

Resolution 3.0

Sponsors: Russian Federation, Slovakia, Austria, Croatia, Greece, Kuwait, Italy, Switzerland, Saudi Arabia, Lebanon, Bahrain, Australia, Nepal

Signatories: Poland, Afghanistan, Denmark, Ireland, Bulgaria, Serbia, Luxembourg, Portugal, Norway, Sweden, Finland, Netherlands, Jordan, Syria, Germany, Qatar, New Zealand, Indonesia, Pakistan, Bangladesh, New Zealand, Malaysia, Singapore, UK, Vietnam, Germany, Denmark, Jordan, Sierra Leone, Senegal, Turkey, Uganda, Central African Republic, Colombia, Costa Rica, China

Public/Private Index: Pfizer; 1/9 or 11.11%

Transparency/Accountability Index: Amnesty International, Care International, Oxfam; 3/17 or 17.65%

Addressing the Issue of Informal Payments:

The General Assembly,

Guided by the basic right to access to health care,

Deeply concerned by the prevalence of informal payments primarily at the health services level but also at higher administrative levels,

Recognizing that there exist enormous financial and economic repercussions if the issue of informal payments is not addressed,

Recalling the measures and provisions provided by the United Nations Convention against Corruption which was signed by 140 countries in 2003,

Recognizing that theft and embezzlement within the healthcare system at various levels leads to loss of much needed monetary resources provided to the healthcare system by the government and NGOs,

Recognizing that many countries do not have the resources and expertise to put in place the measures to prevent corruption,

Aware that many anti-corruption laws that are enforced by the government are ineffective at convicting individuals who are corrupt within the government,

Aware that many people are uncertain of their rights to medical service,

Recognizing the importance of working with local NGOs to ensure longevity of the anti-corruption measures,

Acknowledging that each country has their differences and particular needs,

1. *Requests* the formation of the Board for the Advisory of Surveillance in Multinational Corruption (BASMC) as an initiative of the WHO and can be adopted by other regions as seen fit, (a rotating committee of appropriate size with equal representation from participating countries, with input from Pharmaceutical companies and NGOs that have a strong influence in the particular country);
 - a. Provide aid only if requested to already established national anti-corruption courts to try criminals with high level ties within the government and the national justice system in order to provide an impartial committee and a fair trial;
2. *Calls for* resolving the issue of the physician and patient disjunction in views on bribery in terms of
 - a. Accountability on the part of the physicians,
 - b. Patient comfort with reporting informal payment coercion by physicians,
3. *Recommends* legislation for:
 - a. Upon successful anti-corruption efforts at the governmental level to create a solid anonymous reporting system of possible corruption and the whistle-blower protection program to ensure accountability within medical providers,
 - b. Culture-specific differentiation of gift-giving versus giving bribes,
 - c. Making resources and guidance available for strengthening laws, increasing transparency, and preventing corruption in anti-corruption laws specifically relating to the healthcare system with a focus on the grassroots level (i.e. at the regional administrative level and lower);
4. *Encourages* increased transparency within tracking physician activity in terms of accepting informal payments;
5. *Addressing* the use of education in
 - a. Ethics of payment schemes in medical school to curb the culture of acceptance of informal payments
 - b. Countering low salaries by eliminating under-qualified practitioners such that physicians qualified through stringent licensing practices receive competitive salaries
 - c. For users of the healthcare system especially the rural communities who are less educated about the healthcare system and more at risk of being deceived about their rights to medical aid and making it sustainable by training local trainers to continue raising awareness in their own community;
6. *Recommends* that a country-specific oath be taken by medical practitioners that complements the cultural norm while still enforcing anti-bribery practices;
7. *Notes* that the approaches may differ when addressing the causes for informal payments in public and private healthcare;
8. *Requests* that nations increase sanctions against individuals, whether physicians or public officials
 - a. That receive kickbacks from pharmaceutical companies for using their drugs in a manner that perpetuates the culture of informal payments,
 - b. And are penalized by loss of license, probation, prison time, and/or fines;
9. *Calls for* increasing transparency in payments for services provided by the public health system,
 - a. Pfizer would provide guidance on creating a public searchable database on informal payment transactions and would have a seat on the advisory board;

10. *Decrease* communication and access gap that leads to embezzlement between public and private health care sectors,
 - a. *Encourages* that health care providers have and follow guidelines that separate public and private health care systems in nations where this applies,
 - b. *Recommends* a code of conduct to act as a guide with regards to integrity and ethical behavior in the healthcare system (including local NGOs and pharmaceuticals).