TRANSPARENCY INTERNATIONAL
Global Health

Policy Brief

The hidden barriers to equitable access - Tackling corruption in the COVID-19 vaccine roll out

For Multi- and Bilaterals, Foundations, Governments, Non-Government Organizations and Civil Society

Transparency International Global Health Programme

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TRANSPARENCY INTERNATIONAL (TI) IS THE WORLD'S LEADING NON-GOVERNMENTAL ANTI-CORRUPTION ORGANISATION, ADDRESSING CORRUPTION AND CORRUPTION RISK IN ITS MANY FORMS THROUGH A NETWORK OF MORE THAN 100 NATIONAL CHAPTERS WORLDWIDE.

TRANSPARENCY INTERNATIONAL GLOBAL HEALTH PROGRAMME'S (TIGH) OVERALL GOAL IS TO IMPROVE GLOBAL HEALTH AND HEALTHCARE OUTCOMES FOR THE BENEFIT OF ALL PEOPLE, OF ALL AGES. IT AIMS TO ACHIEVE THIS BY REDUCING CORRUPTION AND PROMOTING TRANSPARENCY, INTEGRITY AND ACCOUNTABILITY WITHIN THE PHARMACEUTICAL AND HEALTHCARE SECTORS.

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"WE CANNOT HAVE EQUITY WITHOUT TRANSPARENCY"[i]

- DR. TEDROS ADHANOM GHEBREYESUS, DIRECTOR-GENERAL WORLD HEALTH ORGANISATION

BACKGROUND

In 2021, 11 billion COVID-19 vaccine doses were produced, enough to fully vaccinate every adult in the world[ii]. Yet, despite such tremendous advances in development and production of vaccines, there is great inequity in the global distribution of vaccines. Whilst many high-income countries are discussing fourth doses, only 16.19 per cent of people in low-income countries have received at least one dose[iii]. With less than a month until mid-2022, it is becoming clear that the world is not going to meet the WHO target of vaccinating 70 per cent of the world's population by mid-2022[iv]. In fact, **if nothing changes, it will take another two and a half years for low-income countries to be able to vaccinate 70 per cent of their populations with an initial two doses**.[v] There is an urgent need to focus efforts on getting the last-mile planning and distribution of vaccines right. It is critical that processes be put in place which will ensure that the most vulnerable or high-risk groups do not continue to be left behind in the vaccination process due to their socioeconomic status, literacy or access to information.

Over the past year, the Transparency International Global Health (TIGH) Programme has been working with partners in Bangladesh, Uganda, and Zambia to improve equity and transparency in national vaccine rollouts. **This policy brief builds upon our work and sets out the steps that governments, multi- and bilateral agencies and foundations along with the support from civil society urgently need to take to ensure that we achieve comprehensive and equitable access to COVID-19 vaccines going forward**.

THE HIDDEN BARRIERS

In order to understand and be able to address patterns of corruption and inequity faced by populations in Bangladesh, Uganda, and Zambia in the COVID-19 vaccine roll out, we conducted research together with TI national chapters based in these countries. This included c ommunity surveys with 16,039 respondents (Bangladesh n=3,401, Uganda n=11,880 and Zambia n=758), complimented by monitoring news articles, and reviewing academic and grey literature on corruption and inequity in the COVID-19 vaccine rollout in Uganda and Zambia. By using a custom machine learning platform; we were able to analyse over 5 million news articles per day for reports of corruption and inequity.

Our research finds that **barriers to equitable access in the COVID-19 vaccine roll out in all three countries fall into three categories; corruption, lack of transparency, and misinformation**. Summaries of the findings have been included below. Further details can be found in the report "Transparency and corruption in COVID-19 vaccine deployment: Evidence from Bangladesh, Uganda, and Zambia".

CORRUPTION in the rollout has taken multiple forms, including use of personal connections, payment of bribes and issuing of false vaccine certificates.

Bribes: 9.3 per cent of respondents in Uganda reported paying bribes to access COVID-19 vaccines. (Figure 1) This average hides further inequities with two centres reporting 51 per cent (n=37) and 65 per cent (n=46) , respectively. Bribery on a more limited scale was also reported in Zambia where 3.9 per cent (n=15) of respondents reported paying.

Bribery: The offering, promising, giving, accepting or soliciting of an advantage as an inducement (e.g. money, gifts, loans, fees, rewards, services, favours) for an action which is illegal, unethical or a breach of trust. (Transparency International)

Reports received by TI Uganda in the second half of 2021 indicated that patients were being asked to pay bribes/facilitation fees of UGX 1,000 (US$ 0.28) and UGX 2,000 (US$ 0.56) to access the first and second COVID-19 vaccine dose respectively. UGX 1,000 represents 40 per cent of the average daily income of 42 per cent of the population representing a significant barrier to vaccination as many may not afford to get vaccinated if paying a bribe is necessary.[vi]

Personal connections were used to access the COVID-19 vaccines by 20.5 per cent (n= 896) and 4.8 (n=18) per cent of respondents in Uganda and Zambia, respectively. This hides further disparities. For example, 93 per cent of respondents (n=33) at a centre in Uganda reported having used personal connections, whilst two centres had no reports.

Household financials and bribes – In Uganda, the respondents who indicated they "do not feel they have enough money to buy at all what they need" or "need to borrow or spend savings to buy what they need" paid a bribe more frequently than those who responded they have "just enough to buy what they need" or "enough to buy what they want", 75 per cent versus 60 per cent, respectively.

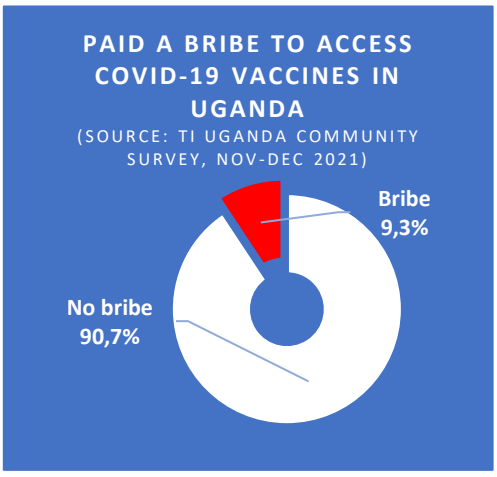

Figure 1. Participations above the age of 18 years who reported paying a bribe to access COVID-19 vaccines in Uganda.

LACK OF TRANSPARENCY

Costs to travel to the vaccination centre - Respondents from districts in Uganda with lower median wages often paid a higher proportion of the district average daily wage towards transportation to access COVID-19 vaccines than districts with higher median wages. (Figure 2) However, 55 per cent (n=3,819) of respondents in Uganda reported they did not incur any travel costs. More data is needed to understand what socio-economic factors determine whether one has to pay or not. There is no strong correlation between levels of payment and either household income or rural vs urban locations.

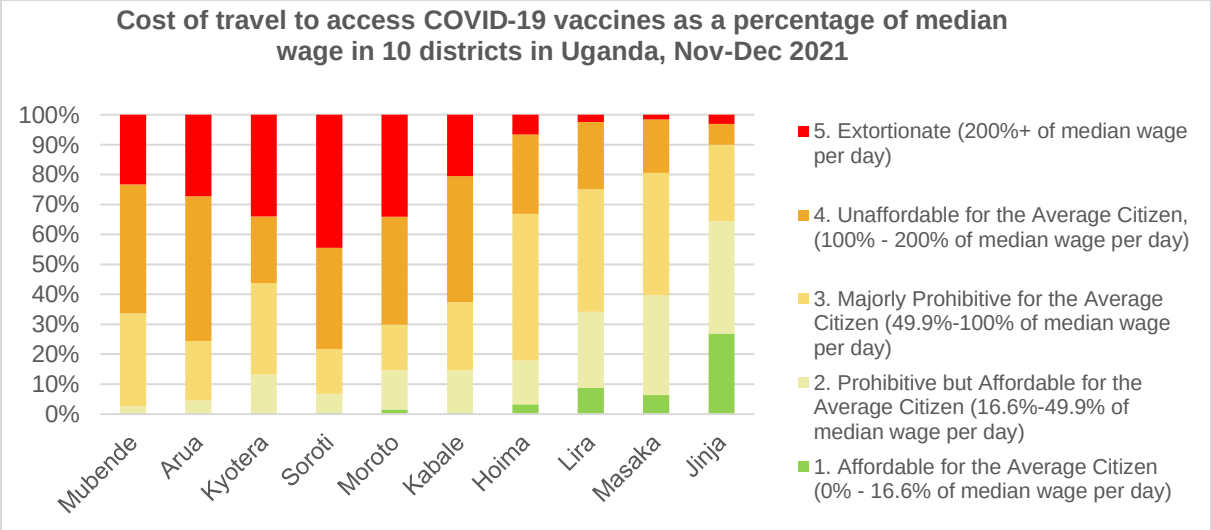

Figure 2. Cost of travel to access COVID-19 vaccines in 10 districts in Uganda. Nov-Dec 2021

Challenges with confirming and issuing documentation – 5.5 per cent and 5.3 per cent of respondents in Uganda and Zambia, respectively, were not provided with proof of vaccination after having been vaccinated. 7.6 per cent and 3.4 per cent in Uganda and Zambia, respectively, were not asked to show National ID during the vaccination process.

Unofficial fees causing inaccessibility of online registration portals – 74 per cent (n=2,364) of respondents in Bangladesh reported having had to pay unofficial administrative fees (i.e. fees not officially communicated by the government, but requested in public and therefore not considered bribes) to complete online registration for vaccination- a requirement at the time to receive vaccination. This disproportionately affected those that did not have access to Internet or skill to fill in the form online. (Figure 3)

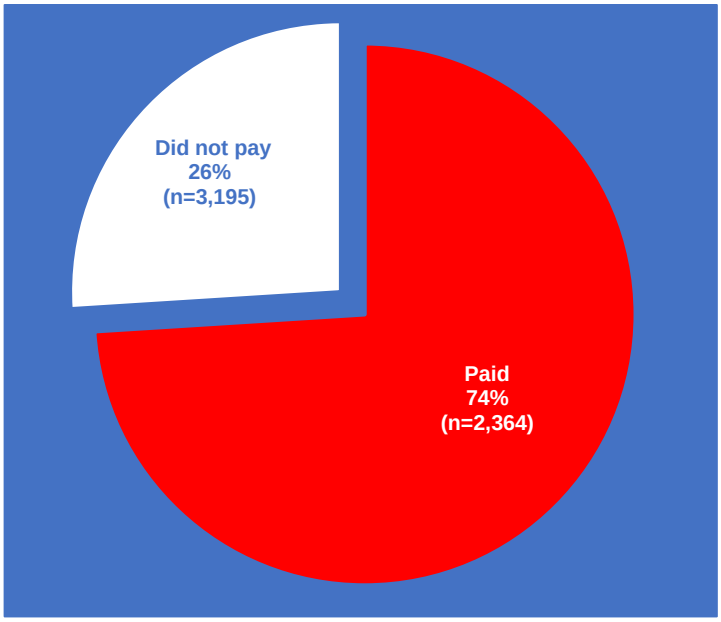

Figure 3. Respondents who paid unofficial admin fees to be registered into the Bangladesh COVID-19 online registration portal – a requirement for access COVID-19 vaccines.

Unclear guidelines and policy - In 2021, distribution based on equity principles was abandoned in all three countries in favour of vaccinating as many people as possible. No official reasons were given, but it is likely that low supply, short timelines, and short-vaccine shelf lives were among the drivers. A lack of official communication on who could access vaccines led to confusion. Only those with informal access to information on where to get vaccinated and who was eligible were able to access vaccines.

Lack of transparency - Data on vaccination progress shared in routine updates, ad-hoc press releases and online dashboards was not disaggregated by priority or vulnerable groups. Public updates about the vaccination process were not made consistently and used varying formats.

MISINFORMATION and limited access to information hampered vaccine uptake. There was a limited awareness amongst communities of their right to access vaccines free of cost. False information about the vaccines was the largest reason why vaccinated respondents in both Uganda and Zambia chose not to get vaccinated earlier (36 and 32 per cent, respectively), whilst perceived health risks associated with the vaccine were the most salient driver.

POLICY RECOMMENDATIONS

To ensure no one is left behind and that the roll out of COVID-19 vaccines is done equitably, there is a need for increased focus on planning, distribution and reporting of vaccines to the last mile. There is an urgent need to put in place or strengthen existing processes and mechanisms which address and remove hidden barriers such as corruption and lack of information for the most vulnerable or high-risk groups to access vaccines. Increasing transparency and accountability in health systems, will also help governments build stronger and more resilient health systems better prepared for the next pandemic.

1. Multi- and Bilaterals, Foundations, International Financing Institutions and Donor Governments

a. **Invite Low- and Middle-Income Countries to participate in planning support to COVID-19 vaccine rollout** to ensure actual country needs and priorities are met. Provide financial and technical support to address gaps articulated by governments as these create or accelerate corruption risks such as lack of transparency on where and how to get vaccinated or limited supply of vaccines to the last mile.
b. **Strengthen in-country monitoring by** empowering independent civil society organizations (CSOs) to support in-country monitoring and strengthen and diversify gender sensitive reporting mechanisms for corruption e.g. anonymous SMS, hotline, staffed offices.
c. **Provide national governments with the financial and technical support** needed to implement the below recommendations.

2. National Governments

a. **Establish and/or strengthen existing policies and measures for identification and proof of vaccination** - ensure that those vaccinated have been appropriately identified and that all those vaccinated receive a valid proof of vaccination (certificate). Put in place policies and measures to ensure that **those without formal government identification** e.g. migrants, refugees, internally displaced or stateless persons **can access vaccination.**
b. **Run information and awareness campaigns amongst priority- and low uptake groups** - A lack of understanding of or insight into the vaccination roll out, limits equitable access, exacerbates distrust and furthers risk of nepotism, cronyism and patronage by enabling staff to decide who gets access and at what cost.
c. **Consistently publish and use disaggregated data on vaccination progress** to monitor who is being vaccinated and where. Use disaggregated data to conduct targeted vaccination efforts in areas or among population groups who either have difficulty accessing vaccines, or who need additional support to be able to make an informed decision.
d. **Implement policies and mechanisms that ensure a gender sensitive and non-discriminatory vaccine rollout** – When planning and monitoring vaccination centres, consider needs of for example men and women who may want to be separated due to religious or cultural reasons; women who are pregnant, have childcare or household commitments; as well as other gender, age or socio-economic/professional groups. They may need particular support e.g. flexible opening hours, translation services or outreach programs.
e. **Encourage the reporting of corruption concerns.** Ensure that all gender groups are able and feel safe reporting corruption or concerns by establishing or strengthening existing diverse reporting mechanisms such as anonymous SMS or tollfree reporting lines, centres with staff or written submission. Reports should be investigated, with action taken where appropriate, and findings publicised to promote trust in the system, and encourage reporting.
f. **Only implement vaccine mandates which are flexible, context specific and supported by evidence of equitable access** to avoid further marginalization and corruption e.g., fake vaccine certificates. Vaccine mandates which enforce vaccination before equitable access has been achieved, risk punishing those who have not yet had a chance to access the vaccine, either due to limited supply or limited ability to make an informed decision.
g. **Engage independent CSOs** for in-country monitoring of vaccine rollout. CSOs bring support which can complement and increase effectiveness of governments efforts. CSO engagement can also strengthen trust towards government and of the vaccination process more broadly.

3. Civil Society

a. **Advocate and offer support to governments** to implement the above recommendations.
b. **Monitor governments achievements** of the above recommendations.
c. **Participate in national and subnational coordination efforts** to streamline and ensure effective use of public and private resources in the roll out of COVID-19 vaccines.
d. **Actively engage with other actors** to **identify synergies** and **avoid duplication of efforts**.

CONCLUSION

Tackling corruption and improving transparency in international and national mechanisms which support the roll out of COVID-19 vaccines will help increase trust and ensure that those who need vaccines the most, have access, at the right time. Through joint efforts, global, national and subnational stakeholders can empower citizens and ensure that those left behind in the COVID-19 vaccination process can catch up. Increasing transparency and accountability to achieve a more effective and equitable COVID-19 response, will also enable health systems to deliver quality routine and emergency services for all.

LIMITATIONS

Access to data and information on documented cases of corruption is limited. It is likely that some types of corruption, due to their clandestine and often complex subject matter, are generally under-reported or not reported at all.

ACKNOWLEDGEMENT

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