

CORRUPTION IN THE PHARMACEUTICALS & HEALTHCARE SECTOR

INTERNATIONAL PHARMACEUTICAL COMPLIANCE CONGRESS MAY 11 2015

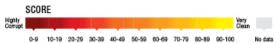
Robert Barrington, Executive Director Transparency International UK



INDEX 2014

The perceived levels of public sector corruption in 175 countries/territories around the world.

RANK COUNTRY/TERRITORY SCORE



Uruguay

73

72

Saudi Arabia

RANK COUNTRY/TERRITORY SCORE RANK COUNTRY/TERRITORY SCORE RANK COUNTRY/TERRITORY SCORE RANK COUNTRY/TERRITORY SCORE Oroatia Bosnia and Herzegovina 119 Mozambique 27 156 Zimbabwe Slovenia Ghana Ohlna. Russia 159 Burundi 20 Cuba Suriname Comoros ⊟ Salvador

136 Lebanon

3	rinario	99	24	Banamas	71	43	Norea (South)	00	64	Oman	45	90	Mongolla	39	103	BOIMS	35	119	ranzana.	31	142	Uganda.	26	159 °y	ma.	20
4	Sweden	87	25	United Arab	70	43	Latvia.	55	64	The FYR of	45	90	Marocco	39	103	Mexico	35	119	Vletnam	31	142	Ukraine	26	161 An	ngola	19
5	Norway	88		Emirates Estonia	69	43	Malta	55		Macedonia.	45	80	Burkina Faso	38	103	Moldova	35	124	Guyana	30	145	Bangladesh	25	161 GL	uinea-Bissau	19
5	Switzerland	88	26		69	43	Seychelles	55	64	Turkey		85	India	38	103	Niger	35	124	Mauritania.	30	145	Guinea	25	161 Hs	sitti	19
7	Singapore	84	26	France		47	Costa Rica	54	67	Kuwait	44	85		38	107	Argentina.	34	126	Azerbaljan	29	145	Kenya.	25	161 V9	anezuela.	19
8	Netherlands	83	26	Qatar	69	47	Hungary	54	67	South Africa	44	85	Jamaica		107	Dilbouti	34	126	Gambia.	29	145	Lace	25	161 Ye	emen	19
9	Luxembourg	82	29	Saint Vincent and the Grenadines	67	47	Mauritius	54	69	Brazil	43	85	Peru	38 38	107	Indonesia.	34	126	Honduras	29	145	Papua New	25	166 Eri	ttrea.	18
10	Canada.	81	30	Bhutan	65	50	Georgia	52	69	Bulgaria	43	85	Philippines		110	Albania	33	126	Kazakhstan	29		Guinea		166 LI	bya	18
11	Australia	80	31	Botswana.	63	50	Malayela	52	69	Greece	43	85	Sri Lanka	38	110	Ecuador	33	126	Nepal	29	150	Central African Republic	24	166 Uz	zbektstan	18
12	Germany	79	31	Oyprus	63	50	Samoa	52	69	Italy	43	85	Thalland	38	110	Ethiopia	33	126	Pakistan	29	150	Paraguay	24	169 Tu	ırkmenistan	17
12	loeland	79	31	Portugal	63	53	Czech Republic	51	69	Romania.	43	85	Trinidad and Tobago	38	110	Kosovo	33	126	Togo	29	152	Congo Republic	23	170 Ira	3Q	16
14	United Kingdom	78	31	Puerto Rico	63	54	Slovalda.	50	69	Senegal	43	85	Zambia	38	110	Malawi	33	133	Madagascar	28	152	Tajikistan	23	171 Sc	outh Sudan	15
15	Belgium	76	35	Poland	61	55	Bahrain	49	69	Swazland	43	94	Armenia.	37	115	Côte d'Ivoire	32	133	Nicaragua	28	154	Chad	22	172 Aft	ghanistan	12
15	Japan	76	35	Talwan	61	55	Jordan	49	76	Montenegro	42	94	Colombia.	37	115	Dominican	32	133	Timor-Leste	28	154	Democratio	22		udan	11
17	Barbados	74	37	larael	60	55	Lesotho	49	76	Sao Tome and Principe	42	94	Egypt	37	****	Republic		136	Cameroon	27		Republic of the Congo		174 KG	orea (North)	8
17	Hong Kong	74	37	Spain	60	55	Namibia	49	78	Serbia	41	94	Gabon	37	115	Guatemala	32	136	Iran	27	156	Cambodia	21	174 Sc	omalia.	8
17	Ireland	74	30	Dominica	58	55	Rwanda.	49	70	Tuntela	40	94	Liberia	37	115	Mali	32	136	Kyrgyzstan	27	156	Myanmar	21			
17	United States	74	30	Lithuania	58	55	Saudi Arabia	49	80	Benin	39	94	Panama	37	119	Belarus	31	136	Lebanon	27	100		-			

#cpi2014





- Why are we doing it?
- What is the problem?
- What have we learnt so far?
- What will we do?
- What impact are we seeking?





- \$7 trillion annual global spend
- 17% of people worldwide stated they had paid a bribe when dealing with the medical sector Global Corruption Barometer, 2013
- Estimate 10-25% public procurement funds lost to corruption
- Pharmaceutical & healthcare sector supply chains are global, long and complex





GOAL: IMPROVING GLOBAL HEALTH AND HEALTHCARE OUTCOMES

FOR THE BENEFIT OF ALL PEOPLE OF ALL AGES

PURPOSE: TO ACHIEVE GENUINE CHANGE IN THE PHARMACEUTICALS &

HEALTHCARE SECTOR THROUGH REDUCING CORRUPTION AND

PROMOTING TRANSPARENCY, INTEGRITY AND ACCOUNTABILITY

- Impact on lives of ordinary people
- Known levels of corruption
- Views of stakeholders
- Support from TI chapters globally









STAKEHOLDER ENGAGEMENT























Department







The University of Ma-----































THEORY OF CHANGE

IMPROVING GLOBAL HEALTH AND HEALTHCARE OUTCOMES FOR THE BENEFIT OF ALL PEOPLE OF ALL AGES.

Advocacy, partnerships, campaigning underpinned by transparency and **CHANGE OF PRACTICE** accountability **Development of practical solutions** through tools solutions and capacity **CHANGE OF ATTITUDE** building **Engagement to raise awareness and build MULTI-STAKEHOLDER SUPPORT** coalitions **GREATER KNOWLEDGE AND** Research and information gathering **UNDERSTANDING**



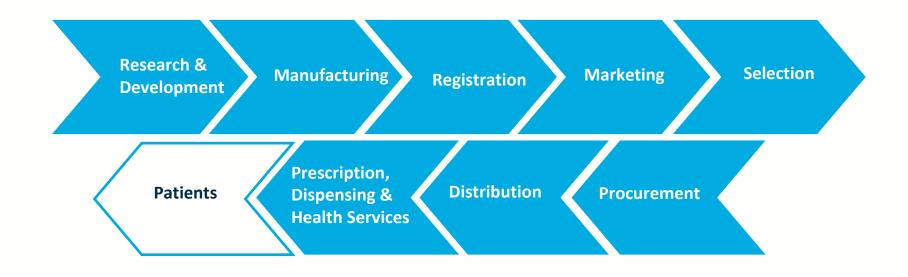


Five areas of focus

- Procurement and distribution
- Marketing practices
- Manufacturing including counterfeits
- Registration processes
- Research & Development



PHARMACEUTICAL & HEALTHCARE VALUE CHAIN



What have we learnt so far?



- Need to look at entire chain
 - Pharma and Healthcare
- Entrenched practices and positions
- Citizens (patients) are angry
- Transparency is a game-changer
- Pharma companies can lead change

What will we do?



- Research
- Indices
- Standard-setting
- Company, government and civil society engagement
- In-country projects
- Global advocacy





- Single-sector companies often perform worse
- Commercial confidentiality often cited as reason for nontransparency
- State-owned and national champions often poor performers
- Good practice not restricted to developed countries

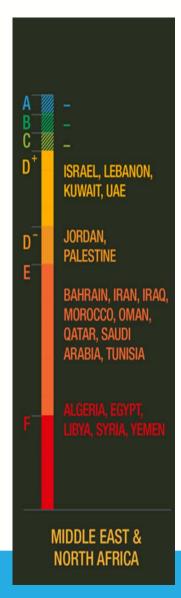
TI'S DEFENCE COMPANIES ANTI-CORRUPTION INDEX

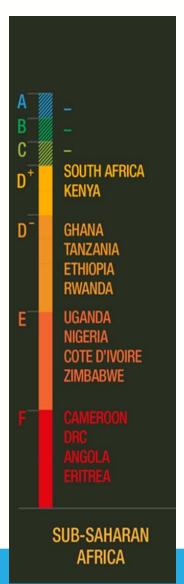


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KONGSRERG LEIDOS NAMMO		L-3 COMMUNICATIONS MISSION ESSENTIAL NEC CORPORATION	NAVAL SHIPBUILDING FADEA HEAVY INDUSTRIES TAXILA		DASSAULT AVIATION GENERAL ATOMICS HERSTAL GROUP
OSHKOSH SAAB		PATRIA SAIC	HIRTERNDERGER GROUP INDIAN ORDNANCE FACTORIES		
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MTU AERO ENGINES OTOKAR		NAVISTAR PRECISION CASTPARTS CORP.			
RHEINMETALL SAMSUNG TECHWIN TOSHIBA		SAFRAN TELEDYNE TECHNOLOGIES TRIUMPH GROUP	TURKISH AEROSPACE INDUSTRIES URALVAGONZAVOD		TACTICAL MISSILES CORPORATION UNITED ENGINE CORPORATION WYLE
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TI'S GOVERNMENT DEFENCE ANTI-CORRUPTION INDEX

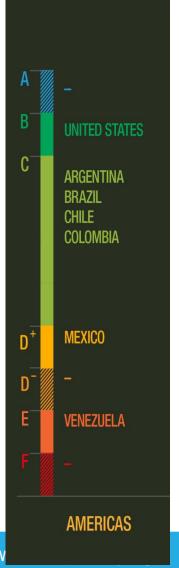
















- Game-changing approaches by companies
- Government healthcare delivery that is fair and effective
- Better outcomes for patients





- Greater scrutiny
- Emerging global standards
 - and level playing field
- Challenges for the compliance function
 - eg lobbying, research, incentives
- Reward for good practice
- Potentially disruptive
 - to long-established practices