

Resolution 1.0

Sponsors: Mali, Central African Republic, Burkina Faso, El Salvador, Colombia, Haiti, Indonesia, Nepal, Australia

Signatories: All African Nations Present, Argentina, Bolivia, France, Indonesia, Nepal, Australia

Public/Private Feasibility Index: Pfizer, Merck, EMS Sigma; 3/9 or 33.33%

Transparency and Accountability Index: MSF, Oxfam, Transparency International x2, Amnesty International; 5/17 or 29.41%

Formation of Three Continental Advisory Committees:

The General Assembly,

Recognizing that corruption is a serious threat to health outcomes in Africa, Latin America, and Southeast Asia culminating in financial waste and detrimental health consequences,

Emphasizing global health corruption as a threat to future investment in Africa, Latin America, and Southeast Asia,

Taking note of interrelated domestic and international level health corruption affecting global citizens,

Reaffirming regional and domestic sovereignty in Africa, Latin America, and Southeast Asia

Having examined the European Healthcare Fraud and Corruption Network and the UK National Health system anti-fraud unit as models for tailored anti-corruption systems, guided by research and guidance of the WHO-UNODC as well as good practice tools and methods developed by the United Nations Development Program,

Noting the power wielded by the citizens of our nations in rooting out corruption,

Recognizing that corruption is maintained by silence and social norms,

1. *Calls* upon the development of a continental African Advisory Committee, Latin American Advisory Committee, and Southeastern Asia Advisory Committee with the purpose of providing technical assistance to member states, developing individual model policies and tools for anti-corruption, identifying at risk, advancing innovative financing mechanisms, and expanding multilateral and bilateral development;
 - a. Funding for each region is to vary dependent on the different characteristics of each region
 - b. Oversight of the aforementioned continental advisory committees will be provided by the WHO
2. *Designates* individual state endorsements for adherence to updated recommendations, guidelines, and policy implementation proposed by the aforementioned continental advisory committees;

3. *Supports* the African Advisory Committee, Latin American Advisory Committee, and Southeastern Asia Advisory Committee in the development of governance systems that create a common framework for monitoring and evaluating domestic public health sector corruption inclusive of local officer bribery, informal payments, informal economy waste, diversion, absenteeism, and embezzlement;
4. *Draws the attention of* the African Advisory Committee, Latin American Advisory Committee, and Southeastern Asia Advisory Committee to the creation of state specific anticorruption codes of conduct in the private and public sector inclusive of foreign official bribery, submission of false claims, bribes to healthcare professionals, fraudulent marketing,
5. *Designates* the aforementioned continental advisory committees to propose individual state solution averse to corrupt and international global health systems inclusive of misallocation of funding, essential medicine diversion, public official corruption, lack of transparent and accountable funds;
6. *Trusts* the African Advisory Committee, Latin American Advisory Committee, and Southeastern Asia Advisory Committee to act as a body creating state guidelines in the fight against corruption in the international aid supply chain,
7. *Mandates* that the African Advisory Committee, Latin American Advisory Committee, and Southeastern Asia Advisory Committee create a continental corruption reporting system and whistle-blowing principles culminating in a centralized surveillance strategy and data network to report and investigate global and regional health corruption;