



PARALLEL SESSION 3.3

MAKING HEALTH SERVICES ACCOUNTABLE TO THE PEOPLE - A GLOBAL TREND?

| BACKGROUND

To achieve SDG3 and Universal Health Coverage, health sectors and services must be held accountable to parliaments, national oversight bodies, the electoral, civil society, citizens, and patients themselves – within existing resource constraints and specific challenges facing the countries – to do the job they are mandated to do, free of corruption, and with maximum health outcomes for the people.

All parts and levels of the health sector need to be held accountable and managed in a transparent manner: At the level of its leadership; strategic planning; maximizing and reaching health outcomes; proper financial management of the health budgets at all levels; the procurement of and access to affordable and quality medicines and contracting for infrastructure; efficient supply chain of commodities without wastage; impactful health promotion programmes and services; and the equitable access and quality of health care services at both primary and tertiary.

Central to ensure accountability and transparency in the health sector is the fight against the scourge of corruption, at all levels, and both at country and international levels, which is a major obstacle to the achievement of UHC in too many countries and so many ways. Corruption results in waste of resources; ineffective or even harmful care; collusion and kickbacks in the procurement of medicines and infrastructure contracts; illegal charging for free health services that exasperates equitable access; theft and diversion of medicines; and the list goes on.

Underpinning this session are the principles enshrined in SDG 16 to “Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels”.

| OBJECTIVES

The objective of the session is to recommend, and share examples of, concrete and actionable solutions to make the health sectors – at all levels of their institutions – accountable for the proper management of their budgets, procurement of medicines, achieving health outcomes it has committed to, and the quality and equitable access of the health services, fight the scourge of corruption. This accountability is to parliaments, oversight bodies, civil society, citizens, and the patients themselves.

The audience will hear about cases where countries have shown leadership in this area, as well as obstacles that have been encountered and overcome. The session will also provide a forum to discuss the accountability of the private sector to contribute to UHC and ‘do no harm’ in its business practices.



Panelist

Edgardo Ulysses Dorotheo

Executive Director

Southeast Asia Tobacco Control Alliance
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Dr. Ulysses Dorotheo is a Filipino neuro-ophthalmologist with two decades of experience as a tobacco control advocate, whose policy advocacy work revolves around implementation of the WHO Framework Convention on Tobacco Control (FCTC) in the ASEAN region, including in the areas of tobacco taxation, smoke-free environments, packaging and health warning labels, advertising and marketing bans, and industry interference. He is the current Executive Director of the Southeast Asia Tobacco Control Alliance (SEATCA) and a former chair of the board of the Framework Convention Alliance (FCA), a global alliance of tobacco control civil society organizations.