Inputs for OHCHR Resolution 52/8

Background information:

OHCHR calls for inputs pursuant Human Rights Council resolution 52/8 on promoting human rights and the Sustainable Development Goals through transparent, accountable and efficient public service delivery which requests the Office of the United Nations High Commissioner for Human Rights to prepare a report on the role of public service delivery in the promotion and protection of human rights and in the achievement of the Sustainable Development Goals including in relation to the protection of persons in vulnerable situations, that reflects best practices, challenges and recommendations in assisting national Governments in delivering transparent, accountable and efficient public services and to present the report to the Human Rights Council at its fifty-sixth session. Inputs may be sent by e-mail to
and must be received by **1 November 2023**.

Feedback from U4:

Thank you for the invitation to submit our feedback to the Human Rights Council resolution 52/8. Our inputs are based on our research on corruption and anti-corruption in the health sector.

We have decided to focus on the health sector, as it is one of the public sectors most vulnerable to corruption. An estimated US$500 billion in public health spending globally is lost to corruption every year. This is a lot more than would be required to achieve universal health coverage and provide available, accessible, acceptable, and quality healthcare service delivery.

Lastly, while we refer to specific countries in some cases, most of our feedback is based on U4's regional and global outlook on how to address corruption in the health sector.

1. ***What are the main challenges identified in your country/region in relation to public service delivery? Please address both institutional and practical barriers in your response.***

There are a number of institutional barriers impacting the availability, accessibility, acceptability and quality of health services. These institutional barriers also enable opportunities for corruption:

1. Lack of anti-corruption mainstreaming in National Health Strategic Plans (NHSP). At present, most countries' NHSPs are not aligned with national anti-corruption legislation. These silos limit the identification and management of potential corruption risks that can affect the quality of healthcare service delivery.

2. No or limited implementation of legislation to regulate procurement and guarantee beneficial ownership transparency, affecting the provision of quality medicines and technologies, medical equipment, and public health infrastructure. Poor legislation to regulate procurement processes and conflicts of interest may also enable corruption, resulting in less money available for service provision.

3. Austerity pressures imposed by International Financial Institutions reduced countries' scope to invest in public services. According to the UN report "A world of Debt", 45 developing countries – most of which are in Africa, Asia, and Oceania – spend more on repaying interest on their debts than they do on health and education. "The report shows that at least 19 developing nations allocate more money to interest payments than education, and 45 allocate more to interest than health expenditure."

2. ***What are the examples of good practices and approaches taken to overcoming identified challenges to the provision of public services.***

Health management information systems (HMIS) can help overcome fundamental challenges within public service delivery. In health service delivery, the challenges of who needs care, when, and for how long make it hard to plan, budget, and provide quality care in such a way that everyone's right to health is upheld. HMIS systems can help provide timely, relevant, and reliable information that can guide decision-making on health strategies, policies, and programmes, which responds to the needs of its people and larger international goals of universal health coverage. Equally important, citizens can use this information to choose healthy behaviours, demand better services, and keep governments accountable. Internationally, sharing health-related information is essential to detect and counter the effects of epidemics and infectious diseases, contribute to results-based management of development assistance programmes, and provide evidence to advocate for more funding in health.

3. ***To what extent does corruption play in excluding individuals and households from accessing public services? How does corruption affect the delivery of public services to population groups in your country?***

Women:

Women have a higher need for health services themselves, especially when it comes to reproductive and mental health. They also traditionally play the role of carers who look after sick family members and take sick children to health centres. This makes them more likely targets for extorting bribes and illegal payments in exchange for appropriate care and treatment.

Women may also face gender-specific forms of corruption, such as sextortion. Women are more likely to experience sexual exploitation by officials providing essential services. For example, During the 2019 Ebola epidemic in the Democratic Republic of the Congo, women were offered the Ebola vaccine in exchange for sex. They also faced demands for sex in return for jobs in the humanitarian response. Similarly, Transparency International found during COVID-19, women in Zimbabwe were being sexually extorted for access to water, according to reports received by our ALAC.

Persons with disabilities:

The 2022 U4 Helpdesk Answer "Corruption and the equal enjoyment of rights for persons with disabilities" identifies two areas in which persons with disabilities appear to be

particularly exposed to corruption: provision of care in institutional facilities and the granting of disability status. The following are excerpts from this research.

Corruption in the provision of care in institutional facilities – examples:

- In Jordan, persons with mental disabilities have been documented to have experienced discriminatory torture and ill treatment in detention settings (Equal Rights Trust 2017).

Corruption in the granting of disability status - examples:

- The OHCHR Human Rights Monitoring Mission in Ukraine has cited in their research a recent media investigation that revealed "alleged cases of corruption implicating members of socio-medical commissions who demand bribes for granting disability status" (UN OHCHR 2020; see also Suspilne TV 2020).
- A study found that in rural South Africa, the most pernicious form of corruption affecting persons with disabilities was bureaucratic corruption and the lack of transparency that plagued the process of obtaining identity documents that would entitle the holder to disability grants (Neille and Penn 2015). This was found to have "far-reaching physical and emotional implications" for persons with disabilities, as individuals need to show proof of disability to qualify for disability grants, free healthcare or even to be admitted into schools or gain employment (Neille and Penn 2015: 10).

Lastly, corruption within government can divert into private hands resources intended to fund assistive devices, accessibility measures and reasonable accommodation programmes, thus directly disadvantaging persons with disabilities (Transparency International and the Equal Rights Trust 2021: 79). Acts of corruption like these have the effect of denying persons with disabilities from accessing their right to an adequate standard of living, which includes the availability of support services, assistance devices and technologies (UN CRPD 2017: para 13).

4. ***What percentage of eligible individuals and households do not claim and/or benefit from public services in your country (non-take up)? What are the barriers that hinder them from accessing public services to which they are entitled? How can non-take-up be reduced?'***

The race toward comprehensive digital health systems has increased since the pandemic. More health services can be accessed, ordered, and changed using online platforms and digital devices. If not rolled out bearing in mind the end user, certain vulnerable groups could struggle to benefit from the health services. For example, the elderly are more likely to express uninterest, fears around security, and in-person preferences over digital ones. These experiences must be considered seriously before, during, and after rollout to avoid building a digital barrier to service delivery. One way of many to mitigate this barrier for the elderly could be to keep open 'traditional' (non-digital) means of accessing quality health/care services.

This guide provides policy makers, providers and commissioners with an overview of Health inequalities and ways to mitigate risks of digital exclusion

5. ***Please refer to challenges and good practices of public services delivery to persons belonging to groups in situations of vulnerability and marginalization including persons living in poverty, women and girls; children and youth; ethnic, national and linguistic minorities; persons with disabilities; indigenous peoples; migrants; and older persons.***

In terms of challenges for women and persons with disabilities, refer to our answer to question 3 for more information about how corruption affects these group's access to health service delivery.

Additionally, we would like to focus on two additional groups: LGBTQI+ and indigenous populations.

LGBTQI+
LGBTQI+ people are made more dependent on public services and, as such, corruption disproportionately impacts them. Corruption also aggravates the effects of discrimination on LGBTQI+ people, making it even more difficult for them to access public services. Corruption may also get in the way of basic public services on which LGBTQI+ individuals depend. As a marginalised segment of society – one which is more likely to be unemployed and in poverty, to have lower literacy rates and lower life expectancy – LGBTQI+ people are, due to the impacts of systemic discrimination, more dependent on public services than the average citizen. The more dependant an individual is on these services, the more they will be affected by the dysfunction generated by corruption in these services. To mitigate corruption, discrimination, and secure equitable service delivery for LGBTQI+ people, two principles should be followed when including an LGBTQI+ perspective into public service delivery planning and programming: "do no harm" and "nothing for us without us". An intersectional approach is also necessary.

Indigenous populations (taken from U4, 2010. Impact of corruption on indigenous people

Indigenous people will often exhibit the vulnerability factors that leave other disadvantaged groups particularly exposed to corruption. As disadvantaged groups have less access to decision-makers and fewer opportunities to participate in economic and political life, they also have a weaker voice to assert their rights and entitlements, making them easier targets for corruption. They have fewer opportunities to counter undue influence by well-organised special interests with regard to policies that affect them.

While corruption affects all disadvantaged groups, corruption involving the illegal exploitation of land and natural resources may affect indigenous communities in a particularly harsh manner:

- Corruption in land management may result in the misappropriation/dispossession of indigenous land for individual gain.
- Indigenous people often live in areas that are rich in natural resources. Their livelihoods may directly depend on uncompromised access to these resources. This means they are directly and disproportionately affected by corrupt natural resource management that facilitates the illegitimate appropriation or degradation of natural resources and commodities - from water to minerals to wildlife species. Extractive industries, in particular, are often confronted with indigenous communities and their claims to tracts of land. Due to the revenues at stake indigenous people may be a primary target for corrupt dealings and rent-seeking behaviour. As a consequence, arrangements for natural resource extraction often fail to respect the rights and interests of indigenous communities.

- The displacement of indigenous people from their land, where it occurs through corrupt processes and without adequate compensation, can have a ripple effect on livelihoods, increasing their dependence on public services and benefits. This may also increase the likelihood that they will become victims of corruption in service delivery. The literature points towards high disparities and discrimination against indigenous people in their access to quality education and health care. There have also been instances of misuse of funds allocated to aboriginal people. **Survival International** – an international NGO supporting indigenous people worldwide – reports on the lack of access for Yanomani people to critical medical care on account of corruption and inefficiencies in Brazil's National Health Foundation.

6. ***Are public services digitalized in your country? Please provide details including challenges and good practices in digitalization of public services that ensures transparency, accountability, and efficiency in the delivery of public services.***

Strong data governance is needed to make HMIS work with integrity. With the proper regulations and policies in place, data governance processes could ensure that data collection, management, and use are ethical and equitable, do not cause harm to vulnerable populations, and help promote better decision making in the health sector. To realise this potential, one must first improve the quality and protection of data, the interoperability among systems, and data sharing between institutions. When all these conditions are met, HMIS have the potential to play a strategic role in anti-corruption efforts in the health sector.

During the Covid-19 pandemic it became clear that the lack of interoperability among national health systems, non-existent data sharing infrastructure, and lack of proper verification and protection of vaccine statues data enabled and exacerbated a black market of fraudulent digital covid-19 certificates.

7. ***How is the participation of private actors in public service delivery regulated and monitored in your country/region? Please share challenges and good practices.***

Challenge: state capture

The Covid-19 pandemic exposed the challenges of regulating private sector's involvement in the health sector, especially the pharmaceutical sector. A 2022 academic article highlighted state capture led by pharmaceutical companies, as they sought to shift laws or policies about their products away from the best interest of the public and toward their private benefit.

The article disclosed that Covid-19 vaccine manufacturers demanded, in exchange for selling their vaccines, financial indemnification from national governments procuring their vaccines. These demands were also made to many low and middle-income countries that did not have legislation in place to do so and had to change their legislations. This form of state capture led to delays in LMICs and vaccine manufacturers signing procurement contracts. As a result, this stalled access to vaccines in LMICs and created disparities in access to vaccines between high-income countries and LMICs.

8. ***Describe economic policies, legislation, promising practices, or strategies and national, regional or local processes aimed at:***

- ***increasing social spending, through national and local budgets, for the provision of public services;***
- ***addressing structural discrimination in the provision of public services;***
- ***maximizing available resources for the provision of public services;***
- ***preventing corruption and associated illicit financial flows in the provision of public services;***
- ***reallocating public expenditure for the provision of public services***

U4 would like to provide two recent examples on preventing corruption:

1. Zambia's 2022-2026 National Health Strategic Plan integrates anti-corruption in several sections:

- In its approach to health leadership and governance, the Ministry committed to indicator 4.5: "Develop measures to mainstream anti-corruption within the health systems, including a strategy and framework for anti-corruption, transparency and accountability in the health sector."

- In its focus on health information, research, and innovation, the Ministry recognised its "great unexplored potential to advance anti-corruption, transparency, and accountability in the health sector." More specifically, it acknowledged that "public available health data from Health Management Information System can be used to communicate priorities, identify gaps, and signal what health facilities should be accountable for."

Overall, the Ministry of Health committed to abiding to other anti-corruption laws and policies that are not specifically concerned with the health sector, but which are relevant for health system's functioning. This includes the Anti-Corruption Act, the United Nations Convention Against Corruption, the African Union Convention on Preventing and Combatting Corruption, and the Southern Africa Development Community Protocol against Corruption.

2. Service delivery during Covid-19: tackling petty corruption with tech-based solutions (taken from U4, 2022. Corruption during Covid-19: Trends, drivers, and lessons learned for reducing corruption in health emergencie)

India experienced a rise in large fees and artificial scarcity of hospital beds during its worst wave in April 2021. In May 2021, technologists and bureaucrats from Bengaluru were tasked with transforming the Covid Hospital Bed Management System (CHBMS) into a unified dashboard to combine information on bed management, private hospitals' information management systems, and information on oxygen and ambulance availability. The aim was to increase transparency and reduce the scope for fraud, including 'bribe-for-bed' scams.

By July 2021, the dashboard showed that 70% of the beds reserved for Covid patients were vacant. However, the numbers were not consistent with the actual figures on the ground, suggesting problems in maintaining real-time updates. Additionally, some healthcare institutions providing Covid care were absent from the dashboard and there were complaints

about private healthcare providers denying Covid treatment. A 2022 research study found that only 23 out of 36 subnational governments reported vacant bed availability. Without national guidelines, there was no accountability mechanism to ensure subnational governments provide granular reporting.

The adoption of tech-based solutions to tackle petty corruption, such as bribes and theft, has increased in LMICs, and there are some excellent examples of innovation. Yet, their effectiveness depends on how their design responds to the problem at hand in a particular country context and if the technology is supported by measures that ensure digital insights are turned into action.130 In the case of India, the lack of national guidelines and measures to secure real-time reporting and hold state governments accountable limited the dashboard's potential to reduce bribe-for- bed scams.