

December 15-16, 2022

GNACTA TECHNICAL MEETING

Geneva, Switzerland

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ACRONYMS

ACTA	Anti-Corruption, Transparency, and Accountability
AFIC	Africa Freedom of Information Centre
CoP	Community of Practice
COSP	Conference of the States Parties
CRM	Corruption risk management
CSOs	Civil Society Organisations
GNACTA	Global Network on Anti-Corruption, Transparency, and Accountability in Health
IACA	International Anti-Corruption Academy
KELIN	Kenya Legal & Ethical Issues Network on HIV and AIDS
LMICs	Low- and middle-income countries
LSHTM	London School of Hygiene and Tropical Medicine
NORAD	The Norwegian Agency for Development Cooperation
OHCHR	Office of the United Nations High Commissioner for Human Rights
PAHO	Pan American Health Organization
PS	Private Sector
SDG	Sustainable Development Goals
SOAS	School of Oriental and African Studies - University of London
TI	Transparency International
UHC	Universal Health Coverage
UNCAC	United Nations Convention against Corruption
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WHO	World Health Organization

The terms ACTA (a discipline and field of practice) and GNACTA (the global network) are both discussed vis-à-vis the health sector in this report, as that is the explicit focus of the GNACTA.

ACKNOWLEDGEMENTS

This meeting was made possible thanks to funding from NORAD and organization by the WHO Health Systems Governance team, led by David Clarke, with technical Inputs from Sarah Steingrüber, Viktoria Karpenko, and Julia Sallaku, and support from Joëlle Auert, Benjamin Rouffy-Ly, and Christopher McBrearty. The meeting was facilitated by [Impact for Health International](#).

EXECUTIVE SUMMARY

The World Health Organization (WHO) convened a Technical Meeting of the Global Network on Anti-Corruption, Transparency and Accountability in Health (GNACTA) on December 15 and 16, 2022 in Geneva, Switzerland to help sustain momentum for anti-corruption, transparency and accountability (ACTA) in health in support of health systems strengthening, particularly in response to the COVID-19 pandemic.

The meeting convened more than 85 participants to discuss their potential role in supporting the network activities, expanding the scope of participants, as well as outreach of the Network on both global and regional levels.

The meeting brought together official representatives of Member States, partner agencies, experts from academic institutions and civil society and the private sector, enabling a dynamic exchange of views from multiple perspectives.

The meeting objectives were:

1. To explore ACTA priorities, opportunities, and challenges, and understand the scope of GNACTA's activities
2. To explore an aligned approach to ACTA and the solutions focused on by meeting participants
3. To leverage GNACTA's role in taking forward the ACTA agenda in health

With the meeting objectives seeking to answer the following three big questions (1) *where are we now?*; (2) *where do we want to go?*; (3) *how will we get there?*, the key recommendations that emerged include:

Leverage GNACTA as a mechanism to squarely position health within the ACTA; key next steps for GNACTA and its members are to:

- Reconceptualise ACTA from a public health and right to health lens vis-à-vis WHO's work and key role in supporting Member State efforts to achieve the health-related Sustainable Development Goals (SDG) and especially SDG 3.8 on universal health coverage.
- Leverage existing country momentum on ACTA in health by strengthening GNACTA's country representation and focus.
- Finalize landscape of ACTA in health actors to articulate the breadth and scope of the field and share among GNACTA members.

Revitalize the GNACTA with common, strategic result areas; key next steps for GNACTA and its members are to:

- Finalize a GNACTA 2023-24 workplan which reflects the three results areas identified by the meeting participants:
 - a. documentation and sharing of what works, what does not and why, through evidence and research,
 - b. institutional capacity building, and
 - c. strategic engagement to align anti-corruption and health agendas.
- Reflect new results areas on the GNACTA website, crowdsource expertise/solutions around them and collate GNACTA member experience in ACTA through an active catalogue.

Realize the potential of GNACTA and make meaningful progress on the agreed upon work; key next steps for GNACTA and its members are to:

- Finalize GNACTA’s strategic approach with the Steering Group and input from the larger Network.
 - Develop and share a clear GNACTA membership document (including expectations and benefits).
 - Explore the implications of a regional- and country-level structure for the Network, including Steering Group organization representation at regional level.
 - Launch the GNACTA website and establish a communication mechanism for GNACTA members to share ongoing work, funding opportunities, evidence (i.e., via a community communication platform).
 - Develop a workplan to host meetings, webinars, and training sessions.
 - GNACTA Members can share and disseminate knowledge generated by the Secretariat, Working Groups and broader Network membership.
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INTRODUCTION

The Global Network on Anti-Corruption, Transparency, and Accountability (GNACTA) was established with a vision to prevent, detect, and address corruption in the health sector by uniting the efforts of a motivated global community. The Network is a multi-stakeholder and multi-sectoral initiative with the primary objective to form strategic alliances, promote dialogue and drive action on issues linked to anti-corruption, transparency and accountability (ACTA) in the health sector that support health systems strengthening efforts towards universal health coverage (UHC) and other Sustainable Development Goals (SDG).

The World Health Organization (WHO) convened a Technical Meeting of GNACTA on December 15 and 16, 2022 in Geneva, Switzerland to help sustain momentum for anti-corruption, transparency and accountability (ACTA) in health in support of health systems strengthening, particularly in response to the COVID-19 pandemic. The meeting convened more than 85 participants to discuss their potential role in supporting the network activities, expanding the scope of participants, as well as outreach of the Network on both global and regional levels. The meeting brought together official representatives of Member States, partner agencies, experts from academic institutions and civil society and the private sector (PS), enabling a dynamic exchange of views from multiple perspectives. See Annex 1 for attendee information, including organizations present.

The overarching purpose of the meeting was to collectively agree on how to accelerate efforts on ACTA in health through an active, revitalized Global Network.

The meeting objectives were:

1. To explore ACTA priorities, opportunities, and challenges, and understand the scope of GNACTA's activities (*Where are we now?*)
2. To explore an aligned approach to ACTA and the solutions focused on by meeting participants (*Where do we want to go?*)
3. To leverage GNACTA's role in taking forward the ACTA agenda in health (*How do we get there?*)

Based on the outcomes of this meeting, the GNACTA Secretariat and the Steering Group will work on:

- Finalising the GNACTA strategic approach and its workplan for 2023-34
- Developing a membership document
- Finalising the GNACTA website

SUMMARY OF DAY 1

15 DECEMBER 2022

Opening remarks

Objective: to commence the GNACTA Technical Meeting through recognition of the importance of the topic of ACTA in health.

Dr. Tessa Edejer, Director AI, Department of Health Systems Governance and Financing, WHO, welcomed participants. In her opening remarks, she highlighted the role of ACTA in health as integral to WHO's work and key role in supporting Member State efforts to achieve the health-related SDGs and especially SDG 3.8 on UHC. Key points included:

- Corruption undermines health system functioning, perpetuates rates of poverty, robs people of their human right to health and for some it even robs them of their lives. Accordingly, ACTA provides the foundation for effective governance of health systems, an inextricable component of UHC.
- ACTA directly contributes to building the needed institutional arrangements for States to effectively govern their health systems. It has a direct impact on how health systems meet the needs of a country's population, it supports effective health system operations, and it builds and restores public trust in governments and institutions.
- Throughout the meeting, we will examine where we are with regards to the knowledge and tools that we have now to tackle corruption, determine what it is we need to make greater achievements on ACTA, and decide on a collective way to pave new paths for greater impact. This is also a setting to forge effective partnership and collective action.

WHERE ARE WE NOW?

Building a common understanding of the current situation



Session 1: Panel discussion on challenges and opportunities for working in ACTA

Objective: To obtain a common understanding of the state of play of ACTA in global health.

A panel discussion convened a group of experts to present and stimulate discussion around the state of play of ACTA in global health. The panel was organized by Sarah Steingrüber, WHO ACTA Consultant, and moderated by Christopher McBrearty, within the Department of Global Health & Development of the Faculty of Public Health & Policy at the London School of Hygiene & Tropical Medicine (LSHTM). Representatives from Member States, academia and civil society were brought together to discuss the following topics:

1. Defining corruption for the health sector
2. Landscape of challenges within ACTA
3. Systems & behaviour approach to ACTA
4. Complexity of the actors in ACTA
5. Country-level challenges & opportunities
6. The importance of networks within ACTA

Summary of Panel Discussion

Panelist	Key messages
Dr. Monica Kirya, Senior Advisor U4 Anti-Corruption Resource Centre	<ul style="list-style-type: none">• Corruption must be reconceptualised as a public health problem that undermines the right to health.• Anti-corruption is often missing in national health policies, strategies and plans – there is a need to advocate for the integration of ACTA at the Ministry of Health level.• Including ACTA perspectives is important also given the presence of the PS in health, especially in those contexts where delivery of health care services is outsourced to the PS.
Dr. Dina Balabanova, Professor of Health Systems & Policy LSHTM	<ul style="list-style-type: none">• LSHTM defines corruption as the abuse or complicity in abuse of position, power, or authority to materially benefit oneself or a group in a way which diverts institutions from their core aims.• Using nominal group techniques, the LSHTM and partners of the SOAS-Anti-Corruption Evidence Research Consortium found that procurement was ranked as the most harmful to health and social outcomes.• By receiving input on the severity of prevalent forms of corruption and the perceived feasibility to address them, one can identify opportunities for quick wins, medium term strategies, and longer-term strategies. Understanding this is necessary to make progress on ACTA. See Annex 2 for full slides.
Dr. Mushtaq Khan, Professor of Economics School of Oriental and African Studies (SOAS) University of London	<ul style="list-style-type: none">• Transparency systems reveal violations and accountability systems tell us what to do with the information – break down happens at the third stage which is enforcement and implementation.• Enforcement happens when you find interests that have the power to stop corruption– a power, capabilities, and interests approach. Look for groups of people where you can change incentives in a feasible way to stop corruption.• Way forward: need country-level understanding of who is violating the rules and why – without addressing country context, you will not have effective solutions.
Harald Walter Mathisen, Senior Advisory, Section for Governance and Transparency The Norwegian Agency for Development Cooperation (NORAD)	<ul style="list-style-type: none">• The dialogue around ACTA in health is evolving as more countries enter the space focusing on these issues.• We must beware that ACTA is being politicized – and the development aspects fall prey when we spend resources trying to “get the bad guys”.• There is a lot of interest within some governments in low- and middle-income countries (LMICs) to support ACTA in health through digital governance and considerable progress has been made so far.• Now is the time to come together to refocus the ACTA in health agenda.

Dr. Agostinho Ndumba,
Director General of
Prevention & Health
Promotion
Guinea-Bissau

Jonathan Cushing,
Programme Director

Transparency International
(TI)

- Guinea-Bissau’s mission is to create mechanisms to prevent corruption so that people can have access to goods and services. It is about building the consciousness of people, so they are aware and knowledgeable about corruption.
- Transparency International’s (TI’s) ACTA Network includes Global representation, National Chapters, and external stakeholders. It allows for broad geographical coverage, is cost effective and allows TI to draw on experience and evidence from a global community.
- GNACTA should consider what does not work in its current model – it has a top-heavy approach that self-selects who engages with it, especially at a national level.





Session 2: Review of GNACTA workplan 2022

Objective: To develop a common understanding of what GNACTA has achieved to date.

David Clarke, Acting Unit Head, Health System's Governance and Policy, WHO provided an overview on GNACTA's work until 2022. The presentation included a brief summary of the goals of GNACTA, the workplan, and suggestions for taking the work of the Network forward.

Summary of the presentation:

A network to address health sector corruption

- An inter-sectoral approach to ACTA in health, with strategic coordination between health and anti-corruption communities, aiming to obtain a robust understanding of (solutions to) corruption, is required.
- Value proposition:
 - Creating and testing targeted, innovative and evidence-based ACTA solutions that prioritize improving health outcomes.
 - Bridging gaps and breaking silos that impede effective ACTA action in the health sector.
 - Generating sustained momentum for ACTA in the health sector.
 - Providing a multistakeholder platform to develop, implement, monitor, evaluate, and share ACTA approaches.

GNACTA in 2022 key highlights:

- Building a knowledge base (*products developed*)
 - Scoping document on ACTA in health system strengthening efforts.
 - Scoping paper on indicators to estimate corruption in health.
 - A brief on corruption risk management (CRM) in emergencies.
 - Scoping document on how organizations are doing assessments.
- Convening for learning and consensus building.
 - Regular Steering Group meetings.
 - Joint side event at United Nations General Assembly Special Session (UNGASS).

- Workstream meetings.

Ways to take GNACTA forward

- Build a broader base of engagement for the community of practice.
- Establish the agenda with country leadership.
- Mobilize shared leadership across key agencies and experts globally (e.g., Lancet Commission).

ACTA Marketplace

Objective: To explore a range of ACTA initiatives across a variety of organizations.

An hour-long marketplace was held, whereby a range of ACTA initiatives across a variety of organizations were presented using short presentations or posters. See Annex 3 for information on presenters in the ACTA marketplace.

WHERE DO WE WANT TO GO?

Building a common strategic approach



GNACTA Strategic Framework

Prior to the Technical Meeting, GNACTA impact and primary outcome statements were developed (see below). These high-level goals were introduced and adjusted based on participant feedback throughout the course of the meeting, particularly in the “Where do we want to go?” section.

WHY?	“Efficient, transparent and accountable health systems support improved health for all.”
	Health systems with effective ACTA ensure that people can equally access affordable quality health services without encountering corruption.

Session 3: Vignette video

Objective: To explore impactful innovations on ACTA in health.

While many of us are familiar with the challenges of corruption, there are a number of untold stories, experiences and examples of addressing corruption at the grassroots level. To identify these anti-corruption initiatives, the Technical Working Group on Action on Accountability and Anti-corruption for SDGs held a crowdsourcing activity earlier this year to identify how localized solutions or new ideas could contribute to global learning on effective ACTA-in-health approaches.

These activities were presented in separate videos which can be found [here](#). Each video showcases an anti-corruption initiative that is already being implemented at the country level, or presents new, creative and bold ideas on how corruption can be curbed in different settings.

Session 4: ACTA results

Objective: To agree on commonalities around ACTA impact.

To build out a common strategic approach (why are we working together and what should we be prioritizing), participants agreed on commonalities around the ACTA impact and results they strive towards through their work.

Meeting participants were allocated into working groups and asked to reflect on presentations from Sessions 1 through 4, discussing what ACTA results and impact they are currently working to achieve within their individual organizations. Each group reported a summary of their group discussions to the plenary (Figure 1).

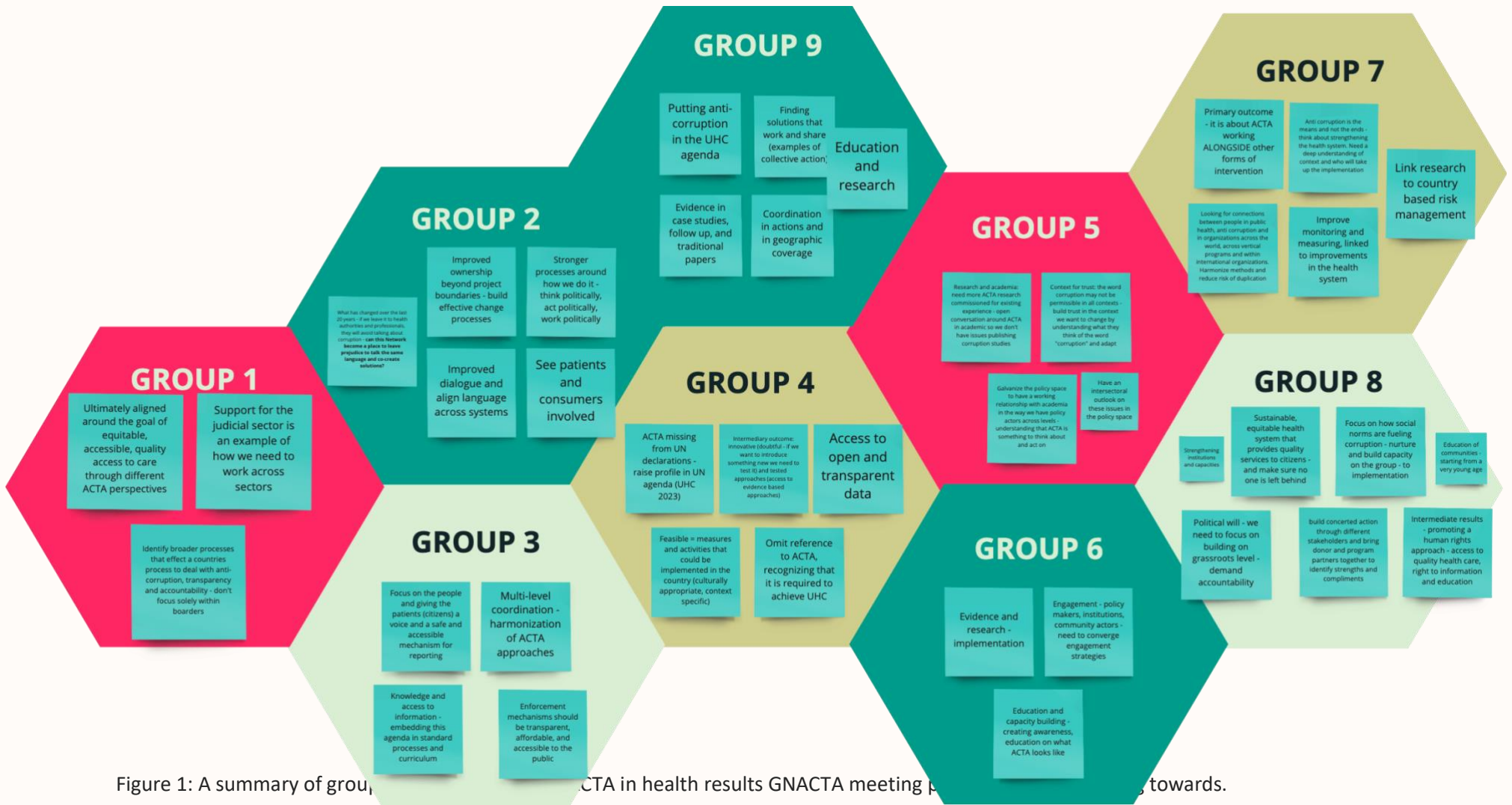


Figure 1: A summary of group discussions on ACTA in health results GNACTA meeting prepared for the meeting, towards.

In synthesizing the desired ACTA results, four categories rose to the top, including 12 results areas within these categories:

	Categories	Evidence & research	Strategic engagement	Education & capacity building	Policy & advocacy
WHAT?	Potential results areas	<ol style="list-style-type: none"> Documentation and sharing of what works and what doesn't work and why Monitoring & measurement of ACTA measures Access to quality, transparent health system data at the national level Commissioning of ACTA research 	<ol style="list-style-type: none"> Harmonization of ACTA language & strategic engagement across multiple levels (global, regional, & national) Localized & decentralized mechanisms for collaboration amongst community members, policy makers, academics & practitioners 	<ol style="list-style-type: none"> Awareness & understanding of ACTA at the general population level Integration of ACTA agenda within social norm changing interventions Institutional capacity building efforts in ACTA & ACTA measures 	<ol style="list-style-type: none"> Relationship between academia & policy makers in the ACTA space Strategic engagement on ACTA amongst health sector leaders, and other relevant UN and technical agencies Grassroots demand & accountability for ACTA measures

Session 5: Results area prioritization

Objective: To agree on commonalities around ACTA outcomes.

As a next step, participants prioritized the 12 identified results areas based on their realm of influence for a global network on ACTA in order to identify which results areas GNACTA should focus on in the next one to two years. From the initial list of 12 areas, the group prioritized the following three, 1) documentation and sharing of what works and does not work and why; 2) institutional capacity building; and 3) strategic engagement to align anti-corruption and health agendas (Figure 2).

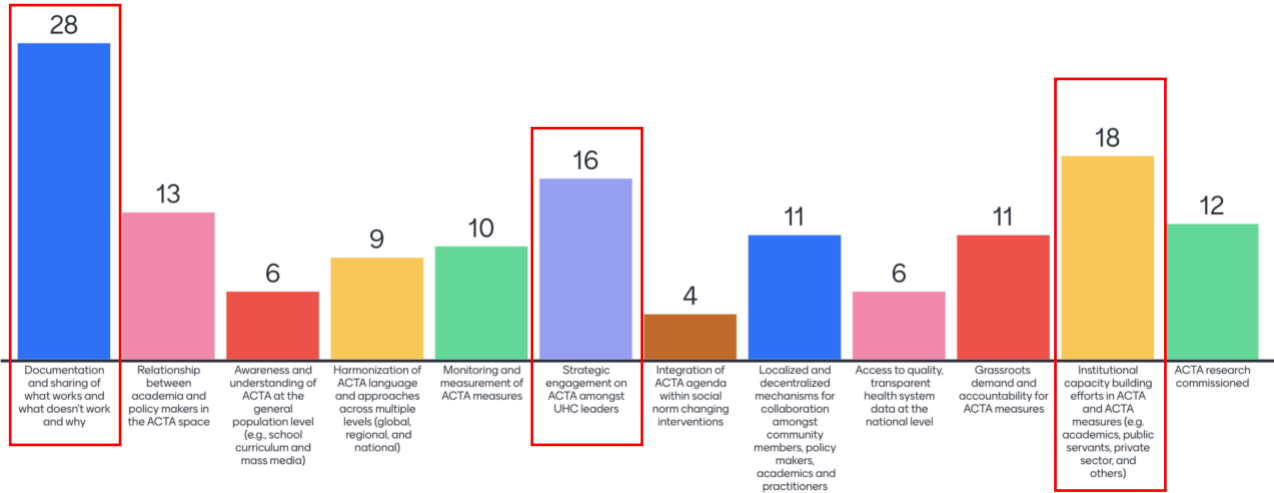


Figure 2: Results of ACTA focus area prioritization exercise

SUMMARY OF DAY 2

16 DECEMBER 2022

HOW DO WE GET THERE?

Defining ways of working



Session 6: Brainstorming GNACTA 2023-24 outputs

Objective: To identify key 2-year expected achievements of GNACTA.

According to each results area identified at the end of Day 1, group discussions continued to identify two to three concrete outputs that GNACTA can potentially produce in the next one to two years. During plenary discussion, it was jointly decided to merge the policy and advocacy results area with coordination and engagement under the new title, ‘strategic engagement’. A summary of suggested outputs for each of the results areas is provided below (see Annex 4 for full list of proposed activities).

	Improved documentation and sharing on what works/does not work and why, through evidence and research	Catalytic, strategic engagement to align ACTA and health agendas	Enhanced institutional capacity building efforts (academics, grassroots organizations, practitioners, policy makers)
How?	<ul style="list-style-type: none"> Develop an online repository of ACTA in health evidence Produce policy briefs and case studies Develop a standardized measurement framework – common language, definitions, etc. 	<ul style="list-style-type: none"> Ensure representation in policy meetings, summits, conferences, and assemblies at all levels to connect health and anti-corruption agendas Link with international and regional ACTA hubs Participate in country level engagement via piloting integrated ACTA approaches 	<ul style="list-style-type: none"> Develop general curriculum on ACTA in Health for adaptation (i.e., competency model, training, integration in education systems) Publish an open access resource for ACTA materials Establish a platform for communication and coordination – CoP mechanism for matching needs with skills

Session 7: GNACTA ways of working – recommendations to the Steering Group

Objective: To identify how GNACTA should operate.

To further define GNACTA’s ways of working, participants used the five categories defined in the Galbraith Star framework¹ (Figure 3) to determine a set of recommendations to improve the functioning of GNACTA.

The recommendations will serve as a basis for the GNACTA Steering Group to advise on the strategic direction of the Network for the 2023-24 period.



Figure 3: Galbraith Star

¹ The Galbraith Star is used to make design choices in organisational development, with choices falling into five categories. The first is ‘strategy’, which determines direction, and the second is ‘form, which determines the structure of decision-making power. The third is ‘process’, which has to do with the flow of work and information. The fourth is ‘rewards’, and reward systems, which influence the motivation of people to perform and address organizational goals. The fifth category of the model is made up of organizational approaches related to ‘people’ (e.g., human resource policies), which influence member mind-sets and skills.

Strategy	<ul style="list-style-type: none"> • Consult GNACTA members to identify agenda of influence i.e., where GNACTA can contribute strategically. • Focus on translating ACTA-in-health evidence into action.
Form	<ul style="list-style-type: none"> • Develop a user-friendly GNACTA website. • Operate as following: Secretariat, Steering Group, Working Groups to support work under each results area on 1) Strategic Engagement, 2) Evidence and Learning, 3) Education and Capacity Building, and members. • Consider establishing regional and country-level structures. • Define simple criteria for membership, including definition of anticipated commitment.
Process	<ul style="list-style-type: none"> • Establish simple mechanisms for involving members in real time and where possible limit administrative burden. • Ensure meaningful and participatory contributions of all Network members. • Host regular virtual meetings, and face-to-face meetings at least every two years.
Rewards	<ul style="list-style-type: none"> • Establish reciprocity-based mechanisms: marketplace to advertise projects and ideas and commit to helping each other. • Establish a platform for communication and coordination – CoP mechanism for matching needs with skills.
People	<ul style="list-style-type: none"> • Identify one Steering Group member as regional convener. • Crystalize the role of the Steering Group. • Integrate voices of country-level stakeholder into Steering Group.

Session 8: GNACTA two-way street - offerings

Objective: To clarify what GNACTA can offer Network members and what Network members can offer GNACTA.

Finally, building on the reflections generated in Session 2 on the categories “rewards” and “people”, participants were asked to identify what the Network could do for them and what they could do for the Network. Some key themes emerged (see Annex 5 for full list of offerings):

What can the Network do for you?

1. Information exchange: Disseminate reports and evidence generated by members of GNACTA
 - a. Provide insights into measurement and evidence needs in the health sector
 - b. Send newsletter with link to articles and work being done in ACTA
 - c. Provide additional evidence and best practice
2. Connection: GNACTA can connect people and organisations working in the ACTA and health space
 - a. Host meetings, webinars and trainings
 - b. Establish links with relevant influential people at national levels to galvanize a regional hub for ACTA in health studies and advocacy
 - c. Provide contacts to connect with
3. Financing: The Secretariat and broader Network can help identify and support funding opportunities for work in ACTA in health
 - a. Collectively as a Network, identify and support funding opportunities – inform when opportunities for grants arise/provide linkage with existing funding opportunities
 - b. Fund initiatives directly

- c. Share opportunities (e.g., request for proposals) for consulting for member organizations

What can I do for the Network?

1. Knowledge: Share and disseminate knowledge generated by the Secretariat, Working Groups and broader Network membership
 - a. Share knowledge and expertise on lessons learned from research
 - b. Share teaching modules on ACTA in health
 - c. Contribute country level experiences, results, and learnings to other countries, regions, and global stakeholders
2. Advocacy: Promote GNACTA in national, regional, and international spaces, and platforms
 - a. Use dissemination forums to showcase GNACTA and inspire people to buy into the vision of ACTA in health
 - b. Help the Network build bridges with players in critical regions, such as the Middle East and North Africa
3. Engagement: Be engaged with the Network and its updates, and participate in GNACTA meetings
 - a. Offer network of experts to support colleagues
 - b. Actively work on projects and activities
 - c. Co-write policy briefs and review work of others

CONCLUSION

Addressing three grand questions over the two-day meeting (where are we now?, where do we want to go?, and how will we get there?) provided content for a new strategic outline to help revitalize the Network (Table 1). Specifically:

- By understanding ‘where are we now?’ both in terms of the GNACTA activities to date and the state of play of ACTA more broadly, we can better articulate ‘why’ GNACTA exists (i.e., long term vision);
- By determining ‘where we want to go?’ based on participant expertise and priorities, we can articulate ‘what’ GNACTA wants to do (i.e., results areas);
- By clarifying ‘how will we get there’, we can articulate? ‘how’ GNACTA will operate, ensuring it is a two-way street with GNACTA offering clear value to its members and collectively pushes the GNACTA agenda forward (i.e., through clear activities).

Table 1: A draft strategic outline to revitalize the GNACTA Network

Why?	<i>Transparent and accountable health systems support improved health for all</i>		
	Health systems with effective ACTA ensure that people can equally access affordable, quality health services without encountering corruption		
What?	Health sector corruption risks are identified and mitigated using ACTA measures		
	Evidence & research	Strategic engagement	Education and capacity building
How?	<ul style="list-style-type: none"> • Online data repository • Policy briefs and case studies • Standardized measurement framework, e.g., common language, definitions. 	<ul style="list-style-type: none"> • Representation in policy meetings, summits, conferences, and assemblies at all levels to connect health and anti-corruption agendas • Link with international and regional ACTA hubs • Country level engagement via piloting integrated ACTA approaches 	<ul style="list-style-type: none"> • General curriculum on ACTA and health for adaptation (i.e., competency model, training, integration in education systems) • Open access resource for ACTA materials • Platform for communication and coordination – mechanism for matching needs with skills
	<ul style="list-style-type: none"> • Host virtual, collaborative interdisciplinary meeting/knowledge exchange sessions • Establish a professional communication network • Disseminate information and resources 		
<ul style="list-style-type: none"> • Strategy: We consult GNACTA members to identify agenda of influence • Form: We operate under the following structure: Secretariat, Steering Group, Working Groups on 1) Strategic Engagement, 2) Evidence and Learning, 3) Education and Capacity Building, and members • Process: We establish mechanisms for involving members in real time • Rewards: We establish reciprocity-based mechanisms: marketplace to advertise projects and ideas, and commit to helping each other • People: We integrate voices of country-level stakeholders into GNACTA 			

The newly established Steering Group can capitalize on the momentum developed in this December Technical Meeting to revitalize the Network with a new Strategic Workplan for the 2023-24 period, based on the above strategic outline. Specific recommendations are put forward to the Steering Group to consider in its initial months of operations.

1. Where are we now? To leverage GNACTA as a mechanism to squarely position health within the ACTA, key next steps for GNACTA and its members are to:

- Reconceptualise ACTA from a public health and right to health lens vis-à-vis WHO's work and key role in supporting Member State efforts to achieve the health-related SDGs and especially SDG 3.8 on universal health coverage (UHC).
- Leverage existing country momentum on ACTA in health by strengthening GNACTAs country representation and focus.
- Finalize landscape of ACTA in health actors to articulate the breadth and scope of the field and share with GNACTA members.

2. Where do we want to go? To revitalize the Network with common, strategic result areas, key next steps for GNACTA and its members are to:

- Finalize a GNACTA 2023-24 workplan which reflects the three results areas identified by the meeting participants:
 - a. documentation and sharing of what works, what does not and why, through evidence and research,
 - b. institutional capacity building, and
 - c. strategic engagement to align anti-corruption and health agendas.
- Reflect new results areas on the GNACTA website, crowdsource expertise/solutions around them and collate GNACTA member experience in ACTA through an active catalogue.

How will we get there? To realize the potential of GNACTA and make meaningful progress on the agreed upon work, key next steps for GNACTA and its members are to:

- Finalize GNACTA's strategic approach with the Steering Group and input from the larger Network.
- Develop and share a clear GNACTA membership document (including expectations and benefits).
- Explore the implications of a regional- and country-level structure for the Network, including Steering Group organization representation at regional level.
- Launch the GNACTA website and establish a communication mechanism for GNACTA members to share ongoing work, funding opportunities, evidence (i.e., via a community communication platform).
- Develop a workplan to host meetings, webinars, and training sessions.
- GNACTA Members can share and disseminate knowledge generated by the Secretariat, Working Groups and broader Network membership.

ANNEX 1: PARTICIPANT LIST

Dr.	Agostinho M'barco	Ndumba	Ministry of Health, Guinea-Bissau
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Mr.	Jan-Petter	Holtedahl	NORAD
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Ms.	Aislin	Baker	FCDO (Foreign, Commonwealth & Development Office)
Ms.	Kim	Schultze	GIZ (German Agency for International Cooperation)
Ms.	Rashmi	Sharma	Global Affairs Canada
Dr.	Christopher	McBrearty	London School of Hygiene & Tropical Medicine
Dr.	Dina	Balabanova	London School of Hygiene & Tropical Medicine
Dr.	Eleanor	Hutchinson	London School of Hygiene & Tropical Medicine
Prof.	Martin	McKee	London School of Hygiene and Tropical Medicine
Ms.	Michele	Coleman	London School of Hygiene and Tropical Medicine
Mr.	Eric	Umar	University of Malawi
Ms.	Ankita	Meghani	Johns Hopkins Bloomberg School of Public Health
Dr.	Jillian Clare	Kohler	University of Toronto
Dr.	Marianna	Fotaki	Warwick Business School
Ms.	Saskia	Mostert	Amsterdam University Medical Centers
Dr.	Taryn	Vian	University of San Francisco
Mr.	Mushtaq	Khan	SOAS University of London
Prof.	Timothy K.	Mackey	University of California San Diego
Dr.	Claudia	Baez-Camargo	Basel Institute on Governance
Dr.	Peter	Gaal	Semmelweis University
Dr.	Olaf	Horstick	University of Heidelberg
Mr.	Muktar Ahmed	Gadanya	Bayero University/Aminu Kano Teaching Hospital
Mr.	Prince Chiemeka	Agwu	University of Nigeria
Ms.	Pamela Adaobi	Ogbozor	University of Nigeria
Dr.	Aloysius	Odii	University of Nigeria
Dr.	Tochukwu Charles	Orjiakor	University of Nigeria
Ms.	Aoife	Murray	International Anti-Corruption Academy
Ms.	Twesiime Monica	Kirya	U4 Anti-Corruption Resource Centre
Mr.	Daniel Sejerøe	Hausenkamph	U4 Anti-Corruption Resource centre
Ms.	Daniela	Cepeda Cuadrado	U4 Anti-Corruption Resource Centre
Ms.	Karen	Hussmann	Independent expert, Colombia
Mrs.	Ida Léa	Savadogo Yugbare	Global Fund
Ms.	Nathalie	De Wulf	International Social Security Association
Ms.	Zoia	Zamikhovska	Open Contracting Partnership
Mr.	Pesh	Framjee	Charity Finance Group
Mr.	Thumbiko	Wa-Chizuma Msiska	CARE
Mr.	Timothy Wafula	Makokha	Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN)
Dr.	Dalya	Elziniy	GAVI, The Vaccine Alliance
Mr.	David	Powell	GAVI, The Vaccine Alliance
Dr.	Mostafa	Hunter	UNDP
Mr.	Brook	Horowitz	IBLF Global
Dr.	Reinhard	Huss	Basic Income Earth Network (BIEN)
Dr.	Hady	Fink	Partnership for Transparency Europe
Dr.	Ximena	Benavides	Yale Institute of Global Health
Ms.	Sammer	Elsayed	Transparency International
Mr.	Tom	Wright	Transparency International Global Health

Mr.	Jonathan	Cushing	Transparency International Global Health
Mr.	Matthew	Henneberger	USAID
Mr.	Adrian	Mathura	USAID
Ms.	Cristina	Ritter	UN Global Compact
Ms.	Mariana	Prats	Organisation for Economic Co-Operation and Development (OECD)
Mr.	Collins	Acheampong	Global Fund
Ms.	Theshika	Kassen	Global Fund
Mr.	David	Wolfe	Global Fund
Ms.	Aneta	Wierzynska	Global Fund
Ms.	María José	Veramendi Villa	Office of the High Commissioner for Human Rights (OHCHR)
Ms.	Peggy	Hicks	Office of the High Commissioner for Human Rights (OHCHR)
Mr.	Kaime	Oliveira	Office of the High Commissioner for Human Rights (OHCHR)
Ms.	Poonam	Dhavan	International Organization for Migration (IOM)
Ms.	Ursula	Wagner	International Organization for Migration (IOM)
Ms.	Ashley	Demming	International Organization for Migration (IOM)
Ms.	Trine	Schmidt	SDG Lab / IISD
Mr.	Mark	DiBiase	UNDP
Ms.	Camilla	Silva Fløistrup	UNDP
Mr.	Arkan Ghassan	El-Seblani	UNDP Arab States
Mr.	Anga	Timilsina	UNDP
Ms.	Aida	Arutyunova	UNDP
Ms.	Elizabeth	Sáenz	UNODC
Mr.	Giovanni	Gallo	UNODC
Ms.	Maria	Adomeit	UNODC
Ms.	Katherine	Hencher	UNITAID
Ms.	Sonia	Hilton-Mathew	UNITAID
Ms.	Judith	Polsky	UNITAID
Mr.	James	Anderson	World Bank
Ms.	Donna	Andrews	World Bank
Ms.	Jayoung	Park	UN Global Compact
Ms.	Alessia	Nicastro	Geneva Graduate Institute
Mr.	Philip	McMinn Mitchell	WHO
Dr.	Matthew	Jowett	WHO
Dr.	Hélène	Barroy	WHO
Mr.	Gérard	Schmets	WHO
Mr.	David	Webb	WHO
Mr.	James (Jim)	Campbell	WHO
Mr.	Rudi	Eggers	WHO
Mr.	Ronald Craig	Burgess	WHO
Mr.	Gilles Bernard	Forte	WHO
Ms.	Carina	Vance	WHO/Pan American Health Organization (PAHO)
Ms.	Sonia	Sahraoui	WHO
Mr.	Gilbert	Sendugwa	Africa Freedom of Information Center
Ms.	Sarah	Steingrüber	WHO
Mr.	David	Clarke	WHO
Mrs.	Joelle	Auert	WHO
Ms.	Viktorija	Karpenko	WHO
Ms.	Kira	Koch	WHO
Ms.	Fatou	Fall	WHO
Dr.	Benjamin	Rouffy-Ly	WHO

Ms.	Julia	Sallaku	WHO
Dr.	Tessa	Edejer	WHO
Ms.	Anna	Cocozza	WHO
Dr.	Joseph Douglas	Kutzin	WHO
Ms.	Katherine	Jennings	Impact for Health International
Ms.	Nikki	Charman	Impact for Health International
Ms.	Andrea	Cutherell	Impact for Health International
Mr.	Mihaly	Fazekas	Central European University

The meeting was facilitated by [Impact for Health International](#).

ANNEX 2: PANEL SLIDES

#AccountabilityInAction **ACE** Anti-Corruption Evidence
Making Anti-Corruption Real

Tackling health sector corruption: priority setting and moving towards solutions

Dina Balabanova, Chris McBrearty, Eleanor Hutchinson, Obinna Onwujekwe
LSHTM, University of Nigeria & SOAS Anti-corruption Evidence Consortium

Improving health worldwide
www.lshtm.ac.uk



Defining corruption...

The abuse or complicity in abuse of position, power or authority to materially benefit oneself or a group in a way which diverts institutions from their core aims.

Adapted from Gaitonde R - Hutchinson, Balabanova, McKee, Int J Health Policy Manag 2020

- Not a moral issue, but reflect **systemic and power factors**
- Unclear boundaries – survival corruption, inefficiencies
- Useful to focus on **illicit, most harmful practices** where solutions emerge

Considerations about what practices to address

The challenge (& opportunity) within each context

- Strategies and solutions are context-specific but also a need for a shared understanding on principles – e.g. to guide investments

Assessment of harm

- Variations in perception of level of harm due to different level of resources, social norms etc.

Political will and power configurations

- Local distribution of power and emerging alliances. New governments or reform coalitions may create entry points.

Actor-based approaches

- Feasibility of addressing corruption differs according to actors power, capabilities and interests (Khan & Roy, 2022). Constrained civic space and a lack of free media, may hamper change.

Typology of practices

Category	Examples
1. Human resource management corruption	<ul style="list-style-type: none"> • Absenteeism at the frontline • Clientelistic appointment of officials & leaders • Ghost workers
2. Procurement corruption & engagement with industry	<ul style="list-style-type: none"> • Altering specifications to give companies an advantage • Procuring capital equipment, in absence of personnel • Prescribing practices influenced by pharma
3. Supply-side & reimbursement-related	<ul style="list-style-type: none"> • Supplier-induced demand, related to HCP income • Diversion of patients from public to private services
4. Misuse of (high-level) positions & networks	<ul style="list-style-type: none"> • Undue influence in policymaking (policy capture) • Improper regulation of medical/nursing schools
5. Bribery in medical service delivery	<ul style="list-style-type: none"> • Informal payments • Treating different patients differently, e.g. those with power or connections
6. Fraud & embezzlement	<ul style="list-style-type: none"> • Production & sale of counterfeit medicines • Misappropriation of health programme funds

Based on: Sommersguter-Reichmann, M. et al. Individual and Institutional Corruption in European and US Healthcare: Overview and Link of Various Corruption Typologies. Appl Health Econ Health Policy 16, 289–302 (2018).

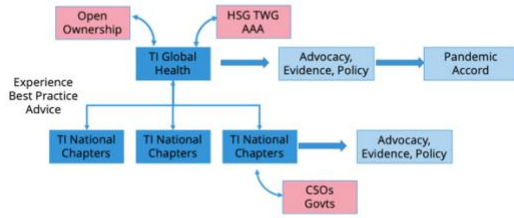
2nd Ranking: Corrupt Practices Most Harmful to Health or Social Outcomes (with feasibility scores)

Rank of Most Harmful	Harm Score	Corrupt Practices	Rank of Most Feasible	Feasibility Score
1	51	Procurement - Corrupt contracting to benefit leadership not the system, unnecessary/irrational procurement of equipment and expensive medicines, budgets for buildings	2	44
2	38	Recruitment - Corruption in recruitment and transfer of staff, ghost workers, supervisory positions bloated health workforce in some facilities	3	41
3	34	Policy corruption - State capture, especially undue influence of powerful interest/actors at the policy level	6	20
4	32	Regulatory and enforcement bodies/systems - deliberate underfunding and installing political clients	5	27
5	29	Clientelistic appointment of officials and leaders	4	29
6	26	Absenteeism among frontline providers	1	49

ANTI-CORRUPTION AND HEALTH NETWORKS

Jonathan Cushing, Transparency International

TI'S NETWORKS



WHAT WORKS

- Allows us to cover a broad geography
- Cost effective, quick way to support, provide expertise
- Allows TI Global Health to draw on experience, evidence from a global community

WHAT DOESN'T WORK

- Top heavy approach
- TI Health is the 'lynchpin' in the network- not always a partnership of equals
- Self selecting in who we engage, especially at national level

ANNEX 3: MARKETPLACE PRESENTATIONS

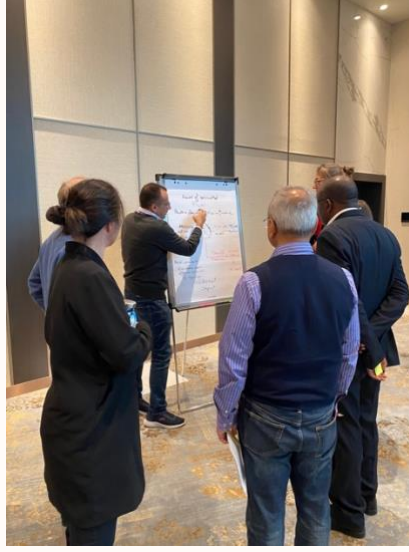
Presenter	Organization	Focus area
María José Veramendi Villa	Office of the United Nations High Commissioner for Human Rights (OHCHR)	<p>OHCHR approach to anti-corruption and human rights</p> <ul style="list-style-type: none"> • OHCHR approach to ACTA at the implementation level (intergovernmental, interagency, regional, and national) • Detailed description of application at the country level.
Maria Adomeit	United Nations Office on Drugs and Crime (UNODC)	<p>UNODC approach to addressing corruption in the health sector</p> <ul style="list-style-type: none"> • Overview of recent and upcoming publications. • Assessing and managing corruption risks in public health institutions.
Daniel Sejerøe Hausenkamph	U4 Anti-Corruption Resource Center	<p>Overview of U4 Anti-Corruption Resource Centre offerings</p> <ul style="list-style-type: none"> • Overview of U4 history, publications, and the U4 helpdesk. • Description of key offerings such as workshops and events and online trainings.
Aoife Murray	International Anti-Corruption Academy (IACA)	<p>IACA Global Programme on Measuring Corruption Overview</p> <ul style="list-style-type: none"> • Why measuring corruption matters, current measurement approaches, and growing interest in a new approach. • Description of IACA's new programme: multi-stakeholder consultation, methodological innovation.
Timothy Wafula Makokha	Kenya Legal & Ethical Issues Network on HIV and AIDS (KELIN)	<p>Advocacy for ACTA in the health sector in Kenya</p> <ul style="list-style-type: none"> • Introduction to the work of KELIN and description of current corruption issues in Kenya. • Formation of an integrity network and proposed activities.
Dr. Agostinho Ndumba	Ministry of Public Health, Guinea-Bissau	<p>Working on corruption risk management in Guinea-Bissau</p> <ul style="list-style-type: none"> • Description of Ministry of Health initiatives around corruption in health, including

mechanisms for prevention, identification and accountability.

Dr. Jillian Kohler

United Nations
Development Programme
(UNDP)

Strengthening integrity of the health sector in
Europe and Central Asia during the COVID-19
pandemic and beyond



ANNEX 4: DETAILED LIST OF POTENTIAL GNACTA ACTIVITIES/OUTPUTS

Evidence and research

1. Research dissemination and knowledge translation
 - a. Develop a data repository – open-source data
 - b. Produce and publish case studies
 - c. Purposeful research for evidence-based governance
2. Indicators, metrics, and data
 - a. Perform a data mapping exercise (qualitative and quantitative)
 - b. Develop proposal for shared indicators between SDG health and corruption
3. Fostering research collaboration
 - a. Collaborative grants (academia and civil society)
 - b. Match making tool
 - c. Establish GNACTA community mechanisms (e.g., LinkedIn)
4. Develop centralized community fed platform for ACTA knowledge
5. Organize using an aligned framework for knowledge management (and associated reporting framework)
6. Host regular knowledge exchange sessions

Strategic engagement

1. Ensure GNACTA representation at high level meetings, policy discussions, etc.
 - a. World Health Assembly side event
 - b. SDG 2023 Summit side event
 - c. United States Agency for International Development (USAID) annual programme strategy meetings
 - d. European commission
 - e. US government summit for democracy II
 - f. 10th Conference of the States Parties (COSP) to the UN Convention against Corruption (UNCAC)
2. Host country level engagement e.g., piloting applicable ACTA approaches in country

Education and capacity building

1. Co-produce a general training on ACTA in health
 - a. Identify task force who will perform resource generation
 - b. Conduct mapping of existing general courses on ACTA in health
 - c. Assess the strengths and gaps in existing courses
 - d. Host a workshop to define the general curriculum and guidance on how to adapt it
 - e. Finalize and discuss with GNACTA
 - f. Disseminate through GNACTA and establish a piloting and refinement process
2. Create a competency model for practitioners
3. Establish an open-access resource for ACTA materials
4. Create guidance for integrating ACTA into education systems
5. Develop a platform for matching needs and skills
6. UNDP: strengthen capacity of practitioners to apply corruption and risk management in the health sector

ANNEX 5: GNACTA AS A TWO-WAY STREET

The points made below are directly from individual responses from participants.

What GNACTA can do for me

Information exchange

- Provide additional evidence and best practice that we can share, for example, with USAID missions or other agencies, in programming for ACTA in health
- Provide insight into the mechanisms and tools that strengthen resilient health systems in WHO regions, such as the Americas, among others
- Peer support and peer learning
- Cross-share technical expertise and experience
- Support centers for ACTA in regions and countries
- Thematic support on topics I am not an expert in
- Give technical orientation and support
- Useful knowledge to take back to countries
- Build knowledge about ACTA in supporting stronger health systems and UHC goals
- Provide insights into measurement and evidence needs in the health sector
- Amplify and advocate for more voices to address ACTA in health
- GNACTA to act as sounding board for overcoming challenges in work e.g., engaging civil society
- Engage on upcoming research (e.g., refine research question)
- Send newsletter with link to articles and work being done in ACTA

Connection

- Host meetings, webinars and trainings
- Enable connection with people working in the ACTA and health space
- Establish links with relevant influential people at national levels to galvanize a regional hub for ACTA in health studies and advocacy
- Share regular updates to keep the group informed about work being carried out at national, regional, and global levels
- Find and connect with suitable implementing organizations
- Provide network/contacts to connect with
- Access to a multi-stakeholder platform of experts and organizations
- Promote ideas for strategic engagement

Financing

- Collectively as a Network, identify and support funding opportunities – inform when opportunities for grants arise/provide linkage with existing funding opportunities
- Fund initiatives directly
- Share opportunities (e.g., request for proposals) for consulting for member organizations

What I can do for GNACTA

Share knowledge

- Share research and associated findings
- Share knowledge and expertise on lessons learned from research in Africa
- Share teaching modules on ACTA in health
- Co-organize events, where there is a good fit (community and regional level)

- Distill research into simple language
- Share information on the analytical lens of ACTA-based on “horizontal checks”
- Contribute country level experiences, results, and learnings to other countries, regions, and global stakeholders
- Share experience from the PAHO region in achieving transparent health systems
- Share what has worked for USAID

Advocacy

- Promote ACTA in national, regional, and international spaces and platforms
- “Socialize” the Network at regional level
- Promote ACTA in Africa Freedom of Information Center (AFIC) membership
- Use dissemination forums to talk about GNACTA and inspire people to buy into the vision of anti-corruption
- Outreach to the private sector
- Help the Network build bridges with players in critical regions, such as the Middle East and North Africa

Engagement

- Be engaged with the Network and its updates, participate in meetings
- Offer my network of experts to help colleagues
- Actively work on projects and activities
- Co-write policy briefs and review work of others
- Streamline new approaches to in-country experience
- Support fundraising initiatives