Power, influence of and response to global private actors in health in Sub-Saharan Africa

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October 2024

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For limited circulation
Cite as: Loewenson R, Sekalala S, Chatikobo T (2024) Power, influence of and response to global private actors in health in Sub-Saharan Africa, TARSC

Acknowledgements
The authors acknowledge selected references and review of drafts of the background documents from Dr David McCoy and Tiffany Ansari UNU IIGH and Attiya Waris, and the contribution to ideas and discussions on global private actors in health at the Expert Group Meeting on the Accountability of powerful private actors in global health in 2023. We acknowledge the funding for background work informing this paper from a grant from the United Nations University International Institute for Global Health (UNU IIGH). While this paper is drawn from work commissioned and supported by the UNU IIGH the views expressed are those of the authors and not of the UNU IIGH.

Contributors: All authors discussed and agreed on the analytic framework used in the work, implemented searches and data extraction, synthesised findings in specific thematic areas and provided references in the background work. All authors made text input to iterative drafts. RL coordinated the inputs and edited the final manuscript that all authors reviewed and signed off on.

Executive summary

This paper, produced by Training and Research Support Centre (TARSC) and University of Warwick aims to raise issues on the power and influence of, and response to, global powerful private actors (PPAs) in Sub-Saharan Africa (SSA). It is written using an African lens.

Section 2 outlines the historical context for the rise of private transnational actors in SSA and their operations and influence within five key areas, and their subsequent impacts on health policy and health outcomes. The neoliberal roll back of the public sector and the accompanying roll out of private equity and capital has increased the power and presence of PPAs, largely in the financial/fintech, agribusiness, consumer, health care, technology, mining, oil and gas, digital services, logistics and transport sectors. New African private foundations and corporations have also emerged, albeit with some evidence of global TNCs using African corporations to extend their influence. PPAs contribute to essential health technologies that support health, but also to harmful commodities, processes and policy influences that lead to ill health and constrain public health improvements. While health services play a role in responding to these health impacts, reduced public sector health funding weakens this role.

Section 3 explores the political economy drivers of the influence of PPAs and the pathways for their health impacts. Their rising influence on health in SSA draws from a dominant neoliberal policy and practice that has weakened the state and enabled various forms of discursive and agential power by PPAs and their influence on public policy. Significant illicit, tax and financial outflows from SSA undermine public revenues to leverage public policy, as do global trade rules and marginal SSA representation in global rule–setting forums. The economic marginalisation of many in SSA society has marginalised social voice and influence, undermining the coalition of public-public interests that is essential for public health, including in global engagement.

Section 4 focuses on SSA's response to the influence and impact of PPAs in health at national and regional levels. The evidence indicates that for SSA, accountability implies linking the political democracy needed for accountability to the economic democracy needed to widen economic inclusion and to drive alternatives to a neo-colonial global political economy that privileges PPAs. States, civil society and technical actors in SSA have strengthened narratives, evidence and levers for public health, through: leveraging private sector duties for public reporting and transparency; and monitoring, exposing, regulating and litigating over negative health impacts, including to internalise health, social and ecosystem costs in PPA activities. African countries have strengthened unity and voice in diplomacy and led engagement in areas such as tax systems, intellectual property regimes and African representation in global bodies.

Section 5 concludes with the implications of the findings for policy and social dialogue, and for further research. While detailed in the section, briefly, within SSA these include:

a. Generating evidence and building counter-narratives to strengthen public health interests.
b. Generating debate, approaches and alliances to set and implement health-promoting policy alternatives and to strengthen state measures and action on these alternatives.
c. Changing rule systems to enable local producers and to strengthen regulation of PPAs.
d. Promoting alliances and action across public interest stakeholders within SSA and regionally.

In SSA engagement at international/global level, they include:

a. Contesting and proposing alternatives to inequities in global architecture, representation, rule systems and economic models that undermine public health interests and accountability.
b. Strengthening and informing unified African positions and engagement in global platforms.
c. Strengthening engagement in south-south and public interest global alliances.

Further research can inform understanding of the levers for improved accountability, such as analysis of SSA impacts in global negotiations; of the strategic implications of the different interests of African and global private actors; the impact of litigation around TNC liabilities, or new areas of PPA influence, such as in digital health and climate diplomacy. There is also need to investigate how research funding sources impact on SSA research on PPA accountability.

1. Introduction

A UNU-IIGH international meeting in November 2023 discussed the challenges in holding powerful private actors accountable for their impact on health and its determinants (UNU, 2024). The UNU-IIGH meeting identified that a growing concentration of private wealth, an increasing level of unchecked private influence over policy-making, academia and media, a waning power of democratic, public-interest institutions, and a capture or suppression of civil society voices and spaces have strengthened the influence of powerful private actors (PPAs) in health (UNU, 2024). Delegates pointed to a capitalist system that has amplified the power of shareholders in private financial institutions such as private equity and hedge funds, transnational corporations (TNCs), private (philanthropic) foundations and ultra-wealthy individuals; as well as to the expansive commodification of public goods, social services, knowledge and nature. This has made these powerful private transnational actors harder to regulate, hold accountable or control through public pressure (UNU, 2024).

Applying an African lens, this paper prioritises, reframes and addresses issues and proposals raised in that meeting as relevant to sub-Saharan Africa (SSA). Through a desk review of 220 public-domain documents, including from online searches in 2024, we purposively focus on five key areas of transnational private activity that impact on health in SSA, viz: food, essential medicines, extractive industries, information and finance. Within these five areas, we explore:

- The power and influence of transnational private actors over health and their determinants.
- The policy, political economy and power drivers that underlie this influence, and
- Current African efforts, including in regional, South-South and global engagement, to address these drivers and hold these private actors democratically accountable.
- Finally, we raise the implications and issues for policy and social dialogue, and for follow-up research or practice.

We acknowledge limitations in our focus on five areas and the exclusion of other areas impacting on health, including biodiversity, water, waste, electricity and health care. We also note that much information pertinent to this subject is not in published literature and requires primary data collection. We present evidence that is reported by a range of sources and cite sources to be transparent on potential interests or biases. However, this working paper presents sufficient information from existing published, public domain sources to warrant public, policy and academic dialogue about the role of PPAs and transnational actors in shaping health in SSA, and the need for further monitoring and research.

The paper is structured as follows:

- *Section 2* outlines the historical context for the rise of private transnational actors in SSA and their operations and influence within the five selected areas, and their subsequent impacts on health policy and health outcomes.
- *Section 3* explores the political economy drivers of the influence of these private actors and the pathways for their health impacts.
- *Section 4* focuses on SSA's response to the influence and impact of private transnational actors in health, including accountability measures at national and regional levels and the roles of different groups and institutions in building these mechanisms.
- *Section 5* concludes with the implications of the findings for policy and social dialogue, including areas of action to hold global private transnational actors accountable in the interests of public health in SSA, and areas for further research.

2. Spheres of influence and impact of powerful private actors in health in SSA

Powerful and transnational private actors have a longstanding presence and influence in Africa, deeply amplified by, linked to, and sustained in colonial and neocolonial systems. Liberation struggles and immediate post-independence efforts and actions of newly emerging postcolonial states challenged these systems, aiming to advance decolonisation, self-determination, economic justice and resource nationalism. However, within a short period, these aspirations were reframed by a range of global actors into a pursuit of 'development', invoking a 'catch-up'

through economic models and technologies used in high-income countries, with support from 'development aid', the latter particularly in the health sector (Mkandawire, 2005; Ichoku et al., 2013; Loewenson et al, 2021).

Consolidating this, after the 1970s, a spiralling external debt in Africa largely from rising interest rates of US$720 billion, a further US$2 trillion lost in capital flight between 1970 and 2018, the structural adjustment programmes (SAPs) and Bretton Woods institution's Poverty Reduction Strategy Programs, all shifted the discourse from 'development' to 'poverty reduction' and 'fiscal health'. This left a residual role for social policy to address socioeconomic harms that were labelled as 'transitional', but in fact had long-lasting effects. Neoliberal policies positioned fiscal and financial imperatives as primary. They limited the role of the state and replaced universalism with targeted approaches (Mkandawire, 2005; Loewenson et al., 2021, Valiani, 2023). For the most part, African states and capitalists failed to question the notion of "catching up" in processes of industrialisation that had begun in very different conditions in Europe and North America (Valiani, 2023:413).

More recently, the intensified extraction of mineral and biodiversity resources to meet new demands across the global economy have brought new, powerful private economic actors into Africa, including from Asia and Latin America. Indigenous PPAs have also emerged within some African countries in the form of wealthy African corporations and individual billionaires.

2.1 Who are the powerful private actors in Africa?

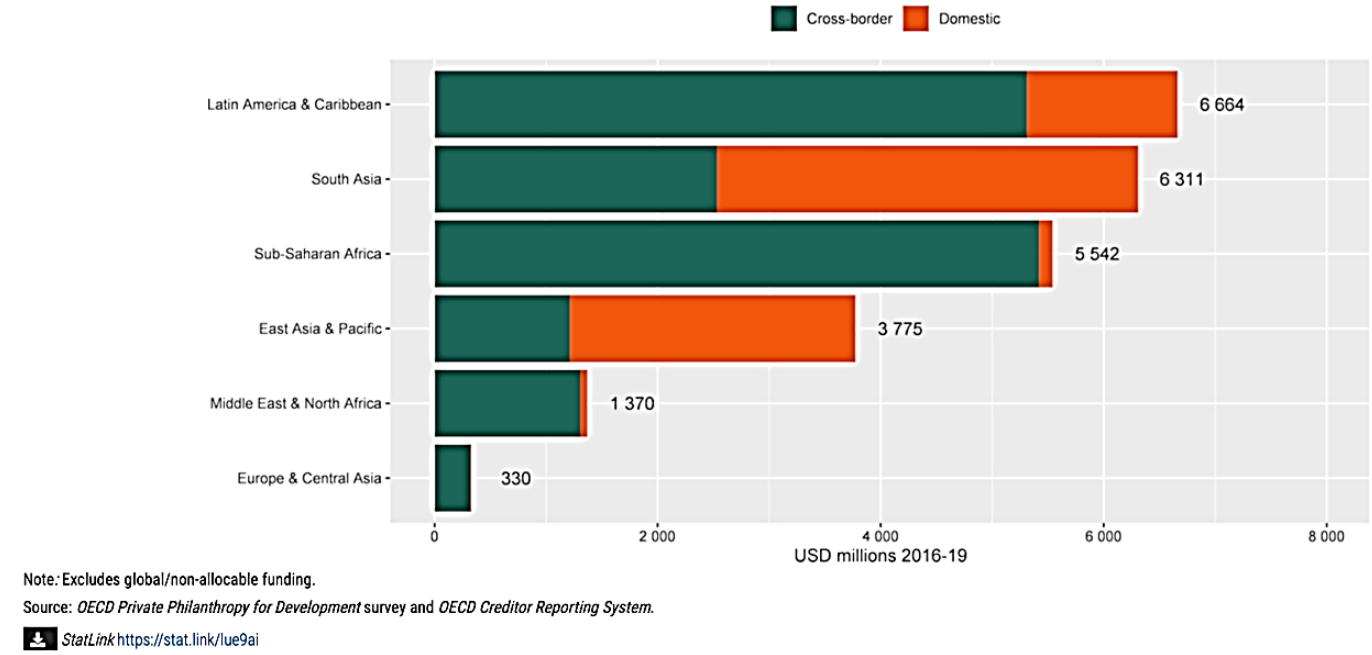
The 2023 UNU-IIGH meeting identified private financial institutions, TNCs, private foundations and large accountancy and consultancy firms as key PPAs operating globally, and with influence in global health (UNU, 2024). Some were noted to translate economic power into political and policy influence to further their economic interests (UNU, 2024).

Many of these entities operate in SSA. Finance capital became increasingly influential following the introduction of neoliberal SAPs, further discussed in *Section 3*. The subsequent 'rollback' of the state and 'roll-out' of private investment greatly increased the role and influence of finance institutions (Sparke, 2020; Loewenson et al, 2022). Over five years to 2022, private equity and venture capital investments in Africa soared 66% to US$7.7billion, the highest aggregate value for the region in the last five years. Private equity and venture capital in Africa have largely invested in financial/fintech, agribusiness, consumer, health care, technology, mining, oil and gas, digital services, logistics and transportation sectors (Asoko insight, 2019; Guevarra and Nazir 2023). The huge increase in private equity and venture capital investments in Africa in 2022, particularly in health care, was in part due to a multibillion-dollar deal for Mediclinic, the largest private equity capital deployment in Africa in the last three years, with buyers including Remgro Ltd. and SAS Shipping Agencies Services SÀRL (Guevarra and Nazir, 2023). However, investors in other sectors have also grown in scale and influence. The investors in the 10 largest African investments in 2022 are reported to be a blend of global, high-income countries, emergent markets and African funders, drawing on government, corporate and financial institution funds. In 2019, the largest private equity firms operating in Africa, defined by assets under management exceeding $1 billion, were identified as: African Capital Alliance, African Infrastructure Investment Managers, Brait, Development Partners International, Emerging Capital Partners, Harith General Partners, Helios Investment Partners, Investec Asset Management and Old Mutual Alternative Investments (Guevarra and Nazir, 2023).

Private foundations are also highly active in SSA. Currently, the top five private foundations operating in SSA are the Bill and Melinda Gates Foundation (BMGF), BBVA Microfinance Foundation, Susan T. Buffett Foundation, Welcome Trust and MasterCard Foundation. Predominantly driven by the BMGF, health was a key sector for private foundation financing in 2018/9(OECD, 2021; 2023). Global health partnerships (GHPs) such as GAVI and the Global Fund to Fight AIDS, Tuberculosis and Malaria are also prominent in SSA, often acting as intermediaries, linking private foundations and other private actors to the UN and public agencies, as further discussed in *Section 3.2.* Between 2016 and 2019, SSA was the region that received the most cross-border private philanthropy for 'development', amounting to almost USD 5.5 billion (See *Figure 1,* OECD, 2021). Private philanthropy in SSA mostly targets countries in

East and West Africa. Together, Nigeria, Kenya, Ethiopia and Rwanda account for a quarter of Africa's private philanthropy funding share (OECD, 2023).

Figure 1: Private Philanthropy for development by region, 2016-19



Note: Excludes global/non-allocable funding.

Source: *OECD Private Philanthropy for Development* survey and *OECD Creditor Reporting System*.

StatLink https://stat.link/lue9ai

Source OECD, 2021

While South Asia, East Asia and the Pacific have larger shares of domestic philanthropy (*Figure 1*), domestic philanthropy is growing in SSA, particularly in higher-income countries such as South Africa and Nigeria (OECD, 2021). The extent to which African private foundations differ from global private foundations needs further research. However, there is some evidence that global and African foundations work together, extending the influence of both. For example, Africa's richest person, Aliko Dangote, formed a partnership between the Dangote Foundation and the BMGF to fund hospital equipment and mobile clinics in West Africa (Rao, 2017).

Just over half of all philanthropy funds in Africa are allocated to health and family planning programmes, with infectious diseases and reproductive health as key focus areas. These foundations are also at the forefront of expanding new technologies in infectious disease control. The BMGF, for example, is funding the development of a Large Language Model (LLM) application for HIV risk assessment in South Africa (BMGF, 2023a); providing support for the development of an Artificial Intelligence (AI) powered tool for preventing antimicrobial resistance in Ghana (BMGF, 2023b); and supporting the development of a data system for disease surveillance in Malawi using LLMs (BMGF, 2023c).

Foreign TNCs also interface with African corporations that are themselves engaging transnationally and globally. Within Africa, the largest African corporations are concentrated in a few countries. In 2023, the top 10 African industry corporations with a presence across the continent were all from South Africa, covering mining, finance, and information technology (Hantek Markets, 2023). The high presence in the extractive and mining sector of South African TNCs is historical, while the corporates in IT and finance reflect more recent trends. As noted later, addressing the accountability of these actors means unbundling and understanding the links between African TNCs, global TNCs and other private actors.

In SSA, agribusiness and mineral extraction are particularly important terrains of PPAs, probably more so than in other global regions, with many natural resources extracted from the continent for processing in high-income countries. Collectively, African countries are richly endowed with mineral reserves, including diamonds, gold, uranium, aluminium, copper, platinum, oil and coal. In 2009, Africa's oil, gas and minerals recorded export earnings were roughly five times the figure of international aid inflows to the continent ($246 billion vs. $49 billion) (Loewenson et al., 2016).

Global capital markets and production trends have made these natural resources including land, highly sought after by economic actors in high- and middle-income countries, including the emergent economies of China, Brazil and India.

Ownership in the extractive sector is highly concentrated. In South Africa, for example, five companies were reported to account for 85% of total mining ownership. They included Ingwe Collieries (a subsidiary of BHP Billiton), Anglo Coal and Kumba Resources (Anglo-American owned), Sasol and Eyesizwe (South African) (Global Health Watch, 2014; Munnik, 2010).

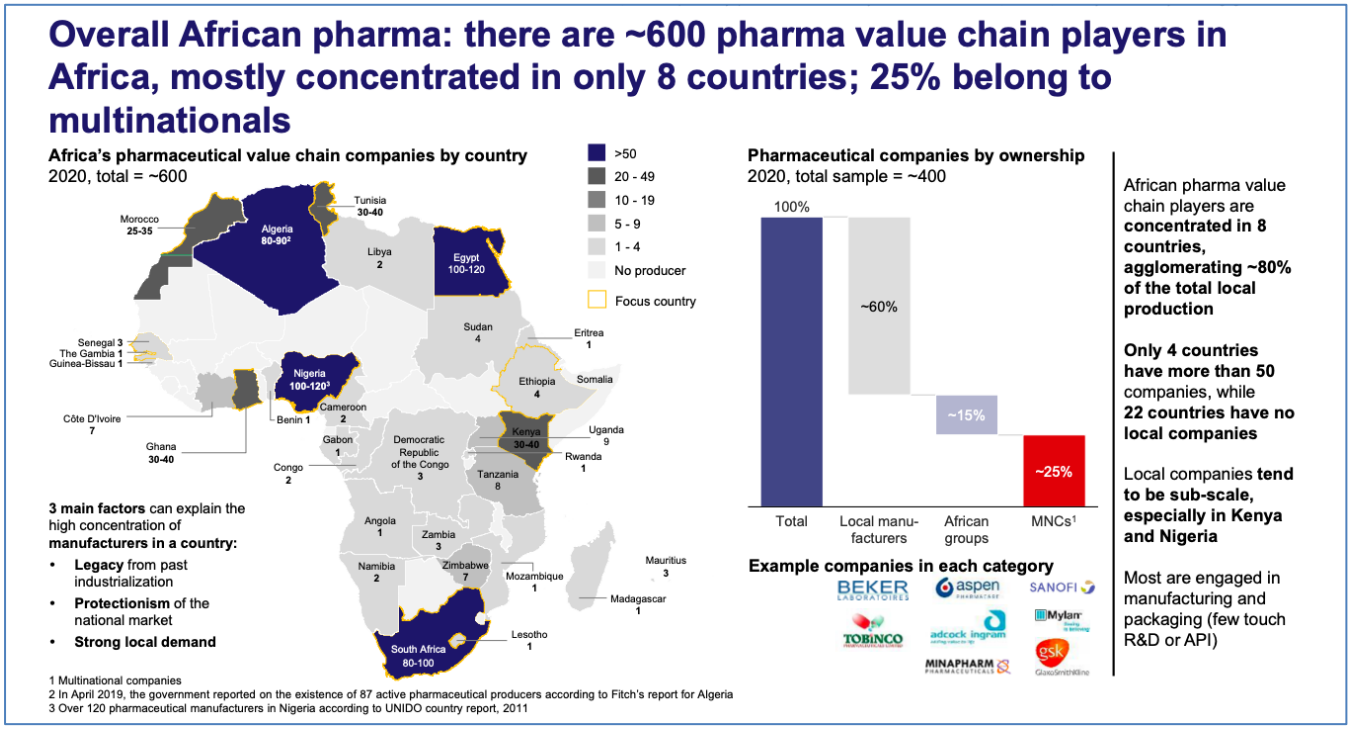
Mining provides an immediate significant source of export earnings and private wealth accumulation in African countries. However, it currently provides even greater opportunities for wealth extraction and accumulation for high-income countries, corporates and individuals outside Africa. In 2009, for example, Canadian companies were responsible for more than 60% of new investments in mining exploration across Africa (Lambrechts et al., 2009). China is expanding its presence in the sector, with agreements that exchange their investment in infrastructure for mining rights – for oil in Angola, for coal in Mozambique, for copper and cobalt in DRC, for chromium in South Africa and for copper in Zambia (Besada and Martin, 2013; Shelton and Kabemba, 2012). The economic return to domestic economies from the exploitation of these non-renewable, natural resources is thus a critical issue for Africa.

In the food sector, large TNCs from the USA and European countries have dominated in Africa for many years. These include Coca-Cola, PepsiCo, Nestle, Unilever, Diageo, Heineken, FrieslandCampina, Kellogg, Danone and AB InBev. In the past two decades, other TNCs from Europe, the Americas and Asia have made incursions into local agricultural value chains, production plants and the supply chain. African companies have also grown in this field, some in partnerships with or supported by global TNCs and international investors. The financialisation of SSA's agricultural systems has accelerated the corporate control over land, seed and other elements of the food chain. This has been enabled by the World Bank, philanthropic ventures and public-private partnerships promoting export-oriented production and agribusiness markets (ACBio, 2023). Added to this loss of food sovereignty, private equity firms such as BlackRock now have large shareholdings in food TNCs like PepsiCo and Coca-Cola, and have intensified the push for high-profit, low-quality ultra-processed foods (UPFs) that are increasingly marketed on the continent (ACBio, 2024). Meanwhile small-scale producers find loans to be often linked to high-cost commercial inputs and faced indebtedness from falling returns from market prices.
In 2021, the largest African food corporations and conglomerates were primarily involved in alcohol brewing, soft drinks, grain processing, fruit juices, poultry, sugar processing, meat processing, cocoa, coffee and chocolate processing and dairy. For example, with a total investment that is estimated to be in excess of US$10.5 billion, the Bakhresa Group is the largest industrial conglomerate in Tanzania, with operations in many east and southern African countries, and the largest wheat milling capacity in eastern Africa. Some SSA producers act as franchises of larger TNCs, such as Coca-Cola's soft drink franchises in Kenya and South Africa. Increasingly, TNCs are acquiring African brands/corporates to expand their operations on the continent. For instance, PepsiCo grabbed the headlines in South Africa with the acquisition of Pioneer Foods for US$1.7 billion in 2020. PepsiCo also processes and distributes well-known brands such as Lays, Doritos, NikNaks, Simba and Fritos through its Simba (Pty) Ltd. The acquisition of Pioneer added a strong local product portfolio with strong positions in cereals, juices and other African nutritional food staples, including well-known brands like Weet-Bix, Liqui-Fruit, Ceres, Sasko, Spekko, and White Star. The move is also aimed to help PepsiCo gain a solid beachhead for expansion into SSA (FW Africa, 2021). When negotiating public interests and accountability with African food corporates, it is thus relevant to know the influence on their decisions of these global TNCs.

The pharmaceutical sector has significant and explicit external TNC and high-income country control of manufacturing in the sector, through a concentration of capital and a global rules system which prevents African competitors from joining the market. During colonial rule, many pharmaceutical TNCs set up subsidiaries such as in Kenya (Glaxo, 1930), South Africa (Abbott, 1935), Nigeria (May and Baker, 1944) and Zimbabwe (Banda et al., 2016). Currently, there are about 600 pharmaceutical 'value chain players' in SSA, most of which are concentrated in only

eight countries, with 25% of these being large TNCs headquartered in high-income countries, as shown in *Figure 2.* The market in Africa has grown rapidly in recent years, and is expected to expand further due to population growth, urbanisation and increased spending and investments in health services. Pharmaceutical manufacturers remain largely concentrated in Ghana, Nigeria, Kenya, South Africa and Ethiopia, including Aspen, Biovac and Afrigen (South Africa), Ethiopian Public Health Institute, Biovaccines and Innovative Biotech (Nigeria) (Wellcome, 2023; Development Reimagined, 2022). However, even in these countries, TNCs control the bulk of the African US$12.7 billion pharmaceutical market (Helen Suzman Foundation, 2018). TNCs based in high income countries largely supply medicines for infectious diseases, but the rise in non-communicable diseases has seen a growth in other medicines for LMIC markets, such as for cancers (Stegmüller, 2022).

Figure 2: Pharmaceutical value chain players in Africa



Source: Fitch, Capita IQ, UNIDO, as cited by Machemedze et al., 2022

African manufacturers face significant barriers to accessing global funding and supply chains. For example, more than 50% of the value of vaccines on the continent are currently procured by GAVI of which only 1% is procured from African manufacturers (Welcome Trust, 2023). GAVI requires that a vaccine manufacturer be WHO-prequalified before it can enter its supply chain; but the time and resources needed to prequalify presents a major barrier to African manufacturers (Welcome Trust, 2023). The premium GAVI pays TNCs to guarantee supply could rather be used, together with state support, to scale up prequalification and procurement from local manufacturers.

Most SSA countries thus rely primarily on foreign imports of pharmaceuticals even where there is local manufacturing capacity. Most imports are generic medicines from India and China, supplemented by imports from western manufacturers such as Pfizer, Johnson & Johnson, Roche, Novartis, Sanofi, GSK and AstraZeneca (Macintosh et al., 2016; Ejekam et al., 2023). Local manufacturers often limit their operations to 'filling and finishing', with the active pharmaceutical ingredients produced and controlled by external TNCs (Machemedze et al, 2022).

In the digital sphere, while the rise and expansion of new technologies offer theoretical opportunities for African-led development and control, it too is an area of growing investment and control by PPAs. Digital technology TNCs now play an increasing role in the financial, media and

communication sectors, and in other sectors. For example, the COVID-19 pandemic marked an accelerated and decisive entry of Big Tech into the health sector, met in Africa with both excitement and caution (Sekalala and Chatikobo, 2024). The expansion of digital health in SSA, including the use of AI and LLMs, is being promoted by global (UN, WHO) and continental (African Union) inter-governmental organisations as well as by TNCs and private capital, including through electronic health records, telemedicine, mHealth, electronic appointments, electronic prescribing and data-driven technologies (O'Brien, 2023). Big tech firms such as Alphabet and Microsoft have established a large presence in SSA, providing direct services to medical care, public hospitals and ministries of health.

There is also a steady rise in African digital health start-ups. These focus mostly on telemedicine powered by foreign venture capital. But all too often they become subsumed as subsidiaries by Big Tech firms as soon as their products or businesses become profitable, expanding the footprint of Big Tech in SSA (Sell, 2021). Private foundations also play an important role in promoting and rolling out digital health technologies owned by Big Tech, servicing private economic gains and reinforcing hegemonic power and hierarchies, reflecting a form of digital colonialism (Couldry and Mejias, 2018). Key to this relationship between private foundations and Big Tech is the growing emphasis on data in the health sector. TNCs also have a dominant role in the underlying infrastructure of fibre-optic network cables, such as 2Africa and Equiano. These are controlled by a handful of TNCs, as well as African-based private corporations such as SEACOM. As noted in the food sector, TNCs also expand their infrastructural influence through partnerships with local corporations and shareholding, making the distinction between foreign and local influence difficult to examine (Mwema and Birhane, 2024; SCN, 2024).

Key messages:
The neoliberal roll back of the public sector and the accompanying roll out of private equity and capital has been central to a growth in the power and presence of PPAs, largely in the financial/fintech, agribusiness, consumer, health care, technology, mining, oil and gas, digital services, logistics and transportation sectors. The health sector has also been a particular focus of private foundations, initially investing in disease programmes, but in recent years increasingly expanding the use of digital, genetic and other new technologies in the sector, often through symbiotic partnerships with TNCs. New African private foundations and corporations have emerged, albeit concentrated in a few African countries, including in the pharmaceutical, extractive, food and information sectors. With some evidence of global TNCs using African corporations to extend their influence and reach, the question arises on how far such African corporations and private foundations represent an opportunity for greater domestic interests and accountability, or provide a means for continued interests of global PPAs.

2.2 How are these actors impacting on health and health policy?

Many of the PPAs in SSA are similar to those noted in other global regions. In SSA, many PPAs directly impact on natural resource extraction and degradation, feeding non-renewable raw materials into the global economy, with potentially inter-generational health impact, as does the import of low-quality foods and other harmful products into the continent.

Commercial practices and actors can contribute positively to health such as by, producing essential health technologies. They have also been associated with harms to health in Africa. The harms may derive from the consumption of heavily marketed but unhealthy commodities, such as UPFs, alcohol and tobacco; as well as from industrial and commercial processes that cause environmental damage or involve the appropriation of natural resources (PHM 2018b; HEALA, 2020; Oxfam Nigeria, 2017; SA NCD Alliance, 2015; Loewenson et al., 2022). The types of PPAs and sectors of influence noted earlier point to areas of rising and diverse forms of ill health, including epidemic and NCDs (Loewenson et al., 2022).

The negative health impacts arise in part from products produced by large TNCs, further exacerbated by harmful practices such as excessive alcohol use and consumption of UPFs being 'normalised" by corporate marketing, despite their negative consequence for health and obesogenic environments (Abiona et al., 2019; Van Brusselen et al., 2020; Chanda Kapata, 2019; Igumbor et al., 2012; Awosusi, 2019; Spires et al, 2016). Globalised trade bringing

imported hazardous goods and processes has been associated with rising NCDs and an associated burden on health services, with TNCs involved observed to be resistant to regulation to control these harms (Zambia MoH, 2013; Kenya MoH, 2015; MHCDGEC, 2021).The negative health impacts have led to concerns that the African Continental Free Trade Agreement's (AfCFTA) reflection of WTO provisions may potentially further enable and not control these health risks (Machemedze, 2018; Loewenson et al., 2022).

TNC extractive processes have direct consequences in injury and chronic disease and indirect damage to health through displacement, loss of land and livelihoods (Hyder et al., 2021; Mentis, 2017; Thondoo et al., 2020; Juma et al, 2018). Their impacts are felt by workers who are directly involved, but also indirectly by families and children who live near mines or mine dumps, and by ex-miners and their families (Chanda Kapata 2020; Loewenson et al, 2016). Servicing TNC extractive and fossil fuel activities is often implemented at the cost of the livelihoods, health and security of local communities. For example, the East African Crude Oil Pipeline runs through human settlements and wildlife areas, agricultural land and water sources, harming the environment, displacing many people, and adversely impacting on the food security and health of communities (AI, 2023). Amnesty International has reported similar harms from the activities of Shell Petroleum Development Company of Nigeria Ltd. in the Niger Delta, one of Africa's most valuable oil-producing regions, where Ogoniland communities have struggled against the resulting destruction of their ecosystem, contaminated drinking water and serious health risks (AI, 2023). State security protection of TNCs activities' in extractives has led to the death of activists, such as in the Marikana Massacre at Lonmin Platinum Mine PLC in 2012, when 36 miners on strike for a living wage were killed by the South African Police Services intervening on behalf of Lonmin (Tolsi 2021 in GHW7).

While pharmaceutical sector brings key technologies that have health benefits, there are also inequalities in access to and cost of these health technologies. With TNCs dominating the market, the prices of medicines, vaccines and diagnostics are fixed outside SSA, or in direct agreements with SSA governments that are often shrouded in secrecy. This affects the affordability of these products, with families spending sometimes impoverishing amounts to purchase them. As a sign of this, and of commercialisation of health services, out-of-pocket payments are reported to be the dominant form of healthcare financing in SSA. Eze et al. (2022) reported that between 2000 and 2019, one in six SSA households experienced catastrophic levels of health-related expenditure, rising to one in four households for those affected by a NCD. While a minority of SSA people access private health insurance, even they may incur catastrophic healthcare expenses when the insurance benefits are insufficient to cover the full cost of diagnosis and treatment, especially for chronic conditions (Mavole, 2022).

These high levels of catastrophic expenditures are often driven by high medicine prices, with markups raising profits for TNCs. For example, in 2023, a South African non-government organisation, Health Justice Initiative, took a case to court to access COVID-19 contracts made by the state. This challenge exposed that the South African government was overcharged for COVID-19 vaccines through unfair agreements with manufacturers (Dyer, 2023). The firm J&J charged South Africa 15% more than its price in the European Union, and also demanded a non-refundable down payment of US$27.5m. Pfizer similarly charged South Africa more than it charged the African Union (AU), and required a down payment of $40m (Dyer, 2023). Paying such high premiums for medicines not only poses potentially impoverishing cost barriers for households seeking care, but draws scarce financial resources from other key services. Adding to this are poor health and mortality outcomes due to the TNCs' control and IP barriers limiting access to other health and digital technologies. The digitisation of health surveillance noted earlier, while introduced as a cost-effective approach to disease management, especially during the COVID-19 pandemic, did not effectively or equitably yield access or quality gains in the SSA, given inequalities in digital access and control (Sekalala et. al., 2020).

While health services were not one of the areas of focus of this paper, under-resourced public health sectors have a weak role and contribution to public health responses, PPA involvement in the sector has predominantly shifted care to expensive, high-end urban hospitals offering tertiary care to wealthy groups, drawing formerly employed workers out of public sector services and

with fee levels that pose cost barriers for poorer people. This has undermined equity and access, and is a trend that conflicts with the view articulated by WHO that universal healthcare services funded through taxation and free at the point of access are the most effective, equitable ways of funding and delivering public health services and delivering on healthcare rights and state duties (Lethbridge, 2017; PHM, 2018; Bous, 2015).

Development aid has played a significant role in health sectors in SSA, possibly more so than in other regions globally, reinforced by debt conditionality and structural adjustment impacts on public services. Development aid is argued to have supported infrastructures, local income generation, and improved services and quality standards (Chorev, 2019). However, the supply of aid is unpredictable and favours particular vertical disease programmes and TNC commodity lines, and noted to poorly align to wider and longer-term system needs, and other areas tjhat are key for of public health, such as water, sanitation and food systems (Soyeju and Wabwire, 2017: Loewenson et al., 2022; Stein, 2021; Agyepong et al., 2023).

Key messages:
Global PPAs in SSA have contributed to essential health technologies or infrastructures that support health, but also to harmful commodities, processes and policy influences that constrain public health improvements, pose risks for health and barriers to equitable access to care, that are associated with ill health and rising non-communicable diseases. Health services play a role in responding to these health impacts, However, reduced resourcing of public services and inequitable access to private care has given development aid and its own priorities significant influence in the health sector in SSA, possibly more so than in other regions globally.

Products and processes that impact on health exist in wider systems of policy influence, such as when business practices and rule systems favour the interests of financial markets over food security and environmental protection, or when global investors like BlackRock drive processes or demand tax waivers that externalise social costs. This affects health and the public resources for health (Bretton Woods, 2013; Oxfam Nigeria, 2017; ACBio, 2023, 2024; Hunter, 2023). These political economy drivers are discussed in the next section.

3. Policy, power and political economy drivers of private actor influence

The influence of PPAs in SSA is based on wider global and regional political and economic structures and processes. This includes the effects of a neoliberal globalisation that has eroded national economic sovereignty and shifted power from governments to supranational organisations; the proliferation of liberalising international trade and investment agreements; and weakened national tax regimes. Large corporate and financial actors have also converted their economic power into political power to influence and even capture governments and public sector agencies to design and implement public policies in their favour (UNU, 2024). *Section 3.1* explores this political economy context in SSA, while *Section 3.2* discusses how this relates to the drivers of influence and impacts of transnational private actors in health.

3.1 A political economy context for the power and influence of private actors in health

The dominant global neoliberal policy paradigm has impacted upon Africa in several ways. Policies aimed at shrinking the state have led to a ‘rollback’ of public services, cuts in public sector wages and a weakening of market and private sector regulation. This has been accompanied by a ‘roll-out’ of private investment and new public management principles in what remains of public services, driving commercialised responses to social and economic needs (Sparke, 2020; Loewenson et al, 2022). Economic liberalisation and deregulation have intensified the consolidation of PPAs. These reforms created conditions for TNCs and private financial institutions to expand in the health sector and other health-impacting sectors (Mackintosh et al., 2016; Tangcharoensathien et al. 2019; Schram et al. 2013; Mentis, 2017; John, 2017).).

The evolution of food systems in SSA illustrates the impact of these political and economic changes. While this is common in other regions, SSA has witnessed intense extraction of biodiversity, agribusiness practices and the expansion of TNCs in the sector, resulting in countries ‘producing what we don’t consume, and consuming what we don’t produce’ and a

coexistence of both undernutrition and obesity. For example, imports of soft drinks into the Southern African Development Community (SADC) grew by 1200% between 1995 and 2010 and snack foods by 750% despite their known contribution to rising NCDs (Acbio, 2024). The growth of mono-cropping of sugar cane for biofuels has expanded corporate land acquisition, displacing local food producers or shifting them towards sugar farming for TNCs. For many small farmers, this has led to precarious incomes, indebtedness and loss of access to services (Martiniello, 2021). A 'Green Revolution' model has promoted such mono-cropping and corporate hegemony of food systems, despite opposition from African civil society (ACPCS, 2021; ACBio, 2023).

Corporate and financial influence over the food system runs alongside private foundation influence, especially from the BMGF which has spent nearly US$6 billion since 2004 on an agriculture programme that focuses on Africa. An analysis of its food and agriculture grants in 2020 found the vast majority of BMGF funding going to recipients in North America and Europe promoting the adoption of commercialised technologies such as genetically-modified seeds , synthetic fertilisers and pesticides, petroleum-fuelled machinery and artificial irrigation (ACBio, 2023, 2024). Such technologies are mainly developed in the Global North and ignore the knowledge that local farmers possess. BMGF funds are reported to be used to influence policy, supporting groups that lobby policymakers to implement a top-down industrial farming agenda (ACBio, 2023, 2024).

In opposition with this agenda, the Alliance for Food Sovereignty in Africa, which represents more than 200 million farmers, fishers, pastoralists, indigenous people, women, consumers and others across all but five African countries, holds that the continent needs a model of agroecology, based on farmers' rights to choose seeds and methods of cultivation. They assert that corporatised model being promoted by the BMGF has failed in its promise to increase the incomes of small-scale producers and enhance productivity. Instead there is report of a rise in undernutrition, adverse environmental impacts and a decline in crop diversity. A range of African organisations have also called for investment in local food production, short supply chains and climate-resilient and ecologically-sustainable farming (GRAIN, 2021; Belay and Mugambe, 2021) Biosafety risks and failures in genetically modified (GM) seed alongside biodiversity losses, increased zoonotic risks from mono-cropping and displacement of small-scale farmers have led many to warn against succumbing to pressures to adopt novel GM techniques that undermine local seed and food production (ACBio, 2020; 2021; AFSA 2014; Loewenson et al., 2022).These options not only bring health and ecological risks, but also divert resources away from more locally appropriate solutions. For example, despite the abundance of sweet potatoes rich in Vitamin A, there is a heavy promotion of new and commercial foods that are genetically-modified for enriched Vitamin A content (AFSA, 2014).

The extraction of non-renewable minerals and other resources from Africa's natural environment further exemplify a political economy with significant wealth outflows. These extractive sectors are mostly 'enclave' activities, using largely imported equipment, technical, financial and managerial services, with refinement and processing taking place elsewhere. They create limited forward or backward linkages into the national economy and limited job creation outside the EIs, unless specifically stimulated. Their contributions to broader economic benefit may thus largely be limited to their fiscal (tax) contribution, through royalties on production and corporate income tax (Lambrechts et al., 2009). However, SSA countries have weak tax capacity to monitor and collect revenues from TNCs, who are able to use accounting and other practices to limit information on real levels of extraction (Loewenson and Mukumba, 2022). Despite a rising level of natural capital in the Mozambique economy, for example, the share of produced capital remains low (WB, 2014). Links between the extraction of minerals and inequality, poverty and conflict is thus often referred to as 'the resource curse' (Global Witness, 2012).

Many African countries also give significant tax concessions to extractive TNCs, including exemptions on value-added tax on imports or export sales; no customs duties on imports or exports; lower corporate income tax rates; lower withholding tax rates and reductions on taxes on profits and on royalties (Lambrechts et al., 2009). Tax rates for wealthy individuals and TNCs are reported to have fallen in SSA, ostensibly to incentivise investment. This is despite a view held by 69% of people polled across 34 African countries that it is fair to tax rich people at a higher

rate than ordinary people in order to fund government programmes to benefit the poor (Oxfam, 2023). International scandals like the reported Luxleaks, Swissleaks and the Google tax avoidance schemes highlight the amount of resources lost to current fiscal systems (Waris and Latif, 2015). Added to this, the economic power that TNCs bring to resisting national tax measures and the barriers states face in assessing inaccuracies in declared earnings further undermine the ability of states to generate public revenues.

A combination of illicit financing and tax outflows undermine revenues for public sectors in SSA and weaken states in their negotiations with powerful economic actors. In 2017, East and Southern African countries lost US$124.70/capita in tax revenue annually due to commercial practices reducing revenue and taxable income, termed 'base erosion', and shifting profits to other lower-tax countries. The Organisation for Economic Co-operation and Development (OECD) has been the key decision-maker on the global tax rules that affect this. However the OECD represents largely high-income country interests and has no seat for the majority of African countries (Cobham et al., 2021). This locus of global decision-making has significant implications. For example, the Tax Justice Network in 2023 estimated a loss to public revenues of US$311 billion from cross-border corporate tax abuse by TNCs, estimating a further US$4.8 trillion to be lost through avoidance and evasion of taxes by wealthy corporations and individuals over the next decade if the change to a more democratic UN platform for discussing tax measures is not fully effected (TJN, 2023). Paradoxically, the weakness of the public sector is used as an argument to favour greater private control of water, energy, health and other services, thus opening up new opportunities for further intensified capital accumulation.

While many countries in the global south struggle to align PPAs towards the public interest, this is made more difficult by marginal SSA representation and voice in trade-related dispute settlement and standard-setting procedures. The Africa Group's efforts to advance rule changes have faced procedural and resource barriers, pressure from external funders and pushback from the Global North, further discussed in *Section 4* (Loewenson and Molenaar-Neufield, 2019).

Trade and intellectual property (IP) rules, and the conditions associated with World Bank and IMF financing, have also enabled sustained TNCs control over key areas of production such as pharmaceuticals, vaccines, digital and other technologies (Sekalala et al., 2021; SEATINI, EQUINET, 2022). While TRIPS flexibilities to protect public health were won by SSA and other south diplomats at the WTO, pharmaceutical TNCs continue to oppose these flexibilities, supported by high-income countries, including through trade disputes. This was further witnessed during the COVID-19 pandemic proposal for a TRIPS Waiver, discussed later (Sekalala et al., 2021; SEATINI, EQUINET, 2022). Pharmaceutical TNCs are backed up by the IP protection laws of their own countries, such as the TRIPS-plus rules imposed by the USA in bilateral and regional trade agreements helping them to sustain the market dominance noted earlier (Sekalala et al., 2021; Townsend, 2016; Sekalala and Chatikobo, 2024; Cohen-Kohler et al., 2008).

Global IP rules also protect the control that large tech enterprises have over different parts of the digital infrastructure: software (proprietary systems), hardware (digital infrastructure) and storage (cloud). The hegemony of TNCs such as Alphabet and Microsoft are seen to not only promote a racialised extraction but also inhibits the growth of local tech corporations that lack the financial resources and political capital to compete with TNCs (Sekalala and Chatikobo, 2024). Global systems also play a role in extracting, displacing or extinguishing local knowledge systems. Traditional medicines and knowledge systems have often been side-lined in favour of western medicines, or have been privatised and commodified by external private actors (Loewenson et al, 2021) such as in the case of Niprisan in Nigeria (Perampaladas et al., 2010). Similarly, digital technology innovations by smaller entities are bought by transnational tech conglomerates as a way of maintaining monopolies in the market (Sekalala and Chatikobo, 2024).

Even where rule-based systems provide opportunities for negotiation, SSA countries face obstacles to meaningful representation, such as not having adequate funding for delegations to attend global forums or access the 'green rooms' that influence WTO decisions. African countries, particularly those without permanent missions in Geneva or New York, lack the people and funds to participate proactively in the often-prolonged UN decision-making processes.

International standards and commitments and the support from UN agencies has been helpful for SSA states and societies to advance health rights and public interests with PPAs, as has unity in the African group of diplomats Wanjohi et al., 2021; Lethbridge, 2016; Schram et al., 2013; Tilley, 2016). However, African countries still face pressures from high-income country governments and PPAs to accept new multilateral rules that may not be favourable to them (Naidu, 2023).

Engaging from the 'periphery' of a global system that sustains inequality has made alliances key for SSA when it comes to engagement with PPAs. Countries in SSA were involved in the non-aligned movement in the 1970s, and have played a role in new forums such as the BRICS forum and the China–Africa Forum. In January 2024, two further African countries (Egypt and Ethiopia) joined South Africa in the BRICS, while others have indicated an intention to join. The BRICS adds to global multi-polarity, with the five members of BRICS in 2020 surpassing the G7 in terms of combined GDP, as measured in purchasing power parity; and their share of world GDP rising from 16.9% in 1995 to 32.1% in 2023. Efforts by BRICS finance ministers and central bank governors to consider expanding the use of local currencies for international trade to challenge the dominance of the US dollar are at an early stage, but represent efforts to create a fairer or different form of global multilateralism and help improve the stability, reliability and fairness of the global financial architecture (African Business, 2023). SSA's engagement in these alliances is further discussed in *Section 4.*

While African political actors are often portrayed as powerless in the face of significant global pressures, their acceptance of orthodox fiscal policies is also observed by some to be done willingly by African business or political elites who benefit from the neoliberal system (Valiani, 2023). Indeed, the current global political economy also produces 'winners' from within the continent, even while fuelling even wider socioeconomic inequality. While the top 10% in Africa is six times richer than the bottom 50%, the ratio is 2.5 in Russia, 2.8 in China, 3.4 in the US, 3.7 in India, and 4.0 in Brazil and West Asia (Valiani, 2023:417).

The net outflow of natural and financial resources from Africa and the continent's failure to challenge neoliberal prescriptions in domestic policy is argued to make SSA a major locus for the perpetuation of liberalised, unequal and unregulated world trade and financial flows (Valiani, 2023). Achieving greater self-determination and improved health from commercial activity has thus critically been linked in SSA countries to obtaining fairer returns from the global economy and greater power in global processes, and to the public agency and state capacities to achieve this (Ichoku et al., 2013). As Makaziwe Mandela said, "How long is Africa, we Africans, going to depend on help from outside? What will it take really to create, truly, a sustainable development in Africa so that the solutions for Africa's problems are within Africa, and we just get support and a boost from outside?" (AMREF, 2015).

A key contributor to this shift in power in Africa's political economy that is poorly engaged with, and often marginalised, is the role of the population as a contributor to economic progress and a source of power, leverage and accountability. This is discussed later in the *Section 4*. However, as most people become increasingly marginalised by productive assets and the generation of wealth, those who are unemployed or in precarious contracts are then perceived as a 'social burden on the economy, rather than a productive force. Worse still, they may be seen as a threat to elite power that needs to be controlled. This undermines the formation of coalitions of public-public interests that would be essential for African public health actors to be effective in global engagements and for the economic democracy that is essential for political democracy.

Africans have thus 'voted with their feet' by migrating in large numbers within and from the continent in search of better lives. Yet migration, including of health workers, is poorly understood and managed. There is weak engagement with diaspora populations as a source of knowledge, power and technology. Instead, they are being tapped by other emergent economies. Yet cross-border flows of remittances into and between SSA countries surpass the funds received through ODA and Foreign Direct Investment (FDI) in the continent. Over the last decade, remittance flows to Africa doubled, reaching US$100 billion in 2022, and representing over 20% of GDP in some African countries (Katjomuise and Fliss, 2023). Remittances are especially critical at the household level. Over 200 million African family members rely on

remittances, often for health, social protection and domestic investment needs, including during emergencies. These resources flow in sharing economies between households and support forms of collective innovation that exist outside formal systems. The growth in remittances is related to their counter-cyclical nature and the spread of digital means of sending money (IUIPI, 2023). Mobile money has transformed how remittance services are provided, reducing transfer costs and offering access to usually underserved communities. At the same time this route has given significant power to the TNCs that provide digital and mobile phone services.

Key messages:
The rising influence of PPAs on health in SSA draws from a dominant neoliberal policy and practice that has enabled transnational private interests, including from SSA business and political elites, to influence public policy. Neoliberal policies have also weakened the state and government efforts to regulate harmful practices. Significant illicit, tax and financial outflows from SSA undermine public and domestic revenues to leverage for public policy. Public interests are further weakened by global trade rules and by marginal SSA representation and voice in global rule –setting forums. Greater self-determination, leveraging improved benefits from global private actors and obtaining fairer returns from the global economy is thus linked to African actors having more power to deploy in global processes, and having the public agency and state capacities to achieve this. Added to this, the marginalisation of many in SSA society from productive assets and wealth has marginalised social voice and influence, undermining the coalition of public-public interests that is essential for African public health and for SSA power in global engagement.

3.2 Pathways from the political economy context the influence public health

The broad political economy context described above sets the scene for a range of pathways for the health impacts described in *Section 2.2*, particularly the power imbalances that favour corporations and private financial institutions involved in the production and supply of unhealthy commodities and processes (Wood et al., 2021). Various forms of power are implicated in these pathways. In addition to the power embedded within the structures of the global political economy that provide an enabling environment for TNCs and PPAs, these actors also further increase their power by successfully advancing ideas and narratives, mechanisms of agential power, that frame free markets and for-profit commerce as being essential for wellbeing (Loewenson et al., 2022). This promotes messages that 'private is best', and that 'individual freedom of choice' on products or practices must not be compromised by controls on businesses.

This, together with financial and debt-related dependence in SSA, generates anxiety around alternatives and distrust in domestic and public systems. For example, TNCs' control over pharmaceuticals, together with the priorities advanced by some private foundations noted earlier, contribute to a mistrust in local solutions and initiatives, reinforcing dependency on external actors and solutions. TNCs have engendered such mistrust by controlling the narrative about vaccines and medicine. In 1990, for example, pharmaceutical corporations labelled generic medicines for HIV/AIDS as 'piracy' and dangerous. In order to protect their patents, pharmaceutical corporations promoted the argument that inequitable access to essential medicines was due to infrastructural challenges and widespread poverty and not due to the prohibitive intellectual property regime (Owen, 2013). Similarly, during debates leading to the recent passing of South Africa's 2024 National Health Insurance Act, private corporations threatened that passing the Act would 'undermine investment confidence' and lead to an 'exodus of health care workers', fuelling mistrust of government-led efforts aimed at Universal Health Coverage (UHC) (Thorne, 2024).

Added to this, there is an extraction of knowledge from SSA and a lack of investment in local R&D, compounded by barriers to technology transfer. While private foundation investments in private digital systems that collect data on health are argued to benefit people, health data itself is a growing market commodity globally. Digital data programmes facilitated by private philanthropic organisations, in the absence of effective and appropriate regulation, can thus potentially accelerate the extraction and control of health data by private companies. Meanwhile the UN Department of Economics and Social Affairs found that most National Statistical Offices in SSA struggled to meet their international reporting requirements and turned to global institutions to fill in the data gap during the COVID-19 pandemic (UN DESA, 2020). Turning to

private corporations for health-related data has led to concerns of ‘data colonialism’ and increased dependency on private foundations, undercutting SSA’s public sector capacities to develop and strengthen its own digital systems. Where international organisations commission and fund transnational private agencies to collect data, bypassing state departments and civil society, there are concerns that this incentivises data agendas of international funders over domestic priorities (Dahmm and Moultrie, 2021)

PPAs have also used hegemonic ideas and explanations to control the scope of information used in policy negotiations (UNU, 2024). For example, high-income countries are reported to use the international trade regime to promote policy ‘non-decisions’ on issues brought by African countries, such as IP waivers on essential health technologies; or to keep the dominant understanding of NCD causation within narrow boundaries (Milsom et al., 2021; Brown et al., 2017). Positioning SSA countries as ‘zones of risk’ for epidemic disease, or as ‘underdeveloped’ delegitimises their propositions in global health and economic platforms, limiting any dialogue on the underlying trade and economic causes of disease (Mwacalimba and Green, 2015). TNCs’ promotion of a narrative that locally-produced medicines in SSA are commonly fake, substandard or counterfeit further discourages local pharmaceutical production or the use of affordable generic medications (Hornberger and Hodges, 2023; Thakur, 2023; Hodges and Garnett, 2020).

Private foundations play a key role in promoting the concept of philanthro-capitalism and the idea that for-profit actors and commercial activity can be wedded to equitable development, framing social challenges as problems that need market-based solutions (Smith et al., 2023). A promotion of corporate social responsibility also provides a route for extractive TNCs to appear to be doing ‘social good’ (Bereano, 2024; Birn, 2014). This ‘new philanthropy’ is framed as ‘[doing] good socially [and doing] well financially’, with charity re-framed as a lucrative business (McGoey, 2012:185; Smith et al., 2023). Their financing of goods and services also gives private foundations a seat in many agenda-setting forums in SSA and globally (McCoy et al., 2009). Through this they shape research agendas and influence and policy, such as in the BMGF’s inclusion in the Advisory Group of the Committee on World Food Security and the CGIAR System Council (ACBio, 2022).

Private foundations also have stock investments in multinational conglomerates. For example, the overall stock portfolio of the BMGF, overseen by the BMGF Trust, has grown considerably over the years to about USD 46 billion, with almost half reported to be invested in Microsoft and Berkshire Hathaway (Fintel, 2024). The CEO and founder of Berkshire Hathaway is also reported to have given about USD 43 billion in annual gifts to the BMFG from 2006 – 2024 and served as the trustee of the foundation until 2021 (Bary, 2024; Di Mento, 2023). The BMGF has in the past provided grants to for-profit companies in which its Trust also held shares, such as GlaxoSmithKline and Novavax (Schwab, 2020). These circular flows of capital raise concerns about conflicts of interest that benefit private foundations and corporations, and that converge influence on areas for investment. For example, the BMGF’s involvement with Microsoft is said to have led to a disproportionate focus on digitisation in health to the detriment of other priorities (Hursh, 2017). Public-private partnerships such as GAVI, heavily funded and influenced by the BMGF, have been observed to promote vertical and selective approaches to health improvement, while driving a technology-oriented approach in public health (Storeng, 2014). While there may be some synergy with national goals and public interests in some cases, these private philanthropic influences also serve private interests, or at the very least create conflicts of interest which are then not well managed (Banda, 2023; Schrecker & Bambra, 2015; ACBio, 2022).

Such risks are clouded by the projection of a ‘win-win’ arrangement, in which private investors and for-profit companies relieve the pressure on ‘cash strapped public systems in SSA and help to deliver on Sustainable Development Goals (SDGs) and UHC (World Bank, 2016; Loewenson et al., 2022). Various forms of voluntary corporate social responsibility, debt relief links to social protection and other funding arrangements are used to promote the benefit of corporate roles in privatised services, drawing public and state attention away from the underlying causes of diminishing public resources (Cummins and Quarles van Ufford, 2021; Eyraud et al., 2021; Loewenson et al., 2022). UN agencies promote development impact bonds to frontload social

sector investments that situate the private sector as a 'technology innovator' for 'quality' healthcare, including through private sector technology and digital investments (Eyraud et al., 2021; UNDP, 2018; Loewenson et al., 2022). This range of argument and intervention lays the ground in SSA for pressure to be applied to states to provide even more incentives, such as subsidies, tax exemptions, blended concessional financing and guarantees that would 'de-risk' conditions for private investors (Eyraud et al, 2021; World Bank, 2020; IFC, 2021).

PPAs deploy their agency pro-actively in various ways including through active coalition building, information management, and sponsorship of decision makers and high-level political actors, often in ways that are not transparent (Loewenson et al., 2022). TNCs have made policymakers in SSA shareholders; sponsored sports events and conferences; deployed advertising that implies untested health benefits; provided scholarships and facilities for extra-curricular activities in schools; and held public relations campaigns. Many of these tactics used in SSA are illegal or severely restricted in high-income countries. PPAs have also raised trade disputes or litigated against regulatory controls (Igumbor et al., 2012; Mialon et al., 2020; McKee and Stuckler, 2018; Tangcharoensathien et al., 2020; Wanjohi et al., 2021; Lee et al., 2012; Ayo-Yusuf et al., 2016; Sullivan, 2017; Dumbili, 2019).

The imbalance in power between large private actors and states in SSA adds to pressure on states to avoid using economic or legal measures to control harmful practices. One example is using taxes targeting sugar content in ultra-processed foods (Ahaibwe et al., 2021; Mukanu et al., 2021). When the Zambian government in 1998 applied and maintained a 25% excise tax on soft drinks threats from Coca-Cola to pull out from the country were reported to have led to the tax being repealed in 2015, ostensibly for economic reasons (Mukanu et al. (2021).

There are, however, contrasting experiences in SSA that point to the potential for domestic policy coherence. Mauritius, for example, despite being a sugar producer, has applied excise taxes on the sugar content of sugar-sweetened non-alcoholic beverages doubling this tax in 2020 and extending it to imported, non-staple sweetened products (MRA, 2021).

The power imbalance noted above has, also, led to weak regulatory controls in many countries in SSA over key areas of TNCs activity, together with greater reliance on less effective voluntary measures. Neoliberal policies that have side-lined and reduced capacities in the state also limit evidence gathering and oversight by the state to assess impacts proactively before (re)licensing, or to set, negotiate, monitor and enforce compliance with standards by powerful private actors. This creates vicious cycles, where the consequences of inadequate regulation largely falls on the public sector and households, generating further demand on scarce public resources, or further dependence on aid and corporate social responsibility contributions (Loewenson et al., 2022).

When the international regulatory environment is also weakening, it is even more difficult to apply standards in SSA. Importantly, conventions such as the WHO Framework Convention on Tobacco Control have supported public-interest regulatory measures and alternative livelihoods, discussed further in *Section 4*. However, a resistance to international regulation and benefit sharing, as was evident in the negotiations around the TRIPS waiver during the COVID-19 pandemic, further weakens public-interest regulation within SSA (Sekalala et al., 2021).

Although emergencies and their suspension of procedural transparency can be used to consolidate hegemonic power relations, they can also generate a pushback. The COVID-19 pandemic catalysed the claims for global public goods and a TRIPS Waiver, while the conflict in Gaza stimulated a South African submission to the International Court of Justice for an immediate ceasefire. On the other hand it has also intensified conditionalities from the IMF in loans to address the debt incurred in SSA due to the pandemic. The pandemic has also elevated TNCs and private investor participation in the health sector, as contributors to capital, technology, IT, expertise and service gaps, given the apparent funding gap of US$66bn annually for SSA to deliver UHC and to 'modernise' the sector for more effective pandemic responses (Jenkins, 2019; Roby, 2019; UN ECA, 2019b). The IMF has also focused private investors on sectors that performed well during the pandemic, such as those in technology, healthcare and Fintech technology-focused healthcare delivery models (Yudaken, 2020), with pressure in SSA

to make these sectors attractive for private investors, notwithstanding the potential negative impacts noted earlier (Philips Foundation, 2015; Privateequity wire, 2021).

UN agencies have a significant influence in these pathways in SSA, perhaps more so than in other global regions. So too do global health partnerships (GHPs), such as GAVI and the Global Fund for AIDS, TB and Malaria. On the one hand, UN standards can help SSA governments to resist pressures from TNCs and other private actors, and to regulate their activities (Loewenson et al., 2022). However, when GHPs link UN agencies to private actors, it raises questions about conflicts of interest. For example, the Global Fund partnership with, and funding of, the South African brewing company, SABMiller, to carry out an education intervention on alcohol harm and HIV prevention helped position the company as committed to public health, when its aggressive marketing of its products is linked to health harms (Matzopoulos et al., 2012). Such practices, or the use of aid or debt management instruments that intensify commercial finance and interests in key areas of policy, have led to civil society frustration. The civil society Kampala Initiative (2020) observed that the social, commercial, economic and political determinants of health have been largely ignored by aid, reinforcing the health inequities that aid is meant to resolve.

Civil society in SSA often positions itself as a watchdog of conflicts of interest and rights violations that may be inherent in interactions between the state and commercial actors (Klemm, 2019: Bretton Woods, 2021; SA NCD Alliance, 2015; HEALA, 2020). However, as with the marginalisation of wider social, political and economic factors, civil society finds that the health policy space in SSA is dominated by powerful interests, either squeezing out the voices of those most affected by health inequity or inviting them to participate in a tokenistic manner (Kampala Initiative, 2020). As one civil society actor said: “We can set our priorities right. We can hold our governments to account…But when you enter the private sector who are negotiating in closed rooms without any public participation... that’s problematic” (Godt, 2021:22). In other instances, financial support by global private actors can lead to the capture of civil society voice, and their redirection towards less uncontested areas (Sakue-Collins, 2020).

SSA states thus face significant imbalances in power and resources in their interactions with transnational actors, particularly when private foundations and UN agencies promote PPAs. Those parts of the state that benefit from or buy into these global processes and ideas also exercise their own influence over policy decisions, such as when economic and finance ministries and departments pressure other parts of the state to avoid conflict with PPAs. Socio-politically, the avoidance of conflict with private actors, together with growing inequality, has generated distrust between civil society and states, including as expressed through protests and litigation against states. Protests and litigation can promote accountability. However, they also disrupt public-public interest alliances between states and civil society that play a role in successful action on PPAs that drive harmful practices (Loewenson et al., 2022).

Key messages:
Various forms of power underlie the pathways between global private actors and the negative health outcomes discussed in *Section 2.2*. TNCs and global private actors build on an enabling political economy to deploy various forms of discursive power to advance ideas, narratives and knowledge systems, as well as agential power through funding and through engaging in various areas of state functions. These forms of power are used to consolidate private influence and interests, as well as generate mistrust in public action or fear of negative consequences of socio-economic alternatives or regulation. While some multilateral and international standards have provided leverage for SSA states to promote public health interests, particularly during public health emergencies, this too is weakened by wider neoliberal resistance to international regulation, and by the active promotion of global private actors as solutions to various health problems and needs. The power and influence of global private actors is exacerbated where conflicts of interest, transparency and demands for public participation are poorly integrated in policy setting, disrupting public interest alliances between civil society and states.

4. African responses to the influence and lack of accountability of powerful private actors

The 2023 UNU-IIGH meeting noted the central role that governments and civil society play in establishing the legal, regulatory and political institutions for fair, democratic and effective governance (UNU, 2024). The evidence in the previous sections indicates that for SSA, accountability is not simply a question of checking the implementation of domestic sectoral policies. Given the hegemonic influence of a neo-colonial and neoliberal global political economy in SSA described in the previous sections, accountability implies:

a. Within SSA countries, measures and actions, including through public-public and civil society–state alliances to hold both states and private actors accountable for the extent to which public or private interests are shaping policy choices, as well as for alignment of policies and actions to national and social priorities, goals and public health needs.
b. Globally, for measures, actions and power shifts, both to hold global private actors more directly accountable, and to change global institutions, rule systems, regimes, and procedures that erode the policy space in SSA to define, set and implement alternatives that better align to socio-economic, population and ecosystem wellbeing.

As was also noted in the UNU-IIGH meeting, this implies changing the rules governing and not just the behaviour of industry actors, and paying attention to the democratic political and procedural systems, cross-cutting institutions and power relations that affect accountability (UNU, 2024). The political economy drivers discussed in *Section 3* indicate that for SSA, this implies linking the political democracy needed for accountability to the economic democracy needed to widen economic inclusion, to drive alternatives to a neocolonial global political economy. For SSA, therefore, 'democratic accountability' of PPAs not only involves measures *within* SSA. They also demand changes to the current global political economy.

Moving from aspiration to reality on this clearly poses huge challenges. However, there are signals of the strategic opportunities for this. It is apparent, for example, that there are divergent interests and objectives within SSA states and between domestic and transnational producers and investors. Domestic producers, including large African corporations, funders and food companies, raise concerns about TNCs and liberalised trade undermining local production. While the extractive sector has a powerful political and economic status in SSA, there is also growing demand for improved returns from mining in SSA, such as in the UN Economic Commission for Africa (ECA) call for accelerated efforts by governments, the private sector, local communities and individuals to improve social and environmental accountability for production and consumption processes (UN ECA, 2015).

There is growing engagement from SSA political and private actors on global rules that undermine tax revenues, or local production of health-promoting technologies and regulation of harmful practices. COVID-19 has amplified this debate and brought divergent views and new momentum to SSA engagement in global platforms and new thinking on strengthening distributed inclusive production capacities in SSA (Loewenson et al., 2022, Machemedze et al., 2022). These different interests open windows of opportunity to strengthen public accountability and public health in the engagement with global private actors, discussed in *Section 5.*

There is also political recognition at the continental level of the potential harms of an expanding role of private actors in health. The African Commission on Human and Peoples' Rights (ACHPR) explicitly stated, for example, that "the growth of private actors' involvement in health and education services delivery often happens without the consideration of human rights resulting in growing discrimination in access to these services, (sic) a decrease in transparency and accountability, which negatively impact the enjoyment of the rights to health and education" (ACHPR, 2019). This section discusses ways in which this recognition has translated into responses from the continent.

4.1 African efforts to secure democratic accountability within SSA

There has been a history of efforts to secure and improve accountability of public and SSA interests, from the struggles against colonialism noted earlier that were pursued by a broad coalition of socio-political forces in the continent, to the current processes to secure democratic accountability in the national and global economy.

Within SSA, there have been efforts to strengthen narratives, evidence and levers for public interest and public health power, including private sector duties for public reporting, transparency and accountability. SSA civil society and technical actors have contributed through multiple surveys to exposing harmful practices and demonstrating the benefit of alternatives. Scholars, policymakers, lawyers and politicians, predominantly from the global south, have challenged false narratives and claims generated by PPAs, and have exposed evidence of health, economic and ecosystem harms and costs.

Access to information laws have been used to promote greater transparency and accountability of TNCs and their dealings with SSA states, such as on extractives or in relation to the pricing of health technologies, as noted in earlier sections. There has been an effort to negotiate improved returns from mining in African countries, albeit limited by the significant power imbalances, with local officials, unions and civil society raising the limited investment in value-added production and high and sometimes poorly monitored rates of extraction with limited benefit to the wider population. Campaigns in SSA, such as 'publish what you pay' and networks such as the Tax Justice Network are also improving evidence on international corporate tax flows and investment funding. Putting pollution monitors in the hands of citizen scientists has helped to expose contamination from corporate practices.

Exposure to the health impacts of mining has led to initiatives on harmonised regional regulation in relation to health duties of extractives and TNCs, including in applying standards no lower than in source countries and to efforts to ensure services and compensation for chronic disease in ex-mineworkers (Thorp, 2017; Loewenson et al., 2016; Thow et al., 2021).

Some actions have involved litigation. For example, the East African Crude Oil Pipeline that was noted earlier to be harming the environment, food security, livelihoods and health of communities led Kenyan, Ugandan and Tanzanian civil society organisations to file a lawsuit at the East African Court of Justice, seeking to halt the project (AI, 2023). Similar litigation has been made in TNC home countries over harmful impacts on workers and communities across SSA. Regional networks bringing together public officials, technical actors, civil society, trade unions and academics have produced a significant body of evidence on the health impacts of TNCs' activities. While not all of this is formally published, it is being used in local and national campaigns to secure accountability for risks in the region (Loewenson et al., 2022). Social activism has also engaged the financial institutions backing investments. For example, in Kenya, Mureithi (2021) describes how over 230 000 Kenyans signed a petition for IMF to cancel a debt-financing arrangement that they perceived as inequitable.

Public concerns have been voiced by civil society, academia and some states and SSA regional actors around the arguments used by PPAs, with campaigns for equity and access, especially in the health sector. Studies have exposed the negative consequences of the biomedical, personal and hospital care model used by private sector health services and public-private partnerships in the health sector, 'risk-skimming' away less profitable population health, primary healthcare and cross-sectoral interventions that are more effective in lower-income communities for the public sector to provide (Loewenson et al., 2022).

The inequalities in access to services and infrastructures for health, market failures, limited regulatory oversight and inflated costs of health inputs that are widening health disparities have triggered public interest alliances and initiatives, as was observed during the pandemic on vaccine equity. Informed alliances involving communities, civil society and professional actors have also taken on these contestations, such as for prior informed consent or the right to say 'no' around extractive industries, and in negotiations to internalise social protection in corporate policies, and on food systems and biodiversity (ACBio, 2020; 2021; 2022; Loewenson, 2018).

Media plays an important role in advancing health-related accountability and governance by promoting the constitutional right to information and access to healthcare and exposing health injustices through social accountability investigative journalism. For instance, a joint investigation of whistleblower documents by the media, watchdog organisations and academia revealed how British American Tobacco (BAT) paid bribes to gain a competitive advantage and undermine tobacco control policies in multiple African countries, as well as ran a surveillance operation and informant network to disrupt competitors (STOP, 2021).

As a further example of the exercise of health rights, the litigation by the South African public health advocacy organisation, Health Justice Initiative, in the Pretoria High Court in 2023 to compel the South African Department of Health to disclose COVID-19 vaccine contracts and related agreements showed how the law could be used to ensure greater transparency and accountability of TNCs' interactions and activities with the state (HJI, 2023). Calls for transparency and accountability have also been amplified by UN and regional institutions, such as the concern around the equity impact of private services noted by WHO AFRO, given the low effective purchasing power of people in the region, and the harmful effect of higher out-of-pocket spending within private expenditures (WHO AFRO, 2010; 2018).

Domestic producers that have been displaced by more powerful TNCs in the market could be a potentially important accountability lever in engaging global actors and processes. For example, the use of genetic engineering to eradicate malaria, as in the 'Target Malaria' project, funded by US philanthro-capitalist actors, and of genetically modified seed and food products, is criticised by various voices on the continent for carrying untested population level and ecological risk, threatening local farmer-managed seed systems and productive diversity, with consequences for zoonotic- and environmental-related disease and epidemics. This has led to calls for active engagement in treaty negotiations that affect the policy latitude to adopt or reject technologies and to protect biodiversity (Loewenson et al., 2022; ACBio, 2021; 2022).

TNCs in health-related sectors, including agriculture and manufacturing, are seen to inadequately link to local small and medium enterprises (SMEs) or to consider local contexts (Wachira et al., 2020). African telecoms company leaders commenting on inequity in markets for health commodities for COVID-19 control, said that those with the resources pushed their way to the front of the queue and took control of their production assets (Ndlovu, 2021). Rather than seeing regulation as a barrier, pharmaceutical manufacturers in Africa see unified regional regulation systems as a boost, not a deterrent, to their manufacturing, supporting the creation of an African Medicines Agency (IFP Manufacturers Association et al., 2019).

Added to this, the African Development Bank has noted a potential divergence of interests between public and private investor interests in health security that may open windows of opportunity for accountability, arguing that a commercial focus on technologies for use in high-level services does not address health needs of the majority of the population in SSA (Shah, 2019), and that "Africa cannot, and Africa must not, outsource the health security of its 1.3 billion people to the generosity and the benevolence of others" (ADB President in Mpoke Bigg, 2021).

4.2 African efforts to secure democratic accountability at global level

The power of transnational actors in SSA and the wider global political economy that enables it have meant that global engagement is an essential dimension of democratic accountability in health. The extraction of natural resources, losses in tax revenue and financial outflows from the continent have been and continue to be areas that trigger responses from African countries.

As one focus of this, tax losses from corporate tax avoidance by TNCs and illicit financial flows have motivated attention from AU and SSA finance ministers on national, regional and continental action to strengthen economic governance, address trade- and finance-related financial leakages and harmonise tax laws to avoid a 'race to the bottom' (Loewenson and Mukumba, 2022). Evidence from east and southern Africa has shown that if a fairer Minimum Effective Tax Rate (METR) of 25% were applied in all countries to stop incentivising the shifting of declared incomes to low-tax countries or tax havens, that region would gain US$26.2/capita

annually in additional tax collection (Loewenson and Mukumba, 2022). SSA governments and diplomats led a process to contest the undemocratic nature of OECD processes for global tax rule setting, promoting, with significant civil society and other southern region support, a resolution adopted at the UN in December 2022 that called for a global tax dialogue under the auspices of the UN (TJN, 2023). Within the region, the tax losses have motivated the building of a unified continental platform, such as the African Tax Administrative Forum, and a political platform in the AU, where SSA countries can engage jointly to reform of global rules enabling tax outflows. The successful initiative on a UN resolution to shift global tax decisions from the OECD to the UN addressed a representation deficit in the global tax system. Still to be addressed are the further steps proposed by SSA of unitary taxation adoption and for tax revenue to be assigned to where revenues are produced (AU, ECA 2014; GAT et al., 2020; Ndajiwo, 2020).

SSA negotiations in global forums have often faced the procedural and resource barriers and bilateral pressures from high-income countries noted earlier. For example, in negotiations on the content of the Code on Ethical International Recruitment of Health Workers ('the Code'), there were successful pressures to drop demands for compensation for losses to public investments in training and personnel. Such negotiations have demanded persistent and unrelenting attention over many years, including after agreements are reached (Loewenson and Molenaar-Neufield, 2019). The recent increase in recruitment of health workers by high-income countries to meet pandemic and social care demands has again exposed the same weaknesses Africans raised and were forced to compromise on when negotiating the Code.

African actions in global health diplomacy were most recently evident in the efforts to overcome the IP constraints in the TRIPS Agreement to local production of essential health technologies to enable equitable and timely access to affordable diagnostics, vaccines, medicines and other health technologies to respond to COVID-19 (AU, 2021b, termed the 'Waiver'). A proposal led by South Africa and India for a time-limited waiver noted that "intellectual property rights [were] hindering …timely provisioning of affordable medical products to the patients" (WTO, 2020), with TRIPS Article 28.1 providing protection of patents and royalty payments for a minimum of 20 years (SEATINI, EQUINET, 2022). Prolonged negotiations took place with most high-income countries opposing the waiver, notwithstanding the urgency. Finally, in June 2022, after significant co-mobilisation by civil society on vaccine equity, the WTO Ministerial Conference adopted a more limited waiver covering only the production and supply of COVID-19 vaccines, and not other health products, such as diagnostics or medicines.

There are also many barriers for SSA to apply the version of the waiver agreed to. While 'developing countries' are seen as eligible, the decision actually urged eligible countries with existing capacities not to use the waiver, stating that 'developing country Members with existing capacity to manufacture COVID-19 vaccines are encouraged to make a binding commitment not to avail themselves of this Decision' (WTO, 2022). The five-year period given for operation of the waiver is insufficient for African countries lacking prior infrastructure to domesticate vaccine production (SEATINI, EQUINET, 2022). While the AfCFTA, as a free-trade agreement, is one response to potentially boost production and distribution of health technology in SSA, its replication of WTO provisions could still constrain this. Its benefits may concentrate in wealthier corporations and countries, while reduced tariffs will diminish the public sector revenues needed for measures to mitigate this (Machemedze et al., 2022).

The COVID-19 pandemic also stimulated growth in African digital health technology. In 2023, the African CDC launched a digital health transformation strategy to support AU member states to collaborate and strengthen public health systems and support locally-driven digital health innovations on the continent (Africa CDC, 2023). The strategy involves 10 flagship initiatives, including integrating Africa's health facilities and community health workers through HealthConnekt Africa; providing a Public Health Informatics Fellowship; hosting an annual HealthTech Summit; developing a Digital Innovation and Data Sandbox; and developing an integrated disease surveillance and response system. In 2024, the African Development Bank Group partnered with HealthTech Hub Africa to support the development and scale-up of digital health innovations in healthcare systems, including telemedicine, electronic records systems, AI-powered diagnostic and screening tools, and aid data sharing (ADBG, 2024).

African countries have thus taken both collaborative and contesting positions in the UN. Collaboration is marked within the continent in UN agency-linked programmes in health, as well as in taking global tax issues from the OECD mandate to the UN to enable more democratic discussion of global tax rules. At the same time, Africans have confronted UN agencies that reproduce disadvantageous global rule systems, as at the WTO, or where they see democratic deficits, such as in pressures to reform the UN Security Council and the IMF. For example, South Africa joined with other emergent economies to call for more inclusive representation in global institutions and lobbied the G20 for a third board chair for SSA in the IMF (Landsberg, 2005).

Within the continent, countries have strengthened institutions to build unity in global negotiations and regional and continental cooperation in economic and trade issues. The Africa group of diplomats has consistently provided a unified platform in negotiations in UN meetings. The Africa group played this role in the 2001 World Trade Organization Doha declaration on the TRIPS Agreement and Public Health, covering access to medicines to confront a global trade system that undermined access to anti-retrovirals for people living with HIV, with support from and supporting African and global civil society. The declaration was adopted, notwithstanding intense contestation from some high-income countries and powerful pharma actors. Article 4 on WTO Members' right to protect public health and, in particular, access to medicines for all was a landmark decision on the precedence of protecting public health in trade (EQUINET SC, 2007).

The Africa group has since maintained a consistent unifying platform in other global negotiations, including on TRIPS waivers, tax rules and common but differentiated treatment in pandemics. More recently, the Africa Group have helped to bring African interests on equitable access and benefit-sharing in negotiations on the proposed WHO Pandemic Agreement and amendments to the International Health Regulations. African states highlighted the need to overcome disparities from global IP regimes in relation to technology transfer, data sharing, research and development, and local vaccine manufacturing capacities (Kaseya, 2024). A range of forms of institutional south-south cooperation have also played a role in SSA to secure more voice and beneficial terms in negotiations globally and with powerful private actors. Such forums include the continental AU, regional development communities, such as SADC, EAC, COMESA, ECOWAS, and, more widely, the BRICS bloc (Gottschalk, 2016; Loewenson et al., 2021). SSA engagement in such forums and alliances is further discussed in *Section 5*.

Key messages

The evidence in the previous sections indicates that for SSA, accountability is not simply a question of checking the design and implementation of domestic sectoral policies. Given the political economy described earlier, accountability implies linking the political democracy needed for accountability to the economic democracy needed to widen economic inclusion and to drive alternatives to a neo-colonial global political economy that privileges powerful private actors. This implies measures both within SSA, and in the region's engagement with global institutions, rule systems and procedures. There is evidence of responses to promote democratic accountability both within countries and from the continent in global engagement, and of challenges faced.

Within SSA, there have been efforts by states, civil society and technical actors to strengthen narratives, evidence and levers for public interest and public health power, including private sector duties for public reporting and transparency; and activities by states, civil society and technical actors to monitor, assess and expose impacts, and to regulate and to litigate; including to internalise health, social and natural costs in the activities of TNCs and other private actors. At international and global level, African countries have strengthened unity and voice in diplomacy and led engagement in a range of areas, including on the extraction of natural resources and illicit financial flows, on unfair tax systems and non-representative global tax governance, on the international recruitment of African health workers, on locally-driven digital health innovations for public sector systems; on representation in key global bodies such as the UN Security Council and the IMF and on intellectual property regimes that undermine local production and distributed access to essential health technologies, including for health security.

5. Implications for and issues in holding transnational private actors democratically accountable in health

The situation, impacts, barriers and levers for public interests described in earlier sections around PPAs affecting health point to possible areas of action that are pertinent for the continent, taking note of the strategic opportunities, challenges and existing actions raised earlier. These are presented in this section as proposals and areas for dialogue and development.

In raising the implications of the findings, we restate that for SSA, accountability is not simply a question of checking the implementation of domestic and regional sectoral policies. It rather relates to the links between the political democracy needed for accountability to the economic democracy needed to widen economic inclusion and drive alternatives to a neocolonial global political economy that privileges PPAs. It implies both action within SSA, and engagement in global systems. We thus raise the implications for action first within SSA, and secondly in global engagement, while noting the links between these two domains of action.

Increasing or persistent health disparities in SSA highlight that measures can entrench inequalities both globally and within SSA countries if they do not challenge a political economy that generates these fundamental inequalities that underlie disparities and disadvantages in health. Unless this is done, the health sector, itself under-resourced, cannot cope with the rising level of need and demand for care. As the Commission on Social Determinants of Health asked in 2008, why do we keep treating people and sending them back to the conditions that make them sick? (WHO CSDH, 2008).

This implies challenging a neoliberal and neo-colonial form of capitalism that positions SSA as a peripheral source of raw materials for wealth creation outside the continent, supported by global trade rules and power and resource imbalances in their negotiation and implementation. This calls for policy choices that do not simply reproduce the same political economy, generally and particularly within the key domains covered in this paper that affect health.

Activism in SSA has exposed, raised and challenged inequities in health in areas such as food sovereignty, HIV treatment access, TRIPS and other trade rules or tax justice. However, activism for wider transformations has also been reinterpreted and transformed into technocratic approaches and philanthropic efforts that reinforce markets that favour the interests of PPAs, with SSA engaging in rule systems and institutions that sustain existing power structures.

Delegates at the UNU meeting warned, and we would thus agree that while it would be tempting to focus on the ‘low hanging fruit’ of improved accountability (and global health governance), there is a strong case for focusing on where power is most concentrated and most unaccountable, unfair or anti-democratic (UNU, 2024b:5). Accordingly, we raise issues for policy and social dialogue on measures and actions for democratic accountability of global private actors in health, first within SSA *in Section 5.1*, and secondly *in Section 5.2* at international and global level. We conclude in *Section 5.3* with suggestions for further research and exchange.

5.1 Actions within SSA to strengthen democratic accountability of global private actors in health

Earlier sections in the paper indicate the multiple drivers of influence of PPAs in health. Hegemonic ideas and explanations are reinforced by private actors using narrative and agential power to influence public and political sectors and control the scope of policy negotiations. This calls for a range of actions to challenge these pressures, including:

a. **Generating evidence, building counter-narratives to strengthen public health interests**, exposing, engaging and, where relevant, litigating including on harmful outcomes and conflicts of interest, as well as on measures that weaken capacities for state leadership and leverage, or that lead to state co-option, distrust/conflict between states and civil society and that weaken public interests. It implies vigilance on and an unpacking of the discourse and interests of ‘non-profit’ private foundation capital within SSA and the extent to which it promotes private profitability over the public interest in

health. While ad-hoc research has generated important evidence, there is need for a more institutionalised production and public domain reporting of evidence, both through disclosure and reporting duties from PPAs, on conflicts of interest; and assessment of health, social and ecosystem impacts and resource flows such as public to private subsidies to bring to public or parliamentary scrutiny. One example is making Health Impact Assessment (HIA) a legal duty for licensing and monitoring of commercial activities and processes, as has been done for Environmental Impact Assessment, but with participation and implementation rights for affected communities, and a scope that covers the full value chains of commercial activities (Loewenson et al., 2022).

b. **Generating debate, approaches and alliances to set and implement health promoting policy alternatives and to strengthen state action**. While countries in SSA set periodic visioning and development strategies, there is need for organised, participatory, open and informed public and political debate on setting and operationalising economic models that are inclusive, distributed, circular, and that stimulate domestic production and that balance social, economic and ecosystem needs, including from climate challenges. In *Section 4* the different interests of domestic and TNC producers were noted as one strategic lever for this, and for policy choices and alternatives that direct public subsidies to local producers, expand support to R&D for technology innovators and small-scale producers through capital investments, information and other measures, internalise health and ecosystem issues, and strengthen upstream and downstream linkages with local production in areas where international TNCs are active (Ryder, 2022; Loewenson, 2018). This calls for effective use of state mechanisms such as procurement tenders, tariffs, taxes and of distribution systems within SSA to incentivise and facilitate the growth of domestic production and to apply the redistributive role of the state, such as through tax and investment measures. This is not a new idea – it was a dominant model of the post-independence periods in SSA, but was overtaken by debt and structural adjustment policies, and the social class 'winners' in SSA (Mkandawire, 2005; Valiani, 2023). It needs to be reframed for the current global context, while learning from other regions. In relation to digital technologies, countries like China have historically focused on localising essential supply chains on national security grounds (Zbyszewska and Sekalala, 2023). While policy instruments like the AfCFTA have the potential role in this, as noted earlier, this is unlikely to be the case unless they include complementary measures to strengthen domestic producers that have been largely marginalised in a neoliberal global economy.

c. **Changing rule systems and strengthening regulation of powerful private actors within SSA countries.** The previous sections point to areas of TNC practice, including in exercising influence (some no longer legal in TNCs' home countries), that constrain local producers or that generate inequalities, ecological damage and negative health outcomes (Loewenson et al., 2022). As has been applied in other regions, this calls for institutional, procedural and legal changes within SSA countries to shift from voluntary 'social responsibility' to legal measures and enforcement capacities where there are harms to health or a need to align to national policy goals. Within countries, key sectors of global private actors (financial/fintech, agribusiness, consumer, health care, technology, mining, oil and gas, digital services, logistics and transportation sectors) need to be subjected to legal review. Harmonising continental and sub-regional standards can provide guidance for this, improve opportunities for local producers of safe products, ensure ethical practice related to the application of new technologies, and promote data sharing. Regional approaches can enable information sharing on commodity and service pricing and tariff and tax systems that can prevent a 'race to the bottom' competition between countries (Coetzer, 2021; Oguttu, 2018; Aliu, 2023). For example, the TNC domination of digital technology infrastructures and IP regimes that have sealed digital and other health-related ecosystems from equitable access and benefit-sharing, are challenges for public accountability and health equity, including for African-based actors to expand their own locally-led innovation in SSA. Accountability calls for law and policy reform to contain the unilateral extension of TNCs' influence in digital ecosystems in ways that exacerbate inequalities and violate human rights,

especially the right to health. This includes using human rights law to uncover unjust strategies used by TNCs to manoeuvre across geographical boundaries and legal systems, addressing tax incentives that advantage TNCs over local innovators and industries, and harmonising standards of ethical practice in the use of digital systems in health. Strengthening regulation and indeed litigation demands political space for these actions, given the risks and dangers inherent in challenging powerful actors, such as through peer support, anonymous reporting, and whistle-blower protection (UNU, 2024).

d. **Promoting public interest and regional alliances and action**. While strengthened regulation and steering of public interests calls for the actions and capacities noted above, their implementation and success depends on strengthened public interest alliances between politicians, policymakers, professional groups, civil society, and indeed communities, in strategic networks and joint multi-stakeholder initiatives within and across SSA countries. This is necessary to obtain democratic representation, fair benefit and greater power in decision-making on inclusive models and use of state measures. For example, parliamentary scrutiny for accountability means bringing off-budget funding in public-private initiatives, regulatory measures by statutory instrument or executive orders back into proactive parliamentary and public domain, to enhance transparency, and improve their content prior to their conclusion. A robust civil society, strong media and investigative journalism and technical capacities in both are also levers for accountability and for building state-civil society/public/professional alliances, as was the case with access to medicines or vaccines. This implies explicit measures to open political space and overcome the disconnect and distrust between states and civil society and the marginalisation of local producer voice. Civil society can reframe issues and produce compelling evidence and arguments for action, build coalitions beyond the health sector, introduce policy alternatives and promote rights-based approaches as levers for regulation. This is particularly relevant as states become more aware of the demand to respond to electorate needs and involve more informed societies (Smith et al., 2016). Promoting public interest is also an area for improved regional co-operation and alliances. *Section 4* noted how alliances in SSA have made gains in accessing information, regulating practice, exposing and preventing the externalisation of health costs and burdens and in shifting decision-making to more representative platforms. These have, however, often been issue-specific in separate campaigns, such as in the tax justice, treatment access, food sovereignty or vaccine equity, but could co-ordinate to more deeply engage the common information, procedural and state systems and opportunities to exercise public interest.

5.2 SSA engaging internationally and globally on democratic accountability of global private actors in health.

The positioning raised earlier of SSA as a peripheral actor and source of natural resources in a neoliberal and neocolonial global economy that has constrained or co-opted African states in efforts to align global actors and TNCs to public interests, presents challenges to democratic accountability. While action within SSA countries provides an important base, this context also calls for wider global engagement. The 2023 UNU-IIGH meeting identified examples of such global-level actions, many pertinent to action by SSA. The positioning and challenges for SSA suggest various forms of engagement on accountability at global level, including:

a. **Contesting and proposing alternatives to inequities in global architecture, representation deficits and rule systems that undermine public interests and accountability.** In global forums, there are opportunities to build on and generate wider evidence and across sectoral voice on global tax rules, systems and architecture, on illicit financial flows, conflicts of interest, human rights abuses, and de-marketisation of key sectors (UNU, 2024 and See *Section 4*). The African-led initiative on a UN resolution to shift global tax decisions from the OECD to the UN successfully addressed a representation deficit, but now demands deepening and wider engagement to achieve the steps proposed by SSA on unitary taxation and for tax revenue to be assigned to where revenues are produced (AU, ECA 2014; GAT et al., 2020; Ndajiwo, 2020). As noted in *Section 4,* there is demand for support of sustained African diplomacy on

widening IP waivers on health technologies, on equity issues in pandemic treaty negotiations at the WHO, on a fairer, more predictable tax-based approach to global financing of climate commitments, and reform of the UN Security Council and the IMF, amongst other areas. SSA diplomacy also has opportunities to use, engage in and interpret from an African lens global standards that promote health, including Conventions of the WHO and International Labour Organisation, the UN Human Rights Council Guiding Principles on Business and Human Rights (UN, 2011). and the recent UN Human Rights Commission submission on consideration of fiscal legitimacy and human rights in decision-making, including in relation to the transparency and accountability of private actors (UN HRC, 2024)

b. **Strengthening, informing and sustaining unified African engagement in global platforms and on shared positions**. Proactive global engagement implies moving from the competitive engagement between African countries that has been fostered by trade agreements and investments that have divided countries or disrupted regional economic communities, and strengthening more unified state and civil society platforms in Africa and links between embassies and capitals to engage on global policy and rules (Dreher et al., 2018; Hunter and Marriot, 2018). The Africa Group of diplomats' coordination of unified intervention in global forums noted in *Section 4* has been an asset in such engagement in various global processes, as has been the AU CDC engagement during the pandemic on access to health technologies; and AU and SSA action on the TRIPS Waiver. Networking and alliances, including use of digital tools such as the Africa CDC digital transformation strategy, offer opportunities to develop local context-aware solutions to challenges posed by global actors and systems for health in SSA. Shared positions and organisations have been key to the AU political platform to engage on the global governance of tax rules and the building of a unified continental platform, such as the African Tax Administrative Forum. Building unified positions that are based on inputs from within SSA countries is a key asset in engaging on reform of global rules.

c. **Strengthening SSA policy, voice in and accountability of south-south and global alliances.** Continental and regional alliances across SSA countries and south-south alliances such as the BRICS platform have helped to amplify African voices in global platforms (Akinbo et al., 2021; Gray and Gills, 2015; George, 2011). Global alliances such as Tax Justice Network, continental hubs, such as the African Vaccine Manufacturing Hub, have the potential to support new capacities and approaches. These networks are often issue-specific or target specific negotiations. For example, a network of African academics, the Pan-Africa Epidemic and Pandemic Working Group (PAEPWG), has supported analysis and voice in the negotiations on the Pandemic Treaty and amendments to the International Health Regulations (PAEPWG, 2024). Globally, collaborative platforms, such as the South-South Network for Public Service Innovations, use a multi-tiered approach for governments, private sectors, experts and academics to share knowledge and develop local solutions for advancing public service innovations and delivery. Multi-sector collaborative coalitions, such as Transform Health, have engaged on shared approaches to emerging digital technologies, a robust global health data governance framework and primary healthcare systems investment for LMICs (Transform Health, 2024). Such south–south and global alliances and forums provide assets for accountability at global level. Where SSA networks engage in these partnerships, they need to reach beyond the same axes of concentrated power within selected countries in the continent, and be vigilant on the paradigms and interests pursued and the power relations involved. For SSA this raises a demand to know and bring to public domain the role, space and accountability mechanisms of these networks in relation to institutional mechanisms, public interests and mandates SEATINI, EQUINET, 2022; Sekalala and Rawson, 2023). It implies addressing how far the processes and measures in these alliances provide meaningful spaces for SSA actors and voices, especially for lower-income countries and communities, including to frame and lead global engagement.

5.3 Issues for further research

We acknowledged in the introduction to the paper various limitations. These are also areas for further research. They include gathering evidence beyond published secondary sources on key policy issues and processes to better understand the levers for accountability.

Policy research and analysis of recent negotiations, such as the TRIPS waiver, provides opportunities for better understanding the strengths and weaknesses of measures used to advance SSA interests and improve democratic accountability. Embedding such analyses into discussions by groups such as the Africa Group of diplomats or within processes such as the ECSA HC and EQUINET capacity building courses on global health diplomacy, provide an opportunity to link research more directly to strategic review and policy engagement. We also noted the limitation that privatisation in SSA has led to many other equally important areas where global private actors impact on health, including those relating to biodiversity, water, waste, electricity and healthcare. These are areas for further research.

Issues that need to be tested through more focused research include questions around the divergence of interests between African corporations and global TNCs and the implications for advancing African alternatives in global and regional processes. There are issues around how far and in what areas structures such as the BRICS present a means for advancing public and health equity issues for SSA in global processes, particularly given the nature of emergent economy private actors in SSA in areas such as mining, pharmaceuticals, food and health services. Research that explores more deeply the policy and diplomacy processes around such key areas in these platforms and in their global engagement can provide helpful evidence for SSA. It would also be useful to conduct more research on the growth in litigation around TNCs' processes and their liabilities and how this may inform instruments and agreements on business and human rights, including the negotiations on this at the UN Commission on Human Rights.

Research on **new and rapidly changing areas of private global actor influence**, such as in the proliferation of digital and AI and LLM technologies and investment in digital health innovations is also needed, including on the way discourses about personalised healthcare and wellness, disease management and surveillance are used to advance this digital health agenda. This calls for more detailed empirical and case study inquiry into the legal and ethical dimensions, state measures and agreements, public knowledge and consequences for health and social rights. There are similar evidence gaps in understanding the relationships and networks of public and private actors in diverse domains such as medical technologies, insurance, food systems, cloud technologies and banking and finance.

Another significant area for research and dialogue is **how global private actors are engaging in SSA on climate change**. SSA is one of the most affected regions, given its agricultural-based economy and extraction of non-renewable resources (Ayanlade et al., 2022). Evidence shows that climate change is exacerbating food insecurity, forced migration and exposure to water and foodborne infectious diseases (Wright et al., 2024). Climate change intersects with the environmental, biodiversity and food-system challenges raised in this paper and strains health systems and public funding. At the same time, the way these different issues are addressed in SSA, and particularly for disadvantaged communities, affects the extent to which populations and countries will be vulnerable to climate impacts. There are other dimensions of inequity: Africa contributes less than 4% of carbon emissions but only gets 3% of climate finance inflows, which is inadequate to meet its climate-related needs and degree of vulnerability (Development Initiatives, 2022). Research indicates that SSA lacks effective early warning systems to support responses to climate impacts on health (Climate Investment Fund, 2020). There are also questions of how far climate financing is addressing the drivers of vulnerability and supporting alternatives to these drivers that are generated from within the region. Related to this are questions of how power relations in climate negotiations impact on African voices and interests and calls for various forms of research to inform and strengthen agency to engage in national, regional and global processes (Amuasi and Winkler, 2020; Wright et al., 2024).

These areas of research also raise the question of **who will fund research on the democratic accountability of private global actors in health.** There is already a report on the limitations of externally-funded health research, including not being aligned to local needs, sustainability challenges due to limited timeframes, and disparities due to unequal distribution of resources and exploitation of local knowledge systems and benefits. It seems self-evident that research to strengthen democratic accountability in health in SSA should be funded from public sector sources within SSA in partnership with SSA academia, sharing research capacities and evidence and linking evidence to public health training, including on issues such as health governance and accountability.

Key messages

Increasing or persistent disparities within countries and globally that relate to global PPAs call for propositional demands on policies, institutions, rule systems and discourses that would shift existing power structures as a basis for democratic accountability, both within SSA and globally. The levers and challenges for public interests described in earlier sections around PPAs affecting health in SSA point to pertinent areas of action both within SSA and in SSA's global engagement. Key areas raised to strengthen accountability of global private actors in health include:

Within SSA:

e. Generating evidence and building counter-narratives to strengthen public health interests.
f. Generating debate, approaches and alliances to set and implement health promoting policy alternatives and strengthen state measures and action on these alternatives.
g. Changing rule systems to enable local producers and strengthen regulation of transnational private actors.
h. Promoting alliances and action across public interest stakeholders within SSA and at regional level.

In international/global engagement:

d. Contesting and proposing alternatives to inequities in global architecture, representation, rule systems and economic models that undermine public interests and accountability.
e. Strengthening and informing unified African positions and engagement in global platforms
f. Strengthening, with vigilance on equity and SSA leadership on policy, voice and accountability, engagement in south-south and public interest global alliances.

There are various areas for further research, particularly drawing from primary sources, to better understand the levers for accountability. They include:

a. Policy analysis of SSA impacts in key global negotiations, to inform global health diplomacy.
b. Specific issues, such as the strategic implications of different interests of African corporations and global TNCs, the impact of litigation around TNCs' processes and their liabilities, or options on new areas of private global actor influence, such as digital health innovations.
c. SSA and global private actor positioning/impact on climate-diplomacy and financing.
d. The impact of research funding sources on SSA research on the democratic accountability of private global actors.

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