CONTRIBUTION TO THE CONSULTATIVE PROCESS IN PREPARATION FOR THE UN GENERAL ASSEMBLY SESSION AGAINST CORRUPTION 2021

The UNDC International Diplomatic Organization is an organization based in London and operating internationally, registered at ONU-DESA which aims to pursue universal peace, the spread of culture, dialogue between peoples, overcoming religious, cultural and economic differences. It is also very active in the defense of human rights, in the promotion of International Justice and in the fight against International Crime.

1. Introduction

Due to Covid-19 pandemic our life has changed dramatically. We are experiencing a real crisis at the Mondial level, which requires a swift response. We should look at how we could react more effectively in the future. Nowadays, after the global crisis, there was a whole new set of rules about how the UN should intervene.

It is claim that the crisis creates irreversible changes in all sectors. On one hand, the crisis could be an occasion for the rebirth for the UN. On the other hand, the crisis is also an occasion for the increase in criminal offences, especially Corruption. It is a situation which seriously threatens the health and security of the citizens. The increase stems in large part form an important détente and simplification of police controls. It is a common phenomenon, a pattern's repeating on a loop.

For example, after the devastation left by Hurricane Katrina New Orleans mayor, Ray Nagin Jr., was sentenced to ten years in prison for corruption. Also in Italy, after the earthquake the prosecutor of the Republic of L’Aquila has disputed the crimes of corruption and auction disturbance.
Therefore, today the criminogenic effects of the crisis are being studied by several prosecutors as well as the European Union.

Actually, the Groupe d'Etats contre le corruption (GRECO) of the European Council recently published guidelines for Member States in order to prevent corruption. According to the report the sector most affected by corruption is the Health sector. But the truly interesting thing is that only about 40% of the GRECO recommendations have been transposed by the Member States in order to prevent corruption crimes involving prosecutors, judges and member of Parliament. What is worrying is that many countries are not cooperating over the things that the UE want.

We need to take steps to counteract this. First and foremost a cultural change is needed, the fight against corruption for all the Nations should move from the regular plan to the ethical plan.

2. Pandemic Effect on the Nations

Let me remind you that the effects of the pandemic which we are feeling at the moment would have been catastrophic without the UN.

The UN has tried to support the member countries on all sides, starting from the Health one up to tax breaks through several strategies not always timely and effective unfortunately. Since it is a completely new situation and the UN response has needed due to implications of the COVID-19 pandemic and the different geopolitical balance after COVID-19.

Before talking about the solution, we must analyze the problem. The Apple and Google returned data showing that the lockdown has been very diverse between countries. Unacceptable deficits have been run up. Nations have taken different measures in similar situations.

Now, I am going to explain how the various countries faced pandemic period.

Italy and Spain adopted very strict measures; mobility was almost zero. Particularly, mobility to the workplace drops by more than 60% in Italy and Spain.

Otherwise, United States, Germany and the Netherlands were less severe. They adopted less stringent measures. Indeed, mobility to the workplace drops only 38% in the United States, 29% in Germany and 24% in the Netherlands. Something similar can be told regarding the mobility for places of private interest. The graphs below show how our lifestyle has changed. ¹

¹ Apple COVID-19 Mobility dataset (https://www.apple.com/covid19/mobility.)
In order to face the pandemic and to prevent the spread of contagion many productive sectors have been completely blocked.

We could actually divide the pandemic into three significant moments in relation to the perceived risk and the measures taken. Firstly, there was the real lockdown, when no movement was allowed and no commercial activity was open,

Just think of the smartworking. This is a new and innovative way of working, it could be cheaper, faster, more comfortable for the employees but at the same time it makes the public sector less efficient.

Almost all public services are based on a front office system to support citizens, naturally this system is not possible through smartworking. But it is also true that, there are many offices that do not require the physical presence of the employee that could benefit from smartworking. In this case there is another fundamental problem namely that the average age of civil servants is very high and most of them don’t know how to use electronic devices. Therefore, this type of employee fails to ensure the proper functioning of the public sector.

The current epidemic is affecting both developed and developing countries at the same time. Following the outbreak of such a crisis, attempts are being made to reduce priorities to
mitigation and management of corruption risks and to strengthen sanctions against the perpetrators of corruption. This pandemic will be seen by some as an opportunity to take advantage of the emergency to abuse their power for private gain. In this unique circumstance, it is essential that corruption is not ignored.

Health systems in the countries receiving aid suffer from chronic systemic weaknesses which will make it difficult to respond to this crisis. They will require a quick injection of financial and technical support. It is essential that existing investments, as well as any additional funds made available to deal with the disease, are strategically distributed. Anti-corruption procedures and accountability systems will ensure that development aid distributed to help combat the virus is used well and will benefit those who need it most.

There are numerous types of corruption that show what kind of corruption occurs under normal circumstances in many low- and middle-income countries. During an outbreak, attention and funding for other health operations may be devalued. This can lead to a number of consequences, such as:

1. emergency procurement that increases the risks of corruption
2. theft of on-hand inventory, price scams and resale on the grey and black markets
3. increase in poor and falsified products entering the market.

3. Corruption in the governance, recruitment and management of healthcare personnel

Strong and capable leadership, supported by a health workforce with the necessary skills, is the cornerstone of an effective response to pandemics. However, in many developing countries, corruption and a lack of transparency have led to the recruitment of people who are unable to implement complex treatment protocols, reducing the ability to manage a crisis. This issue is relevant at a time when health systems are under pressure to recruit as many workers as possible.

During the Ebola outbreak, audits of international development spending showed that health funds and awareness efforts were fraudulently documented. There has also been a failure to pay the salaries of health workers and the money allocated to the organisations has been paid to private individuals by the distribution officers. The Red Cross alone reported that 5% of total disbursement was lost.
4. Small corruption

The forms of corruption carried out by healthcare professionals such as informal payments, excessive prescriptions, favouritism and nepotism are likely to be exacerbated during an epidemic as the system suffers a greater burden of patients. These types of corruption can be caused by low wages and inadequate working conditions and contribute to a poor perception of public services by patients, with repercussions on health-seeking behaviours.

In addition, other forms of low-level corruption perpetrated by patients can also contribute to the further spread of the disease, such as bribing law enforcement to evade quarantine. This has already been reported in Uganda, where foreigners who were supposed to be quarantined were able to evade it by corrupt means. Similar incidents have been reported in Cameroon of "connected" people circumventing quarantine. This could have disastrous consequences for containing the spread of the disease.

5. Transparency in research

There is a global call to advance research and development of diagnostic and therapeutic tools to tackle the SARS-CoV-2 epidemic and considerable amounts of public funding are being spent on support. In the best of times, pharmaceutical development is opaque and expensive, and it can be expected that, where possible, the dynamics of industry and the market will be manipulated to make more profit.

The goals are:

- ensure strict compliance with regulatory procedures in the field of research and development
- review the decision-making process
- make search results publicly available
- ensure that prices for any final product reflect the public investment made and not the company's interest in profit
- ensure fairness in access for all unrestricted nations.

6. Proposal to fight corruption

The fight against corruption must remain a priority in times of crisis, and in this particular case the SARS-CoV-2 epidemic. It is convenient to rely on traditional anti-corruption policies and programmes that mainly focus on financial management to identify and prevent corruption, but funds can be divergent and documents can be falsified, and responding to epidemics requires speed, not bureaucracy. The Ebola epidemic shows that these mechanisms in the face of an
epidemic are insufficient. Instead, donors should prioritize a sectoral approach to tackling corruption that makes achieving health outcomes a top priority and integrates the fight against corruption into the design of intervention. This means including anti-corruption experts in the public health debate and working together constructively. Donors also need to know the risks of corruption they are facing, and implementers need to design interventions accordingly. There are a number of risk assessment frameworks that can be applied, such as these examples from UNDP or WHO.

For example, in the event of an epidemic, dedicated personnel are needed to provide health services. Donors can use their influence to ensure that strong and capable leaders are appointed to lead responses nationwide. Despite widespread patronage in appointing public officials, developing countries such as the DRC, Uganda and Nigeria have been able to control the spread of Ebola by appointing experts with strong leadership skills to guide their plans to respond to the epidemic. A pandemic is therefore an opportunity to give priority to meritocracy.

The common risk of corruption of informal payments in healthcare facilities that can lead to inappropriate health research and mistrust behaviour in health service providers - and in the public service more generally - is a significant threat that should be addressed urgently. To curb this, governments should ensure timely payment of adequate salaries and consider additional incentives such as overtime allowances and bonuses. Civil society organisations can play a supervisory role by using various social responsibility tools to discourage informal payments and other corruption practices at the level of service provision.

As far as possible, the judicial system must be able to continue to function in order to apply sanctions and rule on corruption cases, thereby maintaining accountability systems during a state of emergency. Anti-corruption and criminal justice agencies should issue strong warnings against fraud and corruption in crisis response measures and prepare to launch investigations against those who are abusing their public positions to profit from the crisis.

Low-income countries have a long-standing problem with overcrowded prisons, and there is a real threat that prisons will become epicentres for the spread of the disease. It has been reported that in Iran the government has been forced to release prisoners to curb the spread of SARS-CoV-2 in prisons. The released prisoners were those considered not to be a threat to society. Those convicted of corruption-related cases could fall into the category of "low-security" detainees. This is uncharted territory and should be carefully planned and managed to minimize the weakening and subversion of justice.

Human rights considerations should take priority in efforts to safeguard humanitarian aid from corruption. An integrated approach to corruption and human rights can ensure an effective response. Human Rights Watch says that due attention should be paid to human rights principles such as non-discrimination, transparency and respect for human dignity. This will ensure an effective response and limit the damage that can result from the imposition of excessively broad measures.
This is the first time that the international community has been facing an urgent public health crisis affecting every nation, and international guidelines to guide UN member states on what they should do within their borders or how they should interact with each other are not good known. As a result, countries have taken different responses to the crisis, with some countries implementing severe restrictions on freedom of movement and others taking a more relaxed approach.

The 1984 Syracuse Principles on the provisions of limitation and derogation in the International Civil and Political Rights provide guidance on government responses restricting human rights for reasons of public health or national emergency. However, these principles are decades old and it is unclear whether they are or will be respected. It may be necessary to revisit and update them in order to bring them into line with the realities of the twenty-first century in order to promote a more coherent and coordinated response that balances the public interest and security with human rights.

Health workers and administrators, as well as civil servants in general, will be under widespread social pressure from families, friends, colleagues and the powerful to ignore official rules and official guidance, as is happening in the example of Norway described above. These pressures are likely to be systematic because they are rooted in social norms: shared understandings about actions that are appropriate in society. These rules provide unwritten rules of conduct and in times of crisis the regulatory role and pressure to follow them can intensify, bypassing not only formal rules but also personal attitudes and beliefs. The presence of social sanctions for offenders of these rules - from gossip and disapproval, to physical punishment - increases the pressure to comply.

These pressures linked to the rules that fuel corruption can be manifold in the health sector. Nurses can see it as perfectly legitimate or be under pressure to prioritise treatment of relatives over those with more acute conditions because "putting the family first" is an essential norm. Doctors may request an increase in hospital bribes because an internal code among medical colleagues tolerates it: being an abnormal value can cause a social backlash. Civil servants can, as a favour, issue fraudulent health certificates to those on the network because reciprocity is the basis of social relations. Political leaders can illegally allocate more money to areas inhabited by their ethnic group because loyalty to the group is more important than to the state.

The more these negative social norms play a role, the more they crystallize as alternative reference points to the formal rule, threatening to subvert the administration and treatment of the pandemic according to science and necessity. This "trap" also makes attempts to build integrity in the health sector difficult: issuing new regulations, codes of conduct or integrity guidelines can have little "bite" on behavior or be overcome by the continued functioning of the "unofficial" rules.

Professionals seeking to ensure and build integrity in the healthcare industry require an in-depth knowledge of the social forces that perpetuate corrupt practices. In addition, conventional health governance initiatives should be complemented by social norm strategies, the aim of which is to alleviate and shift social pressures so that other types of interventions - such as codes of conduct,
wage increases, legal reforms, enforcement and civil society supervision - can be effective. These interventions will have to be developed according to the characteristics of each case and the respective entry points.

Such strategies make use of methods such as:

- Find people or mechanisms to coordinate behavior so that norms can be reinterpreted collectively, for example through trendsetters who are "first movers" who free themselves from established norms in a way that can inspire and mobilize others to follow suit.
- Build social spaces to negotiate standards by providing an infrastructure for regulatory dialogue in the healthcare sector, for example through online portals or by convening discussions.
- Build positive integrity standards that can be done by linking social status and prestige with integrity. Equally important is to support leaders at the top of hierarchies who are willing to kick-start a reversal of rules in the network – a removal of hierarchical norms that lead to corruption and a cascade of pro-integrity norms.
- Negative rules can result from inflated notions of how many colleagues are involved in acts of corruption. This is what social psychologists call "pluralistic ignorance." Addressing this collective ignorance requires providing credible information and reshaping perceptions of how much corruption is tolerated within an organization. The collection and dissemination of information on how much, or how little, corruption actually occurs in equal organisations can be a way of overcoming pluralistic ignorance.
- Reduce the discretion of those in charge of deciding as much as possible

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