About the Center for International Human Rights and the Buffett Institute for Global Affairs:

The mission of the Center for International Human Rights is to promote human rights and justice through excellent teaching, transformative scholarship, and global advocacy. To this end, the Center actively engages faculty, students, and non-academic partners to advance and protect human rights around the world. Northwestern Buffett is an integrated organization with offices that facilitate global learning and research and serve international students, scholars, and faculty. It also plays a key role in developing and implementing Northwestern's global strategic plan.

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I. Corruption prevention is an integral part of any pandemic response.

Corruption in all its forms inhibits access to the highest attainable standard of health worldwide. Its effects are felt in wait times, patient service and care, absenteeism of providers, superfluous charges for services, and general misuse of funds, leading to decreased trust among governments, health care systems, and citizens – and, in turn, poorer health outcomes. The COVID-19 pandemic has created new opportunities for corruption; addressing them must be an integral part of the global response.

The initial limited supplies of the COVID-19 vaccine, compounded by urgent demand, make the vaccine a target for theft and diversion, due in part to the unparalleled scale, complexity, and time sensitivity of manufacturing, allocation and distribution of the vaccines. Risks include the entry of substandard and falsified vaccines into markets, theft of vaccines within the distribution systems, leakages in emergency funding designated for the development and distribution of vaccines, nepotism, favoritism, corrupted procurement systems, and bribes to jump the vaccine queue. The impact could prolong the pandemic and needlessly cost lives.

COVID-19 vaccine corruption scandals have already made headlines in South America, Spain, Lebanon and other parts of the world. Italy has opened an investigation into complaints that intermediaries were offering to sell vaccines on the grey market. Anger over the rich and powerful skipping the vaccine line is palpable.

As we emerge from the crisis of COVID-19, the path to recovery must, in the words of United Nations Secretary-General António Guterres, “include measures to prevent and combat corruption and bribery.” Thus it is critical for governments and societies to create governance structures and health systems that are transparent and
accountable so as to decrease instances of corruption and expand the equitable access to the COVID-19 vaccine.

II. **The COVID-19 vaccine is a global public good.**

The pandemic has exacerbated inequalities and threatens to push more people into extreme poverty, with the total rising to about 150 million by the end of this year. As a global public good, the COVID-19 vaccine must be available on the basis of equitable and affordable access for all, especially for the most vulnerable. This is both a moral and a public health imperative.

In order to maximize access to that public good, public institutions must identify and address any potential gaps and barriers, including the risk of corruption in distribution and allocation processes, to ensure that populations have equitable access to effective vaccines. The UN and other multilateral systems, governments and private sector partners must coordinate efforts around the potential barriers of financing, supply chain, and distribution to ensure that corruption, waste, fraud and abuse do not impede the equitable distribution of, and access to, effective vaccines.

COVAX, a coalition of nations pooling together resources to guarantee equitable access to COVID-19 treatments in low-income and middle-income (LMICs) countries, is a critical first step. But vaccine nationalism and monopoly are rising threats, and unequal access to vaccine development, purchasing, and distribution is growing, threatening to reinforce persistent and unsustainable inequality between the Global South and the Global North. Worldwide, there has been insufficient focus on ensuring the right people get the right vaccine at the right time, including those in low-resource settings, conflict situations, and displaced communities.

Many high-income countries already have bilateral agreements with manufacturers of COVID-19 vaccines. The COVAX Facility of the ACT Accelerator has agreements to access 2 billion doses of WHO
pre-qualified vaccines during 2021, but this represents only 20% of the vaccine needs of participating countries.

Moreover, many LMICs do not have an established platform for vaccinating their populations. There are key indicators that need to be in place for mass COVID-19 vaccinations: cold chain & logistics; population prioritization; budgeting; training of healthcare personnel, safety surveillance and public engagement strategies to explain the benefits of vaccination and address vaccine hesitancy. Without sufficient mechanisms to ensure access to vulnerable groups in certain LMICs, governments and technical leaders will need to use transparent, accountable, and unbiased processes when they make and explain evidence-based vaccine prioritization decisions, while also building confidence in COVID-19 vaccines and engaging with all the stakeholders.

A UNODC policy paper issued in December summarizes the myriad corruption risks throughout the vaccine deployment process that prevent access to the public good:

As an example, vaccines may be stolen from the public supply chain during the transportation process and diverted to the black market or kept for personal use. Vaccine supplies are also at risk once they reach the hospital or public health facility administering the vaccinations, if there are no reliable oversight measures in place. Public health facility staff may also steal vaccines for resale in the black market or in their own private practices.

There have been several instances of widely reported corruption, fraud and abuse within the COVID-19 vaccine distribution around the world. For example, in January, the World Bank announced that it would be allocating $34 million to procure the Pfizer-BioNTech COVID-19 vaccine for two million Lebanese and non-Lebanese residents. The vaccine was earmarked for high-risk health workers, those above 65 years of age, epidemiological and surveillance staff, and people between 55-64 years old with co-morbidities. A few days into Lebanon’s vaccination drive a scandal broke out, with Lebanon’s
lawmakers and other high-ranking state officials – including President Aoun and his entourage – receiving the vaccine at parliament house, despite not qualifying as early recipients. The news unleashed an outcry from the Lebanese public and the World Bank who threatened to suspend funding.

In March, reports surfaced that the executive of a hospital in Chicago provided COVID-19 vaccines to groups of people based on personal relationships, including owners of the executive’s favorite steak house and luxury watch retailer. And that same month, Mexican customs officials stopped a mass shipment of vials of a counterfeit Sputnik V COVID-19 vaccine that were destined for Honduras.

III. Corruption prevention enables the equitable distribution of quality-assured COVID-19 vaccines.

The SDGs and UNCAC provide a framework to reduce the risk of corruption, waste, fraud, and abuse related to the equitable distribution of quality-assured COVID-19 vaccines. SDG 16 includes commitments to fight corruption, increase transparency, tackle illicit financial flows, and improve access to information, all of which are addressed comprehensively by the UNCAC and are critical to the equitable distribution of effective COVID-19 vaccines.

Although quality surveillance of vaccines is performed during procurement and distribution and incorporated into the supply chain, many countries lack the financial, human, and operational resources to carry out large-scale testing. Regulatory reliance is critical to such countries, particularly during the current public health emergency. Under a regulatory reliance scheme, stringent agencies can test and release vaccines so that they do not need to be tested again by receiving countries.

Countries must also strengthen systems for detection and enforcement in order to deter falsified vaccines, given the broader harms they could cause. The European Union implemented the
Falsified Medicines Directive in 2019, which uses a serialization and authentication system to allow pharmacists to confirm products’ legitimacy based on a unique identifier. Both the European Medicines Verification Office and corresponding country-level affiliates coordinate this initiative. Likewise, the United States’ medical product supply chain system has been undergoing a decade-long implementation of the Drug Supply Chain Security Act. This initiative seeks to create a track-and-trace system that allows for checking where a product lies within the supply chain at any time, much like many consumer distribution platforms, such as Amazon, UPS, and FedEx.

Unfortunately, the proprietary data regarding vaccine legitimacy collected by the European Union and the United States remain inaccessible to consumers, meaning that patients are currently unable to confirm the authenticity or provenance of the vaccines they take. Moreover, few low- or middle-income countries have implemented such systems, despite a higher burden of substandard or falsified vaccines in these settings. Although some private companies have begun creating demand for authentication through mobile phone-based verification, more needs to be done to address this serious concern, especially in the wake of COVID-19.

IV. As we emerge from the present pandemic, we must simultaneously prepare for future ones through an anti-corruption lens.

The path toward a resilient recovery must include both anti-corruption safeguards during the present pandemic and also requisite preparedness for future threats. Stronger regulatory systems and policies will be needed to improve transparency and trust in global, regional, and ultimately local distribution systems not only for vaccines to prevent COVID-19, but also for other health conditions in the increasingly complex global supply chain.

Long-haul efforts to build up the resilience of health systems that are stretched to the limits by the pandemic, are necessary to ensure a healthy future. In many cases, countries faced the human losses
caused by COVID-19 as well as those inflicted by severe disruptions to essential medical services, particularly to the most vulnerable, including women and children.

Frontline community and primary care services and systems need to be strengthened. Ministries of health should include in their national health care quality strategies safeguards against corruption and collusion and actions for improvements in integrity throughout their health care systems. The health sector should draw on expertise and resources from outside the health care system, including related core state institutions and dedicated anticorruption institutions, to combat corruption through prevention, detection, and enforcement. Countries should be assisted as work towards creating stronger health systems, better equipped to deal with emergencies and mitigate their impact in the future.

V. Conclusion

Corruption in the time of COVID-19 has the potential to prolong the pandemic and further delay realization of the Sustainable Development Goals. Together, we must create more robust systems for accountability, transparency that are aimed at preventing corruption risks. We urge all governments and leaders to use the tools provided by the United Nations Convention against Corruption to prioritize transparency and accountability, in and beyond the COVID-19 response.