



# RECOMMENDATIONS

# THE IAP RECOMMENDATIONS

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## Access to services and the right to health

To achieve universal access to services and protect the health and related rights of women, children and adolescents, governments should regulate private as well as public sector providers. Parliaments should strengthen legislation and ensure oversight for its enforcement. The UHC2030 partnership should drive political leadership at the highest level to address private sector transparency and accountability.

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## The pharmaceutical industry and equitable access to medicines

To ensure equitable, affordable access to quality essential medicines and related health products for all women, children and adolescents, governments and parliaments should strengthen policies and regulation governing the pharmaceutical industry.

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## The food industry, obesity and NCDs

To tackle rising obesity and NCDs among women, children and adolescents, governments and parliaments should regulate the food and beverage industry, and adopt a binding global convention. Ministries of education and health should educate students and the public at large about diet and exercise, and set standards in school-based programmes. Related commitments should be included in the next G20 Summit agenda.

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## The UN Global Compact and the EWEC partners

The UN Global Compact and the EWEC partners should strengthen their monitoring and accountability standards for engagement of the business sector, with an emphasis on women's, children's and adolescents' health. They should advocate for accountability of the for-profit sector to be put on the global agenda for achieving UHC and the SDGs, including at the 2019 High-Level Political Forum on Sustainable Development and the Health Summit. The UN H6 Partnership entities and the GFF should raise accountability standards in the country programmes they support.

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## Donors and business engagement in the SDGs

Development cooperation partners should ensure that transparency and accountability standards aligned with public health are applied throughout their engagement with the for-profit sector. They should invest in national regulatory and oversight capacities, and also regulate private sector actors headquartered in their countries.

## 1

# Access to services and the right to health

## RECOMMENDATION 1

**To achieve universal access to services and protect the health and related rights of women, children and adolescents, governments should regulate private as well as public sector providers. Parliaments should strengthen legislation and ensure oversight for its enforcement. The UHC 2030 Partnership should drive political leadership at the highest level to address private sector transparency and accountability.**

As licensed operators, private sector service providers must be subject to the same standards and regulations as public providers. Emphasis should be placed on ensuring that the health system as a whole offers equitable access to essential goods and services for women, children, adolescents and all those living in poverty and exclusion, including protection from catastrophic expenditures and impoverishment. Governments should establish clear standards of minimum financial coverage, mandated by legislation; compliance with these standards should be enforced through monitoring and oversight of public and private providers, including private health insurance companies. Due attention must be placed on addressing NCDs and mental health conditions, as well as on adolescents and people living with HIV and disabilities, among other marginalized communities.

To transform mindsets and overcome resistance and mutual distrust among ministry of health officials, private sector and civil society actors, governments should establish multi-stakeholder platforms for planning, implementation and monitoring. These can build bridges of mutual understanding for constructive accountability processes. Resource-poor countries will need support from the international community to overcome gaps in regulatory capacities.

**1.1. Ministries of health should integrate for-profit providers into national health governance systems by developing private sector stewardship and accountability strategies.**

## KEY MEASURES

***Require private sector providers and facilities to register and report to the ministry of health's management information systems; include them in system-wide performance monitoring and review processes; and harmonize quality of care standards across private facilities. The purpose is to ensure that all services and health education comply with national policies and clinical protocols. This extends to private providers of immunization coverage. Particular attention should be paid to monitoring compliance in delivery of evidence-based sexuality education and sexual and reproductive health services.***

**Ensure that both public and private health providers comply with international human rights obligations for the protection of patients' rights, and establish effective complaint and redress mechanisms.** Governments, as well as private providers, should ensure that the public is made aware of patients' rights and the grievance mechanisms available. The Government of Mexico, for example, has established a call-in system (CALIDATEL) that receives complaints covering both public and private providers; an arbitration mechanism has also been set up to resolve disputes over quality and costs. Human rights violations, including those stemming from disrespect and abuse in maternity care, should be sanctioned.

**Engage civil society—including women, youth and community groups—in monitoring compliance with quality standards and health coverage entitlements in both public and private facilities.** Brazil, for example, established health councils at all levels to monitor both public and private services, with representation specified at half from civil society, one-quarter from providers, and another quarter from government. An enabling context of good governance is required to ensure the effectiveness of such participatory review mechanisms. Social accountability platforms for health professionals and civil society can help drive improvements (see Panel 6).

**Extend private sector stewardship to multisectoral planning and monitoring systems addressing nutrition, NCDs, environmental health and other social determinants of health.** This should cover both domestic and transnational business operations, and be undertaken through inter-ministerial collaboration.



## PANEL 6. SOCIAL REGULATION OF THE PRIVATE SECTOR FOR PATIENTS' RIGHTS

SATHI is a civil society organization based in India that leads the Accountability of the Private Medical Sector Thematic Hub of COPASAH (Community of Practitioners on Accountability and Social Action in Health). This network was established in 2017 to protect patients' rights in developing countries, with a focus on South Asia.

In Maharashtra State, SATHI is spearheading social regulation through coalition-building among doctors, civil society activists and public health professionals who have exposed malpractice, campaigned for patients' rights and demanded effective regulation, grievance and redress mechanisms. A public hearing was convened, focusing on rights violations by public and private healthcare providers. The state government formulated a bill to regulate private clinical establishments, which includes a charter to protect patients' rights to information, access to their records, confidentiality, informed consent, non-discrimination and mandatory complaint mechanisms. Similarly, advocacy by the People's Health Movement has led to the inclusion of a charter of patients' rights in the national standards for clinical establishments, which applies to private hospitals.

Source: SATHI, India, based on submission to the IAP's 2018 Call for Evidence.

## 1.2. Parliaments should enact and strengthen legislation governing the parameters for private sector engagement in health, and ensure meaningful oversight and enforcement.

Under various international conventions and standards, “business respect for human rights is not a choice, it is a responsibility”. States and corporations have the responsibility to protect and respect human rights, and to remedy violations. Without remedy and independent review and oversight by the judiciary, parliaments, ombuds offices and other national human rights institutions, and auditor generals to uphold the rule of law, there can be no meaningful accountability (see Panel 7).

In addition to adopting legislation—governing both for-profit providers and multinational corporations in countries where they are headquartered—parliamentarians have a responsibility to actively defend and monitor budgetary appropriations for women’s, children’s and adolescents’ health; this includes providing the oversight mechanisms required. Strong, well-financed national human rights institutions would be positioned to effectively protect rights to health, covering both public and private sector actors.

**Parliamentary committees should be tasked with reviewing legislation and adopting reforms to regulate the private sector’s role in health care delivery as well as business impacts on health.** This includes setting standards for government monitoring, contracting and licensing of private sector health goods and services, including through PPPs, and for managing conflicts of interest.





## PANEL 7. LEGISLATION AND OVERSIGHT FOR PUBLIC HEALTH AND WELL-BEING

**Protecting patients' rights:** Independent focal points to receive and investigate patients' grievances should form part of any meaningful accountability system. Canada, for example, has a well-resourced ombuds office in the Province of Ontario that has positioned patients' rights as a health system issue, beyond individual grievances. Finland's Act on the Status and Rights of Patients mandates all health care facilities, public and private, to have an ombuds officer. Similarly, New Zealand's Code of Health and Disability covers the private sector.

**Setting standards for procurement of private sector services:** Legislative measures should regulate the terms for partnering with the private sector and managing conflicts of interest. For example, in the USA PPPs are legally registered as non-profits if they are to benefit from tax exemptions; thus they have to comply with reporting and can face fines for political activities. In Georgia, the law on procurement standards, its accompanying public electronic system and the role of the State Procurement Agency have contributed to making the country one of the highest-ranked by the Open Budget Survey.

**Addressing supply chains:** The Duty of Vigilance Law in France (2017), considered a landmark in business and human rights circles, obliges multinational companies to establish mechanisms to prevent human rights violations and negative environmental impacts across their supply chains. The private sector can also take the initiative: Sanofi, a pharmaceutical company, has committed to establishing an alert system against child labour across its supply chain, as well as complaint and early warning systems for non-compliance with its policies, including on workers' and patients' rights. Such corporate initiatives should be incentivized, while ensuring external validation of implementation.

**Regulating the regulators:** Legislation should ensure that public sector regulators' conduct is free of undue influence from both policy-makers and corporate interests. India's Supreme Court passed an order in 2011 on managing conflicts of interest among parliamentarians and policy-makers. Romania's Criminal Code goes further, making public officials liable for violations of conflict of interest standards. It applies broadly to all public sector institutions and private sector actors with government-delegated functions, including doctors and pharmacists.

**Mandating corporate giving:** India's amendment of the Companies Act requires large national corporations and foreign multinationals operating in the country to donate at least 2% of the past three years' average net profits to development initiatives. Companies can choose from one of nine focus areas, including three especially relevant to the Global Strategy: improving maternal and child health; eradicating hunger, poverty and malnutrition; and promoting education. Two years after the adoption of the amendment in April 2014, companies' charitable donations increased from 34 billion rupees in 2013 to around 250 billion rupees in 2016. However, 52 of the country's largest 100 companies failed to spend the required 2% in 2015. Even so, while still in its early stages, the experiment represents an innovative practice.

## KEY MEASURES

**Mandate independent accreditation of private health providers and require independent audits of facilities and insurance companies to ensure compliance with quality of care standards and entitlements under UHC schemes.** These measures should be applied as part of licensing, renewals, regular inspections and other regulatory mechanisms, and as a pre-condition for participation in health insurance schemes. Facilities and insurers should have transparent monitoring and reporting systems in place, and should make user-friendly information about service prices and entitlements publicly accessible. Regulation should extend to digital health technologies and data (for example, Internet sales of medicines and health products; provision of remote counselling and services; and to protect patient confidentiality).

**Establish or extend patients' rights charters to explicitly cover for-profit private providers, and require private sector facilities and insurance companies to have effective complaint and redress mechanisms.** Patients' rights charters and information on grievance and remedy procedures should be made publicly accessible and visible in health facilities, in user-friendly language. Independent oversight mechanisms should be designated to receive and investigate grievances (for example, ombuds offices and judicial, parliamentary, and professional associations with related mandates). Parliamentarians should convene public hearings on patients' rights in collaboration with national human rights institutions.

**Strengthen the mandate, authority, independence and capacity of the judicial system to enforce national legislation and human rights standards with respect to the private sector.** Courts play a critical role in ensuring compliance, by both national for-profit actors and multinational corporations in countries where they are headquartered. In Brazil, for instance, the Inter-American Court of Human Rights affirmed the state's constitutional duty to regulate private health actors in a case concerning a private psychiatric clinic. In Colombia, the Constitutional Court established jurisprudence on conscientious objection, ensuring women's rights to access abortion services in all public and private facilities.

**Establish legal measures to incentivize business sector contributions aligned with public health priorities.** This includes: creating a legal persona for social enterprises, if one does not yet exist, whereby the built-in incentives place health goals above, or at least on a par with profit motives; putting in place tax incentives for contributions to health; and mandating CSR financial contributions from large companies and multinational corporations.

### **1.3. The UHC2030 partnership should drive political leadership and action at the highest level to ensure comprehensive national policies and transnational collaboration to address private sector accountability. It should position women, children and adolescents—and accountability for their health and rights—at the forefront of the global UHC agenda, and of decision-makers' mindsets at all levels.**

A comprehensive approach is warranted, including but going beyond the roles of ministries of health, to involve a range of sectors in holding industries to account for their impacts on nutrition, environmental and other social and economic determinants of health. This should be achieved through close collaboration with other mechanisms and partnerships, especially those focused on NCDs and nutrition. This proposal is timely in light of the partnership's formalization of private sector engagement, including through representation on its Steering Committee and the establishment of a private sector constituency.

## 2

# The pharmaceutical industry and equitable access to medicines

## RECOMMENDATION 2

**To ensure equitable, affordable access to quality essential medicines and related health products for all women, children and adolescents, governments and parliaments should strengthen policies and regulation governing the pharmaceutical industry.**

Many factors influence the fact that millions of people around the world lack access to essential vaccines, medicines and diagnostics. High costs—to people's pockets, national budgets and the pharmaceutical industry itself (for research and development)—are among them. The monopolies held by pharmaceutical companies keep out competitors and constrain governments' policy space to negotiate fair prices. This is compounded by global trade and investment rules that traditionally are focused on economic growth, rather than on outcomes for people's health and well-being; and by trade agreements that enhance patent protections beyond the TRIPS requirements, undermining governments' ability to protect public health and regulate prices.

Strengthening the accountability of the pharmaceutical industry to align it with public health should involve a mix of effective self-regulation in compliance with policies, laws and robust internal codes of conduct, alongside policies that offer incentives for companies to delink costs from the end-line prices of medicines. Governments also need to ensure that adequate policies and funding are available to support investments in research and development, create fair-pricing mechanisms, and improve protection from high out-of-pocket costs. The IAP lends its voice—from an equity and right-to-health perspective—to various expert findings and proposals, including from the WHO, civil society, and the UN Secretary-General's High-Level Panel on Access to Medicines.

**2.1. Ministries of health and public regulatory and procurement agencies should strengthen the policies and regulations governing the pharmaceutical industry and other actors involved in delivering medicines, in collaboration with ministries of finance and trade, among others.**

### KEY MEASURES

*Undertake national assessments and reviews of progress in ensuring access to essential medicines for women, children and adolescents through inter-ministerial collaboration and with the participation of civil society. This includes reviewing the implementation and impacts of related policies, legislation and regulations on out-of-pocket costs and fair pricing. Pharmaceutical companies should annually report on their efforts to facilitate equitable, affordable access to essential medicines. They should ensure public transparency regarding their policies and their implementation (including pricing), as well as their lines of accountability.*

**Set standards and minimal requirements to regulate pharmacies and drug retail outlets on quality and safety, as well as on pricing of medicines, including sharing savings from manufacturers' discounts with consumers to reduce out-of-pocket expenditures. This should extend to pharmacy benefit managers. For essential vaccines and medicines, fee-waiver and subsidy programmes for women, children, adolescents and other vulnerable population groups should be established.**

**Ensure adherence to standards and transparency in procurement processes, and set clear contractual stipulations when negotiating PPPs with pharmaceutical companies, including on monitoring and reporting, and with an emphasis on the negotiation of fair prices.**

**Make full use of TRIPS flexibilities in trade and investment negotiations, refusing provisions that restrict governments' ability to protect public health. This should be buttressed by legislation that fully integrates TRIPS flexibilities, including compulsory licensing. Health and human rights impact assessments should be undertaken to inform decision-making, and these should be made publicly available.**

## **2.2. Parliamentarians should strengthen legislation and oversight to ensure that public and private actors involved in the provision of essential medicines are aligned with rights-to-health and fair-pricing principles.**

In considering legislation specific to any industry, existing corporate legislation, as well as any laws that cut across the business sector relating to financial disclosure, investment, trade, competition and others, may warrant revision from a public health perspective and to ensure coherence with new reforms undertaken.

### **KEY MEASURES**

**Require transparency on costs across the research and development, production, distribution and marketing of medicines and treatments;** mandate reporting and disclosure by pharmaceutical companies to regulatory and procurement bodies, including prior to granting licenses, contracts or marketing authorization. This includes requiring companies to justify setting high prices for medicines (such as legislation adopted in Vermont, USA). Regulations on market authorization should also be strengthened, including prohibiting unethical marketing practices by pharmaceutical companies and imposing sanctions, such as the suspension of licenses.

**Ensure strict standards and enforce patent legislation from a public health needs perspective** to avoid companies seeking to unduly extend monopolies (such as the regulations adopted in Argentina and India). Patents should only be awarded for innovations in the production of priority medicines (noting that an estimated 70% of medicines currently available are non-essential or duplicative). Mechanisms should be put in place to ensure that ministries of health weigh in on decision-making by patent offices; and for civil society and other third parties to present grounds for opposing patent applications (such as the legislation adopted in India).

**Require pharmaceutical companies to make clinical trial data publicly accessible** in order to ensure the best possible outcomes for people's health and to enable health providers to access the latest findings on the safety, effectiveness and side effects of treatments they prescribe. The European Medicines Agency, for example, adopted a policy in 2014 to this end.

**Leverage financial and other incentives for pharmaceutical companies to invest in research and development aligned with public health priorities.** For example, the priority voucher review programme in the USA fast-tracks regulatory review for treatment of neglected diseases (e.g. tuberculosis, rare pediatric conditions), an approach that could be adapted to essential medicines for women, children and adolescents, taking into account the lessons learned.

**Set standards of conduct for managing conflicts of interest.** Prevent lobbying by pharmaceutical companies against fair pricing regulations, as well as their undue influence on both public officials and for-profit service providers. Require full disclosure of financial expenses and other contributions for political lobbying and to research centres, patient advocacy groups and health professionals, as well as of public funds or tax breaks received by companies.

**Standardize the prices of medicines, including by establishing price controls and caps for out-of-pocket expenses; ensure public awareness of price ceilings and of reimbursements for out-of-pocket costs.** For example, European Union countries reduced prices for consumers by capping prices for generic medicines and setting standards for reimbursements. Similarly, in 2003 Norway set caps on retail prices for a selection of drugs that were subject to generic competition, resulting in lower prices for consumers. This should be done for essential medicines for women, children and adolescents.



## 3

# The food industry, obesity and NCDs

## RECOMMENDATION 3

**To tackle rising obesity and NCDs among women, children and adolescents, governments and parliaments should regulate the food and beverage industry, and adopt a binding global convention. Ministries of education and health should educate students and the public at large about diet and exercise, and set standards in school-based programmes. Related commitments should be included in the next G20 Summit agenda.**

While we acknowledge the commitments of various companies aligning with public health, the food and beverage industry must be held to account for its role in contributing to obesity and NCDs. So too must UN Member States that have fallen short of fulfilling their international human rights obligations and commitments under the 2011 Political Declaration and the 2014 Outcome Document of the General Assembly. This slow response has occurred despite repeated alerts over the years from health experts regarding the once-looming burden of obesity and NCDs, which has now become a full-fledged global health crisis, projected to increase even further and undermining progress on the SDGs.

The IAP builds on the findings and recommendations of the High-Level Panel on Food Security and Nutrition (2017) and the Commission on Ending Childhood Obesity (2016), as well as various international agreements and guidelines adopted by the World Health Assembly. We welcome the recommendations of the WHO Independent High-Level Commission on Noncommunicable Diseases and its call for governments to increase regulation (2018). Yet our recommendations go some steps further.

**3.1. UN Member States should develop a binding global convention to promote healthy diets and restrict marketing of unhealthy commodities by the food and beverage industry, with particular attention to women, children and adolescents.**

The IAP is not convinced that a voluntary international code of conduct aimed at restricting the marketing of unhealthy products aimed at children, as proposed by the High-Level Commission on NCDs, will significantly shift the accountability scenario beyond business as usual—especially given the poor compliance with already existing standards. Instead, we call for a binding convention, as proposed in 2014 by the World Obesity Federation and Consumers international and endorsed by the UN Special Rapporteur on the right to food.

### KEY MEASURES

***UN Member States should undertake consultations to design and commit to a comprehensive international binding convention, with the support of the WHO, other UN agencies, civil society, and parliamentarians. The convention, to be negotiated after broad public consultation, should:***

- **Establish minimum legal requirements** to guide governments in their development of national food and beverage regulations.
- **Bring together existing international standards**—including the International Code of Marketing of Breast-milk Substitutes—as well as guidelines on marketing to children and adolescents. It should be modelled after the Framework Convention on Tobacco Control (FCTC), which was adopted and ratified by governments in record time. As with the FCTC drafting process, rent-seeking interests should be excluded from the negotiations.
- **Require reporting by member states, and invite independent reports** by the UN, civil society and academic coalitions, as well as by the food and beverage industry, making these publicly accessible.
- **Establish an independent global review** mechanism in addition to participatory reviews at the country level.

**Lessons should be drawn from the OECD Guidelines for Multinational Enterprises**, a leading government-recommended framework, and its mechanisms for compliance. These include OECD Watch, a network of NGOs that advises civil society on grievance mechanisms and issues independent reports, including on access to remedy for victims of corporate misconduct. This model should be strengthened by ensuring attention to health in the application and monitoring of the guidelines, and by fortifying extraterritorial controls over transnational corporations, as well as over the actions of donor countries engaging with the private sector through multilateral institutions.

### 3.2. National governments, parliaments and the judiciary should enact and enforce regulations and legislation to curb the food and beverage industry's production and marketing of unhealthy products, with particular attention to women, children and adolescents.

In considering the legislative reforms proposed below, parliaments should consult with ministries of health, other government agencies, health professionals, civil society, women's and youth groups, and food industry representatives aligned with values of corporate citizenship.

#### KEY MEASURES

**Ban televised marketing of unhealthy food and beverages during hours when children are prime audience viewers** and restrict promotional tactics targeting them through social media.

**Tax unhealthy foods and beverages**—including sugary drinks.

**Require reductions in unhealthy contents of foods and beverages** (such as trans fats, added sugar, salt, empty calories).

**Mandate clear labelling for informed decision-making by consumers**, which should be easily understood by children (for example, use of traffic lights).

**Require nutritious menus in school meal programs** and design these in consultation with children to ensure that healthy options appeal to them.

**Make large restaurant chains display calorie counts and nutritional information** about their products, especially those providing non-nutritious fast food.



## PANEL 8. LEGISLATION AND THE POWER OF THE COURTS IN CURBING AGGRESSIVE INDUSTRY TACTICS

**Chile:** With the highest levels of child obesity in Latin America, and 60% of its population overweight or suffering from related health problems, Chile passed a groundbreaking law in effect since 2016. The law requires clear signage—resembling stop and warning signs—to be included on the front of packaged foods that are high in sugar, calories, sodium or saturated fat. Among the rules it sets for the industry: these products may not be advertised to children under 14, nor appear in media where at least 20% of the target audience is under 14; and they may not be sold or promoted in schools.

**Brazil:** A law in place since 1990 prohibits abusive advertising aimed at children. Nonetheless, because the law was not specific in defining what this meant, companies continued their promotional activities. A new law in 2014 changed that, calling on businesses to reform their conduct or face sanctions, including suspension of their operating licenses. For the first time, in 2016 the Supreme Court found a food company guilty of illegally marketing to children.

**Colombia:** When a government agency censored an NGO for producing a public-health TV announcement on the risks of sugary drinks, the Constitutional Court ordered the agency to desist from squelching science-based information. The complaint against the NGO had been lodged by a company opposed to a soda-tax bill that was under consideration in Congress. The court's ruling affirmed freedom of speech on all matters of public health, setting an important precedent and signalling expectations for business conduct aligned with rights to health.

***Harmonize national legislation with the International Code of Marketing of Breast-milk Substitutes, in line with its comprehensive approach, and establish sanctions for violations.***

Panel 8 showcases groundbreaking legislation in Latin American countries, as well as the role of the courts in its enforcement. The IAP appeals to parliamentary networks at the global and regional levels, in particular the Inter-Parliamentary Union, to facilitate advocacy, knowledge-sharing and capacity-building for legislators in this regard.

### **3.3. Ministries of education and health should educate and empower students and the public at large to avoid unhealthy products and improve diet and exercise. Ministries of education should set standards in school-based programmes.**

Governments should complement legislative measures by leveraging a range of underutilized policy options, including programmes to raise public awareness and significant scaling-up of educational programmes for prevention of obesity and NCDs.

#### **KEY MEASURES**

***Ensure the good nutritional content of students' meals and implement health education programmes that equip pupils, as well as their parents and caretakers, with information and critical thinking skills for decision-making, including around marketing. India's award-winning HealthSetGo, a private sector programme promoting health and nutrition in schools, including obesity prevention, offers an example for other countries.***

***Develop innovative policies and fiscal incentives—in collaboration with ministries of finance—to encourage the food and beverage industry to produce healthier foods and snacks, and to expand access to nutritious food, for example, by reducing the costs of these foods and making healthy outlets available in low-income communities.***

### **3.4. Governments and companies should ensure that socially responsible commitments to women's, children's and adolescents' health are included in the agenda of the next G20 Summit, with a focus on tackling obesity and NCDs.**

#### **KEY MEASURES**

***Ensure clear targets and independent monitoring mechanisms to track implementation of the commitments.***

***Establish minimum do-no-harm standards on public health for companies joining the B20 (representing the G20 business community); these should extend across the borders of corporate operations, including through extraterritorial enforcement mechanisms.***

## 4

# The UN Global Compact and the EWEC partners

## RECOMMENDATION 4

**The UN Global Compact and the EWEC partners should strengthen their monitoring and accountability standards for engagement with the business sector, with an emphasis on women’s, children’s and adolescents’ health. They should advocate for accountability of the for-profit sector to be put on the global agenda for achieving UHC and the SDGs, including at the 2019 High-Level Political Forum on Sustainable Development and the Health Summit. The UN H6 Partnership entities and the GFF should raise accountability standards in the country programmes they support.**

In the context of the UN Secretary-General’s proposals for system-wide reform of partnerships with the private sector, our recommendations reflect standards that are common practice among development and UN agencies—but currently are not necessarily expected of, nor applied, when it comes to the for-profit sector.

### 4.1. The UN Global Compact Board and Office should strengthen accountability standards to protect the right to health among women, children and adolescents.

Building on the UN Global Compact’s efforts to improve companies’ engagement in the SDGs, including more recently in the area of health, accountability standards must be strengthened. This, in turn, can reverberate across the wider UN system’s practices and those of corporations becoming increasingly involved. Strengthening business sector accountability is also strategic for UN Member States: UN Country Teams are poised to play an important role in facilitating private sector engagement at the national level, including through the UN Global Compact’s Local Networks.

#### KEY MEASURES

***Bolster due diligence standards and practices for accepting and retaining members to ensure that the health impacts of their operations are addressed, and to better align these with the SDGs. This should include scrutiny of company records regarding, for example, the provision of healthy working conditions and insurance coverage for employees, as well as the impacts of their operations on community health. The review should also comprise positive criteria, such as whether health services are provided for employees, and if their quality is monitored.***

***Encourage corporations wishing to join to undergo health impact assessments, and to do so periodically thereafter. This should include improvements in the transparency of reporting, as well as the disclosure of potential causes or actual incidents of harm, and how these are being remedied.***

**Prompt companies to coordinate and collaborate with national and local authorities** to ensure alignment of their CSR initiatives and operations with the country's public health priorities and standards.

**Proactively encourage corporate members to undertake external evaluations of their health-focused initiatives**, in particular those addressing women's, children's and adolescents' well-being, and to make the results publicly available.

**Commission an external thematic evaluation of corporate policies, initiatives and impacts on health** in a cross-section of companies. This would serve as a baseline for developing more robust guidance and standards to support companies' learning and improvements.

**Open a space on the UN Global Compact website for independent parties, including civil society and academia, to publicly post evidence and assessments of industry performance**, a practice that already exists for some inter-governmental UN processes.

In relation to UN system-wide reforms, the UN Global Compact's Board and its Chair (the UN Secretary-General), as well as the UN H6 Partnership Heads of Agency, should:

- **Ensure that the issue of business engagement and accountability for women's, children's and adolescents' health and rights is made an explicit agenda item and work stream of the UN system's inter-agency platforms addressing private sector engagement, at both the principals and working levels.**
- **Involve civil society in processes to determine due diligence and accountability standards for qualifying corporations as partner-ready for engagement with the UN**, ensuring inclusion of organizations specialized in women's, children's and adolescents' health and gender equality. For purposes of transparency, criteria for participation should include public disclosure of funds received from the business sector by civil society organizations.

#### **4.2. The EWEC global partners should ensure systematic application of robust monitoring and accountability standards with relation to engagement of the business sector, including to the support they provide governments for implementing the Global Strategy.**

The EWEC global community is well-positioned to play a leadership role in innovating and modelling private sector accountability for women's, children's and adolescents' health at the global as well as the country level, where many of the partners have a presence. The strategic positioning of the PMNCH Private Sector Constituency and the for-profit EWEC commitment-makers as EWEC champions should be leveraged to this end, including through cross-constituency collaboration and support from the UN H6 and other EWEC partners. Global partners can also advocate for civil society organizations to systematically incorporate explicit attention to the for-profit sector into their work, and can support them in doing so.

**The EOSG should enable the PMNCH Secretariat to assume full responsibility for coordinating and managing improvements across the full cycle of EWEC commitments, including those of governments and corporations.** Building on PMNCH efforts to strengthen standards, improvements in the management and processing of all EWEC commitments are required. While gaps in accountability standards are not unique to the commitments of business partners, extra care is warranted in engaging this sector to preserve the integrity and credibility of the EWEC initiative. The capacities of the PMNCH Secretariat will need to be strengthened to adequately manage private sector commitments.



**The PMNCH should build in accountability standards from the start of private sector EWEC commitments.**

This should be achieved by facilitating the establishment of publicly accessible exclusionary criteria, as well as a due diligence process, governing EWEC private sector commitments; and by revisiting the submission and reporting questionnaires to strengthen accountability standards and requirements (for example, on data disaggregation, monitoring plans, external impact evaluations and civil society participation).

**The EWEC High-Level Steering Group should help put accountability of the for-profit sector on the global agenda for achieving UHC and the SDGs, including at the 2019 High-Level Political Forum on Sustainable Development and the Health Summit during next year's UN General Assembly.**

The IAP appeals to UN Member States, the UN Secretary-General (also in his function as Co-Chair of the EWEC High-Level Steering Group) and the Government of Japan—as the G20 Presidency in 2019 and a champion of UHC—to support achieving this. This should form part of the Steering Group's broader strategy, which includes placing private sector accountability for women's, children's and adolescents' health on its own agenda, in fulfilment of its role in stewarding implementation of the Global Strategy.

**The UN H6 Partnership entities and the GFF should apply due diligence and accountability standards to the technical advice and country programmes they support involving the private sector.**

## KEY MEASURES

***The UN H6 Partnership entities and the GFF should assist governments in establishing meaningful mechanisms for planning private sector engagement and tracking performance, such as complaint and grievance mechanisms, and community involvement in monitoring. This should include strengthening implementation of the GFF Civil Society Strategy, in collaboration with the PMNCH, to ensure its even application across country settings.***

***The UN H6 Partnership should facilitate the development of technical guidance on monitoring and accountability standards for business engagement in women's, children's and adolescents' health, in support of companies as well as UN Country Teams and Global Compact Local Networks, among other national partners. The process should fully involve academics and civil society, as well as consultation with companies.***

***The WHO and the World Bank should ensure that global monitoring of UHC captures for-profit providers.***

***The WHO should facilitate and strengthen the provision of legal advisory services to support governments in regulating the pharmaceutical and food industries.***

## 5

# Donors and business engagement in the SDGs

## RECOMMENDATION 5

**Development cooperation partners should ensure that transparency and accountability standards aligned with public health are applied throughout their engagement with the for-profit sector. They should invest in national regulatory and oversight capacities, and also regulate private sector actors headquartered in their countries.**

Development cooperation partners—including bilateral donors, the development banks, global health foundations such as the Bill & Melinda Gates Foundation, and the UN system—should ensure that their engagements with the for-profit sector are guided by the same standards that they regularly apply to recipients of their technical and financial support.

Expanded business engagement is being pursued as a means to achieve increased development financing, but without adequate strategies and requirements in place. Impact assessments of PPPs—with regard to human rights, inequality and social development issues—are rarely undertaken. Bilateral donors should also fulfil their extraterritorial obligations for regulating the transboundary health impacts of corporate operations, in line with the Maastricht Guidelines on Violations of Economic, Social and Cultural Rights, among other standards.

**5.1. Bilateral donors should systematically apply accountability standards to private sector engagement in order to protect the right to health, especially for women, children, adolescents and left-behind groups. This includes all vehicles for mobilizing private sector investments in health—including blended finance and PPPs.**

In line with the Paris Declaration and the aid effectiveness principles, bilateral donors have a responsibility to ensure that private sector engagement aligns with public health priorities. Our recommendations below apply to all ODA-supported initiatives involving the business sector. They draw on the OECD Development Assistance Committee's (OECD-DAC) thematic review of private sector engagement and on their donor peer reviews, among other sources.

### KEY MEASURES

*Ensure transparency on additionality and include it as part of the rationale and evidence for decision-making on partnering; communicate the information to external stakeholders.*

*Undertake impact assessments on health, human rights and equity before concluding a partnering agreement, and in assessments of the results of implementation.*

**Ensure meaningful civil society and community involvement in decision-making and reviews of implementation**, to inform decisions by governments and donors, including on whether poor communities are benefitting.

**Make independent evaluations obligatory and their reports publicly accessible.** Set clear reporting requirements, including on equity and service-coverage issues (for example, out-of-pocket costs), which are often masked in PPP reporting. At the global level, reports on and evaluations of the business engagements of UN agencies should be included in reporting to their Executive Boards.

**Encourage governments to make planned PPPs open to public consultation, especially those impacting on health;** involve women's groups, other civil society organizations and health professionals in designing and monitoring them.

**5.2. The Global Partnership for Effective Development Cooperation (GPEDC) should ensure that health—with particular attention to women, children and adolescents—receives adequate attention in the guidance (currently under development and expected in 2019) for bilateral donors and development banks regarding the effective use of modalities of private sector engagement, including PPPs.**

Such guidelines are often centred on environmental, infrastructure and financing issues, with limited attention to health, gender equality and human rights issues. Bilateral donors and the OECD-DAC, however, need not await adoption of the GPEDC recommendations to act on the suggestions above.



### 5.3. Development cooperation partners should invest in national regulatory and participatory accountability systems to hold private sector partners to account for women's, children's and adolescents' health.

Many low- and middle-income countries will require support to overcome weak institutional monitoring and regulatory capacities. Attention should also be paid to providing technical assistance to small private sector health providers and local food industry enterprises that are committed to public health priorities, but face challenges in aligning their engagement with them.

#### KEY MEASURES AND INVESTMENT AREAS

***Update national health information management systems to capture for-profit private sector providers, as an essential step in monitoring and regulation.***

***Strengthen public sector capacity to regulate the private sector, purchase services, negotiate contracts and manage PPPs, building-in clear standards, roles and responsibilities, as well as public disclosure agreements (including on taxes).***

***Build government capacity to negotiate international trade agreements and regulate the operations of multinationals to protect public health*** (for example, to navigate TRIPs provisions and secure access to affordable medicines, or in relation to the food industry).

***Develop standards and measurement frameworks to track results from a public health and human rights-based perspective, with clear plans for addressing these dimensions throughout planning, monitoring and evaluation.***

***Develop guidance for governments and parliamentarians on model legislation for effective regulation of private sector engagement in health, with a focus on women's, children's and adolescents' health.***

***Strengthen independent accountability and oversight mechanisms, such as the judiciary and legal systems, as well as civil society organizations that carry out social accountability functions.***