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Anti-Corruption in International Organizations: Using Key Informant Interviews to Explore Anti-Corruption, Accountability, and Transparency

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Abstract

Objectives: Corruption undermines the quality of healthcare and leads to inequitable access to essential health products. The World Health Organization (WHO), Global Fund, UNDP, and World Bank are engaged in anti-corruption in health sectors globally, having formed the Coalition for Accountability, Transparency, and Anti-Corruption in Health in 2019. Throughout the COVID-19 pandemic, weakened health systems and overlooked regulatory processes have increased corruption risks. The objective of this study is thus to explore the strengths and weaknesses of these organizations' anti-corruption mechanisms and their trajectories since the pandemic began.

Methods: 26 semi-structured key informant interviews with a total of 28 interviewees were conducted via Zoom between April and July of 2021 with informants from the WHO, World Bank, Global Fund, and UNDP, other NGOs involved in anti-corruption, and academic institutions. Key informant selection was guided by purposive and snowball sampling. Detailed interview notes were qualitatively coded by three researchers. Data analysis followed an inductive-deductive hybrid thematic analysis framework.

Results: Results demonstrate that the WHO, World Bank, Global Fund, and UNDP have shifted from criminalization/punitive approaches to anti-corruption to preventative ones and that anti-corruption initiatives are strong when they are well-funded, explicitly address corruption, and are complemented by strong monitoring and evaluation mechanisms. Results also demonstrate that weaknesses in the studied organizations' approaches to anti-corruption include one-size-fits-all approaches, lack of political will to address corruption, and zero-tolerance policies for corruption. Lastly, the COVID-19 pandemic has highlighted the necessity of improving anti-corruption by promoting strong accountability and transparency in health systems.

Conclusion: Results from this study highlight the strengths, weaknesses, and recent trajectories of anti-corruption in the Global Fund, World Bank, UNDP, and WHO. This study underscores the importance of implementing strong and robust anti-corruption mechanisms specifically geared toward corruption prevention that remain resilient even in times of emergency.

Key Messages

What is already known on this topic: Previous studies have elucidated, though have not analyzed, the anti-corruption mechanisms within the WHO, Global Fund, World Bank, and UNDP.

What this study adds: This study explores the strengths, weaknesses, and recent trajectories of anti-corruption within these organizations, offering insight into the types of anti-corruption initiatives that are most effective at mitigating the serious implications of corruption on health systems.

How this study might affect research, practice or policy: Results from this study can inform the development and/or reformation of anti-corruption programs within international organizations to ensure they are as effective as possible.

Introduction

Health System Corruption

Corruption is a global wicked problem, meaning that it is dynamic, has numerous causes, and grave implications (1). Within the health sector, corruption limits the efficiency of health systems, reduces trust in healthcare institutions, and undermines universal health coverage and the right to health (2–4). Corruption can limit access to and undermines the quality of health services and products such as essential medicines (5). This impacts poor and marginalized populations most profoundly as they tend to be most reliant on publicly provided services (6).

Corruption is defined by Transparency International as, “the abuse of entrusted power for private gain” (7). It can range from petty corruption to high-level multinational corruption and can manifest as bribery, extortion, theft, embezzlement, and undue influence, among other forms (8,9). Corruption threatens the achievement of the United Nations (UN) Sustainable Development Goals (SDGs), most severely SDG #3: Good health and well-being for all, at every stage of life (5,10).

The ongoing COVID-19 pandemic has increased risks of health sector corruption globally, thus further threatening the achievement of the SDGs. Specifically, national and international health systems are overwhelmed as they attempt to control virus spread and respond to unprecedented demand for health services. This leaves health systems increasingly vulnerable to corruption as normal procedures are bypassed in the interest of rapid public health responses and the urgent procurement of emergency health products (11). Examples of corruption during the COVID-19 pandemic include falsified COVID-19 vaccines (12,13), substandard personal protective equipment (14,15), and counterfeit COVID-19 vaccine certificates (16,17).

Anti-Corruption, Transparency, and Accountability in Health Systems

Research suggests that high levels of transparency and accountability in health systems can reduce susceptibility to corruption (18–20). Transparency in health system processes such as public procurement and hospital financing make prices visible, thus reducing the incidence of price gouging and shedding light on demands for bribes and kickbacks (8,11). Additionally, transparency permits for the monitoring of prices across regions and health facilities, thus permitting authorities to ensure that prices remain fair and consistent. Further, high levels of transparency in the health sector permit for governments and healthcare providers to be held accountable for their roles in healthcare funding and the delivery of health services. This allows those who administer and fund health services to be responsive to those who rely on their services and who require that services be provided with integrity (8,11).

Recognizing the dire implications of corruption on health service provision and as a result of the important role that transparency and accountability play in reducing the incidence of corruption, many international organizations (IOs) and Non-Governmental Organizations (NGOs) have committed to promoting anti-corruption, transparency, and accountability (ACTA) in health systems. Specifically, the UNDP, World Health Organization (WHO), Global Fund,

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3 and World Bank Group (World Bank) have recently formed the Coalition for Accountability,
4 Transparency, and Anti-Corruption in Health (the CATCH Alliance), which aims to support
5 countries in minimizing health sector corruption. Through CATCH, these IOs have become
6 heavily involved in anti-corruption in health systems. While some literature has delineated the
7 specific anti-corruption mechanisms these IOs have implemented in health sectors around the
8 world (20), there has been little examination of whether these mechanisms are effective, the
9 facilitators to their implementation, and how they have evolved over time.

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11 Understanding the nuances of the anti-corruption mechanisms employed by these IOs is
12 particularly critical in light of the ongoing COVID-19 pandemic as the increased corruption risks
13 brought forth by the injection of funding for health services and the high demand of COVID-
14 related products have underscored the urgency of anti-corruption in health (21). As a result, this
15 study analyzes anti-corruption mechanisms implemented by the WHO, UNDP, Global Fund, and
16 World Bank and addresses the research question: what are the strengths, weaknesses, facilitators
17 to implementation, and recent trajectories of anti-corruption mechanisms in these IOs?
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23 **Methods**

24 ***Data Collection***

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26 This study, conducted from a post-positivist point of view, builds on previous work
27 exploring anti-corruption in IOs, including a targeted website review (20) and a document
28 analysis (22) (submitted for publication). For this study, 26 semi-structured key informant
29 interviews were conducted with informants from each of the four IOs (the WHO, World Bank,
30 Global Fund, and UNDP), NGOs involved in anti-corruption work, and academic institutions;
31 one interview involved 2 participants (Table 1). A 28th informant was unable to participate in an
32 interview but provided written responses to the interview questions. Key informant recruitment
33 was guided by purposive and snowball sampling (23) through which informants were selected
34 based on their professional positions or expertise in the anti-corruption field and/or were
35 recommended by other participants from within or outside their organization.
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39 Interviews were conducted on Zoom between April and July of 2021, were between 30
40 and 45 minutes in duration, and were conducted in English. The interview guide is provided in
41 Appendix 1. All interview participants provided written and verbal consent for their participation
42 in an interview. Interviews were not recorded, though detailed notes were taken by both the
43 interviewer and a secondary researcher to capture the information provided; direct quotes were
44 recorded when possible. At the end of each interview, notes from the note-taker and interviewer
45 were combined. To ensure that data from interviews was accurately captured, interviewees were
46 offered the option to review their combined interview notes; 7 interviewees asked to review their
47 notes and provided feedback to researchers. Data collection was stopped when saturation was
48 reached (24). This study received ethics approval from the University of Toronto Research
49 Ethics Board (#00040020).
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55 **Table 1: Study sample**

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Interviewee Type	Number of interviews	Number of written responses	Number of informants
IO employee	11	1	12
NGO employee	13	0	14
Academic	2	0	2
Total number of informants			28

Data Analysis

The combined interview notes were qualitatively coded by the interviewer and a secondary coder, then by a third coder. All data analysis was conducted on NVivo, a qualitative data analysis software. Data analysis followed an inductive-deductive hybrid thematic analysis framework (25), meaning that an initial coding guide was created prior to coding and was amended as necessary during data analysis. The initial coding guide was informed by the research aim and by researcher expertise on the topic. Data analysis began after the first interview and continued as interviews took place. Codes were amended iteratively throughout the data analysis process and links were made to the research aims and existing literature. The final list of codes is provided in Appendix 2 Codes were then organized into themes based on topics that were commonly discussed by participants; summaries of these themes including quotes (where available) were created then used to produce the results section of this paper; participants' identities were kept strictly confidential and participants have been de-identified in this manuscript. The final list of themes is provided in Appendix 3.

Patient and Public Involvement in Research Statement

This study did not engage patients or the general public; individuals were engaged solely in their capacity as key informants.

Results

Overview of IOs' approaches to anti-corruption

Fourteen interviewees identified that there are two main approaches to anti-corruption: 1) a criminalization/punitive approach, in which organizations identify corruption and sanction offenders; and 2), a preventative approach in which organizations aim to prevent corruption before it occurs. Seven interviewees also noted that many of the organizations under study have recently shifted from the former to the latter. The reason for this shift is IOs' recognition that

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3 when anti-corruption efforts are geared toward criminalization, by the time any measures have
4 been taken against a corrupt actor or actors, damage due to corruption has already occurred. As
5 an interviewee from an NGO explained,
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8 “Corruption is a problem, a threat to development, a threat to injustice, a threat to social
9 justice so we should be trying to address it and reduce it as much as possible. And any
10 efforts we can make in this regard is worthwhile” (NGO participant #3)
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13 The criminalization approach confines anti-corruption agencies to operating in contexts where
14 corruption exists and to where its implications are rampant. For IOs, this can lead to a loss of
15 valuable resources such as money allocated for improving access to and the quality of health
16 services. Preventative approaches, on the other hand, uniquely hamper the implications of
17 corruption by reducing the incidence of corruption itself.
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20 Two interviewees from IOs identified that the UNDP is in the process of adopting a
21 preventative approach to anti-corruption. The UNDP’s shift from criminalization to prevention
22 appears to have stemmed from its recognition that fraud and corruption deplete the
23 organization’s funds, assets, and other resources required to achieve its mandate, hinder donors’
24 trust in the organization, and damage their international reputation. Specifically, two
25 interviewees from IOs explained that the UNDP’s Policy Against Fraud and Other Corrupt
26 Practices places emphasis on corruption prevention by raising awareness about the implications
27 of fraud and corruption, outlining the importance of implementing controls aimed at mitigating
28 these risks, and advocating for the early detection of acts of fraud and corruption that do occur.
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32 In addition, an interviewee from an IO underscored that the WHO has been shifting from
33 a punitive to a preventative approach to anti-corruption in the health system. The WHO’s earliest
34 focus on anti-corruption can be traced to 2004, when the WHO established the Good Governance
35 for Medicines (GGM) program: the first global program to address corruption prevention in the
36 pharmaceutical sector through a focus on elements related to good governance. Through the
37 GGM, corruption prevention was advanced primarily through efforts to strengthen transparency
38 and accountability in the health and pharmaceutical sectors. According to an interviewee at an
39 IO, the majority of WHO’s current work with respect to corruption prevention in the
40 pharmaceutical sector is focused on preventing and responding to the presence of substandard
41 and falsified health products.
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45 Furthermore, two interviewees from IOs identified that effectively preventing corruption
46 requires commitments to anti-corruption from national and/or regional actors. Corruption is
47 context-dependent, varying tremendously between counties and regions. As an interviewee from
48 an NGO explained, corruption is
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51 “...not just as a problem that exists on its own and can be solved on its own. It is a
52 wider challenge connected to governance, history, and other things going on in any
53 given politic” (NGO participant #3)
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3 As a result, corruption prevention cannot occur effectively if anti-corruption initiatives are solely
4 informed by international anti-corruption experts. Instead, two interviewees suggested that
5 corruption prevention initiatives should use national anti-corruption task forces acquainted with
6 local needs who can provide regionally-appropriate recommendations for mitigating corruption
7 risks.
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10 The UNDP, for example, has implemented regional anti-corruption programs that entail
11 the development and implementation of tools to identify, assess, and evaluate sector-level risks
12 of corruption. In so doing, the UNDP encourages collaboration between national actors within a
13 given sector and those involved in anti-corruption at the country-level. One interviewee also
14 noted, however, that national task forces, while more effective at promoting anti-corruption than
15 external anti-corruption experts, can have stake in or agendas pertaining to corrupt activity; as a
16 result, the information they provide with respect to anti-corruption may contain biases.
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19 The World Bank employs a combination of punitive and preventive approaches to anti-
20 corruption. An interviewee from an IO explained that the World Bank believes corruption to be
21 an issue that should be prevented. According to two interviewees at NGOs, on the other hand,
22 the World Bank also places great emphasis on asset recovery and sanctioning corrupt actors. For
23 example, the World Bank has a preventative service unit that mainstreams compliance to anti-
24 corruption projects that are focused on corruption prevention. If, however, they detect that any
25 suppliers have engaged in corruption, they blacklist those suppliers; this demonstrates the World
26 Bank's commitment to sanctioning offenders of corruption as well.
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29 The Global Fund's approach to anti-corruption is different from those of the other three
30 organizations. According to one interviewee,
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34 "The Global Fund of the four [organizations] is probably the one that has the tools
35 and approach that are most advanced in anti-corruption at the programme level"
36 (IO participant #11)
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39 To complement the detection and response components of its Anti-Corruption Framework, the
40 Global Fund is evolving its prevention model to integrate a programmatically driven, risk-based
41 approach to anti-corruption. This evolution has been ushered in by the board-level Policy to
42 Combat Fraud and Corruption, which states, under chapter 3.3, that "fraud and corruption are
43 program and mission risks and prioritizes the prevention, detection and response to prohibited
44 practices to advance the Global Fund's mission of ending the epidemics" (26). In practice, this
45 means that the Global Fund is focusing on preventing those forms of fraud and corruption that
46 can undermine its grants' ability to deliver on their health objectives. As an interviewee
47 explained, the Global Fund is
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52 "... targeting those forms of abuse that can lead to under-or non-delivery of health
53 services, material manipulation of health data, or lead to egregious levels of
54 overpayment" (IO participant #9)
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4 The same interviewee further described the benefits of this approach to corruption prevention by
5 explaining that
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8 “If we have adequately robust, independent, reliable controls to assure ourselves
9 that grant financed-activities actually took place at market rates, then we have
10 adequate assurance that the scale of fraud and corruption within that grant did not
11 arise to a severe level.”
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14 15 **Strengths of IOs’ Approaches to Anti-Corruption**

16 Interviewees identified a number of strengths in the WHO’s, UNDP’s, Global Fund’s,
17 and World Bank’s approaches to anti-corruption. To begin, the UNDP’s history as a
18 development agency of the United Nations (UN) means its mandate is attached to that of the UN.
19 As a result, the UNDP receives UN funds that can support its anti-corruption work. Unlike many
20 other IOs, therefore, the UNDP has the financial means to create and execute anti-corruption
21 initiatives. Similarly, the World Bank’s large size and near global reach permits it to work across
22 a variety of sectors in a multitude of countries. Two interviewees further explained that the
23 World Bank, like the UNDP, has significant financial resources; as a result, they have the ability
24 to invest in sustainable anti-corruption mechanisms that can grow to become self-reinforcing as
25 opposed to requiring constant active implementation.
26

27 Interviewees also identified that successful anti-corruption initiatives are often explicit in
28 their use of the word corruption. Many IOs and NGOs hesitate to use the word corruption
29 because they perceive it as “a filthy word” (IO participant #4), and instead, address anti-
30 corruption under the guise of governance, transparency, and accountability. Doing so, however,
31 means that initiatives do not directly address corruption. An interviewee from an IO, on the other
32 hand, explained that one of the UNDP’s strengths is its willingness to put anti-corruption at the
33 forefront of other development interventions and reforms, and thus, to tackle corruption head-on.
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40 41 **Facilitators to Implementing Anti-Corruption Mechanisms**

42 Interviewees discussed a number of facilitators to effectively and efficiently implement
43 anti-corruption mechanisms. First, seven interviewees discussed the importance of implementing
44 strong monitoring and evaluation (M&E) systems for anti-corruption initiatives. Although there
45 has been a considerable increase in the amount and scope of anti-corruption work conducted in
46 the previous three decades, there remains a dearth of information about how best to transform
47 systems in which corruption is endemic into systems in which corruption is a rarity. As a result,
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51 “It is hard to know if changes are due to reducing corruption or fostering
52 efficiency, tracing issues back to root of either corruption or governance is almost
53 impossible” (IO participant #2)
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3 Another interviewee explained that
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5 “This is a huge problem because today we have very little information about what
6 works” (NGO participant #9)
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10 The main reason monitoring and evaluation is not often implemented is that
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12 “It would take a significant amount of resources to evaluate anti-corruption work
13 and people aren’t willing to fund that (academic participant #1)
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16 That said, an interviewee from an IO noted that the UNDP is advancing more than other
17 IOs in its implementation of M&E because it has a risk management methodology that allows for
18 the monitoring and evaluation of its anti-corruption programs. The methodology consists of five
19 steps: 1) setting-up and training an anti-corruption task force; 2) conducting assessments; 3)
20 creating a corruption mitigation plan; 4) implementing the mitigation plan; and 5) monitoring
21 and evaluating the plan. The efficacy of the mitigation plan can be quantified in terms of time
22 and/or money saved. This methodology was implemented for the first time in Tunisia. The
23 Tunisian government wrote and published a report about their use of the methodology; Lebanon
24 is now employing the methodology as well.
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27 Other facilitators of anti-corruption identified by interviewees include involving private
28 corporations in anti-corruption work; building technical capacity for anti-corruption; dedicating
29 resources to ACTA; creating incentives to engage in anti-corruption; offering ethics courses that
30 promote anti-corruption among IO staff and which draw attention to the importance of anti-
31 corruption work; and promoting transparency and accountability in anti-corruption.
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36 **Weaknesses in IOs’ Approaches to Anti-Corruption**

37 While interviewees identified promising advances in the World Bank’s, UNDP’s, Global
38 Fund’s, and WHO’s approaches to anti-corruption, they also identified several weaknesses.
39 These include one-size-fits-all approaches to anti-corruption, a lack of political will, and
40 unrealistic zero-tolerance policies for corruption.
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43 Five interviewees explained that corruption risks vary by sector. As a result,
44 implementing effective anti-corruption mechanisms requires anti-corruption initiatives that
45 mitigate the risks of corruption specific to a given sector. As three interviewees explained,
46 however, IO employees often work in isolated domains within their organizations (i.e. in anti-
47 corruption, financial management, health systems strengthening, etc.). They also explained that
48 there is seldom collaboration between employees in different domains. Anti-corruption
49 initiatives, therefore, are often created and implemented by individuals who work in anti-
50 corruption without input from those acquainted with the needs of a given sector. As a result, IOs
51 do not generally create sector-based anti-corruption interventions.
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3 For example, within the WHO, though anti-corruption work is “starting to have an
4 existence” (NGO participant #8), corruption remains under-addressed. As one interviewee from
5 an IO stated:
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8 “Anti-corruption isn’t really a big part of our work” (IO participant #6).
9

10
11 Another interviewee (from an NGO) noted that one reason anti-corruption has failed to gain
12 traction within the WHO is because of its internal politics. The interviewee explained that the
13 WHO has internal, territorial teams (independent teams who work in distinct and siloed domains)
14 that do not often communicate with one another. As a result, creating well-informed, sector-
15 based anti-corruption initiatives is difficult.
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17
18 The second major weakness interviewees identified in IOs’ approaches to anti-corruption
19 is that there is a general lack of political will to conduct anti-corruption work. As one
20 interviewee stated, organizations
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23 “...need both political will and technical capacity for an anti-corruption program
24 to successfully be implemented” (IO participant #8)
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27 As another interviewee similarly explained:
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30 “Increasing awareness of corruption is not enough, there needs to be political will”
31 (academic participant #2)
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34 For example, the WHO (run by its member states) cannot conduct anti-corruption work if their
35 constituencies are not committed to anti-corruption. As an interviewee explained,
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38 “...the weakness of some organizations and their progress on anti-corruption is
39 related to the lack of appetite of the board or member states to take a good hard
40 look at what they are doing and how exposed they really are because they might
41 not like the answer” (IO participant #12)
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43
44 As a result, interviewees identified that the WHO has had challenges in securing funding from
45 donors for anti-corruption work. One interviewee (an academic) explained that even when IOs or
46 national governments have good anti-corruption policies, these policies are seldom enforced.
47 Often, those with enforcement power (i.e. managers of anti-corruption projects) lack the will to
48 tackle corruption, thus hindering the efficacy of anti-corruption policies, projects, and
49 interventions.
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51
52 Finally, informants identified that most IOs have zero-tolerance policies for corruption.
53 While well-intentioned, abolishing corruption is nearly impossible because corrupt actors will
54 always find a way to engage in corruption. As one interviewee explained it,
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4 “Zero tolerance is unrealistic—sometimes the more you audit the more you miss”
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6 (NGO participant #10)
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8 As a result, an interviewee from an IO explained that preaching zero-tolerance for corruption
9 results in IOs knowingly misrepresenting their boards and stakeholders.

10 Zero-tolerance policies for corruption can also cause organizations’ funding to become
11 locked down in ineffective and inefficient anti-corruption controls. Interviewees noted that the
12 Global Fund, for example, has rigorous checks-and-balances consisting of stringent
13 documentation requirements. Ensuring that programs are adequately and properly documented,
14 however, is an onerous process that can delay the execution of programs themselves. According
15 to one interviewee, the
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20 “Majority of funds are going to the controls of the funds rather than the
21 implementation of programs and delivery services...the controls are worse than the
22 risks themselves” (IO participant #9).
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25 The narrow interpretation of fraud, coupled with the zero-tolerance stance on it, generates
26 several paradoxes which get in the way of the actual health and fiduciary accountability
27 objectives. Donors tend to interpret fraud and corruption as happening principally in
28 procurement and financial processes. Hence they focus on evaluating the completeness and
29 compliance of documents evidencing the compliant purchase and spend on budgetary inputs.
30 For example, to evaluate if fraud occurred in a malaria mass campaign, the donor will focus on
31 fraud in documentation evidencing proper procurement of training venues, pencils and
32 notebooks, and catering services to train campaign workforce. However, budgetary inputs are
33 often not where the large scale and severe fraud schemes can occur; for example, population
34 sizes which form the basis for the budget may have been inflated, or distribution data may have
35 been manipulated with ghost households in an effort to divert them into the black market. Even
36 more concerningly, by taking a “zero-tolerance” stance on the completeness and compliance of
37 budgetary inputs, donor policies result in a perverse incentive for recipients to over-focus on
38 generating and policing expenditure documentation, all to the detriment of operational efficiency
39 and quality assurance of health data and service delivery.
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43 **The trajectory of ACTA in IOs in and beyond the COVID-19 pandemic**

44 Interviewees explained that the COVID-19 pandemic has impacted corruption in the
45 health system in the following ways. First, the pandemic and measures to address the pandemic
46 have created conditions for corruption to thrive. Second, the pandemic has highlighted the need
47 for greater attention to and action on ACTA in health systems.
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50 The COVID-19 pandemic and the measures implemented to mitigate virus spread have
51 increased risks of corruption within and beyond health systems. This has occurred as a result of
52 the large amounts of money that have been poured into health systems to respond to the COVID-
53 19 virus. Furthermore, eight interviewees explained that the urgency of the pandemic has led to
54 the bypassing or simplifying of procedures in place to prevent and identify corruption. According
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3 to an interviewee at an IO, these shortcuts, while necessary to rapidly respond to the virus, have
4 created an environment in which
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7 “...the soil [is] rich for corruption to grow” (IO participant #2)
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10 Additionally, six interviewees explained that the pandemic has resulted in decreased
11 levels of institutional, organizational, and civil oversight of health system governance. An
12 example provided by an interviewee at an IO and two from NGOs is that travel restrictions have
13 severely limited in-person oversight of processes (i.e. public procurement) that are at high-risk of
14 corruption and has limited the number and frequency of corruption investigations. Two other
15 interviewees, both from NGOs, were particularly concerned about the significant decrease in the
16 amount of civil society and media monitoring of health systems; as one of the interviewees
17 stated,
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22 “what has also changed is the limited ability for civil society to be the watchdogs
23 against corruption because they themselves are impacted by the pandemic” (NGO
24 participant #2)
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27 The pandemic has also amplified corruption-related issues that existed before the
28 pandemic, thus highlighting the significant amount of work that needs to be done with respect to
29 implementing and promoting anti-corruption initiatives in the health sector. According to an
30 interviewee at an NGO,
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34 “COVID has exposed how little progress has been made in integrating anti-
35 corruption in health services and making it a central part of health and health
36 service delivery” (NGO participant #3)
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39 The interviewee explained that this has been exemplified by the absence of anti-corruption
40 provisions in many countries’ and IOs’ pandemic response plans.
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42 Further, three interviewees described how COVID-19 has brought underlying corruption
43 issues to the forefront of policy conversations because it has exposed the real and devastating
44 implications that corruption has on responses to health crises. Three other interviewees explained
45 that this has helped advance efforts for more transparency, specifically in pricing, procurement,
46 and allocation of health products, as well as transparency in clinical trials for vaccines and
47 therapeutics. As an interviewee from an NGO described,
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51 “What we would like to see is transparency embedded throughout the systems and
52 stronger accountability loops in the system” (NGO participant #4)
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3 With respect to IOs, the increased incidence of and attention to corruption brought on by
4 COVID-19 has underscored the need for high levels of organizational transparency,
5 accountability, and integrity.
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7 Despite the increased attention to, opportunities for, and implications of corruption
8 during the pandemic, three interviewees emphasized that IOs have taken relatively little action to
9 address new corruption risks. Two interviewees noted that though corruption is being discussed
10 more frequently, little has changed at the policy level, and most substantially, ACTA measures
11 have not changed to reflect the pandemic's unique impacts on health systems. In a bleak
12 prediction, one interviewee from an NGO asserted that they do not foresee any significant
13 changes to ACTA resulting from the COVID-19 pandemic.
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18 **Discussion**

19 Results from this study demonstrate that IOs' anti-corruption work varies and that each of
20 the four members of the CATCH Alliance has unique strengths and weaknesses in its approaches
21 to anti-corruption. The UNDP and the World Bank, for example, have the resources necessary to
22 fund anti-corruption efforts. Additionally, the UNDP directly addresses corruption, embedding
23 anti-corruption efforts into many of its development interventions. The WHO, on the other hand,
24 lacks political will for anti-corruption, and thus, has not yet fully incorporated anti-corruption
25 into their programmatic work. Lastly, the Global Fund has evolved its corruption prevention
26 model to integrate risk-based approaches to anti-corruption, through which it has demonstrated
27 the benefit of focusing on preventing forms of fraud and corruption that undermine their ability
28 to deliver on health objectives.
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32 Furthermore, this study has highlighted a number of areas in which IOs can improve their
33 anti-corruption programs. Generally, anti-corruption initiatives would benefit from improved
34 monitoring and evaluation systems to optimize anti-corruption programs; findings from this
35 study support existing literature about the need for improved monitoring and evaluation systems
36 for anti-corruption initiatives (27). Additionally, IOs should work directly with national
37 champions and/or civil society organizations to increase the political will for anti-corruption at
38 the national level.
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42 The COVID-19 pandemic has had an impact on ACTA efforts. Before the onset of the
43 pandemic, while anti-corruption appeared to have been gaining traction within IOs, it remained
44 under-funded, under-valued, and under-researched. As the world now enters into its third year of
45 the pandemic, under-investment in anti-corruption initiatives is ever more prominent, as IOs
46 have been focused on supporting health systems to ensure they can manage the strain caused by
47 COVID-19. The pandemic has also brought forth, however, the difficult balance between the
48 need for urgency and anti-corruption. For example, the bypassing of normal procedures (i.e.
49 oversight procedures) have at once led to increased corruption risks and the timely flow of funds
50 for the procurement of emergency health products. The pandemic has thus demonstrated a
51 tension between anti-corruption and health systems strengthening in times of emergency.
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Limitations

A limitation of this study was that the authors were not able to discern whether data provided by interviewees was influenced by their personal beliefs and/or ideas. As a result, the authors interpreted all data as objective and impartial. To mitigate this limitation, future studies should triangulate data from interviewees with that from other data sources so that the presence of any personal biases are balanced by more objective sources.

Furthermore, recruiting participants from some of the international organizations was difficult, with many individuals well-suited to participate in this study unable to dedicate time to an interview. While this study had representation from each of the four IOs involved in CATCH, significantly more participants were from the UNDP and WHO than were from the Global Fund and World Bank.

Lastly, although this study offers initial insight into anti-corruption mechanisms within the WHO, Global Fund, UNDP, and World Bank, all interviewees worked for one of these IOs, for NGOs involved in anti-corruption, or in academia within the anti-corruption field. This study, therefore, lacked country-level input from individuals directly impacted by anti-corruption initiatives (e.g. government officials, healthcare providers, etc.). Future studies should include data from individuals more acutely impacted by anti-corruption initiatives and who may offer different perspectives on anti-corruption in the health sector than did interviewees for this study.

Conclusions

This study explored anti-corruption, accountability, and transparency in the WHO, World Bank, Global Fund, and UNDP, as described by 28 key informants. Results demonstrate that these IOs have shifted from criminalization/punitive approaches to anti-corruption to preventative ones, in which focus is placed on limiting the impacts of corruption on health outcomes and healthcare provision before they occur. Additionally, results suggest that large amounts of funding for anti-corruption programs, explicitly addressing corruption, and implementing strong monitoring and evaluation mechanisms, can contribute to effective anti-corruption initiatives.

While the four studied IOs have made considerable and meaningful improvements in their anti-corruption agendas in recent years, however, there remain areas in which they struggle. Notably, weaknesses in the IOs' approaches to anti-corruption include a general lack of political will to address corruption, one-size-fits-all—as opposed to sectoral—approaches to anti-corruption, and zero-tolerance policies for corruption. Lastly, the COVID-19 pandemic and its attendant corruption risks have underscored the importance of addressing these weaknesses by implementing strong accountability and transparency mechanisms that promote integrity in pandemic responses.

Ethics Approval

This study received ethics approval from the University of Toronto Research Ethics Board (#00040020).

Contributorship statement: AG conducted interviews and wrote the manuscript. AB and GS wrote and edited the manuscript. JCK funded and supervised the project and edited the manuscript.

Competing interests: Though it is not a conflict of interest, it is important to note that JCK is the Director of the WHO Collaborating Centre for Governance, Accountability, and Transparency in the Pharmaceutical Sector and that AG, AB, and GS are research assistants at this Centre.

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Appendix 1

Interview Guide

1. Please describe your responsibilities at your organization/please describe your engagement with anti-corruption.
2. Please provide some background information on policies and procedures with regard to anti-corruption within the WHO, the UNDP, the World Bank, and/or the Global Fund.
 - a. Prompts:
 - i. Can you describe the stakeholders involved?
 - ii. What sort of evaluation methods are in place to measure the impact of these policies/procedures?
 - iii. What sort of evidence exists pertaining to the efficacy of anti-corruption, transparency, and accountability (ACTA) measures employed by your institution?
 - iv. What are the strengths and weaknesses of your organization's approach to ACTA?
 - v. What specific measures (policies or procedures) exist in relation to the health and pharmaceutical sectors?
 - vi. Is there a specific example of your organization's use of ACTA measures?
3. How have the ACTA policies and procedures progressed over time?
4. How have the ACTA policies and procedures changed during the COVID-19 pandemic?
5. Please describe facilitators/barriers to implementing ACTA within organizations and amongst country beneficiaries.
 - a. Can you speak to how these have changed as a result of COVID-19?
6. Moving forward, what could be done to improve the efficacy of ACTA measures?
7. How is your organization bound by the UNCAC? i.e. how much of your work is institutional policy vs. how much is constrained by UNCAC
8. Are there specific documents about ACTA measures in your organization that you think we should look at?
9. Is there any information that you feel is relevant that you would like to add to this discussion?
10. Can you please provide us with at least 2 names of individuals, either who work for the same organization as you or not, who could provide us with more information on the topic of ACTA?

Appendix 2

Codes used in qualitative thematic analysis

- Barriers to implementation of anti-corruption initiatives
- Changes in approaches to anti-corruption
- COVID-19

- 1
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- 3 - Collaboration
- 4 - Technology
- 5 - Examples and case studies
- 6 - Strengths
- 7 - Weaknesses
- 8 - Background information
- 9 - Recommendations
- 10 - Health and pharmaceuticals
- 11 - Facilitators of implementation
- 12 - Impact
- 13 - Definition of corruption
- 14 - Shift to prevention
- 15 - Anticipated trajectory
- 16 - Monitoring and evaluation
- 17 - Approach to anti-corruption
- 18 - Transparency
- 19 - Accountability
- 20 - Governance
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Appendix 3

Themes (created based on the codes in Appendix 2) used in qualitative thematic analysis

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- 29 1. Approaches to anti-corruption
- 30 a. Shift to prevention
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- 32 2. Strengths of approaches to anti-corruption
- 33 3. Facilitators of implementing anti-corruption initiatives
- 34 4. Weaknesses of approaches to anti-corruption
- 35 5. Anticipated trajectory of anti-corruption initiatives
- 36 a. COVID-19
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Standards for Reporting Qualitative Research (SRQR)

No.	Topic	Item
Title and abstract		
1	Title	Anti-Corruption in International Organizations: Using Key Informant Interviews to Explore Anti-Corruption, Accountability, and Transparency (p. 1).
2	Abstract	<p><i>Introduction:</i> Corruption undermines the quality of healthcare and leads to inequitable access to essential health products. The World Health Organization (WHO), Global Fund, UNDP, and World Bank are engaged in anti-corruption in health sectors globally, having formed the Coalition for Accountability, Transparency, and Anti-Corruption in Health in 2019. Throughout the COVID-19 pandemic, weakened health systems and overlooked regulatory processes have increased corruption risks, thus emphasizing the importance of exploring the strengths and weaknesses of these organizations' anti-corruption mechanisms and their trajectories since the pandemic began.</p> <p><i>Methods:</i> 26 semi-structured key informant interviews with a total of 28 interviewees were conducted via Zoom between April and July of 2021 with informants from the WHO, World Bank, Global Fund, and UNDP, other NGOs involved in anti-corruption, and academic institutions. Key informant selection was guided by purposive and snowball sampling. Detailed interview notes were qualitatively coded by three researchers. Data analysis followed an inductive-deductive hybrid thematic analysis framework.</p> <p><i>Results:</i> Results demonstrate that the WHO, World Bank, Global Fund, and UNDP have shifted from criminalization/punitive approaches to anti-corruption to preventative ones and that anti-corruption initiatives are strong when they are well-funded, explicitly address corruption, and are complemented by strong monitoring and evaluation mechanisms. Results also demonstrate that weaknesses in the studied organizations' approaches to anti-corruption include one-size-fits-all approaches, lack of political will to address corruption, and zero-tolerance policies for corruption. Lastly, the COVID-19 pandemic has highlighted the necessity of improving anti-corruption by promoting strong accountability and transparency in health systems.</p> <p><i>Conclusion:</i> Results from this study highlight the strengths, weaknesses, and recent trajectories of anti-corruption in the Global Fund, World Bank, UNDP, and WHO. This study underscores the importance of implementing strong and robust anti-corruption mechanisms specifically geared toward</p>

		corruption prevention that remain resilient even in times of emergency (p. 2).
Introduction		
3	Problem formulation	Corruption is a global wicked problem. Within the health sector, corruption limits the efficiency of health systems, reduces trust in healthcare institutions, and undermines universal health coverage and the right to health. The ongoing COVID-19 pandemic has increased risks of health sector corruption. Research suggests that high levels of transparency and accountability in health systems can reduce susceptibility to corruption. Recognizing the dire implications of corruption on health service provision and as a result of the important role that transparency and accountability play in reducing the incidence of corruption, many international organizations have committed to promoting anti-corruption, transparency, and accountability in health systems. Specifically, the UNDP, World Health Organization (WHO), Global Fund, and World Bank Group (World Bank) have recently formed the Coalition for Accountability, Transparency, and Anti-Corruption in Health (the CATCH Alliance), which aims to support countries in minimizing health sector corruption. Through CATCH, these IOs have become heavily involved in anti-corruption in health systems. While some literature has delineated the specific anti-corruption mechanisms these IOs have implemented in health sectors around the world, there has been little examination of whether these mechanisms are effective, the facilitators to their implementation, and how they have evolved over time (pp. 3-4).
4	Purpose or research question	This study analyzes anti-corruption mechanisms implemented by the WHO, UNDP, Global Fund, and World Bank and addresses the research question: what are the strengths, weaknesses, facilitators to implementation, and recent trajectories of anti-corruption mechanisms in these IOs (p. 4).
Methods		
5	Qualitative approach and research paradigm	This study was conducted from a post-positivist point of view using qualitative thematic analysis (p. 4, p. 5). We recognize that there is one objective—though often imperfectly ascertainable—reality. As such, in this paper we aimed to find and describe the reality about accountability, transparency, and anti-corruption in the UNDP, Global Fund, World Bank, and WHO.
6	Researcher characteristics and reflexivity	The first author conducted all the interviews. She was not known to the research participants prior to the study. The second and third authors acted as note-takers for interviews; they also did not know any interview participants prior to the study. The fourth author did know some of the interview participants, and accordingly, opted not to be present at any interviews. Additionally, the fourth author is the Director of the WHO

		Collaborating Center for Governance, Accountability and Transparency in the Pharmaceutical Sector. The first, second, and third authors are research assistants at this Center. This, however, was disclosed to all interview participants prior to the interviews.
7	Context	All interviews were conducted virtually via Zoom (p. 4). Virtual interviews were chosen because of the ongoing COVID-19 pandemic and resulting travel restrictions.
8	Sampling strategy	Key informant recruitment was guided by purposive and snowball sampling through which informants were selected based on their professional positions or expertise in the international anti-corruption field and/or were recommended to the researchers by other participants (p. 4). Purposive sampling was directed toward ensuring that participants were recruited from each of the international organizations under study, from international NGOs involved in anti-corruption work, and from academic institutions so that a wide variety of perspectives on anti-corruption were provided to researchers. Interview recruitment was conducted over email. Recruitment was stopped when saturation was reached (when additional interviews no longer provided new information) (p. 4).
9	Ethical issues pertaining to human subjects	University of Toronto Research Ethics Board Approval was received for this project. All interview participants signed consent forms prior to their participation (p. 4). Because interviews discussed the potentially sensitive issue of corruption, a key concern when conducting interviews was that participants would feel uncomfortable discussing specific organizational details. This risk was mitigated as participants were not obligated to answer any questions, participant identity was anonymous and was kept confidential to those outside of the research group (the authors), and participants could withdraw from the study at any point with no negative consequences to them.
10	Data collection methods	Interviews were conducted for this project (p. 4). Interviews were chosen because they provided the opportunity for participants to speak about anti-corruption within international organizations without influence from other individuals. Interviews were conducted between April and July of 2021 and were between 30 and 45 minutes in duration (p. 4). Interviews were not recorded, though detailed notes were taken by both the interviewer and a secondary researcher to capture the information provided; direct quotes were recorded when possible (p. 4). At the end of each interview, notes from the note-taker and interviewer were combined (p. 4). To ensure that data from interviews was accurately captured, interviewees were offered the option to review and provide feedback on their combined interview notes (p. 4). The combined interview notes were qualitatively coded (p.

		5). The initial coding guide was informed by the research aim and by researcher expertise on the topic. Codes were amended iteratively throughout the data analysis process and links were made to the research aims and existing literature (p. 5).
11	Data collection instruments and technologies	<p>All key informant interviews were semi-structured, meaning that the interviewer used one interview guide to conduct all the interviews, but adjusted interview questions according to participants' responses and areas of expertise (p. 4). Below is a copy of the interview guide. Interviews were not recorded; instead, the interviewer and a secondary researcher took detailed notes of the information discussed (p. 4).</p> <p>Interview guide (supplemental material):</p> <ul style="list-style-type: none"> a) Please describe your responsibilities at your organization. b) Please provide some background information on policies and procedures with regard to anti-corruption within the WHO, the UNDP, the World Bank, and/or the Global Fund. <p>Prompts:</p> <ul style="list-style-type: none"> i. Can you describe the stakeholders involved? ii. What sort of evaluation methods are in place to measure the impact of these policies/procedures? iii. What sort of evidence exists pertaining to the efficacy of anti-corruption, transparency, and accountability (ACTA) measures employed by your institution? iv. What are the strengths and weaknesses of your organization's approach to ACTA? v. What specific measures (policies or procedures) exist in relation to the health and pharmaceutical sectors? vi. Is there a specific example of your organization's use of ACTA measures? <ul style="list-style-type: none"> 1. i.e. case study c) How have the ACTA policies and procedures progressed over time? d) How have the ACTA policies and procedures changed during the COVID-19 pandemic? e) Please describe facilitators/barriers to implementing ACTA within organizations and amongst country beneficiaries.

		<p>i. Can you speak to how these have changed as a result of COVID-19?</p> <p>f) Moving forward, what could be done to improve the efficacy of ACTA measures?</p> <p>g) How is your organization bound by the UNCAC? i.e. how much of your work is institutional policy vs. how much is constrained by UNCAC</p> <p>h) Are there specific documents about ACTA measures in your organization that you think we should look at?</p> <p>i) Is there any information that you feel is relevant that you would like to add to this discussion?</p> <p>j) Can you please provide us with at 2 names of individuals, either who work for the same organization as you or not, who could provide us with more information on the topic of ACTA?</p>
12	Units of study	In total, this study had 28 participants who were all employees of one of the four international organizations under study, international NGOs involved in anti-corruption work, or academic institutions (pp. 4-5). Participants ranged in their professions and countries of origin. All participants participated in an interview except for one, who did not have time so provided written responses to interview questions. Furthermore, all interviews were individual (one-on-one) except for one, in which 2 participants from the same organization were interviewed together (pp. 4-5). All interviewees participated in only one interview. It should be noted that all interviews occurred during the COVID-19 pandemic.
13	Data processing	Interview notes were qualitatively coded by the interviewer and a secondary coder, then by a third coder (p. 5). All data analysis was conducted on NVivo, a qualitative data analysis software (p. 5). Data analysis followed an inductive-deductive hybrid thematic analysis framework, meaning that an initial coding guide was created prior to coding and was amended as necessary during data analysis. The initial coding guide was informed by the research aim and by researcher expertise on the topic (p. 5). Codes were organized into themes; summaries of these themes including quotes (where available) were created then used to produce the results section of the manuscript (p. 5). Participants' identities were kept strictly confidential (p. 5). Participants have been de-identified in this manuscript (p. 5). Throughout the duration of the study, all recorded data was secured in a password-encrypted file on a password-protected computer; it will be destroyed after the dissemination of study results has occurred.
14	Data analysis	Codes were iteratively organized into themes, meaning that themes were created and modified as data collection and analysis

		<p>was conducted. Analysis began after the first interview (p. 5). Themes were overarching topics that participants discussed and were collaboratively identified by each of the authors (p. 5). The list of codes and the final themes are below. The unit of analysis for this study was individual participants.</p> <p>Codes (supplemental material):</p> <ul style="list-style-type: none"> - Barriers to implementation of anti-corruption initiatives - Changes in approaches to anti-corruption - COVID-19 - Collaboration - Technology - Examples and case studies - Strengths - Weaknesses - Background information - Recommendations - Health and pharmaceuticals - Facilitators of implementation - Impact - Definition of corruption - Shift to prevention - Anticipated trajectory - Monitoring and evaluation - Approach to anti-corruption - Transparency - Accountability - Governance <p>Themes (supplemental material):</p> <ul style="list-style-type: none"> - Approaches to anti-corruption <ul style="list-style-type: none"> o Shift to prevention - Strengths of approaches to anti-corruption - Facilitators of implementing anti-corruption initiatives - Weaknesses of approaches to anti-corruption - Anticipated trajectory of anti-corruption initiatives <ul style="list-style-type: none"> o COVID-19
15	Techniques to enhance trustworthiness	<p>To ensure that data from interviews was accurately captured, interviewees were offered the option to review and provide feedback on their interview notes; 7 interviewees asked to review their notes and provided feedback to researchers (p. 4). Additionally, 3 coders were involved in data analysis to enhance analytical rigor (p. 5); the coding team involved the fourth author</p>

		(JCK), who has significant experience conducting qualitative research with in analyzing interview data.
Results/findings		
16	Synthesis and interpretation	<p>Results demonstrate that the WHO, World Bank, Global Fund, and UNDP have shifted from criminalization/punitive approaches to anti-corruption to preventative ones, in which focus is placed on limiting the impacts of corruption on health outcomes and healthcare provision before they occur (pp. 5-8). Additionally, results suggest that large amounts of funding for anti-corruption programs, explicitly addressing corruption, and implementing strong monitoring and evaluation mechanisms, can contribute to effective anti-corruption initiatives (pp. 8-9).</p> <p>While the four studied IOs have made considerable and meaningful improvements in their anti-corruption agendas in recent years, however, there remain areas in which they struggle. Notably, weaknesses in the IOs' approaches to anti-corruption include a general lack of political will to address corruption, one-size-fits-all—as opposed to sectoral—approaches to anti-corruption, and zero-tolerance policies for corruption (pp. 9-11). Lastly, the COVID-19 pandemic and its attendant corruption risks have underscored the importance of addressing these weaknesses by implementing strong accountability and transparency mechanisms that promote integrity in pandemic responses (pp. 11-13).</p>
17	Links to empirical data	<p>Participants discussed how international organizations have shifted from criminalization/punitive approaches to anti-corruption to preventative ones; this is evidenced in the following quote: “Corruption is a problem, a threat to development, a threat to injustice, a threat to social justice so we should be trying to address it and reduce it as much as possible. And any efforts we can make in this regard is worthwhile” (NGO participant #3) (p. 6).</p> <p>Results also suggest that strong monitoring and evaluation mechanisms are important in anti-corruption initiatives; this is evidenced in the following quotes: “It is hard to know if changes are due to reducing corruption or fostering efficiency, tracing issues back to root of either corruption or governance is almost impossible” (IO participant #2) (p. 8). “This is a huge problem because today we have very little information about what works” (NGO participant #9) (p. 9).</p> <p>Data also suggests that weaknesses in the international organizations' approaches to anti-corruption include a general lack of political will to address corruption; this is evidenced in</p>

		<p>the following quote: "...need both political will and technical capacity for an anti-corruption program to successfully be implemented" (IO participant #8) (p. 10).</p> <p>Lastly, data suggests that the COVID-19 pandemic has made corruption more visible; this is evidenced in the following quote: "COVID has exposed how little progress has been made in integrating anti-corruption in health services and making it a central part of health and health service delivery" (NGO participant #3) (p. 12).</p>
Discussion		
18	<p>Integration with prior work, implications, transferability, and contribution(s) to the field</p>	<p>Results from this study demonstrate that IOs' anti-corruption work varies and that each of the four members of the CATCH Alliance has unique strengths and weaknesses in its approaches to anti-corruption. The UNDP and the World Bank, for example, have the resources necessary to fund anti-corruption efforts. Additionally, the UNDP directly addresses corruption, embedding anti-corruption efforts into many of its development interventions. The WHO, on the other hand, lacks political will for anti-corruption, and thus, has not yet fully incorporated anti-corruption into their programmatic work. Lastly, the Global Fund has evolved its corruption prevention model to integrate risk-based approaches to anti-corruption, through which it has demonstrated the benefit of focusing on preventing forms of fraud and corruption that undermine their ability to deliver on health objectives (p. 13).</p> <p>Furthermore, this study has highlighted a number of areas in which IOs can improve their anti-corruption programs. Generally, anti-corruption initiatives would benefit from improved monitoring and evaluation systems to optimize anti-corruption programs; findings from this study support existing literature about the need for improved monitoring and evaluation systems for anti-corruption initiatives. Additionally, IOs should work directly with national champions and/or civil society organizations to increase the political will for anti-corruption at the national level (p. 13).</p> <p>The COVID-19 pandemic has had an impact on ACTA efforts. Before the onset of the pandemic, while anti-corruption appeared to have been gaining traction within IOs, it remained underfunded, under-valued, and under-researched. As the world now enters into its third year of the pandemic, under-investment in anti-corruption initiatives is ever more prominent, as IOs have been focused on supporting health systems to ensure they can manage the strain caused by COVID-19. The pandemic has also</p>

		<p>brought forth, however, the difficult balance between the need for urgency and anti-corruption. For example, the bypassing of normal procedures (i.e. oversight procedures) have at once led to increased corruption risks and the timely flow of funds for the procurement of emergency health products. The pandemic has thus demonstrated a tension between anti-corruption and health systems strengthening in times of emergency (p. 13).</p> <p>This study contributes to the body of literature about anti-corruption, accountability, and transparency in international organizations by analyzing the strengths, weaknesses, and recent trajectories of their anti-corruption work and underscores the importance of implementing strong and robust anti-corruption mechanisms specifically geared toward corruption prevention that remain resilient even in times of emergency. Results from this study can inform the development and/or reformation of anti-corruption programs within international organizations to ensure they are as effective as possible.</p>
19	Limitations	<p>A limitation of this study was that the authors were not able to discern whether data provided by interviewees was influenced by their personal beliefs and/or ideas. As a result, the authors interpreted all data as objective and impartial. To mitigate this limitation, future studies should triangulate data from interviewees with that from other data sources so that the presence of any personal biases are balanced by more objective sources (p. 14).</p> <p>Furthermore, recruiting participants from some of the international organizations was difficult, with many individuals well-suited to participate in this study unable to dedicate time to an interview. While this study had representation from each of the four IOs involved in CATCH, significantly more participants were from the UNDP and WHO than were from the Global Fund and World Bank (p. 14).</p> <p>Lastly, although this study offers initial insight into anti-corruption mechanisms within the WHO, Global Fund, UNDP, and World Bank, all interviewees worked for one of these IOs, for NGOs involved in anti-corruption, or in academia within the anti-corruption field. This study, therefore, lacked country-level input from individuals directly impacted by anti-corruption initiatives (e.g. government officials, healthcare providers, etc.). Future studies should include data from individuals more acutely impacted by anti-corruption initiatives and who may offer different perspectives on anti-corruption in the health sector than did interviewees for this study (p. 14).</p>

Other		
20	Conflicts of interest	Though it is not a conflict of interest, it is important to note that the fourth author, Dr. Jillian Kohler, is the Director of the WHO Collaborating Centre for Governance, Accountability, and Transparency in the Pharmaceutical Sector and that Ariel Gorodensky, Andrea Bowra, and Gul Saeed (the first, second, and third authors) are research assistants at this Center (p. 15).
21	Funding	This project was funded by the Connaught Global Scholar Award (p. 15).

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Anti-corruption in global health systems: using key informant interviews to explore anti-corruption, accountability, and transparency in international health organizations

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3 **Anti-corruption in global health systems: using key informant interviews to explore anti-**
4 **corruption, accountability, and transparency in international health organizations**
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46 Keywords: COVID-19, Health Policy, Public Health, Qualitative Study
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Abstract

Objectives: Corruption undermines the quality of healthcare and leads to inequitable access to essential health products. The World Health Organization (WHO), Global Fund, UNDP, and World Bank are engaged in anti-corruption in health sectors globally, particularly having formed what would become the Coalition for Accountability, Transparency, and Anti-Corruption in Health (CATCH) in 2019. Throughout the COVID-19 pandemic, weakened health systems and overlooked regulatory processes have increased corruption risks. The objective of this study is thus to explore the strengths and weaknesses of these organizations' anti-corruption mechanisms and their trajectories since the pandemic began.

Design, setting, and participants: 26 semi-structured key informant interviews with a total of 28 interviewees were conducted via Zoom between April and July of 2021 with informants from the WHO, World Bank, Global Fund, and UNDP, other NGOs involved in anti-corruption, and academic institutions. Key informant selection was guided by purposive and snowball sampling. Detailed interview notes were qualitatively coded by three researchers. Data analysis followed an inductive-deductive hybrid thematic analysis framework.

Results: The findings demonstrate that the WHO, World Bank, Global Fund, and UNDP have shifted from criminalization/punitive approaches to anti-corruption to preventative ones and that anti-corruption initiatives are strong when they are well-funded, explicitly address corruption, and are complemented by strong monitoring and evaluation mechanisms. Weaknesses in the organizations' approaches to anti-corruption include one-size-fits-all approaches, lack of political will to address corruption, and zero-tolerance policies for corruption. The COVID-19 pandemic has highlighted the necessity of improving anti-corruption by promoting strong accountability and transparency in health systems.

Conclusions: Results from this study highlight the strengths, weaknesses, and recent trajectories of anti-corruption in the Global Fund, World Bank, UNDP, and WHO. This study underscores the importance of implementing strong and robust anti-corruption mechanisms specifically geared toward corruption prevention that remain resilient even in times of emergency.

Strengths and limitations of this study

- This study collected data from individuals directly involved in anti-corruption programs within the four studied international organizations.
- Conducting interviews over Zoom provided us with access to individuals from around the world who would have otherwise been inaccessible.
- We were not able to discern whether data provided by interviewees was influenced by their personal beliefs and/or ideas.
- Recruiting participants from some of the international organizations was difficult, with many individuals well-suited to participate in this study unable to dedicate time to an interview (specifically, very few individuals from the World Bank agreed to participate in this study, and thus there are fewer results about this organization than about the others).
- This study lacked country-level input from individuals directly impacted by anti-corruption initiatives.

Introduction

Health system corruption

Corruption is a global wicked problem, meaning that it is dynamic, has numerous causes, and grave implications (1). Within the health sector, corruption limits the efficiency of health systems, reduces trust in healthcare institutions, and undermines universal health coverage and the right to health (2–4). Corruption can limit access to and undermines the quality of health services and products such as essential medicines (5). This impacts poor and marginalized populations most profoundly as they tend to be most reliant on publicly provided services (6).

Corruption is defined by Transparency International as, “the abuse of entrusted power for private gain” (7). It can range from petty corruption to high-level multinational corruption and can manifest as bribery, extortion, theft, embezzlement, and undue influence, among other forms (8,9). Corruption threatens the achievement of the United Nations (UN) Sustainable Development Goals (SDGs), most severely SDG #3: Good health and well-being for all, at every stage of life (5,10).

The ongoing COVID-19 pandemic has increased risks of health sector corruption globally, thus further threatening the achievement of the SDGs. Specifically, national and international health systems are overwhelmed as they attempt to control virus spread and respond to unprecedented demand for health services. This leaves health systems increasingly vulnerable to corruption as normal procedures are bypassed in the interest of rapid public health responses and the urgent procurement of emergency health products (11). Examples of corruption during the COVID-19 pandemic include falsified COVID-19 vaccines (12,13), substandard personal protective equipment (14,15), and counterfeit COVID-19 vaccine certificates (16,17).

Anti-corruption, transparency, and accountability in health systems

Research suggests that high levels of transparency and accountability in health systems can reduce susceptibility to corruption (18–20). Transparency in health system processes such as public procurement and hospital financing make prices visible, thus reducing the incidence of price gouging and shedding light on demands for bribes and kickbacks (8,11). Additionally, transparency permits for the monitoring of prices across regions and health facilities, thus permitting authorities to ensure that prices remain fair and consistent. Further, high levels of transparency in the health sector permit for governments and healthcare providers to be held accountable for their roles in healthcare funding and the delivery of health services. This allows those who administer and fund health services to be responsive to those who rely on their services and who require that services be provided with integrity (8,11).

Recognizing the dire implications of corruption on health service provision and as a result of the important role that transparency and accountability play in reducing the incidence of corruption, many international organizations (IOs) and Non-Governmental Organizations (NGOs) have committed to promoting anti-corruption, transparency, and accountability (ACTA) in health systems. Specifically, the UNDP, World Health Organization (WHO), Global Fund, and World Bank Group (World Bank) have recently formed the Coalition for Accountability,

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3 Transparency, and Anti-Corruption in Health (the CATCH Alliance), which aims to support
4 countries in minimizing health sector corruption. Through CATCH, these IOs have become
5 heavily involved in anti-corruption in health systems. While some literature has delineated the
6 specific anti-corruption mechanisms these IOs have implemented in health sectors around the
7 world (20–22), there has been no examination of whether these mechanisms are effective, the
8 facilitators to their implementation, and how they have evolved over time.
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11 Understanding the nuances of the anti-corruption mechanisms employed by these IOs is
12 particularly critical in light of the ongoing COVID-19 pandemic as the increased corruption risks
13 brought forth by the injection of funding for health services and the high demand of COVID-
14 related products have underscored the urgency of anti-corruption in health (23). As a result, this
15 study analyzes anti-corruption mechanisms for health systems around the world implemented by
16 the WHO, UNDP, Global Fund, and World Bank and addresses the research question: what are
17 the strengths, weaknesses, facilitators to implementation, and recent trajectories of anti-
18 corruption mechanisms by these IOs?
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23 **Methods**

24 ***Data collection***

25 This study, conducted from a post-positivist point of view, builds on previous work exploring
26 similar research questions, including a targeted website review (20) and a document analysis
27 (21). We contacted 55 individuals and from this pool, conducted 26 semi-structured key
28 informant interviews with informants from each of the four IOs (the WHO, World Bank, Global
29 Fund, and UNDP), NGOs involved in anti-corruption work, and academic institutions; one
30 interview involved 2 participants (Table 1). A 28th informant was unable to participate in an
31 interview but provided written responses to the interview questions. Key informant recruitment
32 was guided by purposive and snowball sampling (24) through which informants were selected
33 based on their professional positions or expertise in the anti-corruption field and/or were
34 recommended by other participants from within or outside their organization.
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39 Interviews were conducted on Zoom between April and July of 2021, were between 30
40 and 45 minutes in duration, and were conducted in English. The interview guide is provided in
41 Appendix 1. All interview participants provided written and verbal consent for their participation
42 in an interview. Interviews were not recorded, though detailed notes were taken by both the
43 interviewer and a secondary researcher to capture the information provided; direct quotes were
44 recorded when possible. At the end of each interview, notes from the note-taker and interviewer
45 were combined. To ensure that data from interviews was accurately captured, interviewees were
46 offered the option to review their combined interview notes; 7 interviewees asked to review their
47 notes and provided feedback to researchers. Data collection was stopped when saturation was
48 reached (25). This study received ethics approval from the University of Toronto Research
49 Ethics Board (#00040020).
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55 **Table 1: Study sample**

Interviewee Type	Number of interviews	Number of informants
IO employee	11	12
NGO employee	13	14
Academic	2	2
Total number of informants		28

Data analysis

The combined interview notes were qualitatively coded by the interviewer and a secondary coder, then by a third coder. All data analysis was conducted on NVivo, a qualitative data analysis software. Data analysis followed an inductive-deductive hybrid thematic analysis framework (26), meaning that an initial coding guide was created prior to coding and was amended as necessary during data analysis. The initial coding guide was informed by the research aim and by researcher expertise on the topic. Data analysis began after the first interview and continued as interviews took place. Codes were amended iteratively throughout the data analysis process and links were made to the research aims and existing literature. The final list of codes is provided in Appendix 2. Codes were then organized into themes based on topics that were commonly discussed by participants; summaries of these themes including quotes (where available) were created then used to produce the results section of this paper; participants' identities were kept strictly confidential and participants have been de-identified in this manuscript. The final list of themes is provided in Appendix 3.

Patient and public involvement

This study did not engage patients or the general public; individual participants were engaged solely in their capacity as key informants.

Results

Overview of IOs' approaches to anti-corruption

Fourteen interviewees identified that there are two main approaches to anti-corruption: 1) a criminalization/punitive approach, in which organizations identify corruption and sanction offenders; and 2), a preventative approach in which organizations aim to prevent corruption before it occurs. In 2019, the World Bank sanctioned and debarred 53 companies from working with the organization; this is an example of a punitive approach to anti-corruption (NGO participant #5). On the other hand, as an example of a preventative approach, the UNDP has started focusing on capacity building as a means to prevent corruption within its partner countries (IO participant #2). Seven interviewees also noted that many of the organizations under

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3 study have recently shifted from the former to the latter. The reason for this shift is IOs'
4 recognition that when anti-corruption efforts are geared toward criminalization, by the time any
5 measures have been taken against a corrupt actor or actors, damage due to corruption has already
6 occurred. As an interviewee from an NGO explained,
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10 “Corruption is a problem, a threat to development, a threat to injustice, a threat to social
11 justice so we should be trying to address it and reduce it as much as possible. And any
12 efforts we can make in this regard is worthwhile” (NGO participant #3)
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15 The criminalization approach confines anti-corruption agencies to operating in contexts where
16 corruption exists and to where its implications are rampant. For IOs, this can lead to a loss of
17 valuable resources such as money allocated for improving access to and the quality of health
18 services. Preventative approaches, on the other hand, uniquely hamper the implications of
19 corruption by reducing the incidence of corruption itself.
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22 Two interviewees from IOs identified that the UNDP is in the process of adopting a
23 preventative approach to anti-corruption. The UNDP’s shift from criminalization to prevention
24 appears to have stemmed from its recognition that fraud and corruption deplete the
25 organization’s funds, assets, and other resources required to achieve its mandate, hinder donors’
26 trust in the organization, and damage their international reputation. Specifically, two
27 interviewees from IOs explained that the UNDP’s Policy Against Fraud and Other Corrupt
28 Practices places emphasis on corruption prevention by raising awareness about the implications
29 of fraud and corruption, outlining the importance of implementing controls aimed at mitigating
30 these risks, and advocating for the early detection of acts of fraud and corruption that do occur.
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34 In addition, an interviewee from an IO underscored that the WHO has been shifting from
35 a punitive to a preventative approach to anti-corruption in the health system. The WHO’s earliest
36 focus on anti-corruption can be traced to 2004, when the WHO established the Good Governance
37 for Medicines (GGM) program: the first global program to address corruption prevention in the
38 pharmaceutical sector through a focus on elements related to good governance. Through the
39 GGM, corruption prevention was advanced primarily through efforts to strengthen transparency
40 and accountability in the health and pharmaceutical sectors. According to an interviewee at an
41 IO, the majority of WHO’s current work with respect to corruption prevention in the
42 pharmaceutical sector is focused on preventing and responding to the presence of substandard
43 and falsified health products.
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47 Furthermore, two interviewees from IOs identified that effectively preventing corruption
48 requires commitments to anti-corruption from national and/or regional actors. Corruption is
49 context-dependent, varying tremendously between counties and regions. As an interviewee from
50 an NGO explained, corruption is
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53 “...not just as a problem that exists on its own and can be solved on its own. It is a
54 wider challenge connected to governance, history, and other things going on in any
55 given politic” (NGO participant #3)
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5 As a result, corruption prevention cannot occur effectively if anti-corruption initiatives are solely
6 informed by international anti-corruption experts. Instead, two interviewees suggested that
7 corruption prevention initiatives should use national anti-corruption task forces acquainted with
8 local needs who can provide regionally-appropriate recommendations for mitigating corruption
9 risks.
10

11 The UNDP, for example, has implemented regional anti-corruption programs that entail
12 the development and implementation of tools to identify, assess, and evaluate sector-level risks
13 of corruption. In so doing, the UNDP encourages collaboration between national actors within a
14 given sector and those involved in anti-corruption at the country-level. One interviewee also
15 noted, however, that national task forces, while more effective at promoting anti-corruption than
16 external anti-corruption experts, can have stake in or agendas pertaining to corrupt activity; as a
17 result, the information they provide with respect to anti-corruption may contain biases.
18

19 The World Bank employs a combination of punitive and preventive approaches to anti-
20 corruption. An interviewee from an IO explained that the World Bank believes corruption to be
21 an issue that should be prevented. According to two interviewees at NGOs, on the other hand,
22 the World Bank also places great emphasis on asset recovery and sanctioning corrupt actors. For
23 example, the World Bank has a preventative service unit that mainstreams compliance to anti-
24 corruption projects that are focused on corruption prevention. If, however, they detect that any
25 suppliers have engaged in corruption, they blacklist those suppliers; this demonstrates the World
26 Bank's commitment to sanctioning offenders of corruption as well. The World Bank's sanction
27 list is adhered to very strongly. Suppliers barred by the World Bank are also barred by other UN
28 and private agencies.
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35 The Global Fund's approach to anti-corruption is different from those of the other three
36 organizations. According to one interviewee,
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39 "The Global Fund of the four [organizations] is probably the one that has the tools
40 and approach that are most advanced in anti-corruption at the programme level"
41 (IO participant #11)
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44 To complement the detection and response components of its Anti-Corruption Framework, the
45 Global Fund is evolving its prevention model to integrate a programmatically driven, risk-based
46 approach to anti-corruption. This evolution has been ushered in by the board-level Policy to
47 Combat Fraud and Corruption, which states, under chapter 3.3, that "fraud and corruption are
48 program and mission risks and prioritizes the prevention, detection and response to prohibited
49 practices to advance the Global Fund's mission of ending the epidemics" (27). In practice, this
50 means that the Global Fund is focusing on preventing those forms of fraud and corruption that
51 can undermine its grants' ability to deliver on their health objectives. As an interviewee
52 explained, the Global Fund is
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5 “... targeting those forms of abuse that can lead to under-or non-delivery of health
6 services, material manipulation of health data, or lead to egregious levels of
7 overpayment” (IO participant #9)
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10 The same interviewee further described the benefits of this approach to corruption prevention by
11 explaining that
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14 “If we have adequately robust, independent, reliable controls to assure ourselves
15 that grant financed-activities actually took place at market rates, then we have
16 adequate assurance that the scale of fraud and corruption within that grant did not
17 arise to a severe level.”
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20 **Strengths of IOs’ approaches to anti-corruption**

21 Interviewees identified a number of strengths in the WHO’s, UNDP’s, Global Fund’s, and World
22 Bank’s approaches to anti-corruption. To begin, the UNDP’s history as a development agency of
23 the United Nations (UN) means its mandate is attached to that of the UN. As a result, the UNDP
24 receives UN funds that can support its anti-corruption work. Unlike many other IOs, therefore,
25 the UNDP has the financial means to create and execute anti-corruption initiatives. Similarly, the
26 World Bank’s large size and near global reach permits it to work across a variety of sectors in a
27 multitude of countries. Two interviewees further explained that the World Bank, like the UNDP,
28 has significant financial resources; as a result, they have the ability to invest in sustainable anti-
29 corruption mechanisms that can grow to become self-reinforcing as opposed to requiring
30 constant active implementation.
31

32 Interviewees also identified that successful anti-corruption initiatives are often explicit in
33 their use of the word corruption. Many IOs and NGOs hesitate to use the word corruption
34 because they perceive it as “a filthy word” (IO participant #4), and instead, address anti-
35 corruption under the guise of governance, transparency, and accountability. Doing so, however,
36 means that initiatives do not directly address corruption. An interviewee from an IO, on the other
37 hand, explained that one of the UNDP’s strengths is its willingness to put anti-corruption at the
38 forefront of other development interventions and reforms, and thus, to tackle corruption head-on.
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45 **Facilitators to implementing anti-corruption mechanisms**

46 Interviewees discussed a number of facilitators to effectively and efficiently implement anti-
47 corruption mechanisms. First, seven interviewees discussed the importance of implementing
48 strong monitoring and evaluation (M&E) systems for anti-corruption initiatives. Although there
49 has been a considerable increase in the amount and scope of anti-corruption work conducted in
50 the previous three decades, there remains a dearth of information about how best to transform
51 systems in which corruption is endemic into systems in which corruption is a rarity. As a result,
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3 “It is hard to know if changes are due to reducing corruption or fostering
4 efficiency, tracing issues back to root of either corruption or governance is almost
5 impossible” (IO participant #2)
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8 Another interviewee explained that
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11 “This is a huge problem because today we have very little information about what
12 works” (NGO participant #9)
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15 The main reason monitoring and evaluation is not often implemented is that
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18 “It would take a significant amount of resources to evaluate anti-corruption work
19 and people aren’t willing to fund that (academic participant #1)
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22 That said, an interviewee from an IO noted that the UNDP is advancing more than other
23 IOs in its implementation of M&E because it has a risk management methodology that allows for
24 the monitoring and evaluation of its anti-corruption programs. The methodology consists of five
25 steps: 1) setting-up and training an anti-corruption task force; 2) conducting assessments; 3)
26 creating a corruption mitigation plan; 4) implementing the mitigation plan; and 5) monitoring
27 and evaluating the plan. The efficacy of the mitigation plan can be quantified in terms of time
28 and/or money saved. This methodology was implemented for the first time in Tunisia. The
29 Tunisian government wrote and published a report about their use of the methodology; Lebanon
30 is now employing the methodology as well.
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33 Other facilitators of anti-corruption identified by interviewees include involving private
34 corporations in anti-corruption work; building technical capacity for anti-corruption; dedicating
35 resources to ACTA; creating incentives to engage in anti-corruption; offering ethics courses that
36 promote anti-corruption among IO staff and which draw attention to the importance of anti-
37 corruption work; and promoting transparency and accountability in anti-corruption.
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41 **Weaknesses in IOs’ approaches to anti-corruption**

42 While interviewees identified promising advances in the approaches by the World Bank,
43 UNDP’s, Global Fund, and WHO’s approaches to anti-corruption, they also identified several
44 weaknesses. These include one-size-fits-all approaches to anti-corruption, a lack of political will,
45 and unrealistic zero-tolerance policies for corruption.
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48 Five interviewees explained that corruption risks vary by sector. As a result,
49 implementing effective anti-corruption mechanisms requires anti-corruption initiatives that
50 mitigate the risks of corruption specific to a given sector. As three interviewees explained,
51 however, IO employees often work in isolated domains within their organizations (i.e. in anti-
52 corruption, financial management, health systems strengthening, etc.). They also explained that
53 there is seldom collaboration between employees in different domains. Anti-corruption
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3 initiatives, therefore, are often created and implemented by individuals who work in anti-
4 corruption without input from those acquainted with the needs of a given sector. As a result, IOs
5 do not generally create sector-based anti-corruption interventions.
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7 For example, within the WHO, though anti-corruption work is “starting to have an
8 existence” (NGO participant #8), corruption remains under-addressed. As one interviewee from
9 an IO stated:
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12 “Anti-corruption isn’t really a big part of our work” (IO participant #6).
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15 Another interviewee (from an NGO) noted that one reason anti-corruption has failed to gain
16 traction within the WHO is because of its internal politics. The interviewee explained that the
17 WHO has internal, territorial teams (independent teams who work in distinct and siloed domains)
18 that do not often communicate with one another. As a result, creating well-informed, sector-
19 based anti-corruption initiatives is difficult.
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21 The second major weakness interviewees identified in IOs’ approaches to anti-corruption
22 is that there is a general lack of political will to conduct anti-corruption work. As one
23 interviewee stated, organizations
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27 “...need both political will and technical capacity for an anti-corruption program
28 to successfully be implemented” (IO participant #8)
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31 As another interviewee similarly explained:
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34 “Increasing awareness of corruption is not enough, there needs to be political will”
35 (academic participant #2)
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38 For example, the WHO (run by its member states) cannot conduct anti-corruption work if their
39 constituencies are not committed to anti-corruption. As an interviewee explained,
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42 “...the weakness of some organizations and their progress on anti-corruption is
43 related to the lack of appetite of the board or member states to take a good hard
44 look at what they are doing and how exposed they really are because they might
45 not like the answer” (IO participant #12)
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48 As a result, interviewees identified that the WHO has had challenges in securing funding from
49 donors for anti-corruption work. One interviewee (an academic) explained that even when IOs or
50 national governments have good anti-corruption policies, these policies are seldom enforced.
51 Often, those with enforcement power (i.e. managers of anti-corruption projects) lack the will to
52 tackle corruption, thus hindering the efficacy of anti-corruption policies, projects, and
53 interventions.
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3 Finally, informants identified that most IOs have zero-tolerance policies for corruption.
4 While well-intentioned, abolishing corruption is nearly impossible because corrupt actors will
5 always find a way to engage in corruption. As one interviewee explained it,
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8 “Zero tolerance is unrealistic—sometimes the more you audit the more you miss”
9 (NGO participant #10)
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12 As a result, an interviewee from an IO explained that preaching zero-tolerance for corruption
13 results in IOs knowingly misrepresenting their boards and stakeholders.
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15 Zero-tolerance policies for corruption can also cause organizations’ funding to become
16 locked down in ineffective and inefficient anti-corruption controls. Interviewees noted that the
17 Global Fund, for example, has rigorous checks-and-balances consisting of stringent
18 documentation requirements. Ensuring that programs are adequately and properly documented,
19 however, is an onerous process that can delay the execution of programs themselves. According
20 to one interviewee, the
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24 “Majority of funds are going to the controls of the funds rather than the
25 implementation of programs and delivery services...the controls are worse than the
26 risks themselves” (IO participant #9).
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29 The narrow interpretation of fraud, coupled with the zero-tolerance stance on it, generates
30 several paradoxes which get in the way of the actual health and fiduciary accountability
31 objectives. Donors tend to interpret fraud and corruption as happening principally in
32 procurement and financial processes. Hence, they focus on evaluating the completeness and
33 compliance of documents evidencing the compliant purchase and spend on budgetary inputs. For
34 example, to evaluate if fraud occurred in a malaria mass campaign, the donor will focus on fraud
35 in documentation evidencing proper procurement of training venues, pencils and notebooks, and
36 catering services to train campaign workforce. However, budgetary inputs are often not where
37 the large scale and severe fraud schemes can occur; for example, population sizes which form the
38 basis for the budget may have been inflated, or distribution data may have been manipulated with
39 ghost households in an effort to divert them into the black market. Even more concerning, by
40 taking a “zero-tolerance” stance on the completeness and compliance of budgetary inputs, donor
41 policies result in a perverse incentive for recipients to over-focus on generating and policing
42 expenditure documentation, all to the detriment of operational efficiency and quality assurance
43 of health data and service delivery.
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47 **The trajectory of ACTA in IOs in and beyond the COVID-19 pandemic**

48 Interviewees explained that the COVID-19 pandemic has impacted corruption in the health
49 system in the following ways. First, the pandemic and measures to address the pandemic have
50 created conditions for corruption to thrive. Second, the pandemic has highlighted the need for
51 greater attention to and action on ACTA in health systems.
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54 The COVID-19 pandemic and the measures implemented to mitigate virus spread have
55 increased risks of corruption within and beyond health systems. This has occurred as a result of
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3 the large amounts of money that have been poured into health systems to respond to the COVID-
4 19 virus. Furthermore, eight interviewees explained that the urgency of the pandemic has led to
5 the bypassing or simplifying of procedures in place to prevent and identify corruption. According
6 to an interviewee at an IO, these shortcuts, while necessary to rapidly respond to the virus, have
7 created an environment in which
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11 “...the soil [is] rich for corruption to grow” (IO participant #2)
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14 Additionally, six interviewees explained that the pandemic has resulted in decreased
15 levels of institutional, organizational, and civil oversight of health system governance. An
16 example provided by an interviewee at an IO and two from NGOs is that travel restrictions have
17 severely limited in-person oversight of processes (i.e., public procurement) that are at high-risk
18 of corruption and has limited the number and frequency of corruption investigations. Two other
19 interviewees, both from NGOs, were particularly concerned about the significant decrease in the
20 amount of civil society and media monitoring of health systems; as one of the interviewees
21 stated,
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25 “what has also changed is the limited ability for civil society to be the watchdogs
26 against corruption because they themselves are impacted by the pandemic” (NGO
27 participant #2)
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31 The pandemic has also amplified corruption-related issues that existed before the
32 pandemic, thus highlighting the significant amount of work that needs to be done with respect to
33 implementing and promoting anti-corruption initiatives in the health sector. According to an
34 interviewee at an NGO,
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38 “COVID has exposed how little progress has been made in integrating anti-
39 corruption in health services and making it a central part of health and health
40 service delivery” (NGO participant #3)
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43 The interviewee explained that this has been exemplified by the absence of anti-corruption
44 provisions in the pandemic response plans of many countries and IOs.
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46 Further, three interviewees described how COVID-19 has brought underlying corruption
47 issues to the forefront of policy conversations because it has exposed the real and devastating
48 implications that corruption has on responses to health crises. Three other interviewees explained
49 that this has helped advance efforts for more transparency, specifically in pricing, procurement,
50 and allocation of health products, as well as transparency in clinical trials for vaccines and
51 therapeutics. As an interviewee from an NGO described,
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3 “What we would like to see is transparency embedded throughout the systems and
4 stronger accountability loops in the system” (NGO participant #4)
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7 With respect to IOs, the increased incidence of and attention to corruption brought on by
8 COVID-19 has underscored the need for high levels of organizational transparency,
9 accountability, and integrity.
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11 Despite the increased attention to, opportunities for, and implications of corruption
12 during the pandemic, three interviewees emphasized that IOs have taken relatively little action to
13 address new corruption risks. Two interviewees noted that though corruption is being discussed
14 more frequently, little has changed at the policy level, and most substantially, ACTA measures
15 have not changed to reflect the pandemic’s unique impacts on health systems. In a bleak
16 prediction, one interviewee from an NGO asserted that they do not foresee any significant
17 changes to ACTA resulting from the COVID-19 pandemic.
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22 **Discussion**

23 Results from this study demonstrate that IOs’ anti-corruption work varies and that each of the
24 four members of the CATCH Alliance has unique strengths and weaknesses in its approaches to
25 anti-corruption. The UNDP and the World Bank, for example, have the resources necessary to
26 fund anti-corruption efforts. Additionally, the UNDP directly addresses corruption, embedding
27 anti-corruption efforts into many of its development interventions. The WHO, on the other hand,
28 lacks political will for anti-corruption, and thus, has not yet fully incorporated anti-corruption
29 into their programmatic work. Lastly, the Global Fund has evolved its corruption prevention
30 model to integrate risk-based approaches to anti-corruption, through which it has demonstrated
31 the benefit of focusing on preventing forms of fraud and corruption that undermine their ability
32 to deliver on health objectives.
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36 Furthermore, this study has highlighted a number of areas in which IOs can improve their
37 anti-corruption programs. Generally, anti-corruption initiatives would benefit from improved
38 monitoring and evaluation systems to optimize anti-corruption programs; findings from this
39 study support existing literature about the need for improved monitoring and evaluation systems
40 for anti-corruption initiatives (28). Additionally, IOs should work directly with national
41 champions and/or civil society organizations to increase the political will for anti-corruption at
42 the national level.
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46 This study expands on the current literature about anti-corruption mechanisms in the
47 WHO, UNDP, World Bank, and Global Fund (20–22) by examining whether the ACTA
48 mechanisms these organizations employ are effective, the facilitators to their implementation,
49 and how they have evolved over time. This study thus contributes to the existing body of
50 literature about anti-corruption in the health sector; it offers concrete mechanisms by which IOs
51 can improve upon their anti-corruption efforts and through which they can benefit health systems
52 in their partner countries.
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3 The COVID-19 pandemic, not surprisingly, has had a clear impact on ACTA efforts.
4 Before the onset of the pandemic, while anti-corruption appeared to have been gaining traction
5 within IOs, there remain large research gaps about anti-corruption for health systems, both
6 generally and within the studied IOs (8,20,21). As the world now enters into its third year of the
7 pandemic, under-investment in anti-corruption initiatives is ever more prominent, as IOs have
8 been focused on supporting health systems to ensure they can manage the strain caused by
9 COVID-19. The pandemic has also brought forth, however, the difficult balance between the
10 need for urgency and anti-corruption (11). For example, the bypassing of normal procedures (i.e.
11 oversight procedures) have at once led to increased corruption risks and the timely flow of funds
12 for the procurement of emergency health products (11). The pandemic has thus demonstrated a
13 tension between anti-corruption and health systems strengthening in times of emergency.
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16 This study thus underscores the importance of addressing corruption in health systems
17 around the world, particularly when health system oversight is sacrificed for the rapid
18 implementation of emergency health initiatives. Given the increased amount of health system
19 corruption experienced during the COVID-19 pandemic (12–17,21,29), this study highlights the
20 importance of strengthening anti-corruption systems to make pandemic responses—and
21 responses to other future emergencies—more robust, resilient, and effective. This study
22 contributes to the existing body of literature about anti-corruption during the COVID-19
23 pandemic (21,23,29) by providing mechanisms by which the four studied IOs can reduce
24 corruption that has led to health system failures around the world.
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31 ***Strengths and limitations***

32 This study had two main strengths. The first is that we collected data from individuals directly
33 involved in anti-corruption programs; thus, the data represents first-hand accounts from
34 informants with lived experience working toward anti-corruption in health systems around the
35 world. Second, all interview were conducted over Zoom. Conducting the interviews over Zoom
36 provided us with access to individuals from around the world who would have otherwise been
37 inaccessible.
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40 A limitation of this study was that we were not able to discern whether data provided by
41 interviewees was influenced by their personal beliefs and/or ideas. As a result, we interpreted all
42 data as objective and impartial. To mitigate this limitation, future studies should triangulate data
43 from interviewees with that from other data sources so that the presence of any personal biases
44 are balanced by more objective sources.
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47 Furthermore, recruiting participants from some of the international organizations was
48 difficult, with many individuals well-suited to participate in this study unable to dedicate time to
49 an interview. While this study had representation from each of the four IOs involved in CATCH,
50 significantly more participants were from the UNDP and WHO than were from the Global Fund
51 and World Bank. Specifically, very few individuals from the World Bank agreed to participate in
52 this study, and thus, there are fewer results about this organization than about the others.
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Lastly, although this study offers initial insight into anti-corruption mechanisms within the WHO, Global Fund, UNDP, and World Bank, all interviewees worked for one of these IOs, for NGOs involved in anti-corruption, or in academia within the anti-corruption field. This study, therefore, lacked country-level input from individuals directly impacted by anti-corruption initiatives (e.g. government officials, healthcare providers, etc.). Future studies should include data from individuals more acutely impacted by anti-corruption initiatives and who may offer different perspectives on anti-corruption in the health sector than did interviewees for this study.

Conclusions

This study explored anti-corruption, accountability, and transparency in the WHO, World Bank, Global Fund, and UNDP, as described by 28 key informants. Results demonstrate that these IOs have shifted from criminalization/punitive approaches to anti-corruption to preventative ones, in which focus is placed on limiting the impacts of corruption on health outcomes and healthcare provision before they occur. Additionally, results suggest that large amounts of funding for anti-corruption programs, explicitly addressing corruption, and implementing strong monitoring and evaluation mechanisms, can contribute to effective anti-corruption initiatives.

While the four studied IOs have made considerable and meaningful improvements in their anti-corruption agendas in recent years, however, there remain areas in which they struggle. Notably, weaknesses in the IOs' approaches to anti-corruption include a general lack of political will to address corruption, one-size-fits-all—as opposed to sectoral—approaches to anti-corruption, and zero-tolerance policies for corruption. Lastly, the COVID-19 pandemic and its attendant corruption risks have underscored the importance of addressing these weaknesses by implementing strong accountability and transparency mechanisms that promote integrity in pandemic responses.

*** **

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Appendix 1

Interview Guide

1. Please describe your responsibilities at your organization/please describe your engagement with anti-corruption.
2. Please provide some background information on policies and procedures with regard to anti-corruption within the WHO, the UNDP, the World Bank, and/or the Global Fund.
 - a. Prompts:
 - i. Can you describe the stakeholders involved?
 - ii. What sort of evaluation methods are in place to measure the impact of these policies/procedures?
 - iii. What sort of evidence exists pertaining to the efficacy of anti-corruption, transparency, and accountability (ACTA) measures employed by your institution?
 - iv. What are the strengths and weaknesses of your organization's approach to ACTA?
 - v. What specific measures (policies or procedures) exist in relation to the health and pharmaceutical sectors?
 - vi. Is there a specific example of your organization's use of ACTA measures?
3. How have the ACTA policies and procedures progressed over time?
4. How have the ACTA policies and procedures changed during the COVID-19 pandemic?
5. Please describe facilitators/barriers to implementing ACTA within organizations and amongst country beneficiaries.
 - a. Can you speak to how these have changed as a result of COVID-19?
6. Moving forward, what could be done to improve the efficacy of ACTA measures?
7. How is your organization bound by the UNCAC? i.e. how much of your work is institutional policy vs. how much is constrained by UNCAC
8. Are there specific documents about ACTA measures in your organization that you think we should look at?
9. Is there any information that you feel is relevant that you would like to add to this discussion?
10. Can you please provide us with at least 2 names of individuals, either who work for the same organization as you or not, who could provide us with more information on the topic of ACTA?

Appendix 2

Codes used in qualitative thematic analysis

- Barriers to implementation of anti-corruption initiatives
- Changes in approaches to anti-corruption
- COVID-19

- 1
- 2
- 3 - Collaboration
- 4 - Technology
- 5 - Examples and case studies
- 6 - Strengths
- 7 - Weaknesses
- 8 - Background information
- 9 - Recommendations
- 10 - Health and pharmaceuticals
- 11 - Facilitators of implementation
- 12 - Impact
- 13 - Definition of corruption
- 14 - Shift to prevention
- 15 - Anticipated trajectory
- 16 - Monitoring and evaluation
- 17 - Approach to anti-corruption
- 18 - Transparency
- 19 - Accountability
- 20 - Governance
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Appendix 3

Themes (created based on the codes in Appendix 2) used in qualitative thematic analysis

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- 29 1. Approaches to anti-corruption
- 30 a. Shift to prevention
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- 32 2. Strengths of approaches to anti-corruption
- 33 3. Facilitators of implementing anti-corruption initiatives
- 34 4. Weaknesses of approaches to anti-corruption
- 35 5. Anticipated trajectory of anti-corruption initiatives
- 36 a. COVID-19
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Standards for Reporting Qualitative Research (SRQR)

No.	Topic	Item
Title and abstract		
1	Title	Anti-Corruption in International Organizations: Using Key Informant Interviews to Explore Anti-Corruption, Accountability, and Transparency (p. 1).
2	Abstract	<p><i>Introduction:</i> Corruption undermines the quality of healthcare and leads to inequitable access to essential health products. The World Health Organization (WHO), Global Fund, UNDP, and World Bank are engaged in anti-corruption in health sectors globally, having formed the Coalition for Accountability, Transparency, and Anti-Corruption in Health in 2019. Throughout the COVID-19 pandemic, weakened health systems and overlooked regulatory processes have increased corruption risks, thus emphasizing the importance of exploring the strengths and weaknesses of these organizations' anti-corruption mechanisms and their trajectories since the pandemic began.</p> <p><i>Methods:</i> 26 semi-structured key informant interviews with a total of 28 interviewees were conducted via Zoom between April and July of 2021 with informants from the WHO, World Bank, Global Fund, and UNDP, other NGOs involved in anti-corruption, and academic institutions. Key informant selection was guided by purposive and snowball sampling. Detailed interview notes were qualitatively coded by three researchers. Data analysis followed an inductive-deductive hybrid thematic analysis framework.</p> <p><i>Results:</i> Results demonstrate that the WHO, World Bank, Global Fund, and UNDP have shifted from criminalization/punitive approaches to anti-corruption to preventative ones and that anti-corruption initiatives are strong when they are well-funded, explicitly address corruption, and are complemented by strong monitoring and evaluation mechanisms. Results also demonstrate that weaknesses in the studied organizations' approaches to anti-corruption include one-size-fits-all approaches, lack of political will to address corruption, and zero-tolerance policies for corruption. Lastly, the COVID-19 pandemic has highlighted the necessity of improving anti-corruption by promoting strong accountability and transparency in health systems.</p> <p><i>Conclusion:</i> Results from this study highlight the strengths, weaknesses, and recent trajectories of anti-corruption in the Global Fund, World Bank, UNDP, and WHO. This study underscores the importance of implementing strong and robust anti-corruption mechanisms specifically geared toward</p>

		corruption prevention that remain resilient even in times of emergency (p. 2).
Introduction		
3	Problem formulation	Corruption is a global wicked problem. Within the health sector, corruption limits the efficiency of health systems, reduces trust in healthcare institutions, and undermines universal health coverage and the right to health. The ongoing COVID-19 pandemic has increased risks of health sector corruption. Research suggests that high levels of transparency and accountability in health systems can reduce susceptibility to corruption. Recognizing the dire implications of corruption on health service provision and as a result of the important role that transparency and accountability play in reducing the incidence of corruption, many international organizations have committed to promoting anti-corruption, transparency, and accountability in health systems. Specifically, the UNDP, World Health Organization (WHO), Global Fund, and World Bank Group (World Bank) have recently formed the Coalition for Accountability, Transparency, and Anti-Corruption in Health (the CATCH Alliance), which aims to support countries in minimizing health sector corruption. Through CATCH, these IOs have become heavily involved in anti-corruption in health systems. While some literature has delineated the specific anti-corruption mechanisms these IOs have implemented in health sectors around the world, there has been little examination of whether these mechanisms are effective, the facilitators to their implementation, and how they have evolved over time (pp. 3-4).
4	Purpose or research question	This study analyzes anti-corruption mechanisms implemented by the WHO, UNDP, Global Fund, and World Bank and addresses the research question: what are the strengths, weaknesses, facilitators to implementation, and recent trajectories of anti-corruption mechanisms in these IOs (p. 4).
Methods		
5	Qualitative approach and research paradigm	This study was conducted from a post-positivist point of view using qualitative thematic analysis (p. 4, p. 5). We recognize that there is one objective—though often imperfectly ascertainable—reality. As such, in this paper we aimed to find and describe the reality about accountability, transparency, and anti-corruption in the UNDP, Global Fund, World Bank, and WHO.
6	Researcher characteristics and reflexivity	The first author conducted all the interviews. She was not known to the research participants prior to the study. The second and third authors acted as note-takers for interviews; they also did not know any interview participants prior to the study. The fourth author did know some of the interview participants, and accordingly, opted not to be present at any interviews. Additionally, the fourth author is the Director of the WHO

		Collaborating Center for Governance, Accountability and Transparency in the Pharmaceutical Sector. The first, second, and third authors are research assistants at this Center. This, however, was disclosed to all interview participants prior to the interviews.
7	Context	All interviews were conducted virtually via Zoom (p. 4). Virtual interviews were chosen because of the ongoing COVID-19 pandemic and resulting travel restrictions.
8	Sampling strategy	Key informant recruitment was guided by purposive and snowball sampling through which informants were selected based on their professional positions or expertise in the international anti-corruption field and/or were recommended to the researchers by other participants (p. 4). Purposive sampling was directed toward ensuring that participants were recruited from each of the international organizations under study, from international NGOs involved in anti-corruption work, and from academic institutions so that a wide variety of perspectives on anti-corruption were provided to researchers. Interview recruitment was conducted over email. Recruitment was stopped when saturation was reached (when additional interviews no longer provided new information) (p. 4).
9	Ethical issues pertaining to human subjects	University of Toronto Research Ethics Board Approval was received for this project. All interview participants signed consent forms prior to their participation (p. 4). Because interviews discussed the potentially sensitive issue of corruption, a key concern when conducting interviews was that participants would feel uncomfortable discussing specific organizational details. This risk was mitigated as participants were not obligated to answer any questions, participant identity was anonymous and was kept confidential to those outside of the research group (the authors), and participants could withdraw from the study at any point with no negative consequences to them.
10	Data collection methods	Interviews were conducted for this project (p. 4). Interviews were chosen because they provided the opportunity for participants to speak about anti-corruption within international organizations without influence from other individuals. Interviews were conducted between April and July of 2021 and were between 30 and 45 minutes in duration (p. 4). Interviews were not recorded, though detailed notes were taken by both the interviewer and a secondary researcher to capture the information provided; direct quotes were recorded when possible (p. 4). At the end of each interview, notes from the note-taker and interviewer were combined (p. 4). To ensure that data from interviews was accurately captured, interviewees were offered the option to review and provide feedback on their combined interview notes (p. 4). The combined interview notes were qualitatively coded (p. 4).

		5). The initial coding guide was informed by the research aim and by researcher expertise on the topic. Codes were amended iteratively throughout the data analysis process and links were made to the research aims and existing literature (p. 5).
11	Data collection instruments and technologies	<p>All key informant interviews were semi-structured, meaning that the interviewer used one interview guide to conduct all the interviews, but adjusted interview questions according to participants' responses and areas of expertise (p. 4). Below is a copy of the interview guide. Interviews were not recorded; instead, the interviewer and a secondary researcher took detailed notes of the information discussed (p. 4).</p> <p>Interview guide (supplemental material):</p> <ul style="list-style-type: none"> a) Please describe your responsibilities at your organization. b) Please provide some background information on policies and procedures with regard to anti-corruption within the WHO, the UNDP, the World Bank, and/or the Global Fund. <p>Prompts:</p> <ul style="list-style-type: none"> i. Can you describe the stakeholders involved? ii. What sort of evaluation methods are in place to measure the impact of these policies/procedures? iii. What sort of evidence exists pertaining to the efficacy of anti-corruption, transparency, and accountability (ACTA) measures employed by your institution? iv. What are the strengths and weaknesses of your organization's approach to ACTA? v. What specific measures (policies or procedures) exist in relation to the health and pharmaceutical sectors? vi. Is there a specific example of your organization's use of ACTA measures? <ul style="list-style-type: none"> 1. i.e. case study c) How have the ACTA policies and procedures progressed over time? d) How have the ACTA policies and procedures changed during the COVID-19 pandemic? e) Please describe facilitators/barriers to implementing ACTA within organizations and amongst country beneficiaries.

		<p>i. Can you speak to how these have changed as a result of COVID-19?</p> <p>f) Moving forward, what could be done to improve the efficacy of ACTA measures?</p> <p>g) How is your organization bound by the UNCAC? i.e. how much of your work is institutional policy vs. how much is constrained by UNCAC</p> <p>h) Are there specific documents about ACTA measures in your organization that you think we should look at?</p> <p>i) Is there any information that you feel is relevant that you would like to add to this discussion?</p> <p>j) Can you please provide us with at 2 names of individuals, either who work for the same organization as you or not, who could provide us with more information on the topic of ACTA?</p>
12	Units of study	In total, this study had 28 participants who were all employees of one of the four international organizations under study, international NGOs involved in anti-corruption work, or academic institutions (pp. 4-5). Participants ranged in their professions and countries of origin. All participants participated in an interview except for one, who did not have time so provided written responses to interview questions. Furthermore, all interviews were individual (one-on-one) except for one, in which 2 participants from the same organization were interviewed together (pp. 4-5). All interviewees participated in only one interview. It should be noted that all interviews occurred during the COVID-19 pandemic.
13	Data processing	Interview notes were qualitatively coded by the interviewer and a secondary coder, then by a third coder (p. 5). All data analysis was conducted on NVivo, a qualitative data analysis software (p. 5). Data analysis followed an inductive-deductive hybrid thematic analysis framework, meaning that an initial coding guide was created prior to coding and was amended as necessary during data analysis. The initial coding guide was informed by the research aim and by researcher expertise on the topic (p. 5). Codes were organized into themes; summaries of these themes including quotes (where available) were created then used to produce the results section of the manuscript (p. 5). Participants' identities were kept strictly confidential (p. 5). Participants have been de-identified in this manuscript (p. 5). Throughout the duration of the study, all recorded data was secured in a password-encrypted file on a password-protected computer; it will be destroyed after the dissemination of study results has occurred.
14	Data analysis	Codes were iteratively organized into themes, meaning that themes were created and modified as data collection and analysis

		<p>was conducted. Analysis began after the first interview (p. 5). Themes were overarching topics that participants discussed and were collaboratively identified by each of the authors (p. 5). The list of codes and the final themes are below. The unit of analysis for this study was individual participants.</p> <p>Codes (supplemental material):</p> <ul style="list-style-type: none"> - Barriers to implementation of anti-corruption initiatives - Changes in approaches to anti-corruption - COVID-19 - Collaboration - Technology - Examples and case studies - Strengths - Weaknesses - Background information - Recommendations - Health and pharmaceuticals - Facilitators of implementation - Impact - Definition of corruption - Shift to prevention - Anticipated trajectory - Monitoring and evaluation - Approach to anti-corruption - Transparency - Accountability - Governance <p>Themes (supplemental material):</p> <ul style="list-style-type: none"> - Approaches to anti-corruption <ul style="list-style-type: none"> o Shift to prevention - Strengths of approaches to anti-corruption - Facilitators of implementing anti-corruption initiatives - Weaknesses of approaches to anti-corruption - Anticipated trajectory of anti-corruption initiatives <ul style="list-style-type: none"> o COVID-19
15	Techniques to enhance trustworthiness	<p>To ensure that data from interviews was accurately captured, interviewees were offered the option to review and provide feedback on their interview notes; 7 interviewees asked to review their notes and provided feedback to researchers (p. 4). Additionally, 3 coders were involved in data analysis to enhance analytical rigor (p. 5); the coding team involved the fourth author</p>

		(JCK), who has significant experience conducting qualitative research with in analyzing interview data.
Results/findings		
16	Synthesis and interpretation	<p>Results demonstrate that the WHO, World Bank, Global Fund, and UNDP have shifted from criminalization/punitive approaches to anti-corruption to preventative ones, in which focus is placed on limiting the impacts of corruption on health outcomes and healthcare provision before they occur (pp. 5-8). Additionally, results suggest that large amounts of funding for anti-corruption programs, explicitly addressing corruption, and implementing strong monitoring and evaluation mechanisms, can contribute to effective anti-corruption initiatives (pp. 8-9).</p> <p>While the four studied IOs have made considerable and meaningful improvements in their anti-corruption agendas in recent years, however, there remain areas in which they struggle. Notably, weaknesses in the IOs' approaches to anti-corruption include a general lack of political will to address corruption, one-size-fits-all—as opposed to sectoral—approaches to anti-corruption, and zero-tolerance policies for corruption (pp. 9-11). Lastly, the COVID-19 pandemic and its attendant corruption risks have underscored the importance of addressing these weaknesses by implementing strong accountability and transparency mechanisms that promote integrity in pandemic responses (pp. 11-13).</p>
17	Links to empirical data	<p>Participants discussed how international organizations have shifted from criminalization/punitive approaches to anti-corruption to preventative ones; this is evidenced in the following quote: “Corruption is a problem, a threat to development, a threat to injustice, a threat to social justice so we should be trying to address it and reduce it as much as possible. And any efforts we can make in this regard is worthwhile” (NGO participant #3) (p. 6).</p> <p>Results also suggest that strong monitoring and evaluation mechanisms are important in anti-corruption initiatives; this is evidenced in the following quotes: “It is hard to know if changes are due to reducing corruption or fostering efficiency, tracing issues back to root of either corruption or governance is almost impossible” (IO participant #2) (p. 8). “This is a huge problem because today we have very little information about what works” (NGO participant #9) (p. 9).</p> <p>Data also suggests that weaknesses in the international organizations' approaches to anti-corruption include a general lack of political will to address corruption; this is evidenced in</p>

		<p>the following quote: "...need both political will and technical capacity for an anti-corruption program to successfully be implemented" (IO participant #8) (p. 10).</p> <p>Lastly, data suggests that the COVID-19 pandemic has made corruption more visible; this is evidenced in the following quote: "COVID has exposed how little progress has been made in integrating anti-corruption in health services and making it a central part of health and health service delivery" (NGO participant #3) (p. 12).</p>
Discussion		
18	<p>Integration with prior work, implications, transferability, and contribution(s) to the field</p>	<p>Results from this study demonstrate that IOs' anti-corruption work varies and that each of the four members of the CATCH Alliance has unique strengths and weaknesses in its approaches to anti-corruption. The UNDP and the World Bank, for example, have the resources necessary to fund anti-corruption efforts. Additionally, the UNDP directly addresses corruption, embedding anti-corruption efforts into many of its development interventions. The WHO, on the other hand, lacks political will for anti-corruption, and thus, has not yet fully incorporated anti-corruption into their programmatic work. Lastly, the Global Fund has evolved its corruption prevention model to integrate risk-based approaches to anti-corruption, through which it has demonstrated the benefit of focusing on preventing forms of fraud and corruption that undermine their ability to deliver on health objectives (p. 13).</p> <p>Furthermore, this study has highlighted a number of areas in which IOs can improve their anti-corruption programs. Generally, anti-corruption initiatives would benefit from improved monitoring and evaluation systems to optimize anti-corruption programs; findings from this study support existing literature about the need for improved monitoring and evaluation systems for anti-corruption initiatives. Additionally, IOs should work directly with national champions and/or civil society organizations to increase the political will for anti-corruption at the national level (p. 13).</p> <p>The COVID-19 pandemic has had an impact on ACTA efforts. Before the onset of the pandemic, while anti-corruption appeared to have been gaining traction within IOs, it remained underfunded, under-valued, and under-researched. As the world now enters into its third year of the pandemic, under-investment in anti-corruption initiatives is ever more prominent, as IOs have been focused on supporting health systems to ensure they can manage the strain caused by COVID-19. The pandemic has also</p>

		<p>brought forth, however, the difficult balance between the need for urgency and anti-corruption. For example, the bypassing of normal procedures (i.e. oversight procedures) have at once led to increased corruption risks and the timely flow of funds for the procurement of emergency health products. The pandemic has thus demonstrated a tension between anti-corruption and health systems strengthening in times of emergency (p. 13).</p> <p>This study contributes to the body of literature about anti-corruption, accountability, and transparency in international organizations by analyzing the strengths, weaknesses, and recent trajectories of their anti-corruption work and underscores the importance of implementing strong and robust anti-corruption mechanisms specifically geared toward corruption prevention that remain resilient even in times of emergency. Results from this study can inform the development and/or reformation of anti-corruption programs within international organizations to ensure they are as effective as possible.</p>
19	Limitations	<p>A limitation of this study was that the authors were not able to discern whether data provided by interviewees was influenced by their personal beliefs and/or ideas. As a result, the authors interpreted all data as objective and impartial. To mitigate this limitation, future studies should triangulate data from interviewees with that from other data sources so that the presence of any personal biases are balanced by more objective sources (p. 14).</p> <p>Furthermore, recruiting participants from some of the international organizations was difficult, with many individuals well-suited to participate in this study unable to dedicate time to an interview. While this study had representation from each of the four IOs involved in CATCH, significantly more participants were from the UNDP and WHO than were from the Global Fund and World Bank (p. 14).</p> <p>Lastly, although this study offers initial insight into anti-corruption mechanisms within the WHO, Global Fund, UNDP, and World Bank, all interviewees worked for one of these IOs, for NGOs involved in anti-corruption, or in academia within the anti-corruption field. This study, therefore, lacked country-level input from individuals directly impacted by anti-corruption initiatives (e.g. government officials, healthcare providers, etc.). Future studies should include data from individuals more acutely impacted by anti-corruption initiatives and who may offer different perspectives on anti-corruption in the health sector than did interviewees for this study (p. 14).</p>

Other		
20	Conflicts of interest	Though it is not a conflict of interest, it is important to note that the fourth author, Dr. Jillian Kohler, is the Director of the WHO Collaborating Centre for Governance, Accountability, and Transparency in the Pharmaceutical Sector and that Ariel Gorodensky, Andrea Bowra, and Gul Saeed (the first, second, and third authors) are research assistants at this Center (p. 15).
21	Funding	This project was funded by the Connaught Global Scholar Award (p. 15).

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