

**SUMMARY AND RECOMMENDATIONS:  
WORKSHOP ON SECTORAL INITIATIVES: HEALTH  
Day 4, Workshop 7**

**Presenters**

- X Roberta Walburn, Global Health Leadership Senior Fellow, World Health Organisation Tobacco Free Initiative, Geneva, Switzerland  
**“Strategies to Identify and Address Tobacco Industry Corruption”**
- X Indira Jaisingh, Senior Advocate, Supreme Court of India, New Delhi, India  
**“Tobacco Litigation and Corruption of Public Policy in India”**
- X Helen Rees, Chairperson, Medicine Control Council, South Africa  
**“Counterfeit Medicines”**
- X Mariam J. Mwaffisi, permanent secretary, Ministry of Health, Tanzania  
**“Corruption in the Health Sector”**
- X Angela Lamensdorf Ofari-Atta, University of Ghana, Legon  
**“The Cost of Corruption in Health Institutions”**

**Chairperson**

- Dr. Derek Yach, Program Manager, World Health Organisation Tobacco Free Initiative, Geneva, Switzerland

**Rapporteur**

- X Prof. Noddy Jinhabei, University of Natal, Durban, South Africa  
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**INTRODUCTION**

1. The session highlighted various forms of corruption that effect the delivery of health services and the development of pharmaceutical and tobacco control policy. The consequences of corruption in health services translate into deaths, disease, pain and disability.

**HEALTH SERVICES**

2. Case studies of corruption in health services in Tanzania and Ghana were presented. Causes of corruption were felt to be generalisable to many countries and included low public service salaries; weak monitoring and regulation of acts of corruption; over centralisation of key functions; weak financial accounting; non-prosecution of offenders; and semi-privatisation of health services.

3. The following strategies to reduce corruption were recommended: strong visible political support; constant vigilance; better institutional mechanisms at national and local levels; stronger legislation backed by enforcement; and implementation of ethical codes of conduct for health professionals.

### **COUNTERFEIT MEDICINES**

4. Counterfeit medicines constitute a growing global problem that seriously harms the health of consumers in developing and developed countries. Organised crime plays a key role in this. The pharmaceutical industry has been reluctant to highlight the problem publicly, and the public health sector does not have an effective detection mechanism or means of effectively enforcing legislation.

5. A strong partnership between consumers, governments and the pharmaceutical industry is needed at national level; and between WHO, UNICEF and Interpol at global level to develop an effective control strategy.

### **TOBACCO**

6. The behaviour of the tobacco industry and their undue influence on national and international policies has severely harmed public health. Newly available and additional document disclosures from the tobacco industry provide national policy makers with the “light” needed to “disinfect” the currently distorted and corrupted tobacco control policy process.

7. Litigation against the tobacco industry provides civil society with a means of holding industry accountable for past actions. The form and precise approach will vary according to a country’s legal traditions and constitution.

### **OVERALL RECOMMENDATIONS**

8. Because corruption is an impediment to the attainment of Health for All, WHO, its UN partners; NGOs, and the private sector need to invest in research, preventive and remedial actions aimed at eliminating corruption from the health sector. Countries should do the same at national level.

9. The 10<sup>th</sup> International Anti-Corruption Conference is encouraged to hold a follow-up session on corruption in health services that includes a plenary that documents the extent of corruption in health globally and the impact it had on health.

Chairperson: Derek Yach

Rapporteur: Noddy Jinhabhai