Corruption is the single greatest obstacle to social and economic development in countries worldwide, undermining democracy and creating unstable governments. With an annual global expenditure estimated at more than US$ 4.4 trillion, the health sector is a very real target for corruption and other unethical practices.

Corruption in the pharmaceutical sector can take various forms. Whether it is bribery of a government official, falsification of efficacy and safety data, theft in the distribution chain or recruitment of personnel based on favouritism, its impact on public health and government financial resources can no longer be ignored. Although hard data on global financial losses due to corruption in the pharmaceutical sector are lacking, related figures indicate that losses are potentially very high. For example, Transparency International estimates that, on average, 10 to 25 % of public procurement spending, including in the health sector, is lost due to corruption. Such abuse can aggravate the global inequalities in access to essential medicines and can be detrimental to a country’s ability to improve the health of its population.

The Good Governance for Medicines (GGM) programme started in late 2004, in line with the World Health Organization (WHO) Global Medicines Strategy 2004-2007. Its goal is to reduce corruption in the pharmaceutical sector by the application of transparent, accountable administrative procedures and by promoting ethical practices. Through this initiative, WHO’s objective is to support countries in maintaining efficient health-care systems.

WHO’s strategy to implement the GGM programme in countries

WHO has defined a model process and a long-term strategy for implementing the GGM programme in countries, based on a three-step approach as shown in Figure 1.

Phase I: National assessment of transparency and potential vulnerability to corruption of key pharmaceutical system functions: Independent national assessors conduct the assessment, and on completion a report with the findings and recommendations for action is produced, providing a baseline to monitor the country’s progress over time.

Phase II: Development of a National GGM Framework: This involves a nationwide consultation process among key stakeholders. Countries validate the results of the assessment and define the basic components necessary for promoting good governance practices in the management of their national pharmaceutical system.

Phase III: Implementation of the National GGM Framework: This phase aims to promote the framework among key pharmaceutical actors and to translate its recommendations into action through a set of strategic activities increasing awareness, strengthening integrity systems and building capabilities for leadership.

I – GGM technical package

WHO has developed a complete technical package to guide countries in each of the three phases of GGM implementation:

a) **Measuring transparency in the public pharmaceutical sector** for Phase I: The GGM transparency assessment instrument measures the level of transparency in eight key functions of medicines regulatory and procurement systems, and provides both quantitative and qualitative information. Assessors collect information through semi-structured interviews of key informants who represent different stakeholders, such as government, the private sector, academia and nongovernmental organizations. The information collected is then converted to a 0 to 10 scale to provide a score of vulnerability to corruption for each function, from minimally to extremely vulnerable. The basic assumption is that the more transparent any system is, the less vulnerable to corruption it will be. A first draft of the instrument was developed in 2004 and was regularly refined in light of the experience gained by countries. The English version of the instrument was finalized during a global expert consultation in February 2008. The Arabic, French and Spanish translations will be available shortly to facilitate the future expansion of the GGM programme in other countries.

b) **GGM framework for good governance in the pharmaceutical sector** for Phase II: This GGM framework serves as a model for the development of national GGM frameworks. At the crux of the argument presented in this document is that to achieve significant impact efforts to address corruption must include the application of two basic strategies:

- **Discipline-based strategy** – establishing anti-corruption laws, pharmacy practice laws and regulation, foreseeing adequate sanctions for violations of the law.
- **Values-based strategy** – building institutional integrity through the promotion of moral values and ethical principles.

Experience has shown that neither strategy is sufficient if used alone and coordinated use of both is required. The 10 basic components of the framework are illustrated in Figure 2.

The English version of the document is now available and Arabic, French and Spanish translations will be available shortly.

c) **Guide for promoting the framework for good governance in the pharmaceutical sector** for Phase III. There are no “quick fixes” for tackling corruption and promoting good governance in the pharmaceutical sector. A long-term strategy is needed that actively continues after a country officially adopts its national GGM framework. Phase III consists of translating the GGM framework into action. The guide for Phase III recommends a set of strategic activities to socialize the GGM framework, to 1) promote awareness among health professionals and the general public on the potential for corruption and its impact on health system functioning and 2) build national capacity for sustaining good governance in the pharmaceutical system.

A consultation process for the revision of the guide has started, and after further testing in countries the revised version will be completed in 2009.
"Corruption is a powerful force, but it is not inevitable or unavoidable. Diminishing its impact restores diverted resources to their intended purpose, bringing better health, nutrition and education to victims of corruption around the world, and with them, opportunity and hope."

Transparency International

II – Progress in countries
The GGM programme started in 2004 in four Asian countries: Lao People’s Democratic Republic, Malaysia, the Philippines and Thailand. Since then the success of the programme has exceeded expectations and the number of countries adopting the GGM programme globally has increased significantly as shown in Figure 3.

The programme currently operates in 26 countries across the six WHO regions. Progress with activities varies (see the map showing the current GGM programme phase in the 26 countries), and can be affected by different factors, such as political stability, some stakeholders’ resistance to change and the availability of human and financial resources.
WHO has developed a training package for each of the three phases and these are provided to countries before the start of each phase. WHO has also established a monitoring and reporting system, whereby countries report their activities to WHO on a biannual basis. Key country outputs and milestones that underline progress in the three phases are presented in Table 1.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Measurable outputs and milestones</th>
<th>Number of countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>National assessors trained</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Transparency assessment completed</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Transparency assessment report drafted</td>
<td>23</td>
</tr>
<tr>
<td>Phase II</td>
<td>National GGM workshop</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>National GGM team nominated</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Transparency report officially published</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Draft of national GGM framework</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>National GGM framework officially adopted</td>
<td>3</td>
</tr>
<tr>
<td>Phase III</td>
<td>Approved national GGM plan of action</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Training of national GGM team</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 1: GGM measurable country outputs and milestones

1 – Countries in Phase I:
Implementation of the GGM programme starts after receiving clearance from the Ministry of Health (MoH). Independent national assessors are selected to conduct the transparency assessment. WHO provides technical training workshops for the assessors on the use of the assessment methodology and accompanying tools.

The scores of the 24 countries that have completed their assessment is showed in Table 2. To date results indicate that in the majority of countries promotion, selection and inspection are the functions that are the most vulnerable to corruption.

<table>
<thead>
<tr>
<th>Registration</th>
<th>Licensing</th>
<th>Inspection</th>
<th>Promotion</th>
<th>Clinical Trials</th>
<th>Selection</th>
<th>Procurement</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely vulnerable</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Very vulnerable</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Moderately vulnerable</td>
<td>10</td>
<td>3</td>
<td>10</td>
<td>9</td>
<td>1</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Marginally vulnerable</td>
<td>11</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>10</td>
<td>17</td>
</tr>
<tr>
<td>Minimally vulnerable</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total no. of countries</strong></td>
<td><strong>24</strong></td>
<td><strong>6</strong></td>
<td><strong>20</strong></td>
<td><strong>20</strong></td>
<td><strong>6</strong></td>
<td><strong>24</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

Table 2: Countries’ scores on their level of vulnerability to corruption in different aspects of the pharmaceutical sector.

Comparison of the findings between countries showed some common trends, in both the strengths and weaknesses. For example, most countries have transparent and competitive procurement procedures, with a post-tender mechanism to monitor suppliers’ performance. In the selection function, most countries had a national essential medicines list, with transparent procedures for the selection process. The common weaknesses related to the lack of conflict of interest guidelines, the absence of a responsible unit within the medicines regulatory authorities for monitoring medicines promotion or the lack of publicly available terms of reference for the committee responsible for overseeing medicines registration or selection, describing its role and responsibilities.

WHO encourages countries to publish the results of the national transparency assessment, although this takes time as the results need to be validated by national stakeholders and officially approved by the government before publication. By the end of 2008, WHO had published 11 countries’ results.

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6 Total represents the number of countries in which each function was assessed
7 New functions were added to the transparency assessment instrument over the last four years, which explains why the assessment of some functions was not carried out in all countries.
2 – Countries in Phase II:
Assessing the level of transparency and potential vulnerability to corruption is not an end in itself but rather the beginning of a long process intended to generate good governance in the pharmaceutical sector. WHO recommends that countries hold a national workshop with key stakeholders shortly after the assessment is completed. The objective of such a workshop is to validate the results of the transparency assessment and consult on the key components that need to be included in the national GGM framework document. The workshop is the first key element of Phase II.

A national GGM team is then nominated by the MoH, which is responsible for 1) the development and finalization of the framework document in consultation with all key stakeholders and 2) the overall management, coordination and evaluation of the GGM programme in each country. In some countries, it has been decided to have a Steering Committee, headed by high-level officials, to set the strategic directions for the GGM programme and to guide the country team. Once officially adopted this document authorizes country teams to implement and promote good governance in the pharmaceutical sector.

3 – Countries in Phase III:
GGM frameworks are effective only if translated into action. Too often good policy documents are developed but not widely used. The aim of Phase III is to ensure that concrete actions are implemented and anti-corruption efforts remain sustainable. By the end of 2008, the following four countries were in Phase III and planned activities included:
- Bolivia: training of the national GGM team, briefing sessions for government officials, production of advocacy materials.
- Mongolia: changing procedures in regulation and supply systems to make them more transparent, moving towards a web-based registration and licensing system, adoption of a code of conduct for pharmacists and development of a conflict of interest form.
- Philippines: launching of a GGM national award for Local Government Units to decentralize GGM practices to the provinces.
- Thailand: introducing the GGM concept into university curricula and producing advocacy materials.

To ensure the sustainability of the GGM programme, training the national GGM team and continuing to work closely with it will be essential. In January 2009 a Phase III training workshop was held for the first time in Amman for Jordan’s national team. It focused on anti-corruption and pharmaceutical sector legal frameworks, implementation of the recommendations included in the transparency assessment (Phase I) and moral leadership capabilities. WHO’s focus in the coming years will be to build capacity in countries, through a combination of Phase III training and coaching.

GGM leadership and network

I. Global Advisory Group
WHO’s GGM programme is now guided by its Global Advisory Group (GAG) that provides overall strategy and policy guidance. It is comprised of a wide range of stakeholders, including international and bilateral organizations (World Bank, DFID), civil society (Transparency International, Procurement Watch), academia, national anti-corruption agencies, ministries of health and the private sector. It meets once or twice a year.

II. Global Stakeholders Group meeting (GSG), Bangkok, 3 to 5 December 2007
The objective of this meeting was to provide a platform to exchange experiences in curbing corruption and promoting good governance in the pharmaceutical sector, as well as an opportunity to network with stakeholders. Seventy participants from 25 countries, including country officials involved with the implementation of GGM in their countries as well as a wide range of key stakeholders, attended this two and a half day meeting. The theme selected “Transparency for change” aimed to mobilize a “call for action” for all participants to meet the challenges ahead, and ultimately to help make quality essential medicines accessible and affordable to all.
WHO plans to hold GSG meetings every two years.

III. GGM human resources
WHO’s priority in the coming years is to create a global team of “GGM human resources” who will be responsible for training and working closely with GGM country teams, especially from Phase II onwards. This will be essential for the sustainability of GGM programmes in countries. The global team will be multilingual (Arabic, English, French and Spanish) and its members will be selected on a specific set of criteria, such as familiarity with the GGM concepts, and availability to participate actively in GGM activities. WHO will develop a “training of trainers” package and provide training for this group in 2009.
Lessons learnt and the way forward

Interest in the GGM programme has been higher than anticipated at global and country levels, for a number of reasons. The preventive and constructive approach, namely measuring vulnerability to corruption and strengthening pharmaceutical systems by increasing transparency has appealed to governments. Also, the GGM programme is addressing real concerns and a deep-rooted issue, which is increasingly and openly acknowledged by colleagues in ministries of health, academia, civil society organizations and the private sector. There appears to be an increased consciousness that as long as corruption is not addressed, development work will not be successful. This has led senior colleagues in countries to become involved in the national GGM teams. Momentum for change is increasing.

High-level commitment has proved to be beneficial, not only for giving the high-level profile such a sensitive programme ought to have, but also for ensuring its sustainability. Experience has also shown that partnering with national anti-corruption or good governance bodies is extremely valuable, together with constant communication and staff training. It is important to acknowledge that some countries need more time than others, depending on their political situation and the availability of human resources to carry out GGM activities.

“Cross-fertilization” between participating countries has proved to be probably the best learning platform and WHO will continue its role as a hub in sharing information and experiences gained in countries, ensuring systematic evaluation and reflection on how best to increase transparency and build capacity to promote good governance in the pharmaceutical sector. In the next few years WHO will focus on consolidating the GGM programme in countries and is committed to continuing to provide technical support in this challenging and rewarding area of work.

Key GGM publications

GGM Technical Package
1. Measuring transparency in the public pharmaceutical sector. Assessment instrument
2. A framework for good governance in the pharmaceutical sector. GGM model framework

Country Reports
3. Measuring transparency in medicines registration, selection and procurement: four country assessment studies (Lao PDR, Malaysia, the Philippines and Thailand)
4. Measuring transparency to improve good governance in the public pharmaceutical sector in Jordan
5. Measuring transparency to improve good governance in the public pharmaceutical sector in Malawi
6. Measuring transparency to improve good governance in the public pharmaceutical sector: a comparative analysis of five country studies (Bolivia, Cambodia, Indonesia, Mongolia and Papua New Guinea)

Other
7. Corruption and ethical issues in the pharmaceutical sector. Annotated bibliography

Additional information http://www.who.int/medicines/ggm or contact ggminfo@who.int

The most important lessons learnt from countries were that political commitment is critical, support from other anti-corruption organizations is extremely valuable and constant communication and staff training are essential.

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