**Consultation for a proposed Global Network on Anti-corruption, Transparency and Accountability (GNACTA) in Health Systems**

26-28 February 2019

**Scope and Purpose:** Consultation towards formation of a Global Network on Anti-corruption, Transparency and Accountability in Health Systems

**Co-organizers:** WHO, the Global Fund, and UNDP, with financial support from the UK Department for International Development (DfID)

**Date:** Tuesday to Thursday, 26-28 February 2019

**Background:**
Anti-corruption, Transparency and Accountability (ACTA) measures are central components of health systems strengthening for Universal Health Coverage (UHC). They are also essential for upholding the right to health and other indivisible rights. Without ACTA measures, resources meant to deliver on health goals can be wasted, trust in the health system can be weakened and, most importantly, human lives can be lost. Researchers estimate that 1.6% of world deaths in children, or 140,000 child deaths per year, could be indirectly attributed to corruption¹. Evidence suggests that corruption in the health sector has a disproportionate effect on disadvantaged populations²,³, and hence is driver of health inequities and an obstacle that must be contended with if truly “no one is to be left behind” on the path towards UHC.

The United Nations Convention Against Corruption (UNCAC)⁴, adopted in 2003, provides a legally binding framework for countries to design and implement ACTA measures. Those measures are also addressed by the Sustainable Development Goal (SDG) 16, which calls for substantially reducing corruption and bribery in all forms (target 16.5), ensuring public access to information and protecting fundamental freedoms (target 16.10) and developing effective, accountable and institutions at all levels (target 16.6). While the primary goal of health systems globally is to contribute towards SDG 3 on health and other health-related

---

SDG targets, health systems also have a critical role to play in enabling progress towards SDG 16. By doing so, SDG 16 can become an accelerator and an enabler for improving health and health equity.

Increasingly, experts working on ACTA are focusing their efforts on corruption prevention rather than traditional approaches that over-emphasized criminalization and law enforcement. By taking a preventive approach to addressing the entry points where corruption could occur, much can be done to produce a paradigm shift in how health systems, as well as development partners, address ACTA. All societies and country contexts are vulnerable to corruption; acknowledging this, proactively building institutional capacity and ensuring measures to inhibit/prevent the development of corruption is an important part of wider reforms towards UHC. It enables the maximization of health benefits from public resources and builds public trust in the system. While punitive/remedial actions are often still required, an increased focus on prevention shifts the dominant focus from reactive measures towards creating innovations in prevention, including risk management, and opening new venues for addressing what can be politically sensitive issues.

Over the past decades, a range of stakeholders (national authorities, multilateral system agencies, international think tanks, academia and research institutes, NGOs) have advanced work on ACTA in health systems. National reforms have been implemented, seminal research and reports have been produced, donor agencies have incorporated more risk management approaches, preventive analysis has been conducted in some countries, training on ACTA approaches has been developed and deployed, and ACTA-sensitive monitoring methods have been produced in key areas like procurement, among other activities. Considerable work on ACTA in sectors other than health has also advanced, and the health sector can benefit a lot from lessons learnt in other sectoral domains.

To date, this work has been largely fragmented and disparate. There has been an absence of a coordinated and coherent approach to ACTA amongst stakeholders working in global health, as well as between those working on ACTA at cross-sectoral levels and the global health community. This has undermined the contribution of ACTA to UHC. Moving forth, and in light of the commitments to both SDGs 3 and 16, work is underway⁵ to launch a Global Network on Anti-corruption, Transparency and Accountability in Health Systems. The meeting described here within contributes to this.

Consultation aim and objectives:

The Network aims to be a dynamic platform for stakeholder-coordination in strengthening accountability and transparency across health systems, hence reducing their vulnerability to corruption. Specific objectives of this consultation focus on areas of work (in bold below) that the Network could address:

1) To explore potential future priority research and normative (guidance-setting and knowledge generation) tasks to be undertaken by the Network to advance the evidence base on ACTA methods and approaches in the health sector.

---

⁵ This is in keeping with the 13th General Programme of Work of WHO, the UNDP Strategic Plan 2018-2021, and existing cooperation agreements between WHO and UNDP and between WHO and Global Fund.
2) To establish orientations for Network members to engage in **country-level joint work on promoting ACTA measures** in the health sector, through ascertaining entry points, mutually enforcing competences, and ways to join forces.

3) To elaborate a shared vision on corruption risk management and other aspects of **ACTA in foreign aid/development partner funding** and define collaborative activities to build sustainable systems-strengthening national capacities for ACTA within health ministries and beyond.

4) To produce a **draft action plan for the Network during the 2019-2023 period**. The plan will have four workstreams addressed by objectives 1-4. Given that each workstream also feeds into the others, a matrixed approach to ensure cross-fertilization and addressing cross-cutting themes will be defined.

5) To deliberate proposals for the **agile and output-oriented management of the Network** including membership criteria, secretariat functionality, workplan management, board of advisors, cost-sharing for outputs and sustainable financing of Network activities, etc.

**Outputs:**

**Output 1:** A draft action plan for the Network during the 2019-2023 period. The plan will have four workstreams: the ACTA research and normative agenda; joining forces for country work on corruption prevention; and ACTA in foreign aid/development partner funding.

**Output 2:** Inputs regarding Network membership, to be included in a Network governance plan that will be finalized by co-founding Network agencies.

**Contacts for more information:**

<table>
<thead>
<tr>
<th>WHO</th>
<th>Global Fund</th>
<th>UNDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theadora Koller, Technical Officer for Equity, GER/WHO/HQ, <a href="mailto:kollert@who.int">kollert@who.int</a></td>
<td>Aneta Wierzynska, Senior Specialist Anticorruption and Impact, Ethics Office, Global Fund <a href="mailto:Aneta.Wierzynska@theglobalfund.org">Aneta.Wierzynska@theglobalfund.org</a></td>
<td>Anga Timilsina Global Programme Advisor on Anti-corruption <a href="mailto:anga.timilsina@undp.org">anga.timilsina@undp.org</a></td>
</tr>
<tr>
<td>David Clarke, Team Leader, UHC and Health Systems Law, HGF/WHO/HQ, <a href="mailto:clarked@who.int">clarked@who.int</a></td>
<td></td>
<td>Arkan El-Seblani Regional Manager, Anti-Corruption UNDP Bureau for Arab States <a href="mailto:arkan.el-seblani@undp.org">arkan.el-seblani@undp.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mark DiBiase Policy Specialist UNDP Global Fund Health Implementation Support Team <a href="mailto:mark.dibiase@undp.org">mark.dibiase@undp.org</a></td>
</tr>
</tbody>
</table>