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A Selective Commitment:

Pharmaceutical Actors, Conflict Visibility, and the Fulfilment of the Right to Health

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Abstract

This thesis examines the role of pharmaceutical companies in fulfilling the right to health in conflict settings, where the destruction of health systems severely disrupts access to essential medicines. It evaluates the voluntary and mandatory legal frameworks governing pharmaceutical engagement in armed conflict and assesses their implications for the realisation of the right to health. A comparative case study of the ongoing war in Ukraine and the civil war in Sudan is used to explore how pharmaceutical actors respond across conflicts with severe humanitarian consequences.

The findings of this research indicate that pharmaceutical mobilisation is more closely associated with conflict visibility than with humanitarian need. A systematic review of twenty major pharmaceutical companies identified eighteen public statements supporting Ukraine, but zero addressing Sudan, despite both conflicts experiencing catastrophic health system collapse. This disparity suggests that pharmaceutical engagement is shaped by visibility, and existing legal frameworks remain insufficient to promote equitable corporate responses across conflict settings. The thesis then further explores structural factors that may contribute to these asymmetries, including the influence of colonial legacies and Global North–South divides within humanitarian, global health and business governance.

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List of Acronyms

ATMI – Access to Medicine Index

B4P – Business for Peace

BHR – Business and Human Rights

CSDDD – Corporate Sustainability Due Diligence Directive

CSR – Corporate Social Responsibility

EMs – Essential Medicines

EU – European Union

GC – General Comment

GDELT – Global Database of Events, Language, and Tone

HIC – High Income Country

HRDD – Human Rights Due Diligence

ICESCR – International Covenant on Economic, Social and Cultural Rights

ICRC – International Committee of the Red Cross

IHL – International Humanitarian Law

IHRL – International Human Rights Law

MNC – Multinational Corporation

NCPs – National Contact Points

NMPB – National Medicines and Poisons Board

OCHA FTS – Office for the Coordination of Humanitarian Affairs Financial Tracking Service

ODA – Official Development Assistance

OECD – Organisation for Economic Co-operation and Development

R&D – Research and Development

SfS – Socialisation for Scarcity

SME – Small and Medium-sized Enterprise

TNE – Transnational Enterprise

TWAIL – Third World Approaches to International Law

UDHR – Universal Declaration of Human Rights

UNDP – United Nations Development Programme

UNGPs – United Nations Guiding Principles on Business and Human Rights

UNWG – United Nations Working Group on Business and Human Rights

USAID – United States Agency for International Development

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Author's Note on Positionality and Research Interests

This research topic slowly took shape over a decade of academic and professional experiences. With any project that aspires to draw attention to inequalities and inequities that persist today, I believe also mandates a statement on positionality. In the thesis that follows, I discuss potential impacts of colonialism and utilise understandings of Global North-South divisions. I feel therefore compelled to disclose that this dynamic has always been an interesting societal tension point that I have yearned to detangle, as my ancestral heritage is firmly rooted in the Global South, but I am the first generation in my family to be born and raised in a country of the Global North, with strong social and financial supports in place - for which I am eternally grateful. This has of course, in many ways shaped my lived experience and understanding of my own identity and place within the world. Both of my parents also worked in public welfare for the government, and conversations of injustice and inequity took an ever-present seat at the dinner table as I grew up. I likely knew the word disparity before I knew long division.

As such, I was naturally drawn to issues of health and, consequently, health disparities. Since finishing my Bachelor's and first Master's in Public Health in 2022, I have worked on wide-ranging health issues from global drug control programmes to sexual health education development to consulting for pharmaceuticals on advocacy and communications materials for their social programs. I became stuck on the resources that pharmaceutical companies have, and the life changing drugs that exist primarily within a for-profit market. Concurrently, the world witnessed and followed outbreaks and escalations of armed conflicts, with news articles flooding in daily of new atrocities. Naturally, given my predisposition to focus on health, I became fixated on both the short-term and long-term consequences of war on health and health systems. This thesis is an ambitious, and admittedly more challenging than anticipated, attempt to bring together my passion for global health equity by exploring the role that pharmaceuticals can take and narrowing in specifically on conflict settings.

Chapter 1: Introduction

1.1 Background

1.1.1 Conflict and Health

Conflict and health are inextricably linked to one another. Armed conflict leads to destruction of health infrastructure, displacement of the health workforce, strained health systems and disrupted medical supply chains.¹ The conditions of conflict facilitate the spread of infectious diseases and preventable deaths, whether by refugee camps, or the limited access to health care. Furthermore, acute malnutrition rises, populations experience severe mental health effects and maternal and child health deteriorate sharply in settings with active hostilities.²

Global trends indicate a distressing rise in the number of armed conflicts since 2022.³ Studies on both historical and contemporary conflicts document an increasing number of deliberate attacks on health facilities as a military tactic in recent years, which is in direct violation of international humanitarian law.⁴ Moreover, the World Bank estimates, more than 1.5 billion people currently live in areas that are fragile or affected by conflict, or 1 in 4 people globally.⁵ With the rising tide of conflicts and the destruction of health systems generating subsequent waves of humanitarian crises, complex questions arise concerning the allocation of legal responsibility and accountability among states, international organisations and increasingly influential private actors.

1.1.2 The Role of the Private Sector

The last several decades have endured a profound institutional transformation for global health governance, with public-private partnerships (PPPs) and multi-stakeholder arrangements becoming increasingly central to the delivery of humanitarian health responses.⁶

¹ Garry Sylvia and Francesco Checchi, 'Armed Conflict and Public Health: Into the 21st Century' (2020) 42(3) *Journal of Public Health* e287.

² *ibid.*

³ Emmanuel Kokori and others, 'A Mini-Review on Safeguarding Global Health amidst a "Pandemic" of Armed Conflicts' (2024) 103(20) *Medicine* e37897.

⁴ Carolyn Briody and others, 'Review of Attacks on Health Care Facilities in Six Conflicts of the Past Three Decades' (2018) 12(1) *Conflict and Health* 19.

⁵ World Bank, 'Fragility, Conflict and Violence' (World Bank) [World Bank webpage](#) accessed 12 May 2026.

⁶ Leah Shipton, 'The Landscape of Public–Private Partnerships in Global Health Governance: Introducing a New Dataset' (2025) *Globalization and Health*, <https://doi.org/10.1186/s12992-025-01162-z>; Katerini Tagmatarchi Storeng, Antoine de Bengy Puyvallée, and Felix Stein, "COVAX and the Rise of the 'Super Public–Private Partnership' for Global Health," *Global Public Health* 18, no. 1 (2023): 1987502.

These arrangements bring together governments, international organisations, corporations, civil society, and philanthropic foundations to collaborate on global issues allowing for more diverse participation. The impact of increased participation is debated amongst scholars, especially regarding issues of transparency, accountability or democratic legitimacy.⁷

Nevertheless, the private sector has become more engaged in humanitarian efforts and global health initiatives over time, with the pharmaceutical industry occupying a universally influential position within this landscape. Pharmaceutical companies can be classified as transnational enterprises (TNEs) or multi-national corporations (MNCs), with business operations spanning multiple countries. Their influence stems from their position at the frontiers of global research and development (R&D), the production of essential medicines (EMs), and the global supply chains through which those medicines reach individuals.⁸ Taken together, pharmaceutical companies vast financial resource pool and institutional influence in global health make them critical actors when coordinating cross sectoral efforts to fulfil the right to health in all settings.

1.1.3 Governing Landscape for the Private Sector

Despite the criticality of pharmaceutical engagement, current systems to guide and monitor private sector conduct remain inadequate and largely voluntary.⁹ The United Nations Guiding Principles on Business and Human Rights (UNGPs) represent the most widely recognised international standard for corporate human rights responsibilities. The framework emphasises a “do no harm” approach centred on human rights due diligence (HRDD), requiring companies to identify, assess, and mitigate risks associated with their operations.¹⁰ Though non-binding, The UNGPs have clarified corporate responsibilities to a certain degree, and circuitously supported state governments in developing and domesticating their own legal requirements for businesses through processes of norm internalisation and enhancing social

⁷ *ibid.*

⁸ Fred D Ledley, Sarah Shonka McCoy, Gregory Vaughan and Ekaterina Galkina Cleary, 'Profitability of Large Pharmaceutical Companies Compared With Other Large Public Companies' (2020) 323(9) JAMA 834, <https://doi.org/10.1001/jama.2020.0442>.

⁹ Karin Buhmann, 'Addressing a Human Rights Paradox in the Green Transition: Guidance for Invested Mining Operations to Benefit Local Communities' (2023) 419 Journal of Cleaner Production 137903, <https://doi.org/10.1016/j.jclepro.2023.137903>.

¹⁰ UN Human Rights Council, 'Guiding Principles on Business and Human Rights: Implementing the United Nations "Protect, Respect and Remedy" Framework' UN Doc HR/PUB/11/04 (2011).

legitimacy.¹¹ Moreover, the UNGPs have increasingly shaped litigation on corporate human rights harms, as courts and experts cite the principles as interpretive benchmarks to assess conduct. This has contributed to transitions from soft to hard law for corporate accountability, creating a spillover effect that influences reforms.¹² That being said, the UNGPs continue to primarily rely on voluntarism and risk-based management processes, which limit its ability to address broader systemic challenges or account for sector specific responsibilities. These limitations are particularly evident in conflict-affected environments, where governance structures may be weakened, complicating efforts to monitor and address corporate behaviour, in relation to access to medicines and the protection of the right to health.

The first binding regional instrument codifying due diligence obligations of businesses only recently came to pass in 2024 and is known as the European Union's Corporate Sustainability Due Diligence Directive (CSDDD), though its scope was significantly narrowed and amended by the Omnibus I reform.¹³ At present, the Directive is being implemented in phases, scaling up requirements for transnational companies with high profit turnover that operate or are based in the European market.¹⁴ The CSDDD also possesses extraterritorial cascading effects, requiring companies within its scope, to account for adverse human rights impacts throughout their global value chains. As such, its effects extend beyond EU borders, poised to impact pharmaceutical companies operating in conflict-affected settings and external markets to some degree. While the Directive represents a substantial expansion of mandatory human rights due diligence obligations, its focus remains primarily on preventing and addressing adverse impacts linked to corporate activities, rather than establishing business responsibilities of humanitarian assistance or health.

Working in tandem with the CSDDD are the Organisation for Economic Co-operation and Development (OECD) Guidelines for Multinational Enterprises on responsible business conduct, which is another soft law instrument that carries normative weight given that most EU Member states are also members of the OECD.¹⁵ The guidelines align closely with the

¹¹ Peter Muchlinski, 'The Impact of the UN Guiding Principles on Business Attitudes to Observing Human Rights' (2021) 6(2) *Business and Human Rights Journal* 212.

¹² Marisa McVey, 'Outsourcing the Responsibility to Respect? "Visibilising" the External Expert in Business and Human Rights Litigation' (2025) 10(2–3) *Business and Human Rights Journal* 363.

¹³ Directive (EU) 2024/1760 of the European Parliament and of the Council of 13 June 2024 on Corporate Sustainability Due Diligence and Amending Directive (EU) 2019/1937 and Regulation (EU) 2023/2859 [2024] OJ L 2024/1760.

¹⁴ *Ibid.*

¹⁵ OECD, *OECD Guidelines for Multinational Enterprises on Responsible Business Conduct* (OECD Publishing 2023) [original edn 2011]; Karin Buhmann and Leonard Feld, 'Shifting Boundaries: A Transnational Legal

UNGPs both in language and content, covering a variety of topics relevant for businesses.¹⁶ It's worth noting that the OECD Guidelines operationalised the UNGPs' human rights due diligence more practically by requiring states to establish National Contact Points (NCPs) as a state-based non-judicial grievance mechanisms for corporate misconduct. Both the UNGPs and OECD Guidelines have been instrumental in shaping the CSDDD towards mandatory human rights due diligence.¹⁷

Recently, in May 2026 the OECD also published a specific guidance on responsible business conduct for pharmaceuticals, noting the industry's prevailing reach and global impact. The report identifies environmental, social and governance risks associated with the industry and details historical cases of violations in each category spanning pollution, unethical clinical trials, counterfeit medicines, barriers to affordability and access to essential medicines, and other persistent challenges.¹⁸ Furthermore, the OECD report highlights issues of supply chain visibility and reliance on outsourcing research and manufacturing to third parties with due diligence mechanisms. These issues encompass challenges that are further compounded in conflict-affected settings, considering conditions of weakened regulatory oversight, corruption, reduced supply chain traceability and increased counterfeit drug distribution.¹⁹ Though the report acknowledges industry efforts to enhance transparent due diligence, it also emphasises the need to leverage and improve existing traceability frameworks, especially in conflict affected geographies.²⁰

Collectively, the UNGPs, CSDDD and OECD Guidelines contour the lines of business responsibilities and shape the governance architecture of the private sector. Transposition from soft to hard law in the form of mandatory frameworks is underway however the regulatory landscape remains fragmented, and the expanding influence of multinational corporations continues to outpace the development of enforceable accountability mechanisms.²¹ Cross-

Perspective on the EU Corporate Sustainability Due Diligence Directive' (2024) 15(3) Transnational Legal Theory 370.

¹⁶ *ibid.*

¹⁷ *ibid.*

¹⁸ OECD, *Due Diligence Essentials for Responsible Pharmaceuticals* (OECD Publishing 2026), https://www.oecd.org/en/publications/responsible-business-conduct-spotlights_03a75bf9-en/due-diligence-essentials-for-responsible-pharmaceuticals_d23c0086-en.html.

¹⁹ *ibid.*

²⁰ *ibid.*

²¹ Antoine de Bengy Puyvallée, 'The Rising Authority and Agency of Public-Private Partnerships in Global Health Governance' (2024) 43(1) *Policy and Society* 25; Auwal Rabi Auwal and others, 'The Global Implications of U.S. Withdrawal from WHO and the USAID Shutdown: Challenges and Strategic Policy Considerations' (2025) 13 *Frontiers in Public Health* 1589010, <https://doi.org/10.3389/fpubh.2025.1589010>; Shipton (n6).

disciplinary business and human rights (BHR) literature has examined these accountability gaps and its constitutive parts under many different lenses in recent years, drawing on legal, development and organisational perspectives. One dimension that remains comparatively underexplored from this field however, is Global North-South power asymmetries stemming from colonial legacies that continue to shape institutional structures. Such perspectives are more common in global and public health scholarship, where it is increasingly recognised that global health governance, including pharmaceutical actors, alongside their built-in funding flows and normative frameworks, were predominantly constructed by and for Global North actors.²²

Narrowing in on the pharmaceutical industry itself, all of the twenty most influential multinational pharmaceutical companies are headquartered in the United States, the United Kingdom, Europe or Japan.²³ As it will be demonstrated in this thesis, this concentration within the Global North orients voluntary pharmaceutical engagement in humanitarianism towards conflicts more proximate to their economic and political interests rather than on humanitarian need.²⁴ The combination of voluntary frameworks such as the UNGPs or OECD guidelines alongside the emerging CSDDD creates space for selective and imbalanced implementation of due diligence obligations. As a result of this, pharmaceutical mobilisation risks tracking the visibility of a conflict instead of the severity of health needs. This dynamic may contribute to reproducing historically entrenched hierarchies within global health governance where access to essential medicines and the right to health are unevenly realised across conflict geographies.

1.1.4 Socialisation for Scarcity and Decolonialism

Paul Farmer, widely regarded as the father of global health, aptly captured the underlying dynamic that characterises humanitarian engagement through his concept of socialisation for scarcity (SfS). Farmer argued that health crises often reflect failures of societal organisation rather than absolute shortages.²⁵ In other words, the challenge is not the lack of available resources, rather, it is the systems through which those resources are mobilised and distributed that are culpable. Pharmaceutical companies are among the most consistently

²² Auwal and others (n21); Shipton (n 6).

²³ Access to Medicine Foundation, 'Index Ranking' (Access to Medicine Foundation) <https://accesstomedicinefoundation.org/insights-resources/index-ranking> accessed 18 April 2026.

²⁴ Using Wispelwey's definition of Global North and South as referring to the division of states based on power, colonial history and wealth, rather than simply geographic lines.

²⁵ Shipton (n6).

profitable industries globally, generating revenues that dwarf the humanitarian aid budgets of many states by landslides.²⁶ Yet their engagement in aid hinges more upon will than on capacity with no required contributions under current legal frameworks.

The tendency to treat the absence of essential medicines or supplies in conflict settings as an inevitable byproduct of conflict instead of failure of mobilisation is a structural failing, or a socialisation for scarcity as Farmer described. Health innovation has reached new heights of success, with many documented diseases eradicated in the Global North, that still state the Global South despite available treatments existing.^{27 28} The obligation or accountability architecture however to consistently and equitably distribute these necessary medicines and vaccines across conflicts of different geographies is absent, despite pharmaceutical companies wielding significant financial and political influence, alongside a global supply chain infrastructure, making solutions theoretically possible.²⁹

To better understand the absences of such accountability, it is important to engage with decolonial scholarship. Pharmaceutical engagement with humanitarian organisations does carry a degree of inherent tension. Humanitarian organisations have historically maintained a degree of scepticism towards corporate engagement, concerned about the discordant institutional drivers, the former being aid based and the latter being profit based, consistent with their institutional logics.³⁰ These concerns are legitimate especially given that the normative frameworks governing global health and humanitarian aid were constructed by the Global North or high income countries (HIC) undoubtably embedding them with inherited hierarchies, such as SfS, but this should not entirely deter efforts for collaboration, rather they should tactfully include decolonial perspectives.

Decoloniality as a concept is often cited as coming out of the 1955 Bandung Conference, where many Asian and African countries joined together to imagine a future free

²⁶Joan Busfield, 'Documenting the Financialisation of the Pharmaceutical Industry' (2020) 258 *Social Science & Medicine* 113096, <https://doi.org/10.1016/j.socscimed.2020.113096>.

²⁷ Worthy to explore additional literature on the politics of non-communicable diseases (NCDs) and neglected tropical diseases in global health and development literature.

²⁸ Jingjing Chen and others, 'Global Trends and Burdens of Neglected Tropical Diseases and Malaria from 1990 to 2021: A Systematic Analysis of the Global Burden of Disease Study 2021' (2025) 25(1) *BMC Public Health* 1307; Nsikakabasi Samuel George and others, 'Addressing Neglected Tropical Diseases in Africa: A Health Equity Perspective' (2023) 8(1) *Global Health Research and Policy* 30; David Reubi, Clare Herrick and Tim Brown, 'The Politics of Non-Communicable Diseases in the Global South' (2016) 39 *Health & Place* 179.

²⁹ José Luis Valverde and Eduardo Pisani (eds), *Globalisation of the Pharmaceutical Industry* (IOS Press 2016).

³⁰ Patricia H Thornton and William Ocasio, 'Institutional Logics' in Royston Greenwood and others (eds), *The Sage Handbook of Organizational Institutionalism* (Sage 2008) 99.

of colonial ties and how to reconstitute progress outside of a Western framework.³¹ This has come to mean challenging systems, institutions and epistemologies that uphold certain privileges for the Global North.³² The term has grown spectacularly in popularity, making its way to the top of the global health and broader development agenda, though it has lacked clarity and is often co-opted tokenistically by the very institutions that are headquartered in the Global North and born of the same world order that perpetuated colonialism. It has unfortunately become a blanket term to mean social change, and has thereby let language surrounding change become less specific, while the demands diversify.³³ As Krugman observes, in order to advance, global South scholars must participate in “Northern ventriloquism” in which LMIC scholars enunciate HIC ideas to access...³⁴ resources and be taken seriously in the academic sphere. This system in itself eats away at epistemic justice. Krugman also notes that the field of decolonial scholarship is relatively divorced from broader global health and global political theory literature, a gap which this thesis would extend to include conversations about the role of the private sector specifically. This is perhaps reflective of anti-capitalist notions held by decolonial scholars, which logically resists collaboration with profit driven institutions the field aims to dismantle. This discordance, however understandable, prevents meaningful systemic shifts in society that are required.

Different motivations do not mean collaboration is impossible. On the contrary, if decolonial perspectives were more deliberately brought into legal, economic and political ecosystems, perhaps more systemic and historically grounded progress could be achieved. This thesis adopts Michel and colleagues conception of decolonialism within global health involving “redistribution and reprioritization of resources, authority and knowledge, particularly in how global health is governed and practiced.”³⁵ Bringing these perspectives into conversations examining the role of multinational corporations, and positioning pharmaceutical companies as potential agents of redistributive change, rather than the natural adversary, could support the balancing of power and resources that decolonial global health

³¹ Walter D Mignolo, *The Politics of Decolonial Investigations* (Duke University Press 2021); Justine McGovern and Lisa Fusco, '70 Years of Decoloniality: Epistemic Disobedience and Global Public Health' (2025) 13 *Frontiers in Public Health* 1658591.

³² Daniel W Krugman, 'Global Health and the Elite Capture of Decolonization: On Reformism and the Possibilities of Alternate Paths' (2023) 3(6) *PLOS Global Public Health* e0002103.

³³ *ibid.*

³⁴ Low-middle income countries (LMIC) and high-income countries (HIC)

³⁵ Janique Michel, Sivarajah Murugasampillay, Thomas C Sauter and Marcel Tanner, 'Tele-Education: Pandemic-Proofing Global Education' (2022) 67 *International Journal of Public Health* 1604872, <https://doi.org/10.3389/ijph.2022.1604872>; Deena Mehjabeen, Kyle Patel and Rahul M Jindal, 'Decolonizing Global Health: A Scoping Review' (2025) 25(1) *BMC Health Services Research* 828.

scholarship seeks. Reforming the legal architecture governing the private sector is a behemoth of a task, but it is not an impossible one; it can exact meaningful change that does not require choosing between profit and justice, but reimagining cross-disciplinary engagement in this dizzying puzzle of change.

1.1.5 Broader Landscape Shifts for Health and Conflict Aid

Recent geopolitical developments have further complicated humanitarian aid responses and thereby, opportunities and need for voluntary private sector engagement to fill this gap have increased. Official Development Assistance (ODA) has begun to contract significantly; following a 9% decline in 2024, projections suggested an additional 9-17% drop in 2025 and for the first time in three decades, the four largest traditional donor states including the United States, France, Germany, and the United Kingdom, reduced their aid budgets.³⁶ Institutional disruptions have also compounded these financial constraints, with the dismantling of the United States Agency for International Development (USAID) in early 2025 by Presidential Executive Order and mounting fiscal pressures within UN agencies.³⁷ While some fluctuations in aid flows are cyclically expected and subject to short-term changes in policy priorities, the magnitude of this structural reconfiguration and the continuing defunding trends have shrouded humanitarian efforts in growing uncertainty surrounding traditional donor financing.

As public institutions retreat and private actors are growing to possess more prominent roles in the global order, normative and regulatory frameworks governing corporate responsibility have lagged behind the pace of operational change. Pharmaceutical companies, in particular, possess the financial resources, institutional influence, and most importantly, a decisive stake in health outcomes. Still, the systems designed to guide and monitor their engagement remain fragmented and voluntary.

³⁶ Organisation for Economic Co-operation and Development, 'Cuts in Official Development Assistance: OECD Projections for 2025 and the Near Term' (OECD Policy Briefs No 26, 2025) <https://doi.org/10.1787/8c530629-en>.

³⁷ Auwal and others (n21)."; António Guterres, 'Secretary-General's Remarks to the UNCTAD Trade and Development Board' (UN, 10 March 2025) UN Doc SG/SM/22867 <https://press.un.org/en/2025/sgsm22867.doc.htm> accessed 10 March 2026.); Dirk Kohnert, 'Aid in Retreat: The Impact of US and European Aid Cuts on Sub-Saharan Africa' (MPRA Paper No 124485, University Library of Munich, 2025) <https://mpra.ub.uni-muenchen.de/124485/>; Donald Trump, Executive Order 14169—Reevaluating and Realigning United States Foreign Aid, DCPD No 202500136 (20 January 2025).

1.2 Goals and Scope

This research closely examines the human rights responsibilities of pharmaceutical actors in conflict-affected settings, with a particular focus on the right to health. It must also be stated here that throughout this thesis, conflict or conflict-affected settings are understood in accordance with the UNWG and UNDP's joint guidance on heightened human rights due diligence, which describes them as “contexts in which high levels of violence prevail, including but not limited to geographic areas experiencing armed conflict or widespread violence such as interstate or civil war, armed insurrections, violent extremism, or other forms of organised violence.”³⁸

This thesis is organised around two research questions:

RQ1: To what extent do current voluntary and mandatory legal frameworks governing business and human rights clarify and strengthen the responsibilities of pharmaceutical actors for the fulfilment of the right to health in conflict settings?

RQ2: How does conflict visibility influence the mobilisation of pharmaceutical actors in conflict-affected settings?

- a. Sub question 1: What structural, political and historical factors explain these differential mobilisation patterns?

In investigating these questions, this thesis contributes to three interconnected arguments. The first examines whether existing voluntary frameworks are structurally capable of producing equitable pharmaceutical engagement across conflict settings, in their current state. It further evaluates mandatory frameworks such as the CSDDD as representing a step forward in regulating private sector operations, while identifying the limitations that continue to place certain dimensions of pharmaceutical responsibility beyond the scope of the Directive.

³⁸ United Nations Development Programme, Heightened Human Rights Due Diligence for Business in Conflict-Affected Contexts: A Guide (UNDP 2022), <https://www.undp.org/publications/heightened-human-rights-due-diligence-business-conflict-affected-contexts-guide>.

The second argument explores the proposition that conflict visibility, understood as the degree to which a conflict achieves salience across media, political, and financial domains, shapes patterns of pharmaceutical sector mobilisation. It assesses whether these variations in corporate engagement could be attributed to conflict visibility rather than scale of humanitarian need, and how these components interact and influence mobilisation.

$$\textit{Conflict Visibility} = \textit{Media salience} \times \textit{Institutional salience} \times \textit{Corporate salience}$$

Finally, this thesis appraises these findings within broader debates on colonial legacies and enduring Global North-South asymmetries in global health governance. It examines whether the concentration of pharmaceutical firms within the Global North, combined with market incentives and predominantly voluntary regulatory frameworks contributes to uneven patterns of engagement across conflict settings thereby influencing what crises receive corporate attention and support.

Taken together, this chain of argumentation calls for both a normative and institutional shift by demonstrating the inadequacy of current governance frameworks in addressing equitable pharmaceutical engagement for humanitarian contexts. This thesis then considers what pharmaceutical specific accountability obligations should evolve toward for aid mobilisation so that it is less dependent on conflict visibility.

1.3 Limitations and Challenges

To maintain analytical depth and ensure feasibility, several strategic delimitations have been applied. This study is limited to the pharmaceutical sector and its subsidiary supply chains, as the industry's role in the production and distribution of essential medicines positions it as the most critical private actor in the fulfilment of the right to health in fragile contexts. The geographic and situational scope is restricted to conflict-affected settings, excluding environmental disasters and questions of health system strengthening in stable or high-income states.

Ukraine and Sudan were selected as case studies due to several shared features that make them methodologically comparable. Both conflicts are protracted over multiple years and have experienced significant health system collapse, including destruction of health facilities, disrupted medical supply chains and displacement of health workers. As such, both cases have also generated an international response for humanitarian aid needs in a similar timeframe.

Moreover, they allow this research to demonstrate disparities in mobilisation responses across Global North-South divides, making them strong choices to contrast conflict visibility. Most importantly the right to health and its constitutive parts, like access to essential medical supplies, is jeopardised in both. It is however recognised that the conflicts differ significantly across several axes. The war in Ukraine constitutes an interstate conflict involving significant geopolitical complexity due to the role of the invading state, whereas Sudan represents an intrastate or civil conflict. Despite this geopolitical difference, the right to health is equally endangered in both contexts, which is what makes the disparity in private sector response the main object of analysis and this juxtaposition could not arise from a single case alone.

This research focuses specifically on the UNGPs and the EU CSDDD, as they represent the first international instrument and first regionally binding instrument, respectively, directly outlining business responsibilities. The African Union's current efforts to develop a regionally binding instrument for businesses on the continent are discussed briefly due to their relevance to the Sudan case study; however, a broader comparative analysis of regional frameworks falls outside the scope of this thesis.

Finally, given the rapidly evolving nature of the conflicts in Sudan and Ukraine, alongside the changing legislative status of the EU's due diligence directive, this research reflects developments as they stood at the time of writing.

1.4 Material and Method

1.4.1 Approach

This research adopts a socio-legal approach and employs a quantitative and qualitative mixed method design. Socio-legal research examines the law through its relationship with social, political and institutional operational contexts.³⁹ This makes it a useful approach to apply for understanding the responsibilities of pharmaceutical actors in conflict settings and consider the complexities involved for such operations legally and situationally. Accordingly, this thesis combines the legal analysis with empirical methods to explore both the legal architecture governing business and human rights and its practical implications for the fulfilment of the right to health.

³⁹ Reza Banakar and Max Travers, *Theory and Method in Socio-Legal Research* (Hart Publishing 2005).

To be considered a mixed method study design, this research employs quantitative media analysis and a comparative case study analysis in addition to the legal analysis, all integrated to examine the research questions set out earlier in this Chapter.⁴⁰ The thesis begins with a broader socio-legal analysis of the international and regional legal instruments governing corporate responsibility for human rights and discusses various pathways forward. The frameworks examined include:

- Universal Declaration of Human Rights
- International Covenant on Economic, Social and Cultural Rights
- General Comments No. 14 and 24 from the Committee on ICESCR
- UN Guiding Principles on Business and Human Rights
- Geneva Conventions
- EU Corporate Sustainability Due Diligence Directive
- OECD Guidelines for Multinational Enterprises

Together, they provide the legal basis for understanding both the current voluntary and emerging mandatory responsibilities applicable to pharmaceutical actors in conflict settings. This analysis establishes the normative foundation upon which the subsequent empirical analyses build.

The empirical components of the comparative case studies are outlined in the following three sections and complement the legal analysis by examining legal frameworks within broader social and institutional contexts.⁴¹ This socio-legal approach facilitates drawing linkages between legal obligations and social conditions. The empirical social components integrate quantitative media analysis, qualitative assessment of institutional attention using UN documentation and OCHA Financial Tracking Service data, and analysis of pharmaceutical mobilisation across each conflict setting.

1.4.2 Use of GDELT and Its Limitations

Quantitative media analysis was conducted through the Global Database of Events, Language, and Tone (GDELT) Project database, which provides a large-scale, real-time

⁴⁰ John W Creswell and Vicki L Plano Clark, *Designing and Conducting Mixed Methods Research* (3rd edn, Sage 2017).

⁴¹ Robert K Yin, *Case Study Research: Design and Methods* (5th edn, Sage 2009).

measure of global media activity drawn from thousands of news sources worldwide.⁴² Event volumes were extracted for each conflict from their respective onset dates (24 February 2022 for Ukraine and 15 April 2023 for Sudan) to the final date of data collection on 8 April 2026. Events were filtered according to whether the subject was coded as either Ukraine or Sudan, aggregated by day, and aligned to each conflict's onset to create a comparable temporal frame from day zero to day 730, or a total of two years. Daily event volume serves as a measure for reported conflict activity and media salience. The analysis was conducted through the Google Cloud BigQuery platform, with the full code provided in Annex I and the dataset being retrieved from the GDELT database.⁴³

GDELT was selected for this analysis because it offers several important advantages. First, its scale and real-time updating allow for continuous daily coverage across a multi-year timeframe. Second, GDELT draws from a wide range of broadcast, print, and online sources in approximately 152 languages, providing broader reach coverage of media. Third, GDELT's platform is open access through Google BigQuery, which allows for full reproducibility of the dataset and coding queries.⁴⁴ Public engagement is treated as proxied through the GDELT media analysis outlined above.

The dataset also warrants several limitations. GDELT relies on an automatic coding scheme, whose accuracy reduces in classifying events as the scale of the data set increases.⁴⁵ This may risk misclassifications or duplicated events by counting the same article in multiple news outlets. Additionally, despite its ability to cover many language, coverage is likely skewed more towards online news coverage, English-language articles, and major reporting hubs resulting in a lower representation for countries with less developed digital media infrastructure.⁴⁶

⁴² The GDELT Project (GDELT) <https://www.gdeltproject.org/> accessed April 2026; Kalev Leetaru and Philip A Schrodt, 'GDELT: Global Data on Events, Location, and Tone, 1979–2012' (International Studies Association Annual Conference, San Francisco, April 2013).

⁴³ The GDELT Project, 'GDELT Event Database' (Google BigQuery) <https://www.gdeltproject.org/data.html#rawdatafiles> accessed April 2026.

⁴⁴ *ibid.*

⁴⁵ Philip A Schrodt, *CAMEO: Conflict and Mediation Event Observations Codebook* (Penn State Event Data Project 2012); Michael D Ward and others, 'Comparing GDELT and ICEWS Event Data' (Annual Meeting of the American Political Science Association, Chicago, 2013); Weiyi Wang, Ryan Kennedy, David Lazer and Naren Ramakrishnan, 'Growing Pains for Global Monitoring of Societal Events' (2016) 353(6307) *Science* 1502, <https://doi.org/10.1126/science.aaf6758>.

⁴⁶ Dwayne Winseck, 'The Geopolitical Economy of the Global Internet Infrastructure' (2017) 7 *Journal of Information Policy* 228 <https://doi.org/10.1177/0306396818823172>; Johan Galtung and Mari Holmboe Ruge, 'The Structure of Foreign News' (1965) 2(1) *Journal of Peace Research* 64.

1.4.3 Measuring Political Prioritisation

In order to assess political attention and institutional agenda prioritisations, complementary evidence was drawn from a structured scan of the UN document library, including resolutions, presidential statements, meeting records, and Secretary-General reports related to each conflict. The OCHA funding tracker is also used to measure humanitarian aid mobilisation from Member States for both selected case studies.

1.4.4 Defining and Measuring Pharmaceutical Mobilisation

Furthermore, a systematic review was conducted of the twenty pharmaceutical companies included in the Access to Medicine Index. To measure pharmaceutical mobilisation, this thesis conceptualises mobilisation to include public communications, press releases, sustainability reports detailing donations, and corporate statements as an indication of mobilising resources or engaging in a humanitarian project. As such, all of the pharmaceutical companies were scanned for references to Sudan and Ukraine's respective conflicts or humanitarian needs across the period of analysis.

1.4.5 Analysing Structural Contributors to Differential Mobilisation

Finally, drawing on scholarship on colonial legacies and Global North-South power asymmetries, this thesis analyses the structural conditions that reproduce and reflect the visibility-driven mobilisation pattern identified, and argues for a rights-based reimagining of pharmaceutical obligations in conflict settings.

1.5 Conceptual Framework

This research situates itself within a cross-disciplinary junction, exploring the boundaries and overlaps of three bodies of scholarship, each briefly introduced here to establish the conceptual framework which this thesis builds upon, and each will be engaged with more fully in the chapters that follow.

The first discipline is business and human rights literature, which emerged as a global discipline in the late twentieth century alongside the corporate social responsibility (CSR) movement as distinct but related approaches to corporate accountability. Both frameworks were predated by international labour law, post-WWII multilateral policies and international

economic law.⁴⁷ The BHR field was formalised internationally through the development of the UNGPs by scholar John Ruggie, introducing the mechanism of due diligence for businesses consider human rights impacts.⁴⁸ Its origins are rooted primarily in legal instruments oriented towards compliance, while CSR branches more into philanthropic and voluntary policies through which companies aim to improve their image and brand through social impact.⁴⁹ A key tension running through BHR literature is the challenge of enforcing obligations, sustainability concerns and managing risk, against expanding corporate influence that crosses borders and outpaces regulatory frameworks. Many scholars have focused their work on the shortcomings the UNGPs voluntary architecture, and the significance of the CSDDD as the first iteration of regionally binding corporate accountability.⁵⁰

A smaller subsection of this literature has examined business operations specifically in conflict zones, with notable contributions from Olena Uvarova studying corporate impacts in Ukraine.⁵¹ The UN Working Group for Business and Human Rights has also issued an implementation guide in partnership with the UN Development Program (UNDP) on corporate responsibility in conflict settings, introducing the concept of heightened human rights due diligence (HRDD). This thesis builds upon the identified criticisms of voluntary frameworks and developing guidance instruments and argues further that the current frameworks are complacent in and facilitate inequitable corporate behaviour in cases of conflict. More specifically, it demonstrates that the pharmaceutical sector mobilises based on visibility of a conflict rather than its humanitarian scale, a pattern enabled by the absence of specific and mandatory obligations that would otherwise compel engagement where resources could be provided.

⁴⁷ Nadia Bernaz, *Business and Human Rights: History, Law and Policy – Bridging the Accountability Gap* (Routledge 2016).

⁴⁸ *ibid.*; Florian Wettstein, 'The History of Business and Human Rights and Its Relationship with Corporate Social Responsibility' in Surya Deva and David Bilchitz (eds), *Research Handbook on Human Rights and Business* (Edward Elgar Publishing 2020) 23.

⁴⁹ *Ibid.*

⁵⁰ Surya Deva, 'The UN Guiding Principles' Orbit and Other Regulatory Regimes in the Business and Human Rights Universe: Managing the Interface' (2021) 6(2) *Business and Human Rights Journal* 336; Nadia Bernaz, 'Conceptualizing Corporate Accountability in International Law: Models for a Business and Human Rights Treaty' (2021) 22(1) *Human Rights Review* 45; Alysha Kate Elias Shivji, 'Time for a Break from the UNGPs? Reimagining the Future of Business and Human Rights' (2025) 10(2–3) *Business and Human Rights Journal* 407; Florian Wettstein, 'Betting on the Wrong (Trojan) Horse: CSR and the Implementation of the UN Guiding Principles on Business and Human Rights' (2021) 6(2) *Business and Human Rights Journal* 312.

⁵¹ Olena Uvarova, 'Business and Human Rights in Times of Global Emergencies: Comparative Perspective' (2020) 26(1) *Comparative Law Review* 225; Olena Uvarova and Nadia Bernaz, 'Heightened Human-Rights Due Diligence as Risk Governance: Food-Retail Supply Chains in Wartime Ukraine' (2026) 17(1) *European Journal of Risk Regulation* 200.

This thesis then connects the BHR literature with a growing body of scholarship known as business for peace (B4P), an interdisciplinary field in its own right, that brings together business and management studies, peace and conflict research, and international development. B4P provides valuable insights into how corporate actors can contribute to peacebuilding and institutional resilience in conflict-affected settings, asserting that businesses are structurally incapable of neutrality in such environments and that corporate responsibility therefore carries proactive as well as preventive dimensions. Particularly relevant to this thesis is the field's attention to the peace-positive effects that corporate actors have the potential for in conflict-affected settings, especially in relation to provision of essential goods and services such as medicines. It also purports the de facto governance role that corporations can play in settings where state capacity has collapsed or retreated, further shifting the implications of corporate presence, or absence, in conflict contexts.⁵²

The third body of scholarship this thesis engages with is decolonial global health literature as new vantage point to consider BHR and B4P literature which has not yet been done in existing literature. The intent is to shift the conversation from simply how current structures fall short in practice, to where those shortcomings originate, allowing for potential redress of causative factors instead of its symptoms. The decolonial global health literature argues that institutions and their subsequent normative frameworks that govern global health were constructed for and by Global North actors, thereby reproducing power asymmetries and inherited hierarchies of colonialism that continue to shape how humanitarian responses are organised. Scholars have documented the stark imbalance across dimensions in global health, including leadership, funding, epistemology, and crises responses, all being dominated by Global North actors.⁵³ This threads into Paul Farmers concept of socialisation for scarcity as well, understanding that resource constraints in the Global South persist not because resources are globally absent, but because of a structural unwillingness to redistribute them more equitably.⁵⁴ The humanitarian sector's connection with anti-colonial and anti-racist approaches

⁵² Jay Joseph, François Maon, Maria Teresa Uribe-Jaramillo, John E Katsos and Adam Lindgreen, 'Business, Conflict, and Peace: A Systematic Literature Review and Conceptual Framework' (2025) 62(4) *Journal of Management Studies* 1779, <https://doi.org/10.1111/joms.13139>.

⁵³ Michelle Amri, Jan Filart, Jinny Yang, Johanna Manga, Kathryn Barrett and Jesse B Bump, 'Decolonizing Global Health: A Scoping Review of Its Key Components, Proposed Actions, and Contributors' (2025) 10(1) *Global Health Research and Policy* 54, <https://doi.org/10.1186/s41256-025-00375-2>; Krish Seetah, 'Colonialism, Decolonization, and Global Health' in Anna Stewart Ibarra and A Desiree LaBeaud (eds), *Transforming Global Health Partnerships: Critical Reflections and Visions of Equity at the Research-Practice Interface* (Springer Nature Switzerland 2024) 3, https://doi.org/10.1007/978-3-031-53793-6_1.

⁵⁴ Shipton (n6)

to global health governance and conflict aid responses is also an important discussion point expanded upon later in this thesis.⁵⁵

This research connects all three bodies of literature and applies it to pharmaceutical sector behaviour by sketching the current legal architecture, demonstrating that it permits differential mobilisation, and arguing that pharmaceutical companies⁵⁶ influence has not been translated into obligatory responsibilities yet, thereby reproducing colonial power asymmetries and divides. At present, literature directly examining the role of the pharmaceutical sector in conflict is scant, limited largely to supply chain disruption studies⁵⁷ and the 2008 Special Rapporteur report by Paul Hunt, which remains the most specific existing statement of pharmaceutical sector obligations for the fulfilment of the right to health.⁵⁸ It is important to note, however, that an increasing body of global health scholarship focuses on the growing role of pharmaceutical actors in public-private partnerships targeting health crises globally, especially since the COVID-19 Pandemic.⁵⁹ Though the pharmaceutical sector's engagement in conflict settings has not been directly researched in the way this thesis undertakes, there is sufficient evidence of growing influence and intent to engage, making the development of a mandatory obligation more practicable.

Within this constellation, this thesis makes an original contribution to scholarship in three regards. Firstly, it spotlights pharmaceutical sector obligations and behaviour interpreted directly under BHR literature. It then develops the concept of conflict visibility as an explanatory variable for corporate mobilisation and then introduces decolonial global health perspectives into these debates. Bringing these three contributions together, this thesis provides a new lens to look at the current architecture of global health governance in conflict settings,

⁵⁵ Lata Narayanaswamy, 'Race, Racialisation, and Coloniality in the Humanitarian Aid Sector' in Silke Roth, Bandana Purkayastha and Tobias Denskus (eds), *Handbook on Humanitarianism and Inequality* (Edward Elgar Publishing 2024) 210.

⁵⁶ *among the most influential stakeholders in global health with significant capacity to act in conflict settings

⁵⁷ Martha L De La Pava Sabogal and Emily L Tucker, 'Effects of Geopolitical Strain on Global Pharmaceutical Supply Chain Design and Drug Shortages' (2023) arXiv:2308.07434, <https://arxiv.org/abs/2308.07434>; Linh Duong, Helen S Sanderson, Wendy Phillips, Jens K Roehrich and Victor Uwalaka, 'Achieving Resilient Supply Chains: Managing Temporary Healthcare Supply Chains During a Geopolitical Disruption' (2025) 45(5) *International Journal of Operations & Production Management* 1090.

⁵⁸ Paul Hunt, Report of the Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, UN GAOR 63rd Session, Agenda Item 67(b), UN Doc A/63/263 (2008) 15–25.

⁵⁹ De Bendy Puyvallée (n21); Katerini Tagmatarchi Storeng, Antoine de Bengy Puyvallée and Felix Stein, 'COVAX and the Rise of the "Super Public–Private Partnership" for Global Health' (2023) 18(1) *Global Public Health* 1987502.

where the right to health is directly under threat, and reconceptualise the role of pharmaceutical actors accordingly.

1.6 Structure

This chapter contextualises the link between armed conflict and health, underlining the growing necessity of cross-sectoral collaboration between pharmaceutical and humanitarian actors for the fulfilment of the right to health in these contexts. It provides a brief overview of the governance vacuum resulting from declining state and multilateral support, while examining the power asymmetries across Global North-South divides within global health governance actors. Furthermore, it introduces the aforementioned research questions and goals of this research, the methodological approach, and the conceptual framework for the following chapters. The remainder of the thesis will proceed as follows:

Chapter Two answers the first research question by providing the normative and legal scaffolding for this research. Through the socio-legal analysis of the business and human rights architecture, it traces the evolution starting from the UDHR through to the UNGPs and most recently, the CSDDD. It examines how these frameworks apply and where they have fallen short in considering conflict-affected settings. It examines Paul Hunt's 2008 guidelines on pharmaceutical companies and the right to health as the most specific existing statement of pharmaceutical sector specific obligations. This chapter concludes by introducing the Business for Peace literature as a framework for understanding the proactive responsibilities that corporate presence in conflict settings should be cognisant of and the implications of this perspective for pharmaceutical companies.

Chapter Three expands upon the sociological and public health perspectives by examining how the visibility of a conflict influences resource mobilisation. Through a comparative analysis of Ukraine and Sudan, it operationalises conflict visibility across media attention and political prioritisation, drawing on GDELT event data and UN documentation as respective proximal representations of each. It presents the results of the systematic pharmaceutical company scan for public facing commitments or press releases for Ukraine and Sudan, as the chapter's main empirical contribution, and examines the health system and pharmaceutical consequences of each conflict in parallel. The chapter concludes by establishing visibility as the operative variable driving differential mobilisation and setting up the structural explanation that Chapter Four develops further.

Chapter Four synthesises the arguments of the preceding chapters and attempts to explain the disparity in pharmaceutical mobilisation. It applies institutional logics theory to understand why pharmaceutical actors mobilise differently and integrates the economic and geopolitical factors that shape conflict visibility and mobilisation patterns. These asymmetries are then connected to the limitations of the existing voluntary and mandatory BHR frameworks examined in Chapter Two in adjusting for inequitable corporate responses. The chapter then discusses this disparity within a broader analysis of coloniality and global health governance, arguing that differential mobilisation reflects and reinforces colonial and racialised structural hierarchies embedded in international institutional architecture.

The final Chapter, re-emphasises the prominent role that pharmaceutical actors have and the impact of their conduct. It then sets out several reform proposals for pharmaceutical sector specific obligations to identify paths forward to achieve more consistent, equitable, and enforceable fulfilment of the right to health in conflict settings. It concludes by addressing the research questions set out earlier in this chapter and briefly provides some qualifying concluding remarks.

Chapter 2: Legal Instruments

2.1 Introduction

The landscape of global health governance is characterised by an increasingly opaque distribution of roles and responsibilities. This complexity arises from the mixed composition of its primary actors which can include a range of states, philanthropic foundations, civil society organisations and transnational corporations.⁶⁰ Despite the vast resources, systemic influence and decision-making power wielded by these multi-stakeholder partnerships, there remains no single, overarching legal instrument that defines their behavioural obligations for non-state actors. While states operate under established international and national legal frameworks, the participation of private entities is mostly governed by voluntarism.⁶¹ This governance gap allows these actors to shape health priorities with their influence while remaining shielded from binding obligations or formal accountability mechanisms.⁶²

In this context, the concept of accountability remains theoretically labyrinthine. Scholars across political science and international law offer diverging interpretations, particularly concerning governance structures that lack traditional state centred scaffolding. Contemporary accountability literature distinguishes between several composite elements including answerability, enforceability, transparency, participation and access to remedy. This thesis understands all of these elements as relevant to evaluating corporate conduct in conflict settings.⁶³

Recognising the gaps created by voluntarism and accountability, international norms have shifted toward the expectation that corporations incur significant human rights responsibilities that must be codified beyond voluntary measures. As such, the last two decades have accordingly witnessed a proliferation of normative or “soft law” instruments, the most notable being the 2011 UNGPs. More recently, there has also been a turn towards mandatory obligations through the ongoing pursuit of a binding UN BHR Treaty and the enactment of

⁶⁰ Shipton (n6)

⁶¹ Gamze Erdem Türkelli and Rossella De Falco, 'Human Rights Accountability in Global Health Multi-Stakeholder Partnerships: The Case of the Access to COVID-19 Tools Accelerator' (2025) 27(2) *Health and Human Rights* 65.

⁶² *ibid.*

⁶³ Bernaz 'Conceptualizing Corporate Accountability' (n 50)

domestic mandatory due diligence laws in states such as France, and Germany.⁶⁴ This trend is further exemplified by regional developments, such as the EU's CSDDD which seeks to institutionalise corporate responsibilities more comprehensively. To explore businesses human rights obligations with more nuance, scholars have argued that discourse must move beyond a binary characterisation of businesses as either good or bad for peace, as their activities inevitably influence conflict dynamics regardless of intent.⁶⁵

Accordingly, this chapter is guided by the first research question set out in Chapter One, to assess the current state of voluntary and mandatory legal frameworks in governing business and human rights in outlaying the responsibilities for pharmaceutical actors in conflict-affected settings. The normative touchstones for these responsibilities are grounded in the Universal Declaration of Human Rights (UDHR), the International Covenant on Economic, Social and Cultural Rights (ICESCR) and its General Comments No. 14 and No. 24. Other instruments such as the UNGPs and EU CSDDD speak more directly to corporate obligations, but still address conduct in conflict settings quite minimally. The following sections examine each of these instruments for their capacity to establish what obligations pharmaceutical companies bear to the right to health in conflict settings.

2.2 Early Foundations of Business and Human Rights

2.2.1 The Universal Declaration of Human Rights

Some of the earliest legal foundations relevant to the relationship between business activity, human rights, and access to health can be traced to the Universal Declaration of Human Rights, adopted by the United Nations in 1948. In the Preamble, the Declaration establishes a normative baseline grounded in the protection of fundamental freedoms and mutual respect among all parties. It articulates a “common standard of achievement for all peoples and all nations,”⁶⁶ emphasizing that “*every individual and every organ of society*” (emphasis added) are encompassed.

Although the UDHR was drafted with intentions to be used as a state-oriented instrument, subsequent scholarship has increasingly interpreted this reference as supporting the view that non-state actors also bear responsibilities regarding human rights protection.⁶⁷ This

⁶⁴ Maria Therese Gustafsson, Almut Schilling-Vacaflor and Andrea Lenschow, 'Foreign Corporate Accountability: The Contested Institutionalization of Mandatory Due Diligence in France and Germany' (2023) 17(4) Regulation & Governance 891.

⁶⁵ Joseph and others, 'Business, Conflict, and Peace' (n52) 1779–1810.

⁶⁶ Universal Declaration of Human Rights (adopted 10 December 1948) UNGA Res 217 A(III).

⁶⁷ Bernaz 'Conceptualizing Corporate Accountability' (n 50)

lends itself to establishing businesses as categorically included in human rights frameworks, however it provides little else besides being the first anchor with no enforceability.

2.2.2 ICESCR and General Comments No. 14 and No. 24

The responsibilities of non-state actors in relation to socio-economic rights were further codified through the International Covenant on Economic, Social and Cultural Rights, adopted in 1966. The Covenant formally recognises the right of everyone to the highest attainable standard of physical and mental health and places primary obligations on states to respect, protect, and fulfil this right in Article 12.⁶⁸ Importantly, the corresponding Committee has clarified that private actors also bear responsibilities in relation to Covenant rights, stating “business entities, have the obligation, as a minimum, to respect Covenant rights.”⁶⁹ This obligation includes refraining from actions that restrict access to healthcare services or create discriminatory barriers. States also retain a duty to regulate private actors to ensure that their activities do not undermine the realisation of the right to health. This creates bi-directional accountability, where states remain the primary duty bearers under international human rights law and private actors, such as pharmaceutical companies, must ensure that their conduct does not somehow endanger those human rights.

The Committee for ICESCR has elaborated substantively on the right to health, or Article 12 of the Covenant, in General Comment No. 14 (GC 14) (2000). This document critically expands on the determinants of health to encompass availability, accessibility, acceptability and quality.⁷⁰ Of particular importance for this thesis is its identification of “the provision of disaster relief and humanitarian assistance in emergency situations” under Article 12.2(c). Furthermore, the Committee notes that “wider definitions of health” should consider or account for “violence and armed conflict.” Beyond these contributions, GC14 also directly discusses aspects of essential medicines and supplies in paragraph 41, stating that all States “should refrain at all times from imposing embargoes or similar measures restricting the supply of another State with adequate medicines and medical equipment.”⁷¹ This statement is directly relevant to debates surrounding medical supply shortages for the conflict geographies,

⁶⁸ International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3, art 12.

⁶⁹ Erdem Türkelli and De Falco (n 61).

⁷⁰ UN Committee on Economic, Social and Cultural Rights, 'General Comment No 14: The Right to the Highest Attainable Standard of Health (Article 12)' (11 August 2000) UN Doc E/C.12/2000/4.

⁷¹ CESCR, General Comment No 14 (n 70) para 41.

amounting to an infringement on the right to health. While this paragraph indeed only implicates States as actors, pharmaceutical companies operating within medical supply chains and sanction requirements for conflict settings should logically be involved.

General Comment No. 14 provides a strong foundation for clarifying what comprises the right to health, however the duty of non-state actors is largely absent from its text. This gap is addressed in General Comment No. 24 (2017), which expands on State obligations in relation to business activities, with markedly stronger implications for corporate conduct. In Paragraph 30, the Committee confirms that States' extraterritorial obligation to protect requires them "to prevent and redress infringements of Covenant rights that occur outside their territories due to the activities of business entities over which they can exercise control," and that this duty is heightened "especially in cases where the remedies available to victims before the domestic courts of the State where the harm occurs are unavailable or ineffective."⁷² Additionally, General Comment No. 24 directs states to require that corporations domiciled in their jurisdiction "act with due diligence to identify, prevent and address abuses of Covenant rights" explicitly naming concerns that are relevant for the pharmaceutical industry, such as access to essential medicines in paragraph 24.⁷³

Both General Comments No. 14 and No. 24 provide seminal understandings for the international community on the right to health and extraterritorial state duties to regulate the conduct of private actors, like pharmaceutical companies. Nevertheless, pharmaceutical sector specific obligations are absent, and state actors are still the sole bearers of duty.

2.3 International Humanitarian Law

During armed conflict, international human rights law (IHRL) continues to apply alongside international humanitarian law, although the relationship between the two regimes remains complex and context dependent. Under IHRL, states are permitted to derogate from certain human rights obligations during public emergencies that threaten security and life of a state. However, in such times of crisis, the global community can look toward International Humanitarian Law (IHL), which provides non-derogable protections designed specifically for

⁷² UN Committee on Economic, Social and Cultural Rights, 'General Comment No 24 on State Obligations under the International Covenant on Economic, Social and Cultural Rights in the Context of Business Activities' (10 August 2017) UN Doc E/C.12/GC/24, para 30.

⁷³ *ibid* paras 16, 24.

the medical neutrality of conflict zones. The Fourth Geneva Convention (1949) establishes that occupying powers and belligerents must ensure the civilian population is provided with essential medical supplies. As state authority may falter or become limited in its capacity to ensure the access to goods and services. Scholars Uvarova and Bernaz posit that the social expectation for non-state actors to assume responsibility for human rights increases.⁷⁴ Thusly, the role of corporate actors shifts from commercial provider to a form of de facto governance where their mobilisation and participation, or lack thereof, directly influences the lives of local populations living in conflict settings.⁷⁵

2.4 United Nations Special Rapporteur on the Right to Health

Corporate responsibilities for the right to health became increasingly complicated in recent decades with the expansion of globalised or transnational pharmaceutical markets. In 2008, the United Nations Special Rapporteur on the Right to Health, Paul Hunt, wrote a brief to begin untangling these responsibilities. Hunt's report focused specifically on the relationship between pharmaceutical companies and access to medicines, identifying a range of human rights responsibilities associated with the industry's role in global health systems.⁷⁶ The report acknowledges that previous instruments attribute responsibility of private companies' role in the right to health, without clearly defining the scope and operational specifics. This gap has potentially hindered corporate actors from successfully operationalising their duties concerning medicine access, compliance, and remedial pathways. To address this, Hunt proposed a set of 47 guidelines designed to translate broad human rights principles into sector-specific operational standards.⁷⁷ Moreover, while the report does not focus specifically on conflict-affected settings many of its recommendations mention the need to prioritise vulnerable populations and strengthen accountability in contexts where governance systems may be weak, which strongly corresponds with the cases examined later in this thesis.

⁷⁴ Uvarova and Bernaz, 'Heightened Human-Rights Due Diligence' (n 51).

⁷⁵ Larry Catá Backer, 'On the Tension between Public and Private Governance in the Emerging Transnational Legal Order: State Ideology and Corporation in Polycentric Asymmetric Global Orders' (SSRN Working Paper No 2038103, 2012); Jay Joseph, John E Katsos and Mariam Daher, 'Local Business, Local Peace? Intergroup and Economic Dynamics' (2021) 173(4) *Journal of Business Ethics* 835.

⁷⁶ Hunt, Report of the Special Rapporteur on the Right to Health (n 58)

⁷⁷ *ibid.*

To this day, the Hunt report remains the main sector specific instrument for pharmaceutical companies' human rights responsibilities from the UN. Due to this, its extensive depth operationalises what the respect obligation looks like for pharmaceuticals, with references to equitable pricing structures, transparent licensing practices, and the prioritisation of access in low-resource settings. The guidelines also address transparency obligations, including disclosure of pricing rationale and of the terms of access programmes and R&D incentive programmes.⁷⁸

Even so, Hunt's Guidelines remain a form of voluntary soft law. For them to be more effectively internalised and meaningfully influence pharmaceutical conduct, mandatory corporate human rights due diligence frameworks would need to incorporate and explicitly reference the Guidelines; this has not yet occurred, rendering them an underutilised resource for both states and pharmaceutical companies. As a result, the pharmaceutical industry's most significant and sector-specific framework, despite being tailored to the sector's unique dynamics, lacks binding force. The industry therefore continues to be governed primarily through broad BHR frameworks designed for all sectors, not accounting for pharmaceuticals close relationship to the right to health through decisions relating to medicine pricing, supply, and distribution.

2.5 The UN Guiding Principles on Business and Human Rights

Following these early foundations, the UN Human Right Council unanimously endorsed the Guiding Principles on Business and Human Rights in 2011, developed by John Ruggie. The UNGPs function as a landmark framework outlining the expectations for companies' conduct in order to respect human rights. It is constituted of three pillars to protect, respect and remedy, affirming that "states have the primary obligation to protect human rights from interference by third parties (including business enterprises); businesses have a responsibility to respect human rights by not causing harm or contributing to adverse human rights impact; and remedy ought to be provided in case of adverse human rights impacts caused by or contributed to by businesses."⁷⁹

Though this framework is not legally binding, it provides the universal baseline for conduct and activities carried out by business and has been used as a springboard for regional and domestic measures on BHR, such as the OECD Guidelines for Multinational Enterprises

⁷⁸ *ibid.*

⁷⁹ UNHRC, Guiding Principles on Business and Human Rights (n 10).

and legislation passed in France, Germany and Norway (French Duty of Vigilance Law, the German Supply Chain Due Diligence Act, and the Norwegian Transparency Act.).⁸⁰

The practical mechanism by which UNGPs are operationalised is through human rights due diligence, aimed at enabling businesses to identify, prevent, mitigate, and account for how they address adverse human rights impacts in their operations and value chains.⁸¹ UNGPs 17–22 expand on the concept of HRDD, and its resultant recommended processes, comprised of impact assessment, stakeholder consultation, action in response to impacts, monitoring and communicating results, and providing remediation when businesses cause or contribute to harm.⁸² From a regulatory perspective, HRDD is the instrument through which companies convert external human rights expectations into their internal governance.⁸³

Though the UNGPs do not specifically address situations of conflict, there are several principles that are applicable. UNGP 17 is particularly relevant, as it acknowledges the changing nature of business enterprises in evolving operational contexts, which must be taken into consideration.⁸⁴ This responsibility also involves the ability to react and adapt procedures accordingly. As such, companies' role changes from economic actor to provider with real impact on societal well-being in situations of conflict, altering the action they should take.⁸⁵ Additionally, UNGP 12 cross references to the International Bill of Human Rights as the minimum standard that business enterprises must respect, therefore encompassing the UDHR and both covenants. Furthermore, The UNGPs 7 recommends that States support business in high-risk areas and ensure that 'their current policies, legislation, regulations, and enforcement measures are effective in addressing the risk of business involvement in gross human rights abuses.'⁸⁶

2.5.1 A Critical Lens of The UNGPs

A maelstrom of scholarly debate has ensued in the fifteen years succeeding the endorsement of the UNGPs. Ruggie, the architect of this framework, argues that this non-binding and broad framework can be credited for its unanimous endorsement and support, without which there would have been significant dissent and delays amongst the various actors

⁸⁰ Uranova and Bernaz, (n 51)

⁸¹ UNHRC, Guiding Principles on Business and Human Rights (n 10).

⁸² Daniel Aguirre and Irene Pietropaoli, 'Heightened Human Rights Due Diligence in Practice: Prohibiting or Facilitating Investment in Conflict Affected Areas?' (2023) 15(2) Journal of Human Rights Practice 541.

⁸³ Uranova and Bernaz, (n 51)

⁸⁴ UNHRC, Guiding Principles on Business and Human Rights (n 10) principle 12.

⁸⁵ Uranova and Bernaz, (n 51)

⁸⁶ UNHRC, Guiding Principles on Business and Human Rights (n 10) principle 7.

consulted during its development.⁸⁷ In this light, the UNGPs are a successful effort at establishing a baseline of normative consensus for hard law to build upon.

There is an extensive body of literature critiquing the UNGPs, with critical contributions from Surya Deva, David Bilchitz and Florian Wettstein, among many others that cannot be explicated in depth here. To summarise the most commonly debated shortcomings of the UNGPs, scholars cite the narrow interpretations of the framework as negative duties, or to simply not do harm, rather than a positive duty to promote and fulfil human rights.⁸⁸ Criticisms have been laid out for its deficiencies in regards to corporate accountability and harm redress for victims of corporate human rights abuses, as part of the third "remedy" pillar of the framework.⁸⁹ Many others have contended that the development process for the UNGPs itself did not adequately incorporate affected populations of human rights abuses, prioritising consensus over inclusivity and raising concerns about legitimacy and applicability.⁹⁰ Furthermore, the process of due diligence introduced in the framework, has become heavily privatised, leaving the human rights enforcement to be carried out by private sector actors themselves, conducting audits and certifications without strong institutional oversight.⁹¹

These debated shortcomings help assess the direct impact, or lack thereof, that the UNGPs can have on pharmaceutical companies operating in conflict geographies. For the purposes of this research topic, the UNGPs do not generate the enforcement mechanisms or relevant particulars for pharmaceutical companies in conflict settings. As such, the UNGPs remain an important junction in the BHR field, and a framework upon which future, more context-sensitive legal instruments may build.

2.6 Heightened Human Rights Due Diligence

To clarify and address many of the ambiguities surrounding the implementation, interpretation, and application of the UNGPs highlighted the need for further clarification and

⁸⁷ Brigitte Hamm, 'The Struggle for Legitimacy in Business and Human Rights Regulation — A Consideration of the Processes Leading to the UN Guiding Principles and an International Treaty' (2022) 23(1) Human Rights Review 103.

⁸⁸ Wettstein, 'Betting on the Wrong (Trojan) Horse' (n 50)

⁸⁹ Deva, 'The UN Guiding Principles Orbit' (n 50)

⁹⁰ Surya Deva and David Bilchitz (eds), *Human Rights Obligations of Business: Beyond the Corporate Responsibility to Respect?* (Cambridge University Press 2013)

⁹¹ Genevieve LeBaron, Jane Lister and Peter Dauvergne, 'Governing Global Supply Chain Sustainability through the Ethical Audit Regime' (2017) 14(6) *Globalizations* 958.; María Jesús Muñoz-Torres and others, 'An Assessment Tool to Integrate Sustainability Principles into the Global Supply Chain' (2018) 10(2) *Sustainability* 535.

guidance, contributing to the establishment of the United Nations Working Group on the issue of human rights and transnational corporations and other business enterprises (UNWG) in 2011.

In 2020, the UNWG working group published a report on 'Business, Human Rights, and Conflict-Affected Regions: Towards Heightened Action' detailing the duties and responsibilities based on the UNGPs, for states, businesses and the international community in high-risk settings.⁹² This report helps identify good practices and produces recommendations for implementation for the heightened obligations that arise in such settings based on inputs from governments, businesses, national human rights institutions, civil society, and rights-holders.⁹³ Principally, it established a new concept called heightened HRDD standards which includes conflict sensitivity analysis, to identify and address impacts of business activities more specific to conflict settings, and their causes.⁹⁴

Building on this, in 2022, the UN Development Programme (UNDP) and the UNWG developed a joint practical roadmap for action titled "Heightened Human Rights Due Diligence for Business in Conflict-Affected Contexts: A Guide." This enhanced version with more actionable insights, as proposed by the UNWG aims to address the challenges associated with operating in conflict-affected settings, which without additional scaffolding, the original HRDD is inadequate at anticipating and predicting potential impacts. The backbone of this guide rests upon the principle of proportionality given that abuses are more likely in conflict settings, therefore due diligence should also be heightened. The UNWG provides a broad definition of⁹⁵ conflict-affected areas referenced earlier in Chapter 1, as all situations of armed conflict both interstate or civil war and the associated widespread human rights violations, businesses are expected to conduct heightened responsibility wherever human rights protection cannot be reasonably relied upon. The World Bank estimates that 1.5 billion people live in areas that would fall under this definition, or 1 in 4 people.⁹⁶ Consequently, heightened HRDD likely applies to a significant portion of transnational enterprises as businesses continue to stretch across the globe. Herein lies the guide's most critical contribution, as it advises businesses that are unsure of whether to apply heightened HRDD, "if in doubt, carry it out,"

⁹² Aguirre and Pietropaoli, (n 82)

⁹³ *ibid.*

⁹⁴ *ibid.*

⁹⁵ Office of the United Nations High Commissioner for Human Rights, 'Business, Human Rights and Conflict-Affected Regions Project' (OHCHR) <https://www.ohchr.org/en/business-and-human-rights/business-human-rights-and-conflict-affected-regions-project>

⁹⁶ The World Bank, (n 5); Aguirre and Pietropaoli, (n 82)

and acknowledges that any business activity in a conflict-affected area, simply cannot be neutral or without impact and cannot be cleaved from its operating context.⁹⁷

The published guide then provides four key areas to build upon the existing HRDD framework established in the UNGPs and adjust it for conflict settings as heightened HRDD: i) Identify through conflict sensitivity any actual or potential adverse conflict and human rights impacts that the business may cause or contribute to across its value chain. ii) Acting on the findings from impact assessments. iii). Track the effectiveness of measures and processes to address adverse conflict and human rights risks or impacts to understand if they are working. iv). Communicate and consult results openly with stakeholders on these processes as an accountability mechanism.⁹⁸ Implementing heightened HRDD requires a thorough assessment of conflict drivers, evolving dynamics, and their links to business operations so that companies are prepared to anticipate, prevent, or mitigate adverse impacts. In this sense, heightened HRDD is largely positioned as a mechanism to ensure that corporate activities do not intensify existing conflicts. Despite the intention behind the first iteration of HRDD being largely practical, few businesses have sufficiently implemented it in regular operating environments, making it unlikely for additional requirements in conflict settings to be observed.

2.6.1 Implications of heightened HRDD for Pharmaceutical Companies

For pharmaceutical companies operating in conflict settings, heightened HRDD carries concrete and recurring implications for them. Medicine shortages are a common feature in such contexts, with global medical supply chain disruptions being among the most commonly cited logistical barriers for fulfilment of the right to health⁹⁹ Sanction compliance and withdrawal decisions are additional cited tension points for pharmaceutical companies, who may have to jump through licensing hoops, manage compliance costs, weigh operational risks and potential reputational exposures to continue operating in conflict settings. For many companies, legally exiting the market is the simplest solution.¹⁰⁰

⁹⁷ Joseph and others, 'Business, Conflict, and Peace' (n 52).

⁹⁸ UNWG on BHR (n 95); United Nations Development Programme and United Nations Working Group on Business and Human Rights, Heightened Human Rights Due Diligence for Business in Conflict-Affected Contexts: A Guide (UNDP 2022) <https://www.undp.org/publications/heightened-human-rights-due-diligence-business-conflict-affected-contexts-guide>

⁹⁹ Grant Broussard, Leonard S Rubenstein, Courtland Robinson, Wasim Maziak, Sappho Z Gilbert and Matthew DeCamp, 'Challenges to Ethical Obligations and Humanitarian Principles in Conflict Settings: A Systematic Review' (2019) 4(1) Journal of International Humanitarian Action 1.

¹⁰⁰ Joseph and others, 'Business, Conflict, and Peace' (n 52).

Decisions about which markets to supply, which distribution channels to maintain, and which populations to prioritise are not commercially neutral in such contexts and have direct consequences for the right to health. Heightened HRDD is a useful tool to support decision making in these settings for pharmaceutical actors by outlining additional conflict-sensitive factors to account for, however the same issue re-emerges, as it lacks an enforceable mechanism.

2.7 Towards Mandatory Due Diligence: The EU CSDDD

Shifting towards mandatory frameworks, the UNGPs HRDD laid the normative groundwork for the development of the European Union's Corporate Sustainability Due Diligence Directive. The European Commission's original proposal published in early 2022 included an extensive scope, covering large companies, publicly listed companies and small and medium enterprises (SMEs). The proposal also contained plans for a civil liability regime harmonised across the EU, climate transition plans and expansive due diligence procedures for companies full chain of activities.

When this Directive entered into force on 25 July 2024, it had already undergone significant narrowing in comparison to its earlier iterations, due to pressure from corporations. At the time of passing, it only covered very large companies (500 employees with a EUR 150 million turnover) and large companies (250 employees with EUR 40 million) and non-EU companies with EU generated turnover exceeding EUR 450 million.¹⁰¹

Following this, the European Commission launched the Omnibus I simplification package in February 2025, to reduce the burden of the CSDDD for companies.¹⁰² An informal tripartite negotiation, or trilogue, was initiated between the EU Commission, EU Parliament, and Council of the EU to draft amendments to the Directive. Once negotiations ceased, in its final form, Omnibus I increased the CSDDD's scope threshold to 5,000 employees and EUR 1.5 billion net worldwide turnover for EU companies, and to a matching EUR 1.5 billion EU-generated turnover threshold for non-EU companies. This reform was adopted in December

¹⁰¹ *ibid*; Nicolas Bueno, Nadia Bernaz, Gabrielle Holly and Olga Martin-Ortega, 'The EU Directive on Corporate Sustainability Due Diligence (CSDDD): The Final Political Compromise' (2024) 9(2) *Business and Human Rights Journal* 294; Directive (EU) 2024/1760 (n 13).

¹⁰² Alberto Alemanno, 'The Legality of Omnibus Legislation Under EU Law: A Preliminary Analysis of Omnibus I Simplification Directive of CSRD and CSDD and its Legal Consequences on the EU Legal Order' (HEC Paris Research Paper No LAW-2025-1588, 9 November 2025, revised 17 March 2026) SSRN working paper https://papers.ssrn.com/sol3/papers.cfm?abstract_id=5727822&__cf_chl_f_tk=V8SoDpQPfQDc6Yh7BMwd4VJC_n549QSM614nyV.v6Tw-1782909091-1.0.1.1-f3d95IX6e5rTiQNvpU59wyfVuMe1BiRac27tpv79BCY accessed 21 June 2026.

2025 and entered into force on 18 March 2026, effectively reducing the number of companies that fell under the Directives scope by roughly 70%.¹⁰³ Furthermore, the mandated civil liability regime harmonised EU-wide, which would have had far reaching impacts for access to remedy procedures, was entirely removed from the Directive, thus maintaining the previous status quo of Member States' discretion on this matter. Member States are meant to transpose the revised Directive as amended by Omnibus I, in phases with targets for July 2029.

It is worth noting that despite this curtailing, the CSDDD is the first regionally binding BHR instrument and is still ambitious in multiple regards. At present, no other instrument, including the OECD Guidelines or the domestic due diligence statutes of France, Germany, and Norway, achieves this combination of binding force and extraterritorial reach.¹⁰⁴ Even under the reduced threshold, many major multinational pharmaceutical companies exceed the employee and turnover thresholds, meaning that they fall squarely within the Directive's application and will begin progressively implementing due diligence procedures.¹⁰⁵ Though this development does not directly link to conflict settings, it provides the first relevant mandatory legal framework that places obligations on pharmaceutical actors, exemplifying a significant step forward and demonstrating that a shift in this direction is possible.

2.7.1 A Brief Acknowledgement of the TWAIL Perspectives on the CSDDD

Scholars working from the Third World Approaches to International Law (TWAIL) perspective have come forward with significant critiques of the CSDDDs development and content, building on broader TWAIL literature that is worth exploring in a separate work.¹⁰⁶ Professor Ogunranti, a BHR expert, argues that the Directive entrenches neocolonial norms in the BHR field, having been developed without meaningful participation from Global South governments, stakeholders, or rightsholders, yet it carries international implications.¹⁰⁷ The Directive also conspicuously avoids implementing international instruments protecting the right to a healthy environment, and in several respects undercuts the OECD Guidelines and UNGPs by narrowing the scope of value chain due diligence.¹⁰⁸ Predating these critiques is the seminal work of James Thuo Gathii, focused on the Eurocentricity of international legal

¹⁰³ *ibid.*

¹⁰⁴ Uranova and Bernaz, (n 51)

¹⁰⁵ *ibid.*

¹⁰⁶ Antony Anghie, 'Rethinking International Law: A TWAIL Retrospective' (2023) 34(1) *European Journal of International Law* 7.

¹⁰⁷ Akinwumi Ogunranti, 'No One Is Coming to Save You — A Quest for Africanizing Business and Human Rights' (2026) *Leiden Journal of International Law* 1.

¹⁰⁸ *ibid.*

instruments, as they have historically been constructed and moulded with European or Western institutional preferences, despite holding fast to claims of universality.¹⁰⁹ This coincides with the presupposition of the Brussels effect, or global standard setting of EU regulatory mechanisms, widely recognised in the political and economic scholarly ecosystem.¹¹⁰

It is worth noting that at present, The African Union is developing a Draft Policy Framework on Business and Human Rights and proposals for an African BHR court and provide accessible remedy to rightsholders without recourse to courts in the Global North.¹¹¹

2.7.2 Access to Remedy Under the CSDDD

The CSDDD, as initially enacted prior to Omnibus I, was intended to be the first binding due diligence instrument to incorporate two complementary enforcement mechanisms. First, Member States would have been required to name a public supervisory authority tasked with monitoring compliance, which survived the Omnibus reform.¹¹² These authorities are qualified to initiate investigations either in response to substantiated concerns and may impose corrective measures, including injunctions. Second, the Directive was meant to establish a fault-based civil liability regime aimed at facilitating access to justice for victims of adverse impacts.¹¹³ However, as discussed in Section 2.5, the Omnibus I reforms negotiated through December 2025 removed the EU-wide harmonised civil liability norm, leaving liability for non-compliance to be governed at the national level. This symbolised a significant retrenchment to fragmented national jurisdiction handling transnational corporate accountability cases, which was identified as a key barrier to effective remedy in CESCR General Comment No. 24 Paragraph 43.¹¹⁴

Transnational litigation, which would apply for cases of BHR violations in conflict settings, has innumerable challenges. Ramasastry's work on parent company liability argues that victims or claimants against high resourced corporate defendants, face persistent gaps between the availability of a legal cause of action and practical accessibility, citing cost, duration, and evidence requirements as major barriers.¹¹⁵ Even when civil liability regimes

¹⁰⁹ James Thuo Gathii, 'International Law and Eurocentricity' (1998) 9 *European Journal of International Law* 184.

¹¹⁰ Ogunranti (n 107); Anu Bradford, *The Brussels Effect: How the European Union Rules the World* (Oxford University Press 2020).

¹¹¹ Ogunranti (n 107).

¹¹² Bueno and others (n 101).

¹¹³ *ibid.*

¹¹⁴ CESCR, General Comment No 24 (n 72).

¹¹⁵ Anita Ramasastry, 'Corporate Social Responsibility Versus Business and Human Rights: Bridging the Gap Between Responsibility and Accountability' (2015) 14(2) *Journal of Human Rights* 237.

exist, they are underutilised without complementary procedural reforms that address these barriers.¹¹⁶

Under the CSDDD, to mitigate the burden on claimants to provide evidence in cases, domestic courts must be able to order the disclosure from the company themselves. This provision can be interpreted as requiring Member States to adopt disclosure mechanisms within their existing legal frameworks to be effective; otherwise, it would lack practical effect. Conversely, in the case of collective redress, the Directive encourages states to expand representative claims but does not require them too.¹¹⁷

2.8 Global Momentum for Mandatory BHR Instruments

Encouragingly, there is growing global momentum, with various interesting due diligence and access to remedy procedures outside of the EU, and ongoing discussions about rights-based approaches in others, including but not limited to, the previously mentioned African Union's regional treaty development, alongside efforts in the USA, Brazil, Thailand, South Korea, etc.¹¹⁸ This demonstrates that many States are interested in incorporating responsible business and legally binding mechanisms to protect individuals, albeit under different optics. While this chapter focuses on the evolution of the UN and EU frameworks as the primary drivers of corporate regulation, it is important to acknowledge that the shift toward mandatory BHR is a global phenomenon. Significant parallel developments showcase the universal move away from simply voluntarism, though a full analysis of these regional systems falls outside the scope of this research.

The normative evolutions of BHR traced so far in this Chapter indicate a gradual transition from voluntary frameworks to mandatory and enforceable obligations. Yet significant gaps still remain, particularly regarding the responsibilities of pharmaceutical companies operating in conflict settings. The existing frameworks focus heavily on negative obligations and lack developed remedial pathways for violations. The question of enforceable positive obligations or affirmative contributions for the private sector still far outside the

¹¹⁶ Angelica Bonfanti, 'Corporate Sustainability Due Diligence Directive: A Human Rights-Based Assessment' (2024) 38(4) *Diritto del Commercio Internazionale* 857; Maria Chiara Marullo, 'Access to Justice and Forum Necessitatis in Transnational Human Rights Litigation' (HURI-AGE, Consolider-Ingenio 2010).

¹¹⁷ Bueno and others (n 101).

¹¹⁸ Business and Human Rights Resource Centre, 'Mandatory Human Rights Due Diligence' (Business and Human Rights Resource Centre) <https://www.business-humanrights.org/en/big-issues/governing-business-human-rights/mandatory-due-diligence/> accessed 17 March 2026.

dominating discourse in BHR scholarship. To conceptualise a more proactive role for corporate actors in conflict settings, the Business for Peace perspective is worth examining.

2.9 Business for Peace

The Business for Peace (B4P) school of thought delves deeper into perspectives about the role of business in conflict-affected settings, given that most businesses usually assume a peaceful operating environment.¹¹⁹ As recognised by the UNWG's guidance on heightened HRDD, businesses are inherently not neutral in such settings, either contributing to peace or conflict regardless of intent. The B4P literature thereupon puts forth that business activity can do more than 'do no harm' which is at the heart of both soft and hard law approaches to BHR, rather, they can 'do more good,' using their agency to agency, resources, and operational presence affirmatively to support peacebuilding.¹²⁰

Moreover, this positive interpretation of responsibilities can have far reaching implications on processes such as the democracy building, poverty eradication, the reduction of inequality, transparent government, sustainable development, two-track diplomacy and strengthening the rule of law.¹²¹ Such processes naturally require input from a combination of stakeholders including politicians, government, humanitarian actors, and most important to this research, businesses. Therefore, although a corporations may not be able to bring about peace alone, businesses can function as allies that make important peacebuilding contributions.¹²² These avenues however mostly describe industries that are more physically embedded in the local system, that may not always adequately apply to pharmaceutical company presence or absence in conflict settings.

Specifically for pharmaceutical companies, the most relevant B4P mechanism is simply to "do more good" or positively fulfil obligations under the right to health relevant to the sector, mainly through provision of essential medicines, and ensuring supplies reaches the populations in need. Furthermore, local trust building with local employees is proactive practice relevant to pharmaceutical companies, along with upholding rule of law from the domiciled country,

¹¹⁹ Joseph and others, 'Business, Conflict, and Peace' (n52); Jana Costas and Christopher Grey, 'Violence and Organization Studies' (2019) 40(10) Organization Studies 1573–1586, <https://doi.org/10.1177/0170840618782282>.

¹²⁰ *ibid*; Joseph, Katsos and Daher (n 75).

¹²¹ Benedicte Bull and Mariel Aguilar-Støen, 'Peace-Building and Business Elites in Guatemala and El Salvador: Explaining the Discursive "Institutional Turn"' (2019) 19(1) Conflict, Security & Development 121. <https://doi.org/10.1080/14678802.2019.1561635>

¹²² *ibid*; Joseph, Katsos and Daher (n 75).

even if governance structures in the conflict operating context have collapsed. This is a form of soft leadership that would also reinforce trust in the community, thereby also building legitimacy for the company itself and provide a vital stabilising effect.¹²³ Transparency also serves as a critical practice that builds community confidence and mitigates the resentment often directed toward large multi-national companies in conflict zones.¹²⁴ While often reserved for large, influential MNCs, even small businesses play a role in resolving local disputes through their community-level presence.

The root of these ideas have early linkages between peacebuilding and economic development.¹²⁵ These foundations identify more than moral justifications, but practical reasons for businesses to be concerned with peacebuilding. The general case for business engagement in peacebuilding rests on the interconnectedness of global markets, the financial cost of violence to business functioning, and the longer term growth opportunities that conflict-affected markets represent once stabilised.¹²⁶ ¹²⁷ As such, a strong case is presented for businesses to engage in peacebuilding, or at the least reducing violence, as they also have a strong stake in conflict settings.¹²⁸ For a pharmaceutical company, the decision to continue to medical supply chains have immediate and direct health consequences for populations living in conflict zones, and health in itself, supports peace.¹²⁹

These assertions, however, tentatively warrants scrutiny, as foundational scholars of the field, such as John Katsos, recognise that much of the existing B4P field relies heavily on anecdotal evidence and with some scholars reaching conclusions on business activity fostering

¹²³ Sameer Azizi, Tanja Börzel and Hans Krause Hansen, 'Governance and Business–Society Relations in Areas of Limited Statehood: An Introduction' (2021) 60(7) *Business & Society* 1551–1572, <https://doi.org/10.1177/00076503211014389>.

¹²⁴ Christopher Williams and Ruxandra Steriu, 'MNE Market Entry and Social Investment in Battle-Wearied Countries: Evidence from Heineken' (2022) 57(4) *Journal of World Business* 101342. <https://doi.org/10.1016/j.jwb.2022.101342>.

¹²⁵ Jason Miklian, 'Mapping Business–Peace Interactions: Five Assertions for How Businesses Create Peace' (SSRN Working Paper, 2016) <https://doi.org/10.2139/ssrn.2891391>; Jennifer Oetzel and Jason Miklian, 'Multinational Enterprises, Risk Management, and the Business and Economics of Peace' (2017) 25(4) *Multinational Business Review* 270.

¹²⁶ Though with notable risk

¹²⁷ Joseph and others, 'Business, Conflict, and Peace' (n 52); Jay Joseph, François Maon and Marco Berti, 'Organizing for Peace: The Organizational Behaviors of Business Amid Conflict' (2024) 67(6) *Business Horizons* 699. –710, <https://doi.org/10.1016/j.bushor.2024.07.009>.

¹²⁸ *ibid*; Timothy L Fort and Cindy A Schipani, 'An Action Plan for the Role of Business in Fostering Peace' (2007) 44(2) *American Business Law Journal* 359–377. <https://doi.org/10.1111/j.1744-1714.2007.00040.x>

¹²⁹ Sylvia and Checchi (n 1)

peace and stability, while others cite it as being incapable of facilitating peace, and even going so far as being conflict-causing.^{130 131}

One meta-analysis found examples of classification of entrepreneurs in post-conflict Nepal as either pro-peace or conflict profiteers while another detailed an example of how Bosnian entrepreneurship simultaneously enabled humanitarian relief and reinforced illicit conflict economies,¹³² illustrating that the same corporate activity can produce contradictory outcomes across different conflict phases and social configurations. Similar contradictions have been documented in Colombia and Myanmar.¹³³ As Miklian observes, a corporation can simultaneously present itself as a sustainable development actor and a national-level peacebuilder while indirectly empowering political violence through tax payments and public-private partnerships with repressive state actors.¹³⁴

Crucially for this thesis, the peace-positive effects of corporate engagement in supplying medicines are contingent upon inclusion. Where essential services are not equally available to all social groups, whether due to cost, geographic inaccessibility, or discriminatory distribution within a conflict geography, pharmaceutical conduct could inadvertently deepen social divides rather than alleviate them.¹³⁵ This insight pulls on Paul Farmer's socialisation for scarcity, exposing how the challenge is rarely about an absolute absence of resources, rather it is a failure of the systems through which resources are mobilised and how they get properly distributed. To put this plainly, the presence of a pharmaceutical company in a conflict setting does not generate peace-positive effects alone, indeed it is the inclusive decision-making and distribution strategy of their presence that can realise these effects.

More broadly, B4P contributes to this thesis by reframing the public-private divide, recognising the de facto governance role corporations play in domains historically reserved for states in situations of conflict. The BHR instruments discussed in the sections above work towards regulating businesses and mitigating the harm done. A pharmaceutical company's

¹³⁰ Jason Miklian and Juan Pablo Medina Bickel, 'Theorizing Business and Local Peacebuilding Through the "Footprints of Peace" Coffee Project in Rural Colombia' (2020) 59(4) *Business & Society* 676–715, <https://doi.org/10.1177/0007650317749441>

¹³¹ Jay Joseph and Harry J Van Buren III, 'Entrepreneurship, Conflict, and Peace: The Role of Inclusion and Value Creation' (2022) 61(6) *Business & Society* 1558–1593, <https://doi.org/10.1177/00076503211017214>.

¹³² *ibid.*

¹³³ Joseph and others, 'Business, Conflict, and Peace' (n 52)

¹³⁴ Jason Miklian, 'Contextualising and Theorising Economic Development, Local Business and Ethnic Cleansing in Myanmar' (2019) 19(1) *Conflict, Security & Development* 55–78, <https://doi.org/10.1080/14678802.2019.1571515>.

¹³⁵ Joseph and others, 'Business, Conflict, and Peace' (n 52)

decisions to supply or not to supply a conflict-affected market does not constitute a violation under any of the existing BHR frameworks, meanwhile this decision is singularly consequential to the populations right to health.¹³⁶

The B4P body of literature provides probing perspectives on what corporate engagement could look like in conflict settings, and as such, justifies close and more sustained engagement from the BHR expert community. As noted in Section 2.6, the global momentum indicates that the field is steadily moving toward enforceable instruments, though still focused mostly on preventing harm. Successive developments and draft instruments should further examine the role businesses play in conflict settings, especially when it may parallel governance functions and have direct impacts on established inalienable fundamental rights. Mandatory frameworks must begin accounting for the positive obligations that the private sector has direct stake and impact on, and should use the B4P literature to inform these duties. For a sector such as pharmaceuticals, where the practical separation between avoiding harm and positively fulfilling the right to health is particularly narrow, an opportunity for regulatory development presents itself.

2.10 Conclusion

Through the evolution of voluntary and mandatory legal frameworks, from the UDHR's inclusive preamble through to the most recent EUCSDDD, there is a congruous effort seeking to increasingly regulate corporate conduct, thereby formalising expectations for pharmaceutical companies. The direct bearing of these frameworks on fulfilling the right to health, however, remains limited. This answers the first research question set out in this thesis: as BHR governance currently stands, voluntary and mandatory frameworks clarify that responsibilities exist for pharmaceutical conduct, yet the character of that responsibility hinges upon negative obligations that lack the legal force to protect the right to health in conflict settings.

Conflict settings require heightened responsibility, which is increasingly identified by soft law instruments, namely in the UNWGs guidance documents, the UNDP's heightened HRDD framework and OECD guidelines, which explicitly recognise the need for conflict sensitivity practices to apply for business operating in such settings. These instruments provide

¹³⁶This is notwithstanding the issue of respecting international sanctions barring economic activity, relevant in the case of the Russia-Ukraine war, and several other global conflicts at present.

a strong baseline for the standards of conduct expected of corporate actors in conflict, but supply no enforceable mechanisms for it.

Once more, the existing frameworks primarily rely on negative duties, as outlaid by the formative UNGPs ‘respect, protect, remedy’ and ‘do no harm’ framing. Critical scholars like Deva, Wettstein and Bilchitz, mentioned earlier in this Chapter, have pointed to this framework’s lacking capacity to generate positive obligations, or adequately provide access to remedies.¹³⁷ The CSDDD architecture also similarly focuses on preventing and redressing adverse impacts by a corporate actor, rather than considering potential protective impacts they could have had. All of the available instruments examined in this Chapter, binding or non-binding, regulate pharmaceutical conduct as a source of harm to be prevented, meanwhile none of them are designed to ask how to regulate a company’s activity to supply a market it could directly serve and thereby protect the rights at stake in a conflict setting. The B4P literature provides an alternative perspective for what corporate conduct can achieve in conflict settings, under its ‘do more good’ approach, which warrants closer consideration as future developments in this field continue to progress.¹³⁸

For pharmaceutical companies, the Hunt Report from 2008 is still the only sector specific BHR instrument. The directness of the link between corporate decisions to supply a conflict-affected market and health outcomes of the populations it would serve have straightforward implications. With very few intermediaries, this proximity pharmaceutical companies have in fulfilling the right to health then demands a more contemporary and clearly defined set of obligations than the currently available sector-blind due diligence architecture has to offer.

Therefore, a regulatory gap remains between corporate capacity and legal obligation. Pharmaceutical companies possess the financial and logistical capacity to supply conflict-affected markets; existing frameworks confirm that this capacity carries some responsibility to the right to health; yet that responsibility, as the preceding conclusions demonstrate, is structured to prevent harm rather than to compel the affirmative provision that B4P’s “do more good” register, and the sector’s own directness, would seem to demand.

As such, the decision of which conflict-affected markets to serve, and how, remains squarely within each company’s discretion. Under the frameworks as they currently stand, a pharmaceutical company that declines to engage with a given conflict has not violated any

¹³⁷ See references (n 48, n50, n 88, n 90)

¹³⁸ Joseph and others, ‘Business, Conflict, and Peace’ (n 52)

binding obligation and has merely exercised a discretion the law leaves open to them. The following two chapters look more closely at the consequences of that discretion, and what factors determine how it is exercised. Chapter Three specifically tests whether conflict visibility rather than humanitarian need or legal obligation, predicts the pattern of pharmaceutical mobilisation across two comparably severe crises, that are asymmetrically visible.

Chapter 3: Case Analysis of Sudan and Ukraine

3.1 Introduction

Sudan and Ukraine are two countries that are experiencing severe humanitarian crisis due to conflict. War in both countries has produced mass displacements, extensive health systems collapse and interrupted medical supply chains that threaten the right to health.¹³⁹ This Chapter looks closely at the international community's response to each conflict, measured by media coverage, institutional engagement, financial commitment and indicators, and most centrally for this thesis, pharmaceutical sector mobilisation. In doing so, this Chapter aims to investigate whether conflict visibility, as operationalised by international community response measures, is associated with differential pharmaceutical mobilisation.

As introduced in Chapter One of this thesis, conflict visibility is conceptualised as a multidimensional construct:

$$\textit{Conflict Visibility} = \textit{Media salience} \times \textit{Institutional salience} \times \textit{Corporate salience}$$

This formulations rests upon the intersection of various literature bodies that connect media visibility, crisis recognition, and agenda-setting as indicators by which visibility is operationalised and thus influences response mobilisation.¹⁴⁰ A conflict that scores highly on media salience, for example, but not on institutional, would not be equivalently visible to conflict that scores low across all assessed dimensions. Put differently, visibility compounds or multiples on each factor, meaning that low salience on a single dimension would constrain a conflict's overall standing in the international visibility economy.

Each dimension is operationalised separately in the following sections. Media salience is assessed through GDELT event-volume data, providing a metric for Global news coverage intensity. Institutional salience is assessed through UN Security Council, General Assembly, and Human Rights Council meeting frequency, and it is also supplemented by OCHA humanitarian appeal funding data as a financial indicator. Finally, corporate salience is assessed through a systematic scan of twenty major pharmaceutical companies' public facing statements and reports.

¹³⁹ Babiker Rahamtalla and others, 'The Impact of Ongoing Armed Conflict on Sudan's Healthcare System: Narrative Review' (2025) 4(1) *Discover Health Systems* 49 <https://doi.org/10.1007/s44250-025-00232-8>; Marta Dzhus and Iryna Golovach, 'Impact of Ukrainian-Russian War on Health Care and Humanitarian Crisis' (2023) 17 *Disaster Medicine and Public Health Preparedness* e340; Amal Elamin and others, 'Sudan: From a Forgotten War to an Abandoned Healthcare System' (2024) 9(10) *BMJ Global Health* e016406 <https://doi.org/10.1136/bmjgh-2024-016406>.

¹⁴⁰ Conflict Conversations, 'Conflict Visibility and Its Role in Conflict Dynamics' (n.d.) <https://www.conflict-conversations.co.za/conversations/conflict-visibility-and-its-role-in-conflict-dynamics> accessed 28 April 2026.

It is worth reiterating from Chapter One, that Sudan and Ukraine were selected as a comparative bases for analysis because both constitute severe protracted humanitarian crises in recent years, while varying significantly in visibility dimensions. As such, these two conflicts provide the opportunity to isolate and compare the relationship between visibility and corporate mobilisation more clearly. They do indeed differ across many other dimensions, most evidently in the fact that Ukraine is involved in an interstate conflict and Sudan constitutes an intrastate conflict, and their causative factors are incomparable. However, this chapter's focus rests specifically on the dynamic between visibility and mobilisation

3.2 Media Salience

To examine media attention across the two cases, this analysis draws on data from the GDELT Project, which provides a large-scale, near real-time measure of global media activity.¹⁴¹ Event volumes were extracted for the period spanning each conflict's onset: 24 February 2022 for Ukraine and 15 April 2023 for Sudan. The analytical code used to generate these results is provided in Annex I.

Events were filtered to those in which either subject of global media activity was coded as Ukraine or Sudan respectively, aggregated by day, and aligned to each conflict's onset date to produce a comparable temporal frame of 730 days (two years) from day zero. The resulting time series, presented in Figure 1, uses daily event volume as an indicator for reported conflict activity.

The resulting trends show consistently higher levels of reported activity for Ukraine (green line) compared to Sudan (blue line) across the entire observation period. Both series exhibit a pronounced initial spike immediately following the onset of conflict, followed by a rapid decline and subsequent stabilisation at lower levels. However, this baseline is punctuated by intermittent surges in reporting, likely corresponding to major geopolitical or military developments that attract heightened attention and media coverage. Overall, the figure suggests a persistent asymmetry in visibility between the two conflicts, with Ukraine consistently receiving several times more media events despite Sudan simultaneously experiencing one of the largest humanitarian crises globally.

¹⁴¹ GDELT Project (n 42).

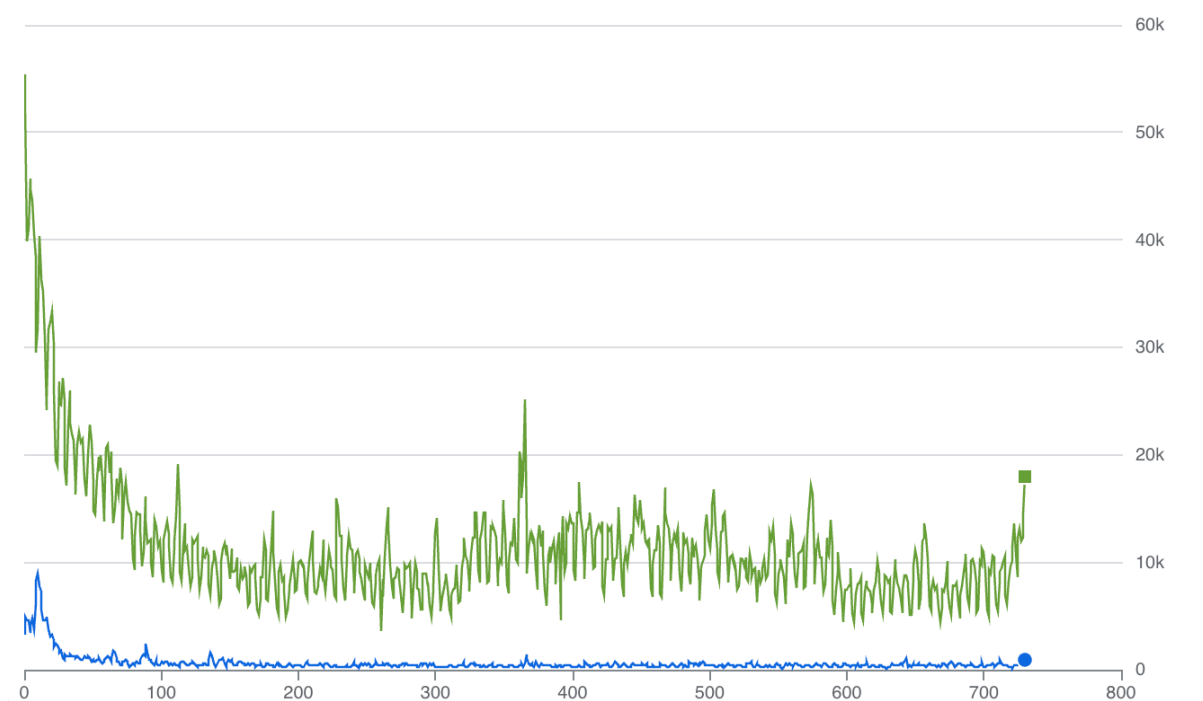


Fig 1. Days since conflict vs. Media reporting (GDELT data)

3.2.1 Returning to GDELT Limitations and Function

As discussed in the Methodology section in Chapter 1, GDELT offers considerable advantages to its data set, allowing to cover news across a large temporal scale from linguistically diverse sources, it is worth restating several limitations.

GDELT relies on automated event coding algorithms, and the accuracy of reporting decreases and the scale of the dataset increases. This creates more opportunities for duplicate events from multiple outlets or syndicates and misclassifications. It is possible that Ukraine's media environment has denser outlet coverage and more extensive wire syndication, given its proximity to major European news markets which could mechanically generate a higher duplication rate than a media environment with comparatively thinner outlet density, such as Sudan's. If so, part of the observed disparity in raw event counts may also reflect an asymmetry in syndication density. Lastly, though GDELT draws from sources of approximately 152 languages, it is still skewed towards the English-language, online formats, and major news infrastructure, which is correspondingly less developed in countries with smaller digital media ecosystems. No published research has yet quantified GDELT's regional digitisation bias, but this is a reasonable extension of well-documented disparities in global news infrastructure and digital media attention more broadly.¹⁴²

¹⁴² Winseck "The Geopolitical Economy of the Global Internet" (n 46).

These limitations do not invalidate the raw findings in Figure 1, rather, they caution against treating the magnitude of the disparity as a precise measure, and point instead to a difference that should be corroborated by other measures. Indeed, the very mechanisms behind GDELT's duplication and misclassification risks¹⁴³ are themselves evidence that media salience, as one component of the visibility construct examined in this Chapter, is subject to a structural Western-media biases.

3.3 Institutional Salience

To assess institutional salience, a structured search of the United Nations document library was conducted, covering resolutions, presidential statements, meeting records, and reports referencing each country from conflict onset through to the date of data collection, visualised in Figure 2. It is important to note that institutional outputs differ in legal and political significance, therefore the counts that follow should be considered as indicative of broader institutional attention rather than exacting measures of institutional effort.

For Sudan, the UN Security Council adopted three resolutions and convened 18 formal meeting discussions referencing the conflict, accompanied by eight UNSC press statements and three Secretary-General reports. No resolutions from the General Assembly or Human Rights Council specific to Sudan were identified during this period.¹⁴⁴

For Ukraine, the Security Council adopted two resolutions, while the General Assembly passed seven and the Human Rights Council one. The Security Council convened 84 meeting discussions referencing Ukraine, and one presidential statement was issued, though no UNSC press statements specific to Ukraine were recorded.¹⁴⁵

¹⁴³ denser wire syndication and digital infrastructure concentrated in Western media markets.

¹⁴⁴ Security Council Report, 'UN Documents for Sudan' <https://www.securitycouncilreport.org/un-documents/sudan/> accessed 14 April 2026.

¹⁴⁵ Security Council Report, 'UN Documents for Ukraine' <https://www.securitycouncilreport.org/un-documents/ukraine/> accessed 14 April 2026.

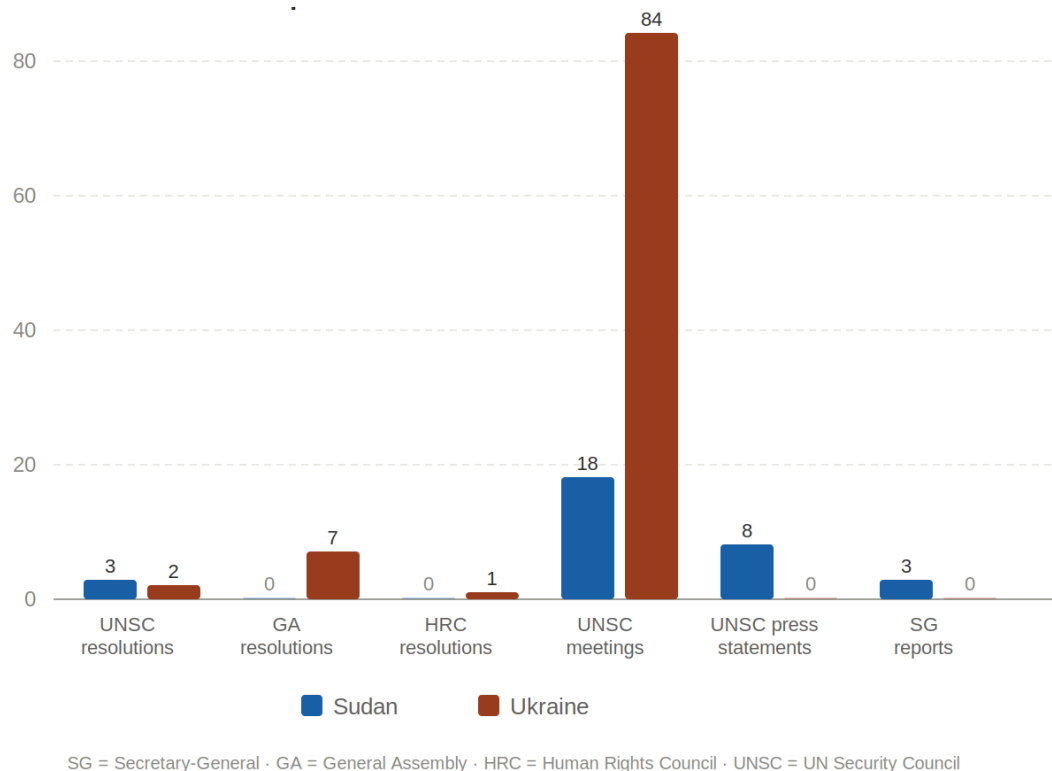


Fig 2. UN Response to Sudan and Ukraine conflicts

This comparison points to a marked disparity in the type and volume of formal institutional engagement. Ukraine generated a substantially higher volume of total resolutions and Security Council meetings on the matter, indicating elevated agenda prioritisation at the highest levels of international governance. Sudan, by contrast, received more limited and less formal engagement, with higher counts in press statements and Secretary General reports despite the scale of its humanitarian emergency.

3.3.1 Veto Politics Considerations

This raw comparison, however, requires an important institutional caveat. Ukraine's case is structurally affected by veto politics in a way that has no parallel in the Sudan case. As a permanent member of the Security Council, the Russian Federation¹⁴⁶ can block Council action through its veto, having done so twice in relation to draft resolutions. The first in February 2022 draft resolution condemning the invasion itself, and a September 2022 draft resolution condemning the annexation of four Ukrainian regions, both of which secured the

¹⁴⁶ direct party to the Ukraine conflict.

support of ten or more Council members but failed as a result of the Russian veto.¹⁴⁷ The Council's comparatively low resolution count on Ukraine (two adopted resolutions against 84 meeting discussions) is as such not straightforwardly indicative of low institutional salience, it more so reflects the structural reality that the Security Council, with the presence of a conflict party holding veto power. This dynamic may have redirected institutional UN engagement on Ukraine away from the Security Council and toward the General Assembly and Human Rights Council which are both bodies without veto power for Russia.

Sudan has faced fewer structural obstacles in the same regard to formal action, even though the volume of substantive Council output on Sudan (three resolutions) remains markedly lower in absolute terms, given the scale of the crisis. The veto dynamic therefore complicates the institutional salience comparison, but does not negate it.

3.3.2 Financial Allocation

A comprehensive assessment of financial aid flows and public engagement metrics falls outside the scope of this analysis given time and breadth constraints. Future research could systematically track funding data from the WHO, World Bank, and other multilateral and private sector bodies to construct a more precise picture of resource allocation.

What the available literature and OCHA's own Financial Tracking Service (FTS) data do indicate, however, is a significant funding gap in the Sudan case relative to Ukraine's. Prior to the conflict's outbreak, Sudan was already the ninth largest recipient of humanitarian aid globally.¹⁴⁸ In 2023, the year the conflict onset, approximately US\$1.32 billion was mobilised, representing only 51.4%% of the estimated humanitarian need in the country, with over 60% of that budget directed toward relief items and operating costs.¹⁴⁹ By late 2025, that number dropped in further, with only 39.6% of total funding needs met for Sudan, or US\$1.6 billion out of estimated need of US\$4.16 billion.¹⁵⁰

¹⁴⁷ UN Security Council, *Draft Resolution on the situation in Ukraine* UN Doc S/2022/155 (25 February 2022); UN Security Council, *Meeting Record* UN Doc S/PV.8979 (25 February 2022) <https://docs.un.org/en/S/pv.8979>.

¹⁴⁸ Salah Adam Khalifa Idris and others, 'Sudan Conflict and Its Impact on Regional Relations and Humanitarian Stability' (2025) 4(2) *Conflict and Peace Studies Journal* 55–72.

¹⁴⁹ United Nations Office for the Coordination of Humanitarian Affairs, Financial Tracking Service, 'Sudan: Humanitarian Response Plan Summary (Appeal 1123)' <https://fts.unocha.org/plans/1123/summary> accessed 1 March 2026.

¹⁵⁰ United Nations Office for the Coordination of Humanitarian Affairs, Financial Tracking Service, 'Humanitarian Response Plan Summary (Appeal 1220)' <https://fts.unocha.org/plans/1220/summary> accessed 1 March 2026.

In contrast, OCHA's FTS records for Ukraine's 2022 Humanitarian Response Plan, required US\$4.29 billion and achieved 87.9% coverage.¹⁵¹ The 2023 Ukraine plan, requiring US\$3.95 billion, achieved 73.9% coverage.¹⁵² Even when accounting for a subsequent decline in Ukraine's own funding coverage, falling to 65.1% coverage of estimate need in 2025.¹⁵³

Both Ukraine and Sudan exhibit a decline in global humanitarian financing. As discussed in Chapter One, this trend follows a concurrent decline in donor engagement, citing political instability and security concerns as deterrents, alongside broader trends of donor fatigue in protracted conflicts. These dynamics are consistent with a wider global pattern in which sustained crises, which applies to both Ukraine and Sudan, face declining resources as donor attention fragments across an increasing number of simultaneous humanitarian emergencies.¹⁵⁴ Nevertheless, Ukraine's humanitarian coverage exceeds Sudan's in every year for which comparable data exists, despite Sudan's larger and rapidly escalating needs. The identified funding disparity further reflects and operationalises the institutional salience factor of visibility in financial terms, persistently showcasing across multiple years that the international community's response to both conflicts has differed.

3.4 Corporate Salience: The Pharma Angle

To assess how pharmaceutical firms have responded to each conflict, this chapter draws on the twenty companies identified in the Access to Medicine Index (ATMI), a biennial report that has ranked the world's largest pharmaceutical companies on their policies and practices for improving access to medicines in low- and middle-income countries since its inaugural publication in 2008. These twenty firms represent some of the largest private sector stakeholders in global health and are treated here as the primary unit of analysis for assessing corporate mobilisation. A systematic scan of all twenty companies' public communications, sustainability reports, press releases, and corporate statements was conducted for references to either conflict.

¹⁵¹ United Nations Office for the Coordination of Humanitarian Affairs, Financial Tracking Service, 'Humanitarian Response Plan Summary (Appeal 1102)' <https://fts.unocha.org/plans/1102/summary> accessed 1 March 2026.

¹⁵² United Nations Office for the Coordination of Humanitarian Affairs, Financial Tracking Service, 'Humanitarian Response Plan Summary (Appeal 1124)' <https://fts.unocha.org/plans/1124/summary> accessed 1 March 2026.

¹⁵³ United Nations Office for the Coordination of Humanitarian Affairs, Financial Tracking Service, 'Humanitarian Response Plan Summary (Appeal 1271)' <https://fts.unocha.org/plans/1271/summary> accessed 1 March 2026.

¹⁵⁴ Muhammad Kabir Musa and others, 'Public Health Consequences of Armed Conflict in Sudan in the Face of Global Donor Fatigue' (2024) 3(1) *Public Health Challenges* e156 <https://doi.org/10.1002/puh2.156>.; Rahamtalla and others (n 139).

Searches were conducted on each pharmaceutical company's website using the terms "Ukraine" and "Sudan." Relevant press releases, news archives, financial disclosures, and sustainability reports were manually reviewed. The search period extended from the onset of each conflict (24 February 2022 for Ukraine and 15 April 2023 for Sudan) to the date of data collection (8 April 2026). Within this period, no restrictions were placed on publication date, capturing immediate responses and subsequent or retrospective disclosures, including those reported in annual sustainability or financial reports covering the relevant fiscal years.

Companies were coded as "Yes" in Table 1 if they met the inclusion criteria, defined as the presence of an official company communication i.e. press release, website news item, sustainability report, or financial report, containing an identifiable conflict-specific statement, commitment, or itemised disclosure explicitly referencing Ukraine or Sudan. Companies were coded as "No" if their public communications and reports referred only to general humanitarian assistance, global access programmes, or disaster-relief activities without specific attribution to either country of conflict.

<i>Pharmaceutical Company</i>	<i>Press Release on Ukraine</i>	<i>Press Release on Sudan</i>
<i>Novartis AG</i>	<i>Yes</i>	<i>No</i>
<i>GSK plc</i>	<i>Yes</i>	<i>No</i>
<i>Sanofi</i>	<i>Yes</i>	<i>No</i>
<i>Pfizer Inc</i>	<i>Yes</i>	<i>No</i>
<i>AstraZeneca plc</i>	<i>Yes</i>	<i>No</i>
<i>Johnson & Johnson</i>	<i>Yes</i>	<i>No</i>
<i>Merck KGaA</i>	<i>Yes</i>	<i>No</i>
<i>Boehringer Ingelheim</i>	<i>Yes</i>	<i>No</i>
<i>Takeda Pharmaceutical Co Ltd</i>	<i>Yes</i>	<i>No</i>
<i>Bayer AG</i>	<i>Yes</i>	<i>No</i>
<i>Roche Holding AG</i>	<i>Yes</i>	<i>No</i>
<i>Novo Nordisk A/S</i>	<i>Yes</i>	<i>No</i>
<i>Bristol Myers Squibb</i>	<i>No</i>	<i>No</i>
<i>Eisai Co, Ltd</i>	<i>Yes</i>	<i>No</i>
<i>Astellas Pharma Inc</i>	<i>No</i>	<i>No</i>
<i>Gilead Sciences</i>	<i>Yes</i>	<i>No</i>
<i>Merck & Co, Inc</i>	<i>Yes</i>	<i>No</i>
<i>Daiichi Sankyo Co, Ltd</i>	<i>Yes</i>	<i>No</i>
<i>Eli Lilly & Co</i>	<i>Yes</i>	<i>No</i>
<i>AbbVie Inc</i>	<i>Yes</i>	<i>No</i>
TOTAL:	18	0

Table 1. Press Releases issued by top 20 pharmaceutical companies on Ukraine vs. Sudan*

Eighteen of the twenty companies released an official statement on Ukraine, several using language such as “condemning Russia's actions” and announcing concrete commitments including donations, supply continuity pledges, and compliance with international sanctions. In the majority of cases, companies also publicly itemised their donations, rendering their contributions transparent and traceable. In contrast, not a single one of the twenty companies released a public statement on Sudan. A small number of companies referenced donations to Sudan in sustainability reports, typically channelled through pooled humanitarian funds or third-party distributors, but these mentions are neither prominent nor easily traceable, and no company made Sudan the subject of a standalone public commitment, therefore these mentions were excluded based on the set inclusion criteria. *Links to each pharmaceutical company’s statement for Ukraine and a screenshot are compiled in a Google document, with access details in Annex II.

This disparity (18 vs. 0) is the central empirical finding of this chapter and constitutes strong evidence that public pharmaceutical engagement and communication factors to conflict visibility.

3.5 The Health Cost in Armed Conflict: Ukraine and Sudan

Armed conflicts predictably lead to considerable destruction of health systems. Disease transmission increases, and coordinated efforts by law enforcement, medical teams, and humanitarian organisation to manage the growing burden of disease, fragments. Such environments make it difficult for individuals to access health care, and even when they do, there is often limited medical supplies and reduced health professional capacity as they are stretched thin in response to growing needs.¹⁵⁵ This further exacerbates as health infrastructure is sometimes targeted by armed groups as a military tactic, violating international humanitarian law.¹⁵⁶ These conflict zones thereby also suffer from reduced funding and humanitarian activity because ethical approvals, conflicts of interest, and questions of safety grow. Sexual violence increases, maternal and child health outcomes deteriorate, and vaccination campaigns, which are among the most cost-effective public health interventions available, are disrupted.¹⁵⁷ Data consistently shows that the majority of the world's unvaccinated children reside in conflict zones.¹⁵⁸ The sections that follow examine the health and pharmaceutical consequences of

¹⁵⁵ Sylvia and Checchi (n 1).

¹⁵⁶ Rahamtalla and others (n 139).

¹⁵⁷ *ibid.*

¹⁵⁸ *ibid.*

conflict for both Sudan and Ukraine, to provide a depiction of the severity of each country's health system crises.

3.5.1 Sudan

Large scale civil armed conflict broke out in Sudan on the 15 April 2023 following the collapse of negotiations between the Sudanese Armed Forces and the paramilitary Rapid Support Forces over military integration after the 2021 coup.¹⁵⁹ Since its onset, the territorial dynamics continued to shift and spread throughout the country, initially in Khartoum then spreading to the Darfur region and later affected Kordofan and Gezira.¹⁶⁰ The International Committee of the Red Cross (ICRC) and other scholars estimate healthcare facilities closures to be between 70-80% in the war affected states.¹⁶¹ In Khartoum where the conflict first broke out, all health and medical infrastructure have been disrupted and 58.5% of public health facilities shut down. The spread into the Gezira region led to cases of looting and attacks on hospitals leading to 56.2% of public hospitals in this state to suspend care and services, where many internally displaced persons were residing.¹⁶² The Red Crescent also published a recent press release estimating that a staggering 33 million people in Sudan are in need of humanitarian assistance and sustaining its place as the largest displacement of peoples in the world, with 6 million internally displaced persons and 1.57 million in neighbouring countries.¹⁶³

3.5.2 Pharmaceutical Disruptions in Sudan

Sudan's pharmaceutical supply chain was structurally fragile prior to the outbreak of the conflict. Approximately 40% of medicines were imported, while domestic manufacturing, concentrated almost entirely in the Khartoum area, supplied around 30% of national need, largely through low-cost generic production.¹⁶⁴ Of the 27 pharmaceutical manufacturing

¹⁵⁹ United Nations, 'Spotlight on Sudan: Background' <https://www.un.org/en/spotlight-on-sudan/background> accessed 7 April 2026.

¹⁶⁰ Elamin and others (n 139).

¹⁶¹ Rahamtalla and others (n 139) 49; International Committee of the Red Cross, 'Sudan: The Human Cost of Three Years of War' <https://www.icrc.org/en/news-release/sudan-human-cost-three-years-war> accessed 2 April 2026.

¹⁶² Elamin and others (n 139).

¹⁶³ International Federation of Red Cross and Red Crescent Societies, 'A Crisis in Motion: IFRC Sounds Alarm as Sudan's Humanitarian Needs Escalate' <https://www.ifrc.org/press-release/crisis-motion-ifrc-sounds-alarm-sudans-humanitarian-needs-escalate> accessed 11 April 2026.

¹⁶⁴ Lina Hemmeda and others, 'The Critical Pharmaceutical Situation in Sudan 2023: A Humanitarian Catastrophe of Civil War' (2024) 23(1) *International Journal for Equity in Health* 54 <https://doi.org/10.1186/s12939-024-02103-9>.

companies operating before the conflict, virtually all were based in the capital region now most heavily affected by fighting.¹⁶⁵ The destruction of this infrastructure has eliminated a production base that is not easily replaceable.

The consequences for medicine availability are measurable. Across Sudan, the drug availability index is estimated to be 54.4%, with the most available medicines being common antibiotics and analgesics.¹⁶⁶ Vaccine availability is considerably worse with 50% coverage in non-conflict zones and as low as 30% in directly affected areas.¹⁶⁷ National vaccination coverage has dropped from approximately 85% before the war to below 50% according to UNICEF, and 43% of children are now missing essential immunisations, however prior to the conflict, only 1% of children in Sudan had never received a single vaccine dose.¹⁶⁸

These shortfalls are amplified by the collapse of the broader economic and regulatory environment. Sudan's currency has undergone hyperinflation, raising the cost of imported medicines and limiting the state's capacity to subsidise procurement.¹⁶⁹ International sanctions and banking restrictions have further constrained both domestic manufacturers in purchasing chemical raw materials and foreign suppliers from operating in country.¹⁷⁰ The pharmaceutical regulatory body, the National Medicines and Poisons Board (NMPB), operates under significant resource constraints, creating control gaps and lack of harmonisation with international standards.¹⁷¹

The result is a pharmaceutical landscape characterised by scarcity, affordability crises, and substandard medicines. In such an environment, accountable and legitimate private sector engagement would provide substantial value in health care resources and access for millions suffering from acute and chronic conditions. Without medicines, the right to health cannot be meaningfully fulfilled, health care delivery becomes effectively impossible rather than just difficult. Scholars caution that even if hostilities were to cease, the damage done to health

¹⁶⁵ Aly Verjee, Thouiba Hashim Galad and Ruoh-Yeng Chang, 'Health Care Without Medicine: The Impact of War on Sudan's Pharmaceutical Manufacturing and Supply' (2025) 19(1) *Conflict and Health* 28 <https://doi.org/10.1186/s13031-025-00667-z>.

¹⁶⁶ Mustafa Rabih and others, 'Availability and Readiness of Healthcare Services at Primary Healthcare Centers During the Sudan War: A Cross-Sectional Study' (2025) 26(1) *BMC Primary Care* 317 <https://doi.org/10.1186/s12875-025-02701-2>.

¹⁶⁷ *ibid.*

¹⁶⁸ *ibid.*

¹⁶⁹ Imad Abu Reid and others, 'Strengthening Local Pharmaceutical Manufacturing to Address Medicine Shortages in Post-War Sudan' (2025) 4(1) *Discover Health Systems* 109 <https://doi.org/10.1007/s44250-025-00299-3>.

¹⁷⁰ *ibid.*

¹⁷¹ Hemmeda and others (n 164).

systems and pharmaceutical supply chains would demand significant investment and long-term sustainability approaches to recover.

3.5.3 Ukraine

Russia's invasion of Ukraine began on 24 February 2022, following the annexation of Crimea in 2014 and years of escalating geopolitical tension. Initial attacks concentrated on Kyiv before the conflict extended into Kharkiv, Mariupol, Kherson, and other regions.¹⁷² Approximately 18 million people have been affected, with four million refugees displaced within the first five weeks alone.¹⁷³ The health infrastructure damage has also been severe, with an estimated 300 health facilities being completely destroyed and over 600 hospitals being partially damaged. The conflict has also seen targeted attacks on healthcare, citing cases of systemic dismantling, looting of medical supplies, forced closure and attacks on health workers.¹⁷⁴

3.5.4 Pharmaceutical Disruptions in Ukraine

The pharmaceutical infrastructure in Ukraine collapsed rapidly. Within the first hours of the conflict, almost all pharmacies in Kyiv, Kharkiv and other major cities closed. More than 750 pharmacies were estimated to be damaged or destroyed by late 2023.¹⁷⁵ In occupied Kherson, over 90% of pharmacies are not operational and most medicines transported and sold are done so informally, with corridors open from Crimea and Russia and sold out of trunks of cars or open markets without certifications or set standards being met.¹⁷⁶ The main drug shortages in this context are children's medicines, antipyretics and maternity or neonatal drugs.¹⁷⁷

Despite a severe position for both countries, Ukraine's health and pharmaceutical systems attracted substantially greater mobilisation from the international community and private sector. As documented earlier in this chapter, 18 of the 20 ATMI companies released public statements of support for Ukraine, many with itemised donation lists. Resources such

¹⁷² Dzhus and Golovach (n 139); Wireko Andrew Awuah and others, 'Inside the Ukraine War: Health and Humanity' (2022) 98 (1160) *Postgraduate Medical Journal* 408–410 <https://doi.org/10.1136/postgradmedj-2022-141846>.

¹⁷³ *ibid.*

¹⁷⁴ Dzhus and Golovach (n 139); Olena Uvarova, 'Responsible Business Conduct for Post-War Reconstruction of Ukraine: Call from Civil Society' (2023) Wageningen Law Series.

¹⁷⁵ *ibid.*

¹⁷⁶ *ibid.*

¹⁷⁷ *ibid.*

as the Kiel Institute's Ukraine Support Tracker further incentivised public accountability, creating pressure on companies to name their contributions and raising awareness of ongoing need.¹⁷⁸ No equivalent mechanism exists for Sudan.

3.6 The Ethical Debate for Businesses Operating in Conflict

Unlike Sudan, the inter-state nature of the Russian invasion of Ukraine meant that many transnational companies that operated in both were faced with a dilemma. This conflict generated significant controversy and debate over whether companies should cease operations and sales in Russia, which explicitly extended to debates surrounding the role of pharmaceutical companies. Several scholars expressed a need for full corporate withdrawal as a moral imperative to cripple the Russian economy.¹⁷⁹ Arguments in support of exiting the Russian economy ranged from putting economic pressure to cease the war, to fear of complicity.¹⁸⁰

However, for a pharmaceutical company this might be especially untenable as their supplies are often essential for civilian health, thusly withdrawing constitutes collective punishment, disproportionately harming civilians rather than the political or military leadership responsible for the war, and violating core principles of international humanitarian law.¹⁸¹ Put together, this debate sparked external pressure on pharmaceutical companies to take a publicly justifiable position, as a soft form of corporate accountability.

This constitutes an important debate for businesses operating in conflict zones and the ethical considerations of staying versus leaving is the topic of several scholars in the BHR and B4P spaces, however that this debate occurred at all is itself evidence of visibility. Ukraine generated a secondary discourse about the limits and responsibilities of corporate presences in conflict. Sudan has generated comparatively little public ethical debate of any kind, despite having its own underlying ethical debates surrounding sourcing of raw materials, supply chain partners and distribution challenges in militia occupied territories.¹⁸² Sudan has not been

¹⁷⁸ Kiel Institute for the World Economy, 'Home Page' <https://www.kielinstitut.de/> accessed 16 April 2026.

¹⁷⁹ Daniel J Hurst, Krisha Darji and Christopher A Bobier, 'War, Ethics, and Market Presence: Policy Shifts of Global Pharmaceutical Companies in Russia Following the 2022 Invasion of Ukraine' (2026) 27(1) BMC Medical Ethics 20 <https://doi.org/10.1186/s12910-025-01360-9>.

¹⁸⁰ *ibid.*

¹⁸¹ *ibid.*

¹⁸² M H Shah and LA Osman, 'Sudan's Endless Exodus and the Cruel Geometry of the Refugee Loop' (2025) 17(10) *Cureus* e95433 <https://doi.org/10.7759/cureus.95433>.

visible enough, to cause public scrutiny and discourse to evolve discussions of corporate conduct into public and even scholarly debate.

3.7 Reflecting on Findings

The two cases present a troubling asymmetry. Sudan's humanitarian crisis is, by several measures, larger. It constitutes the world's greatest displacement emergency, its pharmaceutical infrastructure has been more thoroughly dismantled, and its pre-conflict baseline was considerably weaker. Yet it received zero public corporate commitments from the twenty firms best placed to help in terms of EMs, while Ukraine received eighteen. This gap is further substantiated by the media salience even with the GDELT limitations discussed, the institutional salience measure indicating increasing UN activity for Ukraine, and the financial OCHA analysis.

This Chapter does not treat these factors that make up visibility as the sole contributors to corporate mobilisation, rather they are meant to explore a small part of a whole. There are several other potentially explanatory mechanisms at work, such as market size, and sanction regimes that are worth expanding on.

In terms of market size, Ukraine possesses a considerably larger pharmaceutical market than Sudan, meaning there are more well established global market relationships. This would follow commercial logic for companies with existing pharmaceutical relationships and tied revenue streams, to have a stronger commercial incentive to respond to a crisis in Ukraine.¹⁸³ A company with staff physically present in a conflict zone has an immediate interest in publicly communicating about that conflict, independent of any broader humanitarian or commercial calculation. This is a credible partial explanation for some of the disparity, but it again does not extend to explain Sudan's complete absence of engagement. The existence of pooled-fund and third party donation channels referenced in Section 3.4 demonstrates companies can and do contribute to crises without local operational presence necessarily.

The number of sanctions imposed on Russia, impacting the war in Ukraine, created direct compliance obligations for multinational pharmaceutical companies with business in both countries. As such, the need to publicly clarify their stance and compliance ability was

¹⁸³ Patricia H Thornton, *The Institutional Logics Perspective: A New Approach to Culture, Structure, and Process* (Oxford University Press 2012).

likely needed to manage legal and reputational risks for continued operations. The nature of many Ukraine-related statements from Pharmaceuticals reflects this compliance-oriented nature. This is the most significant alternative explanation for the disparity found in pharmaceutical responses.

It also bears emphasising that this Chapter does not contend that Ukraine received excessive attention or support. Indeed, Ukraine's humanitarian needs have been severe and warranted significant international engagement. The distinction is that Sudan received disproportionately little attention relative to the scale of its humanitarian and health crises. The finding of zero public commitments for Sudan must be explained somehow, given the role and positioning pharmaceutical companies have in fulfilling the right to health. Neither market size nor sanctions can fully explain the lacking global response for such a severe humanitarian crisis.

The Chapter that follows will examine this asymmetrical response more closely, postulating on its causative and contributing factors, namely the lingering impacts of colonialism and Global North-South divides. It then turns to what can be done, reimagining the role of pharmaceutical actors in the fulfilment of the right to health in conflict settings.

Chapter 4: The Drivers of Differential Mobilisation

4.1 Introduction

Conflict causes significant and predictable harm to health systems. However, as evidenced in Chapter Three, 18 of the 20 largest pharmaceutical companies made public statements of support for Ukraine, while that number for Sudan stands at zero. This chapter investigates the structural basis for that disparity. It begins by examining the economic and geopolitical factors that produce selective mobilisation, followed by a discussion of why existing legal frameworks are unable to correct for this asymmetry. Situating these findings within a longer history of colonialism and Global North–South divides, the thesis then reimagines what pharmaceutical obligations should look like in conflict settings, proposing a set of reforms that meaningfully address the economic and institutional factors driving these asymmetric patterns in health systems.

4.2 Explaining Asymmetry and Differential Mobilisation

Pharmaceutical companies have extensive global reach, as all 20 of the largest ones sampled in this thesis operate as transnational or multinational enterprises. Their supply chains exemplify a far-reaching global architecture; raw chemical materials are sourced from certain countries, research and development concentrated in others, and manufacturing elsewhere still.¹⁸⁴ The process from drug creation to retail availability is heavily complex, spanning continents and a global employee pool, with Asia and Africa serving as essential sources of both raw materials for biologics and labour.¹⁸⁵ Yet despite this global footprint, every one of the 20 major pharmaceutical companies identified by the Access to Medicine Index is headquartered in the Global North, as illustrated in Table 2.

¹⁸⁴ International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), ‘Facts and Figures 2022: The Pharmaceutical Industry and Global Health’ <https://www.ifpma.org/publications/facts-and-figures-2022-the-pharmaceutical-industry-and-global-health/> accessed 21 April 2026.

¹⁸⁵ *ibid.*

#	Pharmaceutical Company	Headquarter Country Location	# of operating countries or territories
1	Novartis AG	Switzerland	140
2	GSK plc	United Kingdom	75
3	Sanofi	France	53
4	Pfizer Inc	United States	200
5	AstraZeneca plc	United Kingdom	60
6	Johnson & Johnson	United States	60
7	Merck KGaA	Germany	65
8	Boehringer Ingelheim	Germany	76
9	Takeda Pharmaceutical Co Ltd	Japan	80
10	Bayer AG	Germany	80
11	Roche Holding AG	Switzerland	150
12	Novo Nordisk A/S	Denmark	80
13	Bristol Myers Squibb	United States	50
14	Eisai Co, Ltd	Japan	~33
15	Astellas Pharma Inc	Japan	70
16	Gilead Sciences	United States	35
17	Merck & Co, Inc	United States	65
18	Daiichi Sankyo Co, Ltd	Japan	31
19	Eli Lilly & Co	United States	95
20	AbbVie Inc	United States	70

Table 2. Top 20 pharmaceutical companies HQ locations and # of operating countries. Data taken from each company's webpage.*

The geographic breakdown of Table 2 comes to seven companies headquartered in the United States, four in Japan, three in Germany, two each in Switzerland and the United Kingdom, and one each in France and Denmark. None of the major pharmaceutical company are headquartered in Africa, Latin America, or South or Southeast Asia which are the regions that bear the greatest burden of conflict-related health system collapse.

Utilising Thornton's institutional logics theory, which posits that organisations are guided by a set of material practices, assumptions, values, and beliefs through which they create meaning, organise their activities, and reproduce their interests;¹⁸⁶ the geographic anchoring of pharmaceutical leadership and decision-making power in the Global North plausibly contributes to where and when corporate mobilisation occurs. Ukraine is in the

¹⁸⁶ Thornton (n 183).

Global North, culturally, economically, and geographically. Ukraine is adjacent to the EU, and therefore within the institutional field of concern for these companies in a way that Sudan does not. It shares little with the Global North in terms of cultural alignment, geographic proximity, or direct business interest, and as a result falls outside the institutional logic that drives corporate engagement.

The political economy of pharmaceutical markets means that conflict in or near the Global North directly threatens the supply chains, workforces, regulatory relationships, and market access that matter most to these companies. Ukraine posed a concrete operational dilemma for them, involving sanctions, dual presence in Russia and Ukraine, and reputational risk which together demanded a corporate response. Sudan posed no equivalent dilemma for companies with no high-level presence in the country or region. The result is a mobilisation pattern that tracks institutional self-interest instead of humanitarian need, and in doing so, risks reproducing a global health order in which proximity to power shapes what crisis command a response.

4.2.1 The Political Character of Corporate Silence

The language used by pharmaceutical companies in their Ukraine press statements was notably political. Several companies explicitly condemned Russia's invasion, noted international law and how they intended on respecting sanctions.¹⁸⁷ This degree of transparency and communication demonstrated a willingness by pharmaceutical companies to take on a political position and comply with external societal pressure to take a stance, signalling alignment with the EU and other Global North values and interests, where their institutions are headquartered.

This same transparency and open communication in the case of Sudan is absent. As established in Chapter Two, the B4P literature asserts that corporations cannot be neutral in conflict settings regardless of their intention to be; their actions, or inactions, inevitably influence outcomes and conditions on the ground. Pharmaceutical companies then choosing

¹⁸⁷ See Annex II for list. E.g. are [Novartis statement](#) and [Boehringer Ingelheim statement](#).

not to speak on what has been described as the worst health humanitarian crisis,¹⁸⁸ is itself a political choice.

4.2.2 The Interstate vs. Civil War Distinction is Insufficient

One explanation that may be offered for the differential response to the assertions presented above, is the nature of the conflict itself. Ukraine's interstate character, Russia's invasion of a sovereign state created direct operational dilemmas for transnational companies with presence in both countries. In the wake of the conflict, companies had to announce their stance on navigating sanctions, managing reputational risk associated with continued Russian operations, and responding to pressure from governments and consumers in their home markets.¹⁸⁹ Sudan's civil conflict created no equivalent dilemma for Western pharmaceutical firms with no significant presence in the country.

Though this logic is understandable as a description of how companies assess and manage risk, it exposes a deeper moral and structural failing. The right to health is universal and does not vary by the typology or geography of a conflict. The responsibility of pharmaceutical companies to support its fulfilment, including through, for example, the donation of essential medicines or medical supply, cannot be contingent on whether a conflict creates a business dilemma for them. What the press release volume (18 for Ukraine, zero for Sudan) alongside the geographic concentration of pharmaceutical headquarters in the Global North reveals, is a structural pattern rooted in a history of colonial expansion, with all twenty of these countries possessing either direct colonial histories or immense influence over the international order.¹⁹⁰ These legacies have produced a global order in which the outcomes of those residing in the Global South carry less institutional weight and less corporate concern than those of populations geographically and culturally proximate to the Global North.¹⁹¹

¹⁸⁸ World Health Organization, 'Sudan: 1000 Days of War Deepen the World's Worst Health and Humanitarian Crisis' <https://www.who.int/news/item/09-01-2026-sudan-1000-days-of-war-deepen-the-world-s-worst-health-and-humanitarian-crisis> accessed 7 April 2026.

¹⁸⁹ Hurst 'War, Ethics, and Market Presence' (n 179).

¹⁹⁰ Jason Hickel, *The Divide: Global Inequality from Conquest to Free Markets* (WW Norton 2018); Alan M Rugman and Alain Verbeke, 'A Perspective on Regional and Global Strategies of Multinational Enterprises' (2004) 35(1) *Journal of International Business Studies* 3; Alfred D Chandler Jr, *Shaping the Industrial Century: The Remarkable Story of the Evolution of the Modern Chemical and Pharmaceutical Industries* (Harvard University Press 2009).

¹⁹¹ *ibid.*; Mignolo (n 31); Krugman (n 32).

4.3 The Inadequacy of Existing Frameworks

The identified difference in mobilisation seemingly does not factor in scale of humanitarian need. What currently guides pharmaceutical sector conduct are voluntary and mandatory legal frameworks which broadly apply to all businesses, discussed in depth in Chapter Two. These frameworks provide very little relevant or enforceable obligations on pharmaceutical conduct in conflict settings.

4.3.1 Where Voluntarism Stands

Current soft law instruments have not produced consistent engagement from businesses across conflict settings in their humanitarian responses. The UNGPs and their UNWG have provided a strong starting point over the past fifteen years, bringing to the forefront a much needed discussion and regulatory baseline for businesses. Their efforts have contributed to developing business accountability and creating boundaries for how their participation and activities fit into the broader scheme of a globalised world. They have introduced key concepts that translate well into business terminology to enhance sensemaking, like heightened human rights due diligence and conflict sensitivity among them.¹⁹² The UNGPs are, however, voluntary principles, which means that at the international level they serve more as a jumping off point to inspire a downstream effect on regional and national policy, rather than producing enforceable obligations in their own right.

With this voluntary baseline in mind, more companies have, over the last fifteen years, made public commitments to respecting human rights, often under the broader framing of corporate social responsibility. Many pharmaceutical companies have publicly expanded their philanthropic efforts and accessibility programmes, tracking medical donations and relief efforts in low- and middle-income countries. The Access to Medicine Index, discussed in Chapter Three, is one such framework designed to identify and incentivise this by ranking 20 major pharmaceutical companies on their efforts to improve access to medicines as a proxy for CSR performance. While this provides some public motivation for companies to improve their standing and be seen as legitimate contributors to global health, a stark disparity emerges when examining these efforts more closely. Companies with an established history of access

¹⁹² Deva and Bilchitz (n 90); Samentha Goethals, Juliette Koning and Math Noortmann, 'Business and Human Rights as Sensemaking: A Multi-Level Framework for Organizational Translation' (2025) 64(8) *Business & Society* 1599 <https://doi.org/10.1177/00076503231189765>; UNDP, Heightened Human Rights Due Diligence (n 38)

commitments and CSR activity mobilised very differently across the two conflicts examined in this thesis, as evidenced by the complete absence of public commitments to Sudan. This exposes a clear structural flaw in voluntary frameworks: they are incapable of correcting for visibility bias in balancing humanitarian need, leaving the decision about when and where to act entirely up to the company itself.

4.3.2 The Limits of Current Hard Law

The only available hard law framework at present, with the capacity to hold multinational enterprises such as pharmaceutical companies accountable is the CSDDD. Five of the twenty ATMI-ranked companies are headquartered within the EU, and two more in Europe but not part of the Union, meaning the directive has clear implications for a significant proportion of these companies and their downstream operations across the value chain. To clarify, the most relevant aspects of the mandate as applied to pharmaceuticals include greater supply chain transparency, sustainable practices, and enhanced reporting which are all aimed at strengthening supply chain resilience and human rights accountability. Many of the biggest pharmaceutical companies have begun implementing these requirements progressively, given the Directive's phased rollout.¹⁹³

This is however unlikely to reach pharmaceutical distribution in conflict-affected markets like Sudan that are not proximate to nor significantly integrated into the EU marketplace, leaving them unprotected from the safeguards that this Directive applies. The scope of this Directive, as more clearly outlined in Chapter Two, means that the population most in need of policies such as the CSDDD that enhance supply chain resilience and business human rights commitments, are not covered. Though the UN and the African Union are expanding efforts to develop additional mandatory mechanisms in this space, grey literature on both processes document significant stalling and roadblocks that have impeded forward momentum.¹⁹⁴

¹⁹³ Novo Nordisk, Reporting of Human Rights Due Diligence in accordance with the Transparency act 2025 <https://www.novonordisk.no/content/dam/nncorp/no/nb/ethics/novo-nordisk-norway-2025-human-rights-report.pdf> accessed 16 May 2026.

¹⁹⁴ Business and Human Rights Resource Centre, 'Why Is the EU Still Absent in UN Negotiations on Human Rights Rules for Business?' (Blog, 29 October 2021) <https://www.business-humanrights.org/en/blog/why-is-the-eu-still-absent-in-un-negotiations-on-human-rights-rules-for-business/> accessed 4 May 2026; Ogunranti, "No One Is Coming to Save You" (n 107)

4.3.3 Representation and Voice

Another important note and foundational limitation of both existing soft and hard law instruments on business and human rights is the lack of representation and voice in their construction. Though the UNGPs were praised for the diversity of stakeholders consulted at the time of adoption, spanning small and large businesses, governments, and civil society. However, it has been widely critiqued for the insufficient consultation of Global South representatives, both government and businesses as well as victims of human rights abuses and civil society; many of whom issued dissenting opinions at the time of the UNGPs being published.¹⁹⁵ This same criticism has also been widely raised in response to the drafting and implementation of the CSDDD.¹⁹⁶

Without the inclusion of diverse voices in the construction of legal architecture, the conflicts and the resultant humanitarian crises occurring outside the economic interests of the voices that dominate international and regional law, will remain invisible. Furthermore, without sector-specific obligations, current “do no harm” approaches cannot account for the critical link between pharmaceutical company conduct and fulfilment of the right to health.

4.4 The Colonial and Structural Roots of Differential Visibility

Perhaps it bears significance to clarify that in referencing the Global North and South, this thesis is referring to more than a geographic divide. It hinges upon Wispelwey's definition of the Global South as constituting "the division of states along lines of power, colonial history, and associated wealth."¹⁹⁷ Correspondingly, the hegemony of the Global North, and thusly the grounding of the pharmaceutical industry within it, is a consistent with a global order shaped by colonial legacies. This provides a part of the explanation as to why every major pharmaceutical company is headquartered in the Global North, and may offer insight into why Ukraine has captured far greater public and corporate attention than Sudan.

¹⁹⁵ Hamm “The Struggle for Legitimacy in Business and Human Rights” (n 87)

¹⁹⁶ Ogunranti, “No One Is Coming to Save You” (n 107)

¹⁹⁷ Bram Wispelwey and others, ‘Towards a Bidirectional Decoloniality in Academic Global Health: Insights from Settler Colonialism and Racial Capitalism’ (2023) 11 *The Lancet Global Health* e1469–e1474 [https://doi.org/10.1016/S2214-109X\(23\)00305-3](https://doi.org/10.1016/S2214-109X(23)00305-3).

4.4.1 Colonial Histories and Current Global Health Architecture

Colonial foundations can be traced through every constructed institution, which does not preclude global health architecture. As Krish Seetah contends, global health was built by and for Global North actors, and when investigated closely, there is not a single dimension of it that escapes this hegemony, of which pharmaceuticals is a part of.¹⁹⁸ A study conducted by Blicharska, Teutschbein, and Smithers (2021) examined the composition of global health leadership, boards, research authorship, access to funding, and editorial roles, finding significant overrepresentation of Global North actors across every category.¹⁹⁹ Many of the human rights and global health institutions established in the post-colonial period have themselves been criticised as a continuation of the same extractive logic, repackaged in the language of development and humanitarian concern.²⁰⁰ Colonialism, in its unabashed form, referred to exploitative and extractive practices that expanded mercantilism, capitalism, and commodification on a global scale through occupation and dispossession.²⁰¹ Its institutional afterlife has proven considerably more durable than its formal end.

An important dimension of this afterlife is the direction and conditionality of funding flows in humanitarian aid. Development finance continues to travel predominantly downward from the Global North to the Global South, with project priorities and agendas set by those removed from the ground realities they purport to address.²⁰² This falls under the system of aid conditionality, an incentive structure oriented toward shorter-term, results-based interventions that are easier to justify to donors, at the expense of the longer-term investments in health system strengthening and pharmaceutical infrastructure that would produce sustainable change.²⁰³ This pattern reflects an inherent power imbalance it institutionalises, with the donor leveraging resources to shape the recipient's policy choices and behaviour.

A prominent and quite recent example of these fault lines was the global response to the COVID-19 pandemic. Amri and others have characterised the behaviour of Global North

¹⁹⁸ Seetah, "Colonialism, Decolonization, and Global Health," (n 53).

¹⁹⁹ Małgorzata Blicharska, Claudia Teutschbein and Richard J Smithers, 'SDG Partnerships May Perpetuate the Global North–South Divide' (2021) 11 *Scientific Reports* 22092 doi: 10.1038/s41598-021-01534-6.

²⁰⁰ Seetah, "Colonialism, Decolonization, and Global Health," (n 53).

²⁰¹ *ibid.*

²⁰² S Linda Khumalo, 'The Effects of Coloniality and International Development Assistance on Made in Africa Evaluation: Implications for a Decolonised Evaluation Agenda' (2022) 10(1) *African Evaluation Journal* 628 <https://doi.org/10.4102/aej.v10i1.628>.

²⁰³ Patrick Guillaumont, Matthieu Boussichas and Andrea Dsouza, 'The Evolution of Aid Conditionality: A Review of the Literature of the Last Twenty Years' (2023) EBA Working Paper (Expert Group for Aid Studies <https://eba.se/en/reports/the-evolution-of-aid-conditionality-a-review-of-the-literature-of-the-last-twenty-years/20700/> accessed 7 May 2026).

countries during this period as vaccine apartheid: hoarding doses while simultaneously maintaining intellectual property protections that prohibit manufacturers in the Global South from producing their own vaccines.²⁰⁴ Pharmaceutical companies bear considerable responsibility here, having prioritised selling to the highest bidder, and the consequences falling most heavily on the populations least able to compete in that market, excluding the Global South. At present however, this conduct is not legally regulated.

This returns to Ogunranti's critique of the EUCSDDD, which describes the exact same dynamic of Global South voices excluded from the construction of BHR lawmaking, leaving their concerns outside the boundaries of institutional concern.²⁰⁵

4.4.2 Racial Capitalism and Differential Mobilisation

To further understand the asymmetrical response of pharmaceutical companies to these two cases of conflict, it is necessary to consider the role of race as it relates to colonial history. Sudan was once governed by the British empire.²⁰⁶ This history therefore places it within the bounds of a previous extractive colonial formation that continues to shape its position within the global order today.²⁰⁷

Racial capitalism, as theorised by Cedric Robinson, holds that no existing form of capitalism is not racialised, since race operates to normalise the capitalist method of unequal production and distribution of resources to cultivate certain forms of power and privilege.²⁰⁸ Capitalist economic structures were one of the many implemented changes under colonial occupiers. This framing is consistent with patterns observable in the global pharmaceutical industry, that are concentrated in the Global North as evidenced above, and embedded with institutional market logics which are inherently profit-driven. Pharmaceutical companies operate entirely within voluntary accountability frameworks that encourage but do not compel engagement with any humanitarian crisis. As such, its mobilisation will predictably favour

²⁰⁴ Michelle Amri and others, 'Decolonizing Global Health: A Scoping Review of Its Key Components, Proposed Actions, and Contributors' (2025) 10 Global Health Research and Policy 54 <https://doi.org/10.1186/s41256-025-00436-8>

²⁰⁵ Ogunranti, "No One Is Coming to Save You" (n 107)

²⁰⁶ Noah R Bassil, *The Post-Colonial State and Civil War in Sudan: The Origins of Conflict in Darfur* (I.B. Tauris 2015) Chapter 1: 58–73.

²⁰⁷ *ibid.*

²⁰⁸ Wispelwey, "Towards a Bidirectional Decoloniality in Academic Global Health," (n 197)

conflicts with greater visibility over those without; racial capitalism offers a lens, alongside colonial histories that contextualise and shape visibility factors.

The conduct of pharmaceutical companies during the COVID-19 pandemic was a flagrant example of this, mapping Global North-South divides directly onto racial demographic lines, as discussed in the previous section. The pharmaceutical industry's long pattern of research and development further reinforces this. Studies on R&D, making up one of the largest components of pharmaceutical companies' portfolios, have found that a disproportionately lower number of clinical trials have been conducted on the African continent.²⁰⁹ Moreover, one study examining health research in conflict settings specifically found that Global South countries experiencing conflict have considerably more underdeveloped and fragmented research agendas than Global North countries in comparable situations, demonstrating a positive feedback loop where lack of funding continuously produces low capacity and encourages future lack of investment.²¹⁰ This illustrates that places in dire need of health research and strengthened health capacity are the least likely to receive it, reflecting the same inherited colonial hierarchies.

These hierarchies extend into how humanitarian crises are responded to and by whom. Scholarship on the humanitarian aid sector has argued that the concepts of neutrality and impartiality in crisis response function adjacently to whiteness. In other words, only those raced as white are permitted to act outside of political, economic, and social subjectivity, and therefore only they can be seen as truly neutral actors.²¹¹ As Narayanaswamy puts it:

“Humanitarian actors may be understood as impartial, neutral and ‘outside the fray’ is only possible on the presumption of a ‘White saviour’ as the default humanitarian actor; that is, only people who would be raced as ‘White’ could be seen to be acting outside of political, social or economic subjectivities, with a unique capacity to deliver aid in a crisis without ‘fear or favour.’”

These dynamics percolate into how humanitarian crisis responses are carried out and whom they centre, despite the critical foundations of humanitarianism in neutrality and

²⁰⁹ Simon D Taylor-Robinson, C Wendy Spearman and Ahmed A A Suliman, ‘Why Is There a Paucity of Clinical Trials in Africa?’ (2021) 114(6) *QJM: An International Journal of Medicine* 357–358 <https://doi.org/10.1093/qjmed/hcab010>.

²¹⁰ Gemma Bowsher and others, ‘A Narrative Review of Health Research Capacity Strengthening in Low- and Middle-Income Countries: Lessons for Conflict-Affected Areas’ (2019) 15 *Globalization and Health* 23 doi: 10.1186/s12992-019-0465-y.

²¹¹ Narayanaswamy, “Race, Racialisation, and Coloniality in the Humanitarian Aid Sector,” (n 55)

impartiality. In the case of Ukraine, Narayanaswamy cites the racialised exclusion in the evacuation procedures to demonstrate this hierarchy of structural racism. Findings show that Black and Brown students faced racism and migration issues at borders when fleeing, and unable to access support available to Ukrainian citizens despite experiencing the same conflict.²¹² Additionally, Ukraine yielded a significantly greater EU budget and response for Ukrainian displacement compared to those from the Middle East in recent years also bordering the EU, where demographics are predominantly non-White and/or Muslim populations.²¹³ The findings are consistent with long standing patterns that position Global North actors as capable deliverers of aid and Global South populations as passive recipients, while demonstrating that the scale of resource mobilisation shifts significantly based on proximity to former.²¹⁴

4.5 Conclusions

In essence, the visible and wide mobilisation of pharmaceutical companies for Ukraine compared to the pooled, untraceable, third-party donations channelled toward Sudan reflects and reproduces the racial and colonial hierarchies sketched above. The named, itemised, publicly visible commitments to Ukraine operate within a contiguous logic of accountability where companies are seen to be acting, and their actions are traceable. The pooled donations to Sudan remain obscure. Though coloniality and racial capitalism alone do not produce differences in visibility and thereby mobilisation, however they help to uncover how current institutional frameworks may perpetuate such patterns, if there are not obligations that counter them.

Pharmaceutical companies today wield financial and political influence comparable to many states.²¹⁵ They fund research, control global supply chains, and determine who gets access to medicines. The decolonial critiques typically being directed at governments and international institutions apply with equal force to these actors. Businesses cannot continue to

²¹² *ibid.*

²¹³ *ibid.*

²¹⁴ *ibid.*

²¹⁵ John Abraham, 'The Pharmaceutical Industry as a Political Player' (2002) 360(9344) *The Lancet* 1498–1502; Matthew Sparke and Owain Williams, 'COVID and Structural Cartelisation: Market-State-Society Ties and the Political Economy of Pharma' (2024) 29(4) *New Political Economy* 579–596; Öner Tulum and William Lazonick, 'Financialized Corporations in a National Innovation System: The US Pharmaceutical Industry' (2018) 47(3–4) *International Journal of Political Economy* 281–316.

stand outside the scope of obligations being demanded of states, when their decisions carry equivalent consequence for the populations affected. The next step is to conceive of what specifically pharmaceutical companies should be obliged to do, which will be put forth in the final chapter.

Chapter 5: Reimagining the Role of the Pharmaceutical Sector

5.1 Imagining a Rights-Based Framework for Pharmaceutical Conduct

Pharmaceutical company conduct plays a direct role in realising the right to health, through their influence on the availability, affordability, accessibility, and quality of medicines. Imagining obligations for pharmaceutical conduct must also take into account colonialist and racial hierarchies that shape their own constitutions and the visibility of a conflict, in order for them to be actively anti-racist and anti-colonial. This would require moving beyond current models in which corporate engagement hinges upon a voluntary will and visibility metrics. The following sections first discuss the critical role pharmaceutical companies have in health systems to highlight why their engagement must be governed. Subsequently a set of three recommended proposals are introduced to imagine what pharmaceutical obligations could look like and address mobilisation disparities identified in the previous chapters.

5.2 Pharmaceuticals Role in Strengthening Local Health Systems

An important point that comes through from Chapter Three is that the pharmaceutical challenges in both Sudan and Ukraine are part of a larger health systems crises due to their respective conflicts. Essential medicines and equipment shortages were not caused by a global supply reduction, rather they became inaccessible because infrastructure through which supplies is moved, collapsed.

When considering the type of aid to provide in conflict settings, it is prudent for pharmaceutical companies to directly donate medical supplies and essential medicines, however the argument for investing in health system strengthening and resilience is equally crucial. As outlined in Chapter Two, the peace-positive effects businesses are manifold. Provision of essential services is only a starting point. The B4P approach suggests that engaging in economic development, corporate political activity and promoting local rule of law can strategically build peace, while also providing businesses with increased legitimacy, trust and growth opportunities in the conflict setting.²¹⁶ This perspective reframes pharmaceutical engagement in conflict settings as a strategic investment that yields commercial and rights-based returns simultaneously.

Literature focused on recovery of the pharmaceutical sector in post-conflict settings demonstrates that the sustained engagement from the private sector in improving local

²¹⁶ Joseph and others, 'Business, Conflict, and Peace' (n 52).

drug manufacturing capacity, supply chain infrastructure, and local partnerships produced favourable outcomes for the companies and for economic resilience.²¹⁷ In Rwanda, investment friendly policies and international pharmaceutical partnerships helped establish local production units which improved access to essential medicines. Efforts in Afghanistan deployed a combination of donor funding, capacity building and public-private partnerships with pharmaceutical to build the local sector up and decrease the dependence on imports.²¹⁸ Both examples illustrate that recovery is possible with long term commitments and cross sectoral partnerships, but this cannot be achieved with pooled humanitarian donations as seen in the case of Sudan.

5.3 Resilience within Pharmaceutical Supply Chains as a Business Case

Strengthening arguments for business involvement, supply chain literature also offers compelling commercial rationale that traverses rights-based perspectives as well. Prior to the COVID-19 pandemic, most pharmaceutical companies lacked complete visibility in their supply chains aside from first tier supplies.²¹⁹ This global pandemic pushed the practice of supply chain mapping, increased local supplier engagement, and formalised business continuity planning for operational stability.²²⁰ Novartis, ranking number one on the ATMI index for their efforts in improving essential medicine access, provides a strong case example of this. To address supply chain weaknesses, Novartis implemented strategic inventory management and digital transformation initiatives to buffer for severe supply chain disruptions across its value chain. This allowed them to absorb a 20-30% surge in global demand without experiencing significant production failures.²²¹

Lessons from the pandemic have serious implications for supply chain resilience, with many low-cost and high-impact strategies developed during this time of crisis, that preserve production continuity in the event of disruptions. These practices can be transferred to guide

²¹⁷ Reid and others, “Strengthening Local Pharmaceutical Manufacturing,” (n 169)

²¹⁸ *ibid.*

²¹⁹ Organisation for Economic Co-operation and Development (OECD), *Securing Medical Supply Chains in a Post-Pandemic World* (OECD Health Policy Studies, OECD Publishing 2024) <https://doi.org/10.1787/119c59d9-en> accessed 23 May 2026; Chad P Bown and Thomas J Bollyky, ‘How COVID-19 Vaccine Supply Chains Emerged in the Midst of a Pandemic’ (2022) 45(2) *The World Economy* 468–522 <https://doi.org/10.1111/twec.13183>

²²⁰ Eric Sagonowsky, ‘Novartis Braces for Supply Chain Shocks, Sees Teamwork—and Planning—as Key to COVID-19 Response’ *Fierce Pharma* (2020) <https://www.fiercepharma.com/manufacturing/novartis-supply-chain-chief-teamwork-and-planning-are-helping-drugmaker-keep-up-covid> accessed 23 May 2026;

²²¹ Bown and Bollyky, ‘How COVID-19 Vaccine Supply Chains Emerged’ (n 219).

engagement in conflict settings, as the strain and disruption challenges on supply chains are similar.²²²

This provides a commercial argument for pharmaceutical engagement and supporting practices that would allow companies to operate in conflict settings. Aside from critical supplies donations, there is also long-term benefits for companies to revisit their supply chain resilience and ensure that operations can continue in times of uncertainty. This is also a rights-based argument. Populations that would benefit from more resilient and locally embedded pharmaceutical supply chain infrastructure are precisely the population that are currently underserved and the recipients of a pooled donation models in the event of conflict, as seen in Sudan.

A pharmaceutical company that builds localised and resilient supply chain capacity in a conflict-affected market services its own long term commercial interests, as it entails significant opportunities for growth, market share, development capacity and building local trust and legitimacy. This would also contribute to the more meaningful fulfilment of the right to health in such contexts by improving the availability and continuity of essential medicines, supporting access to healthcare, creating local employment opportunities, and strengthening long-term health system resilience. Together, these concepts reinforce one another, though their linkage is often left out of epistemological, economic and legal scholarship.²²³

5.4 Proposed Reforms

5.4.1 Conflict-Sensitive Mandatory Due Diligence

The heightened HRDD framework introduced by the UNDP and UNWG presented in Chapter Two, provides a strong conceptual architecture, despite lacking binding force.²²⁴ The first proposal this thesis puts forth is to transpose the concepts of conflict sensitive due diligence, which requires conflict sensitivity analysis impact assessments and stakeholder consultation steps as outlined in the guidance, to be incorporated into mandatory frameworks,

²²² Wantao Yu and others, 'Openness to Technological Innovation, Supply Chain Resilience, and Operational Performance: Exploring the Role of Information Processing Capabilities' (2022) IEEE Transactions on Engineering Management 1–12 <https://doi.org/10.1109/TEM.2022.3156531>; G Merkuryeva, A Smirnov, A Kashevnik and A Ponomarev, 'Demand Forecasting in Pharmaceutical Supply Chains: A Case Study' (2019) 149 *Procedia Computer Science* 3–10 <https://doi.org/10.1016/j.procs.2019.01.100>; Gary Gereffi, 'What Does the COVID-19 Pandemic Teach Us About Global Value Chains? The Case of Medical Supplies' (2020) 3(3) *Journal of International Business Policy* 287–301 <https://doi.org/10.1057/s42214-020-00062-w>.

²²³ Joseph, Katsos and Daher (n 75).

²²⁴ UNDP, Heightened Human Rights Due Diligence (n 38)

such as future amendments to the CSDDD. A conflict specific disclosure requirement of humanitarian contributions could be credibly argued to fall within an amendment of the Directive or interpretation through the Commission of its current reporting requirements, ensuring that corporate engagement could be tracked more transparently. This would bring pharmaceutical donations into an explicit accountability framework for corporate conduct in conflict settings.

If implemented, this would require many of the major pharmaceutical companies named in this paper, to demonstrate conflict sensitivity as part of their existing CSDDD compliance obligations. This would encourage a more comprehensive assessment of the implications of not supplying specific conflict-affected markets, the adequacy of existing distribution pathways, and the potential impacts of business decisions, ultimately shifting the paradigm beyond a narrow "do no harm" approach toward one that proactively addresses foreseeable harm arising from business withdrawal or non-engagement.

5.4.2 Mandatory Disclosure of Conflict-Specific Humanitarian Contributions

The difference between itemised and publicly visible commitments from pharmaceutical companies to Ukraine and the pooled untraceable donations to Sudan expose a governance failure. It precisely illustrates how legacies of colonialism have permeated the logic of aid, as discussed in more depth earlier in Chapter Four. The voluntary structure falls outside of the orbit of accountability or obligation, thus shaped by visibility instead of equal rights. One solution to this gap is to mandate country-level breakdowns from pharmaceutical companies on their humanitarian donations and efforts as a part of corporate sustainability reporting. Though a minimal step, it is also another practical extension of current publicly available reporting requirements that would incentivise some degree of equal dispersion and enhance a company's own legitimacy.

5.4.3 Sector-Specific Guidance Development and Local Manufacturing Capacity Investment

The UNWG, EU Commission, and other regional bodies should also consider developing sector specific implementation guides for their legal frameworks. This would allow obligations to be more clearly interpreted and applied across sectors that operate very

differently from one another. For pharmaceuticals, such guidance could build on Paul Hunt's 2008 report, discussed in Chapter Two, adapting its obligations to conflict settings specifically and more contemporarily.

A few potentially transformative suggestions would be investment in local or regional pharmaceutical manufacturing capacity in protracted conflict-affected or post-conflict settings. Global pharmaceutical companies should also invest in R&D in the Global South, balancing their operational geographies and consulting local stakeholders. This is a longer-term proposal rather than an emergency response, but if pre-conflict manufacturing capacity were strengthened in more countries, the kind of health system collapse documented in Sudan in Chapter Three would be less severe.

5.4.4 Improving the Approach and Long-term Goals

Legal reforms alone will not resolve the deeper structural and colonial dynamics discussed in Chapter Four. Representation and voice are an important precondition for any of these proposals to be developed in a manner that does not aim to reproduce the same Global North-dominated drafting processes that have historically produced instruments like the UNGPs and the CSDDD. The reforms proposed are meant to be more immediate and achievable that even within existing political constraints, would meaningfully narrow the gap between what pharmaceutical companies are currently capable of doing and what the law currently asks of them.

These suggested reforms are meant to be only a starting point. A longer-term goal should remain an internationally binding instrument on BHR obligations, requiring equitable resource contributions from the private sector; for instance, funds could be pooled annually from companies into an established neutral body, such as the World Bank or the UN, to provide discretionary humanitarian funding at request. Currently humanitarian funds are drawn largely from state contributions, as seen in the OCHA financial tracker. Once again, representation and voice are critical here. Any mechanism moving forward must be developed by balancing different forms of epistemic knowledge and accounting for the colonial histories and exploitative practices that have shaped how resources are currently distributed. Ultimately, this thesis does not aim to dismantle current global health systems, but to challenge our perception of what the private sector is capable of contributing. Conflicts reveal the most vulnerable institutional fault lines, placing severe and immediate strain on the right to health. Because

pharmaceutical companies are such significant players in these systems, their role and accountability for fulfilling that role, must be accordingly reflected.

5.5 Concluding Remarks

This thesis set out to answer two questions. The first asked *to what extent current voluntary and mandatory legal frameworks governing business and human rights clarify and strengthen the responsibilities of pharmaceutical actors for the fulfilment of the right to health in conflict settings*. Using a socio-legal approach, Chapter Two traced the current BHR architecture demonstrating that while the voluntary instruments like the UNGPs, OECD Guidelines, and interpretive documents from the UNWG have been instrumental in developing corporate responsibilities and formulating considerations specific to conflict settings, such as heightened Human Rights Due Diligence, they still offer very little specific guidance for pharmaceutical actors. The CSDDD is a feat in itself representing a move towards making corporate accountability mandatory within the EU and across its value chain of companies exceeding a set revenue threshold, applying to many pharmaceutical companies in the process. This however, still lacks sector specific considerations and any mention of conflict settings. Paul Hunts 2008 UN Special Rapporteur Report is the most relevant resource at the international level for pharmaceutical conduct, but it is underutilised and like all the other instruments besides the CSDDD, is non-binding soft law. Therefore, to answer the research question, current frameworks are inadequate at clarifying the responsibilities for pharmaceutical actors in conflict settings, though they offer a strong starting point and signal a shift toward regulating corporate conduct that may someday extend to encompass sector specific considerations of pharmaceutical companies and their role in the right to health.

The second question this research then sought to answer was *how conflict visibility influences the mobilisation of pharmaceutical actors, with particular attention to the structural and political factors that may explain such differences*. This was examined through a comparative case study of Ukraine and Sudan, using mixed quantitative and qualitative methodologies. In Chapter Three, a scan of the 20 major pharmaceutical companies as identified by the ATMI, found 18 statements or indications of public support for Ukraine, while there were zero for Sudan, despite both conflicts experiencing significant health system collapse and wide scale humanitarian crises. Chapter Four examined this disparity further, and discusses the potential contributing factors of inherited hierarchies from colonialism and Global North-South divides, which current legal frameworks and institutional orders are not

adequately correcting for. Moving forward, this Chapter puts forth three reform proposals that would move the needle towards holding pharmaceutical actors more responsible, in recognising their indispensable role in fulfilling the right to health, especially in conflict settings. It also discusses longer term approaches to ensuring future policy is more globally representative. This is ultimately meant to do what Paul Farmer tasked us with, and challenge our socialised acceptance of resource scarcity as a norm in humanitarian aid and mobilisation, as pharmaceutical actors possessing both the position and means to do so, presently lack the outright responsibility.

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ANNEX I:

Code used in Google BigQuery Platform using GDELT Data from both Ukraine and Sudan's conflict onset date:

```
WITH base AS (SELECT PARSE_DATE('%Y%m%d', CAST(SQLDATE AS STRING)) AS
date, CASE
WHEN Actor1CountryCode = 'UKR' OR Actor2CountryCode = 'UKR' THEN 'Ukraine'
WHEN Actor1CountryCode = 'SDN' OR Actor2CountryCode = 'SDN' THEN 'Sudan'
END AS conflict
FROM `gdelt-bq.gdeltv2.events`
WHERE Actor1CountryCode IN ('UKR','SDN')
OR Actor2CountryCode IN ('UKR','SDN')),
filtered AS (SELECT *FROM base WHERE conflict IS NOT NULL),
```

```

with_days AS (SELECT conflict, date,
DATE_DIFF (date, CASE
WHEN conflict = 'Ukraine' THEN DATE '2022-02-24'
WHEN conflict = 'Sudan' THEN DATE '2023-04-15' END, DAY) AS days_since_start FROM
filtered), bounded AS (SELECT *FROM with_days WHERE days_since_start BETWEEN 0
AND 730), aggregated AS (SELECT conflict, days_since_start, COUNT(*) AS event_count
FROM bounded GROUP BY conflict, days_since_start), calendar AS (SELECT day FROM
UNNEST(GENERATE_ARRAY(0, 730)) AS day),
grid AS (SELECT c.conflict, cal.day AS days_since_start FROM (SELECT DISTINCT
conflict FROM aggregated) c CROSS JOIN calendar cal),
final AS (SELECT g.conflict, g.days_since_start, COALESCE(a.event_count, 0) AS
event_count FROM grid g LEFT JOIN aggregated a USING (conflict, days_since_start))

SELECT days_since_start,
SUM(IF(conflict = 'Ukraine', event_count, 0)) AS Ukraine,
SUM(IF(conflict = 'Sudan', event_count, 0)) AS Sudan

FROM final
GROUP BY days_since_start
ORDER BY days_since_start;

```

**

ANNEX II:

Compilation of Evidence for 18 of 20 Pharmaceutical Statements on Ukraine Including:
Statement Links, Screenshots, and Humanitarian Aid Donation Records...[Link to Google Doc](#)