

# **Expert Group Meeting on the Accountability of Powerful Private Actors in Global Health**

UNU-IIGH Meeting Report,  
November 8-10, 2023 | Oxford, England

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## Acknowledgements

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# 1. Background

- 1.1 As part of a new programme of work on power and accountability linked to its 2024-2029 strategy, UNU-IIGH organised a closed Expert Group Meeting on the Accountability of Powerful Private Actors in Global Health at Oxfam House, Oxford, United Kingdom, in November 2023. The meeting was conducted over 10 sessions across 2.5 days.
- 1.2 The meeting focused on the question of powerful private actors (PPAs) and their influence and impact on global health and global health governance. An underlying premise of the meeting was that such actors produce a variety of health harms - through both direct and indirect pathways - that deserve attention. Direct harms include the promotion of unhealthy commodities and behaviours and aggressive, excessive, and harmful profiteering in the health sector. Indirect harms include the negative effects on health caused by worsening socio-economic inequalities (within and between countries) and the undermining of democratic and public-interest institutions.
- 1.3 One aim of the meeting was to use the discussions to inform UNU-IIGH's future programme of work on power and accountability. Such a programme of work would consist of a mix of conducting research and analysis; amplifying existing knowledge and information; convening critical discussions amongst policy makers, academics, civil society representatives, and other stakeholders; advocating for appropriate change and the adoption of solutions; and providing relevant education and training.
- 1.4 The meeting had 35 participants (five from UNU-IIGH, 12 university academics, 12 NGO representatives, staff members from three IGOs, two independent researchers, and one donor representative) from 12 countries. A concept note had been circulated in advance together with 23 background papers (see Annex). It was noted that further 'mirror discussions' would be held in Global South settings to ensure a greater level of input from organisations and individuals based in low- and middle-income countries.
- 1.5 This report is not a detailed summary of all that was presented and discussed but a consolidation of key points and core recommendations about next steps.

## 2. Key Points

### **The issue of powerful and inadequately accountable private actors**

- 2.1 The meeting noted how certain PPAs produce a range of health harms through various direct and indirect pathways. These pathways have been elucidated within a growing body of public health literature often grouped under the themes of the political economy of health, or the social and commercial determinants of health. This literature includes several frameworks that describe the role and impact of PPAs in shaping not just patterns of health and inequalities, but also how institutions of global health governance function and perform.
- 2.2 The focus on PPAs was identified as being important because the last few decades have seen a growing concentration of wealth amongst a relatively small number of individuals as well as an increase in the size and power of a relatively small number of private financial institutions, transnational corporations (TNCs), and private foundations. These actors now hold a considerable degree of influence over systems of governance.

- 2.3** These trends are tied to the process of neoliberal globalisation that has, among other things, resulted in an erosion of national economic sovereignty; a transfer of power from governments to supranational organisations and opaque trade and investment fora; a weakening of national tax regimes; the strengthening and expansion of private property rights; and the broadening and deepening of deregulated commercialisation and marketisation across multiple economic sectors and parts of society.
- 2.4** The meeting heard about the corresponding waning power of democratic and public-interest institutions, as well as the active undermining of democratic processes through the capture or suppression of civil society voices; increasing use of strategic litigation against public participation (SLAPP); influence of private actors over academia and independent research; domination of mainstream media by corporate and financial actors; and the rise of populist authoritarianism, disinformation, and socio-cultural polarisation. The extra-territorial nature of corporate and financial power and the increasing organisational and legal complexity and opacity of TNCs and financial institutions were also noted as barriers to their effective regulation.
- 2.5** The meeting also noted that while there is a need to make distinctions between public and private actors, PPAs also work with and through governments and public sector bureaucracies to promote and protect their interests via lobbying, political finance contributions, and other forms of influence. At the global level, the normalisation of multistakeholder modes of governance has created further opportunities for PPAs to shape policy at the international or global level.

### **Financial institutions, TNCs, and private foundations**

- 2.6** The meeting heard about financialised capitalism as a core driver of power and wealth concentration. Private finance – which has grown in terms of absolute and relative size, and its ability to operate free of regulation – is what lies behind:
- increasingly aggressive TNCs and ever greater primacy of shareholders over workers and society
  - the trends towards mergers and acquisitions and a growing oligopolisation of markets
  - the ‘assetisation’ and commodification of public goods, social services, knowledge, and the natural world.
- 2.7** The meeting noted low levels of understanding about financial actors and instruments, and financialisation more generally. It also heard how the financial sector needs to be understood not just as an investor but as an owner of assets.
- 2.8** The meeting heard about how TNCs have evolved to make them harder to regulate, hold accountable, or oppose through consumer boycotts and public pressure. This evolution has included: the increasing oligopolisation of markets, the vertical integration of supply chains, the diversification of product and service portfolios, and the growing number of companies that are privately-held instead of being publicly-listed.
- 2.9** The meeting heard about the rise in number, size, and influence of private foundations resulting from the increasing concentration of wealth amongst a small global elite and noted how ‘Big Philanthropy’ should be considered a distinct category of actor that requires a new and dedicated set of policy responses, including those aimed at correcting their lack of accountability (especially as private foundations benefit from tax exemptions). Other barriers to holding private foundations more accountable include their use of non-disclosure agreements and non-disparaging agreements to prevent whistleblowing or public-interest disclosures by staff or former staff; and their ability to maintain a positive reputation through their influence over media and academia.

- 2.10** Philanthrocapitalism – a term that describes the fusion of philanthropic funding and profit-making - was highlighted as a particular form of activity that is under-researched but which may be compromised by inappropriate conflicts of interest and associated with the use of charitable or development assistance funding to further the interests of powerful private actors. The meeting also heard about the thin line between the philanthropic activities of private foundations and their political activities aimed at shaping public policy.
- 2.11** The meeting heard about how the role of the ‘big four’ accountancy and ‘big three’ consultancy firms in connecting PPAs to governments and public administrations; shaping public-private power dynamics; propagating neoliberal ideas; enabling the practice of tax avoidance; and undermining and de-skilling of the public sector. These actors are also increasingly involved in global health institutions and universities.
- 2.12** The meeting discussed the pharmaceutical sector in some detail and heard about the growth in size and power of Big Pharma and how their wealth accumulation is rooted in the ownership of IP and maintained through their ability to translate material power into ideational power and political influence. The meeting also heard about the financialisation of the pharmaceutical sector and the role played by private foundations in shaping the pharmaceutical landscape.
- 2.13** The meeting also discussed digital systems and technology as an economic sector in which there are multiple concerns about governance, accountability, and equity. As with the pharmaceutical sector, this sector is also being actively shaped by a mix of private actors with insufficient democratic and public-interest scrutiny and regulation.

### **The power of ideas, narratives, and beliefs we swim in**

- 2.14** The meeting made several references to the role of (hegemonic) ideas, narratives, and beliefs in legitimising, normalising, and sustaining: the erosion of democratic governance; the increasing and unaccountable policy influence of PPAs; and the huge inequalities in wealth. These include ideas and narratives that:
- delegitimise state actors, including by labelling entire countries as failed or fragile
  - disparage democracy and characterise governments and public bodies as being intrinsically inefficient and incompetent
  - question and undermine the mandate, authority, and legitimacy of the UN
  - define success only in terms of profitability
  - fetishise innovation at the expense of good governance
  - celebrate billionaires as wealth creators rather than wealth takers
  - characterise deepening social inequalities as natural or inevitable.
- 2.15** The rise in anti-democratic and anti-scientific populist sentiment poses further barriers to the development and use of evidence-based narratives to help shift political momentum towards more accountable and democratic governance.
- 2.16** Both mainstream and social media play an important role in creating and maintaining these ideas, narratives, and beliefs alongside what was called ‘a Wall Street-Corporate-Academic Nexus’. It was also noted that the widespread use of jargon and convoluted discourse in global health makes it difficult to hold clear and cogent debates about power and accountability.

## **Accountability**

- 2.17** There were several discussions about the concept of accountability and its role in fostering good governance. Because many accountability systems reflect and reinforce existing power dynamics, any initiative to improve accountability as a means of improving good governance must also consider the need to shift power and strengthen democratic institutions.
- 2.18** While focused on the accountability deficits of PPAs, the meeting noted the central role of states and governments in establishing the legal, regulatory, and political institutions to ensure fair, democratic, and effective governance. It also discussed the key role of civil society organisations and the general public in holding governments democratically accountable and countering the undemocratic influence of PPAs.
- 2.19** The meeting also heard about the use of selective, opaque, and business-friendly metrics to describe corporate performance; the need to describe and evaluate the validity and legitimacy of such metrics; and the need for more critical and independent assessments of corporate social responsibility.
- 2.20** The meeting also noted that it is not enough to think about the accountability deficits of individual actors. There is a need to influence broader political cultures and cross-cutting institutions and systems of accountability. The need to think about broader systems and institutions was further reinforced by presentations about the key role played by accountancy and consultancy firms, banks, insurance companies, and legal firms in enabling excessive and harmful concentration of political power and economic wealth.

## **3. Broad Conclusions and Recommendations**

### **Politics and political strategy**

- 3.1** Shifting power and correcting accountability deficits are fundamentally political actions that ultimately require the mobilisation of politicians and policy makers; professional groups; and civil society. Achieving any real impact will require building strategic networks and alliances and developing synergies between different types of actors with different roles and mandates across the wider terrain of multiple struggles for social justice, equity, and democracy. It was noted that the issue of PPAs is especially prominent in climate, food, and digital policy spaces.
- 3.2** Actions and interventions are also required simultaneously at multiple levels from local to global; across multiple sectors, within and beyond the health sector; and on a range of issues, including economic policy, climate science, and geo-politics. This initiative will need to be strategic about what it should and can focus on.
- 3.3** One challenge for an initiative on power and accountability that is rooted from within the health sector is getting the right balance between working on upstream structural issues that lie outside the health sector and working on political and economic issues that manifest within the health sector. Another challenge is getting the right balance between work at the multilateral and international level and work at the national and sub-national level.

**3.4** The risks and dangers inherent in challenging powerful actors was also noted, and it was suggested that some attention be paid to creating opportunities and mechanisms for peer support, anonymous reporting, and whistleblower protection.

### **Ideas and counter-narratives**

**3.5** A key part of any strategy going forward will be to counter the dominant ideas, beliefs, and narratives described above. Developing, communicating, and socialising counter-narratives and counter-arguments will need to involve converting complex issues into messages that can appeal emotionally and psychologically, as well as intellectually and rationally. This needs to be aimed at the general public and politicians, but also at technocrats and professionals working within the domain of global health.

**3.6** There is also a need to carefully and strategically align the right messages with the right messengers for the right audience; while taking care to avoid reinforcing undemocratic anti-establishment and anti-scientific groups and ideas.

### **Policy solutions**

**3.7** Political and social mobilisation, coupled with the adoption of new ideas, narratives, and beliefs will help establish an environment more likely to accept, adopt, and implement policies that can help shift power and re-democratise governance; popularise alternatives to the current form of highly destructive financialised capitalism; and help with the adoption and implementation of more effective health policies.

**3.8** The growing body of work on the commercial determinants of health provides a natural and legitimate mandate for the health community to engage with political and economic reforms. Among the key policy action areas to shift power and enable more democratic accountability of PPAs are:

- tax policy and tax systems reforms aimed at preventing illicit financial flows, raising revenue for public services, goods and institutions, and redistributing wealth
- anti-trust and competition policy reforms aimed at constraining the power of oligopolistic companies
- governance reforms aimed at prohibiting or avoiding inappropriate conflicts of interest and revolving doors
- legal reforms aimed at making businesses liable and culpable for human rights abuses
- de-commercialisation and de-marketisation of certain key sectors
- de-criminalisation of legitimate civic protest.

### **Evidence, information, and understanding**

**3.9** Notwithstanding the political nature of any programme of work aimed at redistributing power and correcting accountability deficits, there is an important role for research and evidence generation in demonstrating why such an agenda is relevant to health; describing the scale of deficiencies in transparency and accountability; and monitoring and evaluating the behaviours, effects, and impacts of powerful private actors across a range of criteria. Capacity for conducting such research needs to be improved, including developing the capacity to ‘follow the money’ and investigate financial transactions.

**3.10** There is a need to improve knowledge and understanding within the global health community about political economy and the financial, political, and economic determinants of health; and how power is accumulated and deployed by different actors to serve different agendas. This could be accompanied by the development of guidance for donors, NGOs, professional bodies, and universities about engaging the private sector.

## Annex: List of background papers

No.	Title
1	The financial services industry and global health
2	Private actor engagement with the United Nations
3	Blended finance to the rescue? COVAX and private finance for global health
4	Innovative finance for development? Vaccine bonds and the hidden costs of financialisation
5	Transnational consultancy firms and global health
6	Private foundations and their global health grant-making patterns
7	Private foundations' accountability in global health: Ensuring transparency and analysis of their grant-making activities
8	Factsheet on the Bill and Melinda Gates Foundation
9	Accountability mechanisms of private foundations: A perspective from the United States
10	Philanthrocapitalism and accountability in global health
11	Measuring corporate social responsibility: An effective approach to holding corporations accountable?
12	Sick development — Executive summary
13	Fatal fuels: Why human rights protection urgently requires a full and equitable fossil fuel phase out
14	The business of COVID-19 vaccines
15	Learning from four decades of corporate accountability
16	State of tax justice 2023 — Executive summary
17	Survival of the richest: How we must tax the super-rich now to fight inequality — Executive summary
18	Asserting public health interest in acting on commercial determinants of health in sub-Saharan Africa: Insights from a discourse analysis
19	Why we need a new global compact for universal health
20	Towards establishing fiscal legitimacy through settled fiscal principles in global health financing
21	The World Economic Forum's great reset: Corporate ambitions and the future of multilateralism in and beyond global health (Global Health Watch 6)
22	Power and accountability in the multilateral trading system
23	The story of data in India



## **ABOUT UNU-IIGH**

The UNU International Institute for Global Health (UNU-IIGH) in Kuala Lumpur, Malaysia, operates as the designated UN think tank specializing in global health. With a mandate to facilitate the translation of research evidence into policies and tangible actions, UNU-IIGH serves as a hub connecting UN member states, academia, agencies, and programs.

Established through a statute adopted by the United Nations University Council in December 2005, the institute plays a pivotal role in addressing inequalities in global health. UNU-IIGH contributes to the formulation, implementation, and assessment of health programs.

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