

Resolution 2.0

Sponsors: Venezuela, Colombia, Haiti, Bolivia, Argentina

Signatories: Dominican Republic, El Salvador, Costa Rica, Panama, Antigua and Barbuda, Guatemala, Ecuador,

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

Transparency Index: Amnesty International, CARE International; 2/17 or 11.76%

Strengthening of Government Infrastructure to Oversee Health Budget Allocations:

The General Assembly,

Recalling the opportunities offered and the commitments made in the 2004 United Nations convention against corruption,

Expressing concern over the detrimental effects of corruption on democracy, human rights and social programs, disproportionately affecting the poor,

Understanding the difficulty in addressing a systemic, widespread, transnational issue such as corruption and therefore acknowledging that this is one further step in the fight against corruption,

Acknowledging a reaffirmed commitment to tackling corruption and a cooperative effort will bring about great improvement and increased stability to developing as well as pre-existing social institutions, especially those in the health sector,

Understanding that corruption is a complex issue and that many developing countries are still facing major challenges in addressing issues of access to health care, limited budgets and fragmented as well as weak infrastructure which calls for unique solutions to incorporate anti-corruption,

Reaffirming each nation's sovereignty in addressing issues of corruption based on individual legal systems, health care systems as well as type of government,

1. *Acknowledges* the creation of a Latin American Regional Advisory Committees on corruption organized under WHOCACH and designates the following to be an initial step commitment by member states;
2. *Commits* to strengthening infrastructure for distributing and policing health sector financing by reviewing the government bodies that currently include this mandate to dictate where merging or dividing responsibility would increase efficiency;
3. *Realizes* that a greater degree of transparency is needed in transactions made at all levels of the healthcare system, particularly at the level of the government, in order to prevent issues of embezzlement and theft by implementation of a stringent budget monitoring system by governments under the mandates addressed in clause 1 with the assistance of the World Health Organization, involving:

- a. Annual spending reports including allocation of foreign donations and government budget in the health sector published in the public domain;
 - b. Strict and better defined legislative penalties for those involved in theft;
4. *Acknowledges* that some developing countries still face great challenges in strengthening infrastructure and therefore aren't yet able to develop drug pricing regulation, but also realizes that this is an important aspect requiring better governmental regulation to allow for wider patient access after initial infrastructure limitations have been addressed as outlined in clause 1;
5. *Notes* the importance of NGOs in contributing to the development of healthcare systems but also their role in corrupt acts with the recommendation of disclosure of fund acquisition and expenditures prior to and proceeding each fiscal year and that these reports are acquired and made public;
6. *Requests* that the WHO collects evidence on successful programs that have had anti-corruption outcomes to provide more concrete resources on improving health care delivery and access while limiting risk for corrupt acts, such as:
 - a. Developing a more comprehensive list of services available under a national health benefit package;
 - b. Investing in training of health care professionals, with a focus on attracting rural community members for basic health professional training, and creating performance indicators for these professionals to establish a standard level of care and accountability;
7. *Commits* to annual meetings to re-address the concerns raised and to confirm that improvements have been made in exposing allocation of health budgets to the public.