumer protection law. Specifically, the amendment prohibits unreasonable or unfair price increases of goods and services necessary for protecting the public's health and safety and ensuring the general welfare during a declared state of national emergency, including the Covid-19 pandemic. Businesses that violate this new regulation can be punished with a fine of up to USD 5,000.⁵⁵

Covid-19 has caused an inevitable increase both of authorised leave and involuntary absenteeism among frontline health-care workers, who have at least a threefold risk of contracting the virus due to close contact with patients. Absenteeism within health facilities continues to take place as a corrupt practice,⁵⁶ either when employees steal time by deciding arbitrarily not to go to work, or when they perform private practice during working hours.⁵⁷ It is, however, necessary to obtain more accurate and robust data in order to analyse this phenomenon in depth in the context of Covid-19.⁵⁸

Hospitals are still struggling to tackle the pandemic emergency effectively as they are understaffed and short of beds. In this context, health workers will have to give priority to those who are in greater need of appropriate treatment or might benefit

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- ⁵³ Guterres A (16 October 2020) 'Corruption in the Context of COVID-19' [YouTube Video], available at <https://www.youtube.com/watch?v=SzgT-kqOiXw> (visited 19 August 2021).
- ⁵⁴ Rhodes N (13 March 2020) 'Coronavirus: The Perfect Incubator for Corruption in Our Healthy Systems? 7 Key Covid-19 Points to Consider' *Transparency International*, available at <https://ti-health.org/content/coronavirus-covid19-corruption-health-systems/> (visited 19 August 2021).
- ⁵⁵ Martin N (26 March 2020) '\$250 for Purell? State Probes Complaints of Price Gouging' *The Boston Globe*, available at <https://www.bostonglobe.com/2020/03/26/nation/250-purell-state-investigating-complaints-coronavirus-price-gouging/> (visited 20 August 2021).
- ⁵⁶ Cepeda Cuadrado D (2020) *The Ignored Pandemic behind Covid-19: The Impact of Corruption on Healthcare Service Delivery* London: Transparency International at 6.
- ⁵⁷ Nanjunda (2014) 'Missing Doctors? An Investigative Study on the Absenteeism among Medical Workers in Community Health Centers (CHCs) in Rural South Karnataka, India' 13(1) *Journal of the Liaquat University of Medical and Health Sciences* 37 – 40 at 39.
- ⁵⁸ Jones C & Wynn M (21 January 2021) 'Coronavirus and the Workplace: The Virus Causes Record Numbers of Job Absences in 2020' *USA Today*, available at <https://eu.usatoday.com/story/money/2021/01/21/covid-19-workplace-absences-surge-2020-due-illness-fears/6585474002/> (visited 22 August 2021).

the most from them. This situation is alarming in view the increased risk of bribes from patients wishing to receive care as soon as possible, while the most vulnerable, who cannot pay, are left at the end of the waiting list.⁵⁹ For women, there is a further danger of being victims of sextortion⁶⁰ in order to gain access to quality health-care services.⁶¹

In the context of the pandemic, Transparency International surveyed more than 40,000 people in all 27 EU countries for its report entitled *Global Corruption Barometer – European Union 2021*. The researchers found that health care is a hotspot of corruption, which is of extreme concern during a pandemic crisis that calls for urgent measures for the protection of citizens' health, such as medical support and vaccinations. The report shows that six out of 100 European citizens paid a bribe to get a service from a public health facility and 29 per cent had counted on personal connections to get medical care in the previous year. Bribery rates in the health sector were the highest in Romania and Bulgaria, at 22 per cent and 19 per cent, respectively, while more than 40 per cent of Czechs and Hungarians relied on their personal connections to get access to health-care services. The report also highlights how sextortion often occurs in exchange for getting health care or educational services. In particular, the highest sextortion rates for people accessing public services were in Bulgaria (17 per cent), Romania (13 per cent), and Croatia (13 per cent).⁶²

Scams related to the coronavirus are quickly increasing as the pandemic continues to be a public health emergency. Scammers are mainly targeting older people and those with serious pathologies who appear to be more at risk of serious complications from Covid-19. Fraudsters see the pandemic as an extraordinary money-making opportunity.⁶³ In the UK, for example, more than 6,000 cases of Covid-related fraud and cybercrime have been recorded by police forces during the pandemic. The team at the UK's national reporting centre for fraud and cyber-

⁵⁹ Rhodes N (13 March 2020).

⁶⁰ Term coined by the International Association of Women Judges to indicate a crime characterised by an abuse of authority in which sex represents the medium of exchange for bribes. See Hendry N (14 April 2020) 'Sextortion: Sex Offence or Corruption Offence?', available at <https://www.transparency.org/en/blog/sextortion-sexual-offence-or-corruption-offence> (visited 23 August 2021).

⁶¹ United Nations Office on Drug and Crime (2020) *The Time Is Now: Addressing the Gendered Dimensions of Corruption* Vienna: United Nations at 42 – 45.

⁶² Martinez B & Kukutschka R (2021) *Global Corruption Barometer – European Union 2021: Citizens' Views and Experiences of Corruption* Berlin: Transparency International at 20 – 25.

⁶³ Senior Medicare Patrol National Resource Center (2021) 'COVID-19 Fraud', available at <https://www.smpresource.org/Content/Medicare-Fraud/Fraud-Schemes/COVID-19-Fraud.aspx> (visited 25 August 2021).

crime, Action Fraud, reported a large amount of Covid-related fraud, with GBP 34 million stolen in pandemic scams since 1 March 2020.⁶⁴

According to the Federal Trade Commission, Covid-related fraud has cost Americans USD 382 million. This figure is underestimated because it is based exclusively on consumers' official complaints, but many instances of fraud are integral to the dark (or hidden) nature of crime.⁶⁵ Health-care fraud often involves the submission of fraudulent bills to public and private health insurance companies by dishonest and conniving health-care professionals for services that were never rendered. The United States Department of Justice incriminated 14 individuals in seven federal districts for their presumed involvement in diverse Covid-related fraud schemes that amounted to more than USD 143 million in fake billings last June. Much of this fraud is caused by Covid-19 testing because it is an easy opening for fraud. Fraudulent testing centres exploit the emergency rules that impose free testing for patients and health plan members but do not establish price limits for Covid-19 diagnostic tests. Consequently, testing providers sometimes add high additional fees to tests for a non-existent medical consultation. The insurer or government covers the cost of the Covid-19 test and charges the rest to the patient: this is health-care fraud.⁶⁶

Counterfeit medical devices and bogus vaccines are also a source of increasing concern at an international level because they risk impacting negatively on the health and safety of the population.⁶⁷ In April 2021, Pfizer Inc. identified counterfeit vials of its vaccine in both Mexico and Poland, the latest criminal initiative

⁶⁴ Simmons D & Quinton M (24 March 2021) 'Covid Fraud: £34.5m Stolen in Pandemic Scams' *BBC*, available at <https://www.bbc.com/news/technology-56499886> (visited 25 August 2021).

⁶⁵ Iacurci G (24 March 2021) 'Covid-Related Fraud Has Cost Americans \$382 Million' *CNBC*, available at <https://www.cnbc.com/2021/03/24/covid-fraud-costs-americans-382-million-dollars.html> (visited 26 August 2021).

⁶⁶ Calhoun G (3 June 2021) 'Covid – 19 Testing "Free with Insurance" – A New Form of Health Care Fraud' *Forbes*, available at <https://www.forbes.com/sites/georgecalhoun/2021/06/03/covid-19-testing-free-with-insurance-a-new-form-of-health-care-fraud/?sh=6ebd9ac41ea7> (visited 26 August 2021). See also Burba AJ & Mendez PG (2 June 2021) 'DOJ Targets COVID-19 Fraud with Coordinated, Multi-District Law Enforcement Action' 11 (238) *National Law Review*, available at <https://www.natlawreview.com/article/doj-targets-covid-19-fraud-coordinated-multi-district-law-enforcement-action> (visited 26 August 2021); Sullivan T (13 June 2021) 'DOJ Turns its Focus to COVID-19 Fraud' *Policy & Medicine*, available at <https://www.policymed.com/2021/06/doj-turns-its-focus-to-covid-19-fraud.html> (visited 26 August 2021).

⁶⁷ Organisation for Economic Co-operation and Development & European Union Intellectual Property Office (2020) *Trade in Counterfeit Pharmaceutical Products, Illicit Trade* Paris: OECD Publishing at 14 (visited 26 August 2021).

organised to try to hoodwink unsuspecting vulnerable people in the midst of a global vaccination campaign. The possibility of vaccine mandates in the spheres of school, university, work and tourism have already generated schemes to produce and allocate counterfeit Covid-19 vaccination passes; this may lead to criminal action.⁶⁸

The Covid-19 crisis requires immediate operational choices to be made by governments that are committed to taking radical measures to safeguard public health.⁶⁹ The pandemic has revealed the deficiencies of central and local authorities regarding urgently procuring basic health-care items, such as personal protective equipment and intensive care unit materials, which are necessary in the fight against Covid-19.⁷⁰ Emergency events such as this pandemic may bring about an environment where corruption is more likely to occur.⁷¹ In particular, the misuse of public resources in Covid-19 emergency procurement has been caused primarily by the abuse of discretion granted by emergency procurement rules to procurement staff, whose choices to award contracts to specific suppliers have often been influenced by personal and/or political connections, or determined by cash bribes.⁷²

Examples in the press are numerous. In Bolivia, the health minister was arrested because he was accused of having authorised the purchase of more than 170 Spanish-made ventilators at an inflated price, paying approximately two and a half times more than the price charged by the manufacturer for each unit (USD 27,683 as opposed to USD 11,941), representing a total difference of more than USD 2.5

⁶⁸ Hopkins JS & de Córdoba J (21 April 2021) 'Pfizer Identifies Fake Covid-19 Shots Abroad as Criminals Exploit Vaccine Demand' *The Wall Street Journal*, available at <https://www.wsj.com/articles/pfizer-identifies-fake-covid-19-shots-abroad-as-criminals-exploit-vaccine-demand-11619006403> (visited 26 August 2021).

⁶⁹ OECD (19 April 2020) 'Public Integrity for an Effective Covid-19 Response and Recovery' *OECD Policy Responses to Coronavirus (COVID-19)*, available at <https://www.oecd.org/coronavirus/policy-responses/public-integrity-for-an-effective-covid-19-response-and-recovery-a5c35d8c/> (visited 30 August 2021).

⁷⁰ Nyrröd T & Spagnolo G (28 September 2020) 'Combating Misuse of Public Funds in COVID-19 Emergency Procurement' *FREE Policy Brief*, available at <https://freepolicybriefs.org/2020/09/28/covid-19-emergency-procurement/> (visited 30 August 2021).

⁷¹ Oliveira Silva Luz A (11 March 2021) 'Emergencies: Increasing the Opportunities to Corruption?' *Geneva Global Policy Briefs* (No. 1), available at http://www.ceje.ch/files/4116/1521/7604/University_of_Geneva_-_GGPB_N1-2021_-_A._Oliveira_Silva_Luz.pdf (visited 30 August 2021).

⁷² Nyrröd T & Spagnolo G (28 September 2020) 'Combating Misuse of Public Funds in Covid-19 Emergency Procurement' *FREE Policy Brief*, available at <https://freepolicybriefs.org/2020/09/28/covid-19-emergency-procurement/> (visited 30 August 2021).

million.⁷³ In Bangladesh, the increasing rate of health-related corruption in the country was exemplified by the fact that several cases of counterfeiting of budgets for medical equipment and health services were recorded. In July 2020, for example, Regent Hospital Chairman, Mohammad Shahed, was arrested with some of his closest collaborators for allegedly issuing false Covid-19 test certificates. Specifically, the hospital carried out 10,500 Covid-19 tests, 6,300 of which were found to be fake.⁷⁴

Similarly, in Nigeria an innovative civic non-governmental organisation named Civic Hive revealed scandalous Bureau of Public Procurement data at the beginning of August 2020. This brought to light that the Federal Ministry of Health had spent USD 96 000 on the purchase of 1,808 ordinary face masks, or approximately USD 53 per unit.⁷⁵ In Cameroon, rights groups, media, and opposition parties invited the government to shed light on a missing sum of USD 335 million loaned by the International Monetary Fund to combat Covid-19. Local media reported significant cases of embezzlement in the country. One such case was detected at the Ministry of Scientific Research. The Ministry received USD 9 million to fund the production of the drug chloroquine but instead decided to use 30 per cent of the funds to buy the drug from China.⁷⁶

In South Africa, the auditor-general wrote a report in which he strongly criticised the use of the Covid-19 relief fund. In this report, he emphasised the fact that the area of procurement of personal protective equipment needed to be carefully scrutinised because there were examples of the price being 200 per cent and, in certain cases, five times more than the price that the national treasury had

⁷³ Pasley J (21 May 2020) 'Bolivia's Health Minister Has Been Arrested on Corruption Charges for Overspending Millions on Ventilators That Don't Even Work Right' *Business Insider*, available at <https://www.businessinsider.com/bolivia-health-minister-arrested-over-ventilators-marcelo-navajas-2020-5?r=US&IR=T> (visited 31 August 2021).

⁷⁴ Al-MS Zaman (2020) 'Healthcare Crisis in Bangladesh during the COVID-19 Pandemic' 103(4) *The American Journal of Tropical Medicine and Hygiene* 1357 – 1359 at 1357 – 1358. See also Rabbi AR (15 July 2020) 'Regent Hospital Chairman Shaed Arrested' *Dhaka Tribune*, available at <https://www.dhakatribune.com/bangladesh/nation/2020/07/15/regent-hospital-chairman-shahed-arrested> (visited 1 September 2021).

⁷⁵ Schipani A, Cotterill J & Munshi N (1 September 2020) 'Africa's Covid-19 Corruption: "Theft Doesn't Even Stop during a Pandemic"' *Financial Times*, available at <https://www.ft.com/content/617187c2-ab0b-4cf9-bdca-0aa246548745> (visited 1 September 2021).

⁷⁶ Kindzeka Moki E (31 May 2021) 'Cameroon Investigates Missing \$335 Million in COVID Funds' *Voice of America*, available at <https://www.voanews.com/africa/cameroon-investigates-missing-335-million-covid-funds> (visited 1 September 2021).

recommended. The main consequence of this situation was that the auditor urged the competent authorities to investigate a specific list of alleged cases of fraud.⁷⁷

One of the most recurrent unethical and illegal actions among health systems in both developed and developing countries is the theft and embezzlement of medicines and other medical devices by frontline health-care staff. The Covid-19 pandemic has increased the risk of theft of medical supplies, because emergency rules have led many governments to relax their controls and weaken their sanctioning systems. Add to all this the high levels of stress and fatigue that health workers are experiencing, together with low and sometimes irregular levels of remuneration, and a fertile breeding ground for theft and embezzlement is created. As a result, the theft and resale of publicly funded drugs, vaccines and medical devices have reduced the capacity of health systems to provide adequate assistance for Covid-19 patients.⁷⁸

International media agencies have reported several incidents of theft and embezzlement of medicines, medical equipment and supplies during the Covid-19 pandemic, both inside and outside health sectors across the world. In the United States, for example, a 30-year-old man was identified and arrested after being accused of stealing 100 vials of Johnson & Johnson's single-dose Covid-19 vaccine from a dental office in Purdy, south of Seattle, in April 2021.⁷⁹ In Turkey, a shipment of 50,000 medical suits destined for Malta was looted from a shipping depot in April 2020. The stolen items were most likely resold on a new worldwide black market for Covid-19 hospital supplies.⁸⁰ In South Africa, a health worker was intercepted by security guards at Frontier Hospital in Komani, a small town in the Eastern Cape Province, with eight boxes filled with life-saving personal protective equipment. In stealing these medical supplies, the worker was increasing the vulnerability of frontline health-care staff to Covid-19.⁸¹

⁷⁷ BBC (2 September 2020) 'Coronavirus in South Africa: Misuse of Covid-19 Funds "Frightening"', available at <https://www.bbc.com/news/world-africa-54000930> (visited 24 November 2021).

⁷⁸ Cepeda Cuadrado D (2020) at 4.

⁷⁹ Spocchia G (6 May 2021) 'Man Arrested for Stealing 100 Vials of Covid Vaccine' *The Independent*, available at

<https://www.independent.co.uk/news/world/americas/crime/arrest-covid-vaccines-stolen-washington-b1843367.html> (visited 2 September 2021).

⁸⁰ Martin I (7 April 2020) 'COVID-19 Protective Gear for Malta Stolen in Turkey' *Times of Malta*, available at <https://timesofmalta.com/articles/view/covid-19-protective-gear-for-malta-stolen-in-turkey.783878> (visited 2 September 2021).

⁸¹ Kimberley K (11 January 2021) 'Health Worker Held after Attempted Theft of PPE' *TimesLIVE*, available at <https://www.timeslive.co.za/news/south-africa/2021-01-11-health-worker-held-after-attempted-theft-of-ppe/> (4 September 2021).

4. CONCLUDING REMARKS

Covid-19 has heavily tested the resilience of global health-care systems.⁸² The health systems of developing countries have been brought to their knees by this terrible pandemic;⁸³ however, many developed countries' health services have also encountered serious difficulties in managing the fast-spreading pandemic.⁸⁴ Rapid responses, lax controls, and the continuous flow of money are the main features of these emergency scenarios, all of which cause corruption to escalate. As a result, traditional anti-corruption strategies need to be reviewed carefully so that corruption risks can be addressed effectively for the full duration of this pandemic.⁸⁵

Voluntary absenteeism continues to be a corrupt practice within health facilities, with health workers using Covid-19 as an excuse to abstain from work.⁸⁶ In this situation, an appropriate and mandatory Covid-19 vaccination programme can be an effective measure to remove people's fear of infection from the virus, making it unjustifiable as an excuse and so significantly reducing absenteeism.⁸⁷ Another form of corruption takes place when, during scheduled working hours, public health-care workers decide to carry out private practice outside of their facility of regular employment.⁸⁸ This often occurs because they consider their main salary insufficiently rewarding. Consequently, the decision to increase health-care providers' wages to limit dual practice could have a positive effect on their attendance and motivation.

⁸² WHO (2021) 'Building Health Systems Resilience for Universal Health Coverage and Health Security during the COVID-19 Pandemic and Beyond' *WHO Position Paper*, available at <https://www.who.int/publications/i/item/WHO-UHL-PHC-SP-2021.01> (visited 23 November 2021).

⁸³ Jensen L & Gray Molina G (6 July 2020) 'COVID-19 and Health System Vulnerabilities in the Poorest Developing Countries' *UNDP Global Policy Network Brief – HEALTH*, available at <https://www.undp.org/publications/covid-19-and-health-system-vulnerabilities-poorest-developing-countries> (visited 23 November 2021).

⁸⁴ Inman P (28 September 2021) 'Wealthy Nations Must Share More Resources or Risk Crisis for Billions, Warns UN Chief' *The Guardian*, available at <https://www.theguardian.com/inequality/2021/sep/28/wealthy-nations-must-share-more-resources-or-risk-crisis-for-billions-warns-un-chief> (visited 23 November 2021).

⁸⁵ Anti-Corruption Resource Centre (2021) 'Covid-19 and Corruption: Basic Guide', available at <https://www.u4.no/topics/covid-19-and-corruption/basics> (visited 4 September 2021).

⁸⁶ Cepeda Cuadrado D (2020) at 6.

⁸⁷ Talbot TR (2021) 'COVID-19 Vaccination of Health Care Personnel as a Condition of Employment: A Logical Addition to Institutional Safety Programs 326 (1) *Journal of the American Medical Association* 23 – 24 at 23.

⁸⁸ National Academies of Sciences, Engineering, and Medicine (2018) at 206.

Nevertheless, a higher salary is not sufficient in itself to eliminate absenteeism entirely. This intervention should be accompanied by the following two measures: increasing supervision, with a daily monitoring system, on the one hand, and more frequent and unexpected visits by higher-level management, on the other; and making feedback forms available for patients to provide ideas, opinions and suggestions about provider services.⁸⁹

No single approach exists for cutting informal payments in any health system, but each appropriate strategy must be considered in its own frame of reference and organised accordingly. In the drive to ensure quality health services, the principal method of fighting the informal payment is to change collective cultural attitudes towards this phenomenon from positive to negative by convincing people of the futility of this shameful act.⁹⁰ In the context of the pandemic, it is also of vital importance to preserve the rule of law and public integrity both in the immediate response to, and in the longer-term recovery from, Covid-19. Investment in adequate resources for investigative activities is necessary in order to allow for the effective detection, investigation and prosecution of solicitation or extortion of informal payments⁹¹ by health providers before treatment.⁹²

Transparency and auditing tools are effective measures in the fight against health-care fraud (including the fraud risks related to Covid-19). Transparency can mitigate these risks, because it requires health authorities to clarify any aspect regarding the rules and outcomes of health-care delivery processes and to disclose the possible existence of any type of secondary interest that may influence the decision-making procedures of health-care providers and policy-makers.⁹³ The strict delineation of the functions of cashiers and accountants can help prevent fraud. The calculation

⁸⁹ Tumlinson K, Gichane MW, Curtis SL & LeMasters K (2019) 'Understanding Healthcare Provider Absenteeism in Kenya: A Qualitative Analysis' 19(660) *BMC Health Services Research*, available at <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4435-0#citeas> (visited 6 September 2021).

⁹⁰ Zandian H, Esfandiari A, Sakha MA & Takian A (2019) 'Strategies to Reduce Informal Payments in Health Systems: A Systematic Review' 25(12) *Eastern Mediterranean Health Journal* 914 – 922 at 918 – 921, available at <https://applications.emro.who.int/emhj/v25/12/10203397-2019-2512-914-922.pdf?ua=1> (visited 7 September 2021).

⁹¹ OECD (26 May 2020) 'Policy Measures to Avoid Corruption and Bribery in the COVID-19 Response and Recovery' *OECD Policy Responses to Coronavirus (COVID-19)*, available at <https://www.oecd.org/coronavirus/policy-responses/policy-measures-to-avoid-corruption-and-bribery-in-the-covid-19-response-and-recovery-225abff3/> (visited 8 September 2021).

⁹² Cepeda Cuadrado D (2020) at 3.

⁹³ Vian T (2020).

of expected revenue, with its comparison to actual revenue, is another control against fraud.

Regular internal and external audits are also recommended measures to prevent fraud in health facilities.⁹⁴ Internal auditors are trained professionals hired by health-care facilities to check both the correctness and authenticity of transactions as well as the lawful functioning of the entire system of financial management, including internal controls. External auditors are generally registered accountants with the expertise, knowledge and independence required to examine the annual financial statements of a health-care organisation, checking especially for false or misleading information. When fraudulent activities are detected, the external auditor has the obligation to report them to management.⁹⁵ The external auditor is generally immune to conflicts of interest that, sometimes inappropriately, may influence the judgment of an internal one.⁹⁶

The promotion of integrity, transparency and accountability in public procurement procedures should help to considerably reduce the risks of corruption in the purchasing processes of Covid-19 medicines, personal protective equipment, tests, and vaccines.⁹⁷ The use of internal pandemic-specific task forces to supervise public acquisition processes and to make all tenders public responds to this need. However, numerous countries also use online systems, such as centralised e-procurement systems, as a means of monitoring procurement activities related to Covid-19.⁹⁸ This last measure can contribute significantly to increased integrity, transparency and accountability in health procurement, thereby improving the

⁹⁴ United Nations Development Programme (2011) *Fighting Corruption in the Health Sector: Methods, Tools and Good Practices* New York, NY: UNDP at 23. See also Bush RS (2012) *Healthcare Fraud: Auditing and Detection Guide* Hoboken, NJ: John Wiley & Sons.

⁹⁵ Musau S & Vian T (2008) 'Fraud in Hospital' *U4 Brief* (No. 8), available at <https://www.u4.no/publications/fraud-in-hospitals.pdf> (visited 8 September 2021).

⁹⁶ Tiron Tudor A (2013) 'Balancing the Public and the Private Interest: A Dilemma of the Accounting Profession' 92 (October) *Procedia – Social and Behavioral Sciences* 930 – 935 at 934.

⁹⁷ Kirya M (2020) 'Anti-Corruption in Covid-19 Preparedness and Response: Mainstreaming Integrity into Pandemic Plans and Policies', available at <https://www.u4.no/publications/anti-corruption-in-covid-19-preparedness-and-response.pdf> (visited 9 September 2021). See also MedTech Europe (2020) 'Covid-19 Procurement Actions', available at https://www.medtecheurope.org/wp-content/uploads/2020/03/Covid-19-Procurement-Actions_20052025.pdf (visited 9 September 2021).

⁹⁸ United Nations Office on Drugs and Crime (2020) *Good Practices Compendium on Combating Corruption in the Response to Covid-19*, available at https://www.unodc.org/pdf/corruption/G20_Compendium_Covid-19_FINAL.pdf (visited 9 September 2021).

efficiency and effectiveness of resource management and discouraging corrupt practices and behaviours.⁹⁹

Preventing pharmaceutical theft in health-care facilities is a growing priority during the Covid-19 emergency. In order to accomplish this, it is essential to increase the risks associated with the theft of medicines, personal protective equipment and medical devices. This can be done by improving surveillance (e.g. by providing health-care workers with the appropriate professional training, implementing strict visitor-access policies with the issue of coloured badges, employing qualified security personnel, and installing CCTV cameras and alarm systems in instrument and equipment storage areas, in specific areas of the health facility's drug supply, and in loading bay zones), as well as making pharmaceutical thefts more difficult (e.g. by introducing wireless tracking tools such as real-time location systems and radio-frequency identification technology, using computerised inventory control systems, and forbidding external personnel from entering the health facility after a certain time by installing a password-based automatic door access control system).¹⁰⁰

Personal protective equipment has been a key target for perpetrators of pharmaceutical cargo theft since the beginning of the pandemic; further into the pandemic, however, criminals have been progressively targeting the integrity and security of the Covid-19 vaccine distribution and supply chain. This situation has pushed the vast majority of company executives into making significant investments in the security of their business, especially with the adoption of numerous technological security devices for preserving the integrity and ensuring the safety of pharmaceutical products (e.g. real-time tracking, tracing and monitoring tools, tamper-proof seals, security closure labels, alarm systems, locks, and forensic solutions). However, in the same vein, it is also necessary to carefully plan delivery routes, along with well-timed delivery schedules, in order to avoid or minimise theft risks and losses. For example, cargo drivers must not deliver to a

⁹⁹ Hussmann K (2011) *Addressing Corruption in the Health Sector: Securing Equitable Access to Health Care for Everyone* Bergen: U4 Anti-Corruption Resource Centre, Chr. Michelsen Institute at 30.

¹⁰⁰ Freiberg S. (22 November 2019) 'Preventing Theft in Healthcare' 3 (48) *NewSplash*, available at <https://www.ultracleansystems.com/preventing-theft-in-healthcare/> (visited 11 September 2021). See also Brasola L et al. (2018) 'Medicine Thefts and Their Prevention: Current Approach in Italy and Future Perspectives' 2 (April) *Medicine Access @ Point of Care*, available at <https://journals.sagepub.com/doi/10.1177/2399202618768676> (visited 11 September 2021).

different location from that stated in the shipping documents without first receiving written authorisation from the customer.¹⁰¹

The Covid-19 emergency has led to a sudden acceleration in the process of digitalisation of health care, resulting in the availability of digital health records and e-prescriptions. Medical data sources are therefore becoming increasingly interconnected online, creating vulnerabilities that an identity thief can easily exploit for personal profit.¹⁰² Medical identity theft is a crime that can be defined as the fraudulent use of a patient's personally identifiable information in a health setting to obtain medical therapies, pharmaceutical services or goods, or to file false claims regarding any health-care programme or plan. This crime may be committed by an unknown hacker (an outsider) using the stolen identification of another person (a patient), or by a health worker (an insider) illegally accessing patient information.¹⁰³ In order to protect themselves from identity theft, patients should therefore provide the minimum required amount of personally identifiable information at medical appointments; they should also make sure the provider's online platform has the necessary privacy and security safeguards in place, and they should request that providers delete all their medical records from the patient database once the medical service has been provided.¹⁰⁴

The international community has the huge responsibility of finding global solutions to combat the trafficking of substandard and/or falsified medical products, the practice of which has been significantly increased by the spread of Covid-19. To achieve this, it is necessary for various countries to work together to devise an integrated approach based on regulatory and legislative measures, aimed, on the one hand, at fostering legitimate supply chains, protecting the integrity of medical

¹⁰¹ British Standard Institution & TT Club (2021) *BSI & TT Club Cargo Theft Report 2021*, available at <https://www.ttclub.com/-/media/files/tt-club/bsi-tt-club-cargo-theft-report/2021-02-23---bsi-and-tt-club-cargo-theft-report-2021.pdf> (visited 11 September 2021).

¹⁰² Neel R (6 April 2020) 'Healthcare Hacks in the Age of Covid-19 and Beyond' *InfoArmor Individuals and Families Blog*, available at <https://blog.infoarmor.com/individuals-and-families/healthcare-hacks-covid-19-medical-id-theft> (visited 13 September 2021). For further details, see Negreiro Achiaga M (14 April 2021) 'The Rise of Digital Health Technology during the Pandemic' *EPRS Briefing series* (PE 690.548), available at [https://www.europarl.europa.eu/RegData/etudes/BRIE/2021/690548/EPRS_BRI\(2021\)690548_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2021/690548/EPRS_BRI(2021)690548_EN.pdf) (visited 13 September 2021).

¹⁰³ Harris K (2013) *Medical Identity Theft: Recommendations for the Age of Electronic Medical Records* Sacramento, CA: California Department of Justice at 1.

¹⁰⁴ Identity Theft Resource Center (26 August 2020) 'Financial Identity Theft Linked to Covid-19 Affects Medical Sector during Pandemic' *Identity Theft Blog*, available at <https://www.idtheftcenter.org/financial-identity-theft-linked-to-covid-19-affects-medical-sector-during-pandemic/> (visited 14 September 2021).

products and deterring criminals, and, on the other hand, at creating awareness-raising initiatives intended to help patients, health-care workers, regulators and law enforcement officers to prevent, detect, and take action against medical product-related crime involving substandard and/or falsified medical products.¹⁰⁵ Finally, public authorities must ensure or enhance legal protection for whistleblowers during the current state of emergency caused by the Covid-19 pandemic.¹⁰⁶

This study helps us to understand that health crises can also provide an opportunity for central and local authorities to review their health policies and adjust them to the new reality.¹⁰⁷ The coronavirus could be such an opportunity on condition that available public resources are used in a transparent and efficient way, so that the risks of misuse of public funds are minimised.¹⁰⁸ In this context, it is of primary importance to prevent corruption and fraud in public procurement procedures.¹⁰⁹ To implement this, several countries have organised new entities, teams or task forces, and created online platforms and portals, to ensure integrity in public procurement processes during the pandemic.¹¹⁰

¹⁰⁵ United Nations Office on Drugs and Crime (2020) 'Covid-19-Related Trafficking of Medical Products as a Threat to Public Health', available at https://www.unodc.org/documents/data-and-analysis/covid/Covid-19_research_brief_trafficking_medical_products.pdf (visited 13 September 2021).

¹⁰⁶ Cepeda Cuadrado D (2020) at 18.

¹⁰⁷ Csonka P & Salazar L (2021) 'Corruption and Bribery in the Wake of the Covid-19 Pandemic: Responses at the International and EU Levels' 2 *Eucrim* 111 – 114 at 113.

¹⁰⁸ Florez J (9 September 2021) 'Covid-19 Transparency and Accountability in Africa: Our Work and Reflections to Date' *Global Integrity*, available at <https://www.globalintegrity.org/2021/09/09/covid-19-transparency-and-accountability-in-africa-our-work-and-reflections-to-date/> (visited 27 November 2021).

¹⁰⁹ Vrushi J & Kukutschka RMB (28 January 2021) 'Why Fighting Corruption Matters in Times of Covid-19. Corruption Perceptions Index 2020: Research Analysis' *Transparency International*, available at <https://www.transparency.org/en/news/cpi-2020-research-analysis-why-fighting-corruption-matters-in-times-of-covid-19> (visited 27 November 2021).

¹¹⁰ United Nations Office on Drugs and Crime (2020).