



Achieving the Sustainable Development Goals through **Consumer Protection**





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United Nations publication issued by the United Nations Conference on Trade and Development.

UNCTAD/DITC/CPLP/2017/2

ACKNOWLEDGEMENTS

The publication *Achieving the Sustainable Development Goals through Consumer Protection* was prepared by Robin Simpson, the lead consultant and a team comprising Teresa Moreira, Head of Competition and Consumer Policies Branch, Arnau Izaguerri, Ana Cândida Muniz Cipriano, Marisa Henderson, Graham Mott and Maria Bovey. The work was completed under the overall supervision of Guillermo Valles, Director of the Division on International Trade in Goods and Services, and Commodities.

The publication benefited from substantial input from Judith Pump and Alan Etherington.

The cover was prepared by Magali Studer.

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I. INTRODUCTION

On 25 September 2015, the United Nations General Assembly adopted its resolution on transforming our world. This culminated in the 2030 Agenda for Sustainable Development¹ and advances the 17 Sustainable Development Goals (SDGs) as the plan of action to end poverty, protect the planet's biosphere, and ensure prosperity for all. Three months later, on 22 December, the General Assembly also adopted its resolution on Consumer Protection,² having revised the *United Nations Guidelines for Consumer Protection* (often abbreviated to "UNGCP" or "Guidelines"). They then entrusted the United Nations Conference on Trade and Development (UNCTAD) with the mandate to promote the guidelines by encouraging member States to provide consumer protection in the provision of public and private goods and services. By creating awareness in this field it is hoped that greater levels of cooperation between businesses and civil society will be generated.

Consumer protection is at the heart of UNCTAD's contribution to the sustainable and inclusive development rights for all. The 17 Sustainable Development Goals require the participation of responsible and empowered consumers if they are to achieve their targets. The only way to unleash the

potential transformative power that consumers have in domestic and international trade is by ensuring a high level of consumer protection as well as to foster good business practices which seek the same goal.

The publication *Achieving the Sustainable Development Goals through Consumer Protection* aims to provide policymakers and enforcers with a basis for reflection on the positive impacts that protecting consumers bears in promoting a more inclusive and sustainable development. This approach will help them improve the consumer protection framework while also devising and implementing development strategies. Equally, it underscores the close link between Agenda 2030 and the *United Nations Guidelines for Consumer Protection*.

This publication begins with a general overview of the contributions made by consumer policies in meeting the Sustainable Development Goals. It then focuses on two issues that are of special relevance to this matter: sustainable consumption related to Goal 12 on Responsible Consumption and Production; and consumer protection in health-care delivery, according to Goal 3 on Good Health and Well-being.

II. THE ROLE OF CONSUMER POLICY IN MEETING THE SUSTAINABLE DEVELOPMENT GOALS

The seventeen Sustainable Development Goals constitute the most ambitious action plan adopted by the United Nations General Assembly to end poverty, protect the planet, and ensure prosperity for all. Since the United Nations (UN) Conference on the Human Environment in 1972, the reach of sustainable development governance has expanded considerably at local, national, regional and international levels. The need for the integration of economic development, the management and protection of natural resources together with social equity and inclusion was first introduced in the 1987 Brundtland Report (*Our Common Future*), and was central in framing the discussions at the 1992 United Nations Conference on Environment and Development (UNCED) - also known as the Earth Summit. In 1993, the General Assembly established the Commission on Sustainable Development (CSD) as the United Nations high-level political body entrusted with monitoring and promoting the implementation of the Rio outcomes, including Agenda 21.

The 2002 World Summit on Sustainable Development advanced the mainstreaming of the three dimensions of sustainable development in development policies at all levels through the adoption of the Johannesburg Plan of Implementation (JPOI). In 2012, at the Rio+20 Conference, the international community decided to establish a High-level Political Forum on Sustainable Development to subsequently replace the Commission on Sustainable Development. The High-level Political Forum on Sustainable Development held its first meeting on 24 September 2013. At the Rio+20 Conference, Member States also decided to launch a process to develop a set of Sustainable Development Goals, which were to build upon the Millennium Development Goals (MDGs), and converge with the post 2015 development agenda.

As highlighted by the Division for Sustainable Development of the Department of Economic and Social Affairs,³ the process of arriving at the post 2015 development agenda was Member State-led with broad participation from Major Groups and other civil society stakeholders. On 25 September 2015, the United Nations General Assembly formally adopted the universal, integrated and transformative 2030 Agenda for Sustainable Development along with a

set of 17 Sustainable Development Goals and 169 associated targets.

In turn, consumer policy is an important means by which countries can support the implementation of many, if not all, of the 17 Sustainable Development Goals. The *United Nations Guidelines for Consumer Protection*, adopted by the General Assembly in its resolution 70/186 of 22 December 2015, are the most relevant instrument for this purpose.

Consumers' trust is a crucial factor for economic growth and development. Therefore, consumer protection is a very important tool by which to promote these goals, aiming to empower consumers to stand up for their rights and to make informed and sustainable choices. It also enables law enforcement against rogue traders as well as providing channels for disputes, resolutions and redress.

Consumer protection allows consumers to play an active role in the marketplace which, in turn, will stimulate a more dynamic and competitive economy. Equally, this asserts the rights of consumers, either individually or collectively, and through non-governmental organizations, leading towards a more inclusive and balanced society.

According to UNCTAD's *Manual on Consumer Protection*,⁴ consumer protection addresses the intrinsic disparities found in the consumer-supplier relationship such as bargaining power, knowledge and other resources. Furthermore, nations throughout the world, having enacted laws that include newly drafted national constitutions, recognize these rights based on the need to provide consumer protection on a number of grounds. Example are economic efficiency, individual rights, distributive justice and the right to development while ensuring through State intervention that suppliers behave responsibly and that aggrieved consumers have access to remedies.

Of note, consumer protection measures contribute to equity and social justice by enhancing the bargaining equality between both the interests of the consumer and producer. The effects of this go a long way towards alleviating the problems of those who are particularly vulnerable in the marketplace such as children, the economically disadvantaged, and others who are illiterate and with specific needs, or disabilities.

As recognized by the General Assembly, *the United Nations Guidelines for Consumer Protection* are “a valuable set of principles for setting out the main characteristics of effective consumer protection legislation, enforcement institutions and redress systems and for assisting interested Member States in formulating and enforcing domestic and regional laws, rules and regulations that are suitable to their own economic and social and environmental circumstances, as well as promoting international enforcement cooperation among Member States and encouraging the sharing of experiences in consumer protection.”⁵

The Guidelines were first adopted by the General Assembly in resolution 39/248 of 16 April 1985, and later expanded by the Economic and Social Council on the 26 July 1999 in resolution E/1999/INF/2/Add.2. They were recently revised again by the General Assembly in resolution 70/186 of 22 December 2015.

Section I of the current Guidelines establishes the following objectives which are intended to:

- a. Assist countries in achieving or maintaining adequate protection for their population as consumers;
- b. Facilitate production and distribution patterns responsive to the needs and desires of consumers;
- c. Encourage high levels of ethical conduct for those engaged in the production and distribution of goods and services to consumers;
- d. Assist countries in curbing abusive business practices by all enterprises at the national and international levels which adversely affect consumers;
- e. Facilitate the development of independent consumer groups;
- f. Further international cooperation in the field of consumer protection;
- g. Encourage the development of market conditions which provide consumers with greater choice at lower prices;
- h. Promote sustainable consumption.

Section II is dedicated to the scope and application of the Guidelines. They refer to transactions made between businesses and consumers as well as to the

provision by state-owned enterprises to consumers. Guideline 3 includes a flexible definition of the term “consumer,” as discussed in Chapter I.

The Guidelines also contain the “legitimate needs” of consumers in Section III on General Principles. These have traditionally been interpreted as the cornerstone of consumer rights worldwide. The “legitimate needs” are:

- a. Consumer access to essential goods and services;
- b. The protection of vulnerable and disadvantaged consumers;
- c. The protection of consumers from hazards to health and safety;
- d. The promotion and protection of the economic interests of consumers;
- e. Consumer access to adequate information, enabling them to make informed choices and according to individual wishes and needs;
- f. Consumer education on the environmental, social and economic consequences of their choices;
- g. Availability of effective consumer dispute policies that result in resolution and redress;
- h. Freedom to form consumer and other relevant groups/organizations, inclusive of any opportunity for such organizations to present their views in decision-making processes that affect them;
- i. The promotion of sustainable consumption patterns;
- j. A level of protection for consumers using electronic commerce that is equal to other forms of commerce;
- k. The protection of consumer privacy and the free flow of global information.

In Section IV of the Guidelines, there are for the first time direct recommendations to businesses concerning the setting of principles for good business practices. These include:

- a. Fair and equitable treatment;
- b. Commercial behaviour;
- c. Disclosure and transparency;

- d. Education and awareness-raising;
- e. Protection of privacy;
- f. Consumer complaints and disputes.

Section V of the Guidelines is the most substantive part. It contains recommendations encompassing the wealth of consumer protection, in particular:

- a. National policies for consumer protection;
- b. Physical safety;
- c. Promotion and protection of the economic interests of consumers;
- d. Standards for the safety and quality of consumer goods and services;
- e. Distribution facilities for essential goods and services;
- f. Dispute policies, resolution and redress;
- g. Education and information programmes;
- h. Promotion of sustainable consumption;
- i. Electronic commerce;
- j. Financial services;
- k. Measures relating to specific areas.

The final two sections, VI and VII of the Guidelines, are devoted to international consumer protection. Section VI contains recommendations for international and cross-border cooperation among Member States, whereas Section VII focuses on the international institutional machinery with reference to the intergovernmental group of experts on consumer protection law and policy. This Group was established in order to monitor the implementation of the Guidelines, provide a forum for consultations, conduct further research and studies, offer technical assistance, undertake voluntary peer reviews, and periodically update the Guidelines. Since 2015, annual meetings have taken place in the *Palais des Nations* at the United Nations Office in Geneva, Switzerland.

The present chapter on the role of consumer policy in meeting the Sustainable Development Goals demonstrates how the implementation of the United Nations Guidelines can help to deliver the Sustainable Development Goals. It makes reference to the relevant targets and draws on the Millennium Development Goals which were superseded by the Sustainable Development Goals.⁶

A. GOAL 1: END POVERTY IN ALL ITS FORMS EVERYWHERE

Although poverty is most commonly understood as a lack of income, it also has a number of extra factors such as restricted access to basic goods and services. These factors are often characterized by the “poor pay more syndrome” - as has occurred in sectors as varied as utilities and financial services - and they interact with each other in a cycle of poverty that, in turn, can contribute to environmental degradation and pollution.

The United Nations Guidelines 8 and 7 respectively state that “special care should be taken to ensure that measures for consumer protection are implemented for the benefit of all sectors of the population, particularly people living in poverty.” And that “policies for promoting sustainable consumption should take into account the goals of eradicating poverty, satisfying the basic human needs of all members of society and reducing inequality within and between countries.” The moral philosophy then of the United Nations Guidelines is both universalist and egalitarian. This thinking is reinforced by the wording of legitimate needs 5a) and b) which concern “a) Access by consumers to essential goods and services”; and “b) the protection of vulnerable and disadvantaged consumers.”

The targets for SDG 1 emphasize basic services and incorporate “appropriate new technology and financial services including microfinance” as well as the implementation of “nationally appropriate social protection systems.”

B. GOAL 2: END HUNGER, ACHIEVE FOOD SECURITY AND IMPROVED NUTRITION AND PROMOTE SUSTAINABLE AGRICULTURE

Ensuring that nutritious food is available and affordable is a basic need for all. Yet, food security is threatened by agricultural dumping and is also often linked to safety as veterinary diseases have impacted on both production and consumer health. The overuse of antibiotics in agriculture is equally a danger to human and animal health.

Consumer programmes that build on consumer awareness can promote food availability, safety and nutrition. Action to safeguard consumers against poor diets such as excessively sweetened drinks can be taken through legislation governing marketing and taxation.

United Nations Guideline 70 calls on Governments to recognize the needs of all consumers in terms of food security while also developing policies and plans that support international standards for food safety. Crosscutting recommendations on safety and quality, distribution and consumer education and information support Governmental responsibilities in this area as well as the ability of consumers to influence the market.

The targets for SDG 2 aim to end hunger by 2030 concentrating particularly on stunting and wasting among children under the age of 5; increasing the productivity of small scale food producers; maintaining genetic diversity; improving rural infrastructures; stemming agricultural export subsidies; and limiting the volatility of food prices.

C. GOAL 3: ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

Issues of product safety and access to medicine and health care are core consumer concerns. Consumer protection is also central to the prevention of non-communicable diseases that are linked to smoking, excess alcohol consumption and poor diets. These diseases now claim more lives than infectious diseases, with rates rising fastest in developing countries.

Section V. B of the United Nations Guidelines requires Governments to develop and adopt safety standards and systems to protect physical safety. This is repeated by Guideline 53 in Section V. H on sustainable consumption. The section on pharmaceutical products (Guideline 74) requires Governments to take action to ensure their quality and “appropriate use.”

The targets for SDG 3 incorporate many of the issues covered by consumer protection regimes, including an end to preventable deaths of new-borns and infants, the reduction of neo-natal and maternal mortality, epidemics of malaria, AIDS, tuberculosis, “neglected tropical diseases” and water-borne diseases. There are also targets covering traffic accidents, treatment and prevention of harmful alcohol use, and a strengthened implementation of the World Health Organization Framework Directive on Tobacco Control. The targets emphasize universal health care including access to medicines in line with the Doha declaration on TRIPS and public health, reduction of deaths from hazardous chemicals and pollution, and the development of health risk warning systems.

D. GOAL 4: ENSURE INCLUSIVE AND EQUITABLE QUALITY EDUCATION AND PROMOTE LIFELONG LEARNING OPPORTUNITIES FOR ALL

Consumer education should be an important part of the educational and lifelong learning processes that all people receive. By giving consumers the skills and knowledge they require to be active participants in the market place it can also play an important role in confronting poverty and the marginalization of people and communities.

Consumer educational campaigns have been critical in developing awareness of healthy products and consumption practices that, for example, have promoted breastfeeding over infant formula. They have also been key factors to building markets for fair trade products.

Section G of the United Nations Guidelines encourages Governments to develop general consumer education and information campaigns. In developing these programmes special attention should be given to the needs of disadvantaged consumers such as people on low incomes or with low to non-existent literacy levels.

The targets include universal access to pre-school, primary, secondary education, and equal access to technical and tertiary education. Consumer education should be able to provide all learners with the necessary skills to live sustainable lifestyles and uphold human rights.

E. GOAL 5: ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

Persistent failure to remedy the gulf between the life experience of men and women was one of the greatest shortfalls of the Millennium Development Goals. Available data on the education, health and economic status of women - particularly in the developing world - reveals just how far there is still to go.

As the primary shoppers in most cultures, women have a fundamental role as consumers. It is through this unique position that consumer policy has been successful in enhancing the status of women. For example, their roles in microcredit have been widely recognized. Of particular importance here are the infrastructure services such as water and energy which can reduce the time women (and girls) spend fetching and carrying water as well as delivering health benefits in the home due to reduced smoke pollution.⁷

The United Nations Guidelines seek to redress the imbalances that often exist between consumers and producers. Where women are responsible for purchases, this improves their access and power in the market place. The Guidelines also direct Governments to pay particular attention to vulnerable consumers who, in many cases, are more likely to be women.

The targets for SDG 5 aim to achieve recognition of unpaid and domestic work through provisions of public services, infrastructure and social protection policies. Providing networks of Information and Communication Technologies will be of particular help to women.

F. GOAL 6: ENSURE AVAILABILITY AND SUSTAINABLE MANAGEMENT OF WATER AND SANITATION FOR ALL

Despite strong calls for action and considerable efforts at local, national and international levels, the world is still off-track with respect to the Millennium Development Goal target on sanitation, although the target for clean drinking water was generally achieved. Marginalized people often rely on unsafe water or pay more (in unit price terms) for their supply. As water is essential to all life, even the world's poorest people will purchase it in the event that they do not have a supply system nearby. The development of water and sanitation services brings vast benefits to public health.

Guideline 72 calls for Governments to formulate, maintain, or strengthen national policies to support the supply, distribution and quality of drinking water. Due regard should be paid to the choice of and appropriate levels of service, quality and technology as well as the need for relevant education (covered in Guideline 69). In addition, Guideline 77 deals specifically with the promotion of universal access to public utility services, extending to improved customer care.

The targets for SDG 6 are designed to ensure such universal access to safe drinking water and adequate sanitation, paying particular attention to the needs of women and girls. Water sources are to be protected by reducing pollution and halving the proportion of untreated wastewater, improving water use efficiency and water resource management and protecting water-related ecosystems. International cooperation is to be built for technology exchanges and for international river basin management. The need for community participation in water and sanitation to be supported and strengthened is recognized.

G. GOAL 7: ENSURE ACCESS TO AFFORDABLE, RELIABLE, SUSTAINABLE AND MODERN ENERGY FOR ALL

Energy constitutes a worldwide challenge both in terms of the management of available resources and the provision of access to sustainable energy. As with water, poor people tend to pay more per unit of energy and run the risks of degrading their environments as well as their health while they forage for traditionally available local resources. Subsidies for connection rather than consumption are likely to be more sustainable in financial and environmental terms.

The United Nations Guidelines provide Governments with guidance in Section V. H (sustainable consumption) to support the efficient use of energy through the design of products and services (Guideline 52), as well as education campaigns (Guideline 44). Guideline 76 details universal access to clean energy while highlighting affordability and community participation while Guideline 77 calls for improved customer care.

The aims of SDG 7 are for universal access to affordable, reliable and modern energy services. Equally, they concern an increased share of renewable energy in the global energy mix, a doubling of the rate of improvement in energy efficiency, international cooperation for technology exchange, and especially greater investment in clean energy alternatives. The need to expand and upgrade infrastructure (and thus improve access and reliability) is recognized.

H. GOAL 8: PROMOTE SUSTAINED, INCLUSIVE AND SUSTAINABLE ECONOMIC GROWTH, FULL AND PRODUCTIVE EMPLOYMENT AND DECENT WORK FOR ALL

The promotion and protection of consumers' economic interests forms a major section (V. C) in the United Nations Guidelines. It is a call for Governments to take action and to ensure that consumers reap the optimum benefits from their resources by way of support and promotion of distribution methods, fair business practices, informative marketing and effective protection. Thus, consumers will be contributing to a more responsive and efficient economy. There are many examples of where consumers have taken action to support decent working conditions from the

consumer leagues of the late 19th century to the fair trade movements of today.

The targets of SDG 8 are to improve resource efficiency in consumption and production and decouple economic growth from environmental degradation in accordance with the 10-year framework that involves programmes of sustainable consumption and production.

I. GOAL 9: BUILD RESILIENT INFRASTRUCTURE, PROMOTE INCLUSIVE AND SUSTAINABLE INDUSTRIALIZATION, AND FOSTER INNOVATION

This is largely dealt with in the sections on water (SDG 6) and energy (SDG 7) above. Consumer associations can play an important part in providing distribution channels, for example through the formation of consumer co-operatives. There is a long history of consumer associations participating in the regulatory process involving consultation with service providers, regulators and local Governments.

Infrastructure is an important theme of the United Nations Guidelines. For instance, Guideline 36 refers specifically to distribution facilities, storage and retail – of which infrastructure features strongly as does the development of consumer cooperatives. As previously mentioned, Guideline 77 on public utilities refers to improved customer care in public utilities and the Guidelines on energy (76) and water (72) refer to community participation.

According to the Millennium Development Goal report, 95 per cent of the world's population is covered by a mobile-cellular signal. The number of mobile-cellular subscriptions has grown almost tenfold in the last 15 years from 738 million in 2000 to over 7 billion in 2015. The total reach of the internet has grown from just over 6 per cent of the world's population in 2000 to 43 per cent in 2015. As a result, 3.2 billion people are currently linked to a global network of content and applications and require protection as consumers.

The targets for SDG 9 focus on affordability and equitable access to information and communication technologies along with the need to “strive to provide” universal and affordable access to the Internet. Additional aims are increased access to credit with favourable terms, increased resource use efficiency, the provision of resilient and sustainable infrastructures in LDCs.

J. GOAL 10: REDUCE INEQUALITY WITHIN AND AMONG COUNTRIES

Consumer policy has long promoted the extension of essential services to the poorest consumers, including more recently some basic financial services such as credit and remittances.

The United Nations Guidelines state in the opening paragraph of Guideline 1 that one of their objectives is to promote “just, equitable and sustainable economic and social development,” while taking into account “the interests and needs of consumers in all member States, particularly in developing ones.” Furthermore, the Guideline recognizes “that consumers often face imbalances in economic terms, educational levels and bargaining power.”

The Guidelines support the development of laws, regulations, standards and policies that protect all consumers. In particular, they advance policies that meet the specific needs of “vulnerable and disadvantaged consumers” (Guideline 5 b).

Overall, the targets for SDG 10 address the need to adopt social protection policies and to “improve the regulation and monitoring of global financial markets and institutions and strengthen the implementation of such regulations.” A key target is to “reduce to 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent.”

K. GOAL 11: MAKE CITIES AND HUMAN SETTLEMENTS INCLUSIVE, SAFE, RESILIENT AND SUSTAINABLE

The growth of cities creates particular challenges such as congestion and air pollution along with the need for the provision of housing and services that keep up with the growth in urban population. The contribution of consumer associations to planning of basic services, and in some cases to their provision, has been considerable in many countries including in some of the poorest settlements.

The revision of the UNGCP brought the inclusion of two additional legitimate needs. Stated in Guideline 5, these are access by consumers to essential goods and services; and the protection of vulnerable and disadvantaged consumers.

The application of the United Nations Guidelines to “state-owned enterprises” (Guideline 2) is also significant in this regard. As already noted above with

regard to Sustainable Development Goals 6 and 7, the United Nations Guidelines call for universal access to public utilities, in particular water and electricity.

The targets for SDG 11 cover safe, adequate and affordable housing as well as upgrading slum dwellings, wider access to basic services, improved road safety, participatory settlement planning, protection from disasters (especially water related), improved air quality and waste management, financial and technical assistance to LDCs.

L. GOAL 12: ENSURE SUSTAINABLE CONSUMPTION AND PRODUCTION PATTERNS

Changes in consumption and production patterns are urgently needed. Alongside Government and industry, consumers obviously have fundamental roles to play in making such changes.

Helping consumers to consume sustainably is central to achieving the Sustainable Development Goals. Consumers need to form links and understand how their consumption choices, use and disposal of products and services can reduce their overall impact on the environment. They also need to feel confident that the information they are given is both reliable and accurate.

SDG 12 implements a 10-year framework of programmes on sustainable consumption and production patterns that aims to halve per capita global food waste at retail and consumer level and in supply chains, improve chemical management and waste management generally, improve corporate management of sustainability and its reporting, including public procurement processes, sustainable tourism and rationalize fossil fuel subsidies while offering greater protecting for the poor.

M. GOALS 13: (CLIMATE CHANGE), 14: (MARINE CONSERVATION) AND 15: (TERRESTRIAL BIODIVERSITY)

Section H of the United Nations Guidelines is dedicated to the “Promotion of sustainable consumption” and further provisions for Governments, businesses, consumers and environmental organizations, and other concerned groups to promote and address this need. Action to this end will, in turn, have a positive impact on the achievement of Goals 13 (Climate change), 14 (Marine conservation), and 15 (Terrestrial

biodiversity). These are not elaborated upon here as the most direct input, stemming from consumers in terms of achieving their goals, comes through the practical measures already described.

SDG 13 on climate change refers expressly to the *United Nations Framework Convention on Climate Change*⁸ and major consumer contributions towards achieving its goals come through SDG 7. SDG 14 on marine conservation raises consumer issues pertaining to subsidies that result in overfishing, to sustainability labelling, and to the development of sustainable tourism. SDG 15 on biodiversity raises analogous issues in a different context.

As detailed in the Millennium Development Goal report, ozone-depleting substances have been virtually eliminated since 1990 and the ozone layer is expected to recover by the middle of this century. Terrestrial and marine protected areas in many regions have increased substantially since 1990. In Latin America and the Caribbean, the total coverage of terrestrial protected areas rose from 8.8 per cent to 23.4 per cent between 1990 and 2014.

N. GOAL 16: PROMOTE PEACEFUL AND INCLUSIVE SOCIETIES FOR SUSTAINABLE DEVELOPMENT, PROVIDE ACCESS TO JUSTICE FOR ALL AND BUILD EFFECTIVE, ACCOUNTABLE AND INCLUSIVE INSTITUTIONS AT ALL LEVELS

Unfortunately, there are many examples of market injustices that have led to discord and even violence. It is believed that effective consumer input can contribute to social peace. For example, consumer participation in governance - especially in the utility and other regulated industries - balances producers’ input into public policy and administration and helps to ensure that consumers’ needs are communicated.

The UN Guidelines draw attention to the “legitimate needs” under Guideline 5 h) to ensure “freedom to form consumer and other relevant groups or organizations and the opportunity of such organizations to present their views in decision-making processes affecting them.” Guideline 5 g) details “Availability of effective consumer dispute resolution and redress,” which is elaborated upon further in Section V. F on “dispute resolution and redress.” Consumer associations have a long record in taking part in dispute resolution mechanisms that now form a part of the spectrum of legal and para-legal interventions.

SDG 16 pinpoints some major issues for consumers such as bribery and corruption, transparency of institutions, access to information and “participatory and representative decision-making at all levels.” These have been highlighted by consumer campaigns in the regulated monopoly industries and trade policy.

O. GOAL 17: STRENGTHEN THE MEANS OF IMPLEMENTATION AND REVITALIZE THE GLOBAL PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT

Consumer protection is a crosscutting issue that supports the implementation of many of the proposed Sustainable Development Goals. The United Nations

Guidelines represent both international consensus and a tried and tested structure which Governments can follow so as to ensure that the consumer needs and perspectives on each of the Sustainable Development Goals is adequately addressed.

The targets for SDG 17 are relatively high level and grouped under the headings of: Finance, Technology, Capacity building, and Trade and Systemic issues. These are relevant to consumer protection and particularly to civil society and multi-stakeholder partnerships - which are referred to under Systemic issues and Trade policy. Both have been discussed as playing vital roles in agriculture policy and pharmaceuticals.

III. SUSTAINABLE CONSUMPTION

A. THE CONCEPT OF SUSTAINABLE CONSUMPTION

The term “sustainable consumption” derives from the term “sustainable development.” The most often quoted definition of sustainable development is given in the Brundtland Report of 1987:⁹ “Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs.”¹⁰

The United Nations Conference on Environment and Development (the Earth Summit) resulted in the Rio Declaration on Environment and Development (1992)¹¹ and made the link between sustainable development and consumption. In Principle 8 it is written that “to achieve sustainable development and a higher quality of life for all people, states should reduce and eliminate unsustainable patterns of production and consumption and promote appropriate demographic policies.”

Chapter 4 of Agenda 21¹² - what became the blueprint for sustainable development produced at the Earth Summit - also identified that “the major cause of continued deterioration of the global environment is the unsustainable patterns of consumption and production, particularly in the industrialized countries.” Furthermore, it explained that “achieving sustainable development will require both efficiency in production processes as well as changes in consumption patterns [...] in many instances, this will require a reorientation of existing production processes and consumption patterns, which have predominantly emerged from developed countries and which are being increasingly emulated in much of the world, including developing countries.”

B. SUSTAINABLE CONSUMPTION IN THE UNITED NATIONS GUIDELINES FOR CONSUMER PROTECTION

In 1999 the United Nations Guidelines for Consumer Protection were expanded upon to include a section on sustainable consumption. Guideline 49 took a step towards defining sustainable consumption, stating “sustainable consumption includes meeting the needs of present and future generations for goods and services in ways that are economically, socially and environmentally sustainable.”¹³

Section V. H of the United Nations Guidelines addresses the promotion of sustainable consumption. Guideline 50 is very inclusive of consumer associations, environmental bodies and business. Guideline 51 calls for information programmes to raise awareness of the impact of consumption patterns and removal of subsidies that promote unsustainable patterns of consumption and production - see on. Guidelines 52 and 57 deal with product design, innovation and lifecycle impacts; Guideline 53 with standards; Guideline 54 with impartial testing; Guideline 55 with hazardous substances; Guideline 56 with the impact on both an individual's and collective health; Guideline 58 with integration of sustainable consumption into Consumer Protection. Guideline 62 calls for further research into consumer behaviour while Guideline 60 relates to improved methodologies and databases (without naming the Aarhus convention¹⁴ which is very relevant to this recommendation in the light of its application to “access to environmental information.”) States are called upon to apply sustainable consumption principles to their own operations and, of course, this is a valid point in terms of public utility provisions that are still publicly owned.

It is a very detailed section and contains two other important mentions of sustainable consumption, namely the “legitimate needs” Guideline 5 i), and Guideline 44 (consumer education) which refers to environmental protection and to the efficient use of “materials, energy and water.” With the above mention of subsidy reduction, Guideline 59 calls for consideration of “a range of economic instruments, such as fiscal instruments and internalization of environmental costs” while avoiding new trade barriers. This was a very real concern in 1999 when the document was under revision.

In summary, the ideas incorporated within the concept of sustainable consumption are as follows:

- Access to basic requirements needed to improve quality of life, while;
- Improving efficiency in resource use, including;
- Minimizing emissions of wastes taking into consideration the carrying capacity of the Earth to assimilate them;
- Adopting equitable consumption patterns that will not jeopardize the needs of current and future generations while;

- Ensuring equity in consumption within countries and between countries.

C. IMPLEMENTATION BY GOVERNMENTS

The 2013 UNCTAD survey on the implementation of the United Nations Guidelines¹⁵ points out that “although this issue is a core objective of many governmental policies, in most cases it falls outside the mandate of consumer protection agencies [...] most national legislations reserve powers concerning sustainable consumption for environment ministries” (or other dedicated institutions). The report points out that the European Union has been active in this field through various initiatives, inter alia: eco-labelling, European eco-management and audit schemes, “green” public procurement, eco-design, energy labelling, multi-stakeholder dialogues on environmental claims, environmental footprint methodologies for products and organizations, the car labelling Directive, retail forums for sustainability, sustainable food consumption and production round tables, organic farming and activities against food waste.

The United States Federal Trade Commission (FTC) also has Guides for the use of environmental marketing claims. There seems to be a gap between environmental “consciousness raising” and practical activities. The member survey published by Consumers International¹⁶ at approximately the same time as UNCTAD’s Implementation report, found that barely half (53 per cent) of the responding countries (similar in number to those who responded to UNCTAD) required the disclosure of energy consumption of home appliances, even though 62 per cent of countries ran programmes on sustainable consumption and/or production.

Although high-income countries (HICs) reported positively on the presence of many general environmental protection provisions, 27 per cent of the countries in this group had no energy consumption disclosure requirements, although more than 90 per cent did provide guidelines of some kind. A clear majority of low-income country (LIC) Governments recognized the importance of disclosure while stopping short of making it mandatory. From the two surveys it is possible to notice that there is still a long way to go. From both surveys, it is also possible to notice that the environmental dimension of consumption is seen largely through the twin lenses of information and credibility around products that consumers may purchase.

D. THE CONTRIBUTION OF BUSINESS

Corporations have had to deal with the challenges posed by the environmental movement. The increased visibility of environmental issues calls for disclosure of environmental performance, shareholder activism for socially responsible investing, increased standards and incentives by Governments, requirements for extended product responsibility, and instances of enlightened leadership have all led corporations to address the issue of sustainable development.

There are also business opportunities as companies have realized a wide range of both tangible and intangible benefits from taking into account environmental considerations. These benefits include:

- Improved Financial Performance: Studies have shown a positive correlation between superior environmental performance and superior financial performance. Winning contracts and investment have been the results of better environmental performance;
- Decreased Costs: Through waste reduction, energy efficiency and resource productivity;
- Innovation: Applying environmental principles to design and production.

The corporate response initially focused on the production side, meaning in the reduction of waste and improving process and product design through eco-efficiency. In due course, companies used environmental responsibility as a means of enhancing their reputation or brand image. The role played by consumer magazines which provide comparative information on energy consumption, recyclability and reduced use of hazardous materials along with changing consumer behaviour, no doubt serve to spur developments in this direction.

The establishment of the World Business Council for Sustainable Development (WBCSD)¹⁷ coincided with the Rio Earth summit (1992). It put forward the concept of “eco-efficiency” as the key to sustainable production and the WBCSD has contributed studies ever since based on its members’ experiences.¹⁸

WBCSD positions are summarized in the publication *Catalyzing Change: A Short History of the WBCSD* proposing “10 messages by which to operate,” namely:

- Business is good for sustainable development and sustainable**

- development is good for business.** Business is part of the sustainable development solution, while sustainable development is an effective long-term business growth strategy;
- b. **Business cannot succeed in societies that fail.** There is no future for successful business if the societies that surround it are not working. Governments and business must create partnerships to deliver essential societal services like energy, water, health care and infrastructure;
- c. **Poverty is a key enemy to stable societies.** Poverty creates political and economic instability, and is a big threat to business and sustainable development. By contrast, businesses can lift living standards and eradicate poverty;
- d. **Access to markets for all supports sustainable development.** Sustainable development is best achieved through open, transparent and competitive global markets;
- e. **Good governance is needed to make business a part of the solution.** Supportive frameworks and regulations are needed for business to contribute fully to sustainable development;
- f. **Business has to earn its licence to operate, innovate and grow.** The way business acts and is perceived is crucial to its success. Accountability, ethics, transparency, social and environmental responsibility and trust are basic prerequisites for successful business and sustainable development;
- g. **Innovation and technology development are crucial to sustainable development.** They provide key solutions to many of the problems that threaten sustainable development. Business has always been, and will continue to be, the main contributor to technological development;
- h. **Eco-efficiency - doing more with less - is at the core of the business case for sustainable development.** Combining environmental and economic operational excellence to deliver goods and services with lower external impacts and higher

quality-of-life benefits is a key sustainable development strategy for business;

- i. **Ecosystems in balance – a prerequisite for business.** Business cannot function if ecosystems and the services they deliver, such as water, biodiversity, food, fibre and climate, are degraded;
- j. **Cooperation beats confrontation.** Sustainable development challenges are huge and require contributions from all parties — Governments, business, civil societies and international bodies. Confrontation puts the solutions at risk. Cooperation and creative partnerships foster sustainable development.

Technology-based companies are increasingly emphasising their environmental credentials. In 2014, Airbnb released a study based on 8,000 hosts and guests, quantifying the environmental benefits of home sharing for travellers, claiming reductions in energy and water use, reduced greenhouse gas emissions and waste and greater use of public transport.¹⁹ Google, through Googlegreen, monitors its environmental footprint, buying energy from wind farms to furnish its energy hungry servers and claiming a 50 per cent energy reduction compared with other servers. It uses solar energy in California, rainwater harvesting in Ireland and LEED certification for its buildings.²⁰ These initiatives could be described as good business practice in the general interest, and Google aims to send its carbon footprint “beyond zero” by investing in \$2.5 billion in renewable energy projects that will produce far more than their own needs.²¹

E. THE RESPONSIBILITIES OF CONSUMERS

Many of the labelling initiatives are appealing to consumers to prefer fair trade prices and pay higher prices for green energy. While entirely laudable on the part of the individuals concerned, it is somewhat perverse that “doing the right thing” should in effect attract a surcharge. To put it another way, polluting products and services such as energy should be more expensive not less if the right price signals are to be harnessed to pursue environmental objectives.

So, the debate has shifted and is no longer just about consumers “voting with their pockets” for products deemed to be environmentally friendly, thus rewarding good behaviour by producers. Consumers themselves also have behavioural responsibilities towards the

environment, which go beyond purchasing “green” goods. For example, they include responsible consumption of water and energy directly by households, not just as factors of production in the products that consumers buy. It calls into question the below cost (that is subsidized) prices of these vital services which have a direct impact on the environment; thus, setting up a whole series of dilemmas on how to shelter the poor from price increases in vital services – a dilemma which will become more acute as connectivity increases.

This has been a particularly difficult conflict for consumer associations to resolve when they have traditionally fought to ensure that consumers get the best value for their money. They may find it contradictory to argue that the best energy-conserving policy is to let fuel and water prices rise. For low-income consumers, even a small increase in prices would impact adversely on their living standards as the study on Greening household behaviour conducted by the Organisation for Economic Co-operation and Development, OECD,²² highlights, “many environmental policies are likely to have adverse distributional effects” especially for low income households.²³

The OECD concluded that environmental awareness and civic duty did contribute to consumer decisions; but supply side measures were also needed such as the provision of public transport or energy efficiency measures, especially where “environment-friendly decisions were only weakly driven by household demand.” For instance, few households were ready to spend more than 5 per cent over their current electricity bills to use green energy and half were not willing to pay anything. Paradoxically, this finding is contradicted by the willingness to pay substantially higher tariffs than the prevailing ones in poor countries among those consumers who do not have any supply at all.²⁴ Once they become customers, there may be a “hardening” of their view as such services are integrated into daily expenses. So rather than appeal to altruism, it may be better to search for win-win solutions such as reducing consumption by energy efficiency measures incentivized by cost recovery tariffs. If total bills remain the same as a consequence, the unit tariff is not a problem.

F. FUTURE GENERATIONS

One of the problems in appealing to consumers to be more sparing in their use of products in order to protect the environment is that it is difficult to make connections between turning the TV standby switch off and improving the lives of people who are thousands of kilometres away and at some undetermined date in the future. It is relatively rare that future generations are “institutionalized” as a party at the negotiation table.

However, such an example exists in the Hungarian Ombudsman for Future Generations²⁵ which was created in 2007 and stems from the “generic” Ombudsman. The latter was established earlier in 1996 as a body to protect citizens against maladministration and as a defender of fundamental human rights.²⁶ The Parliamentary Commissioner (or Ombudsman) for Future Generations works separately from the other Ombudsman staff, having strong competences to initiate investigations into any issues that may affect a citizen’s constitutional right to a healthy environment, or which may have a likely impact on the long-term sustainability of the environment in the broadest sense. The functions of the Ombudsman are reinforced by the Hungarian Fundamental law that gives constitutional protection to natural resources.²⁷ Appeals can equally be made through these channels.

Investigations are based on ex officio interventions as well as on public complaints and petitions. The Ombudsman has intervened on matters as diverse as traffic noise pollution and waste burning, and have raised their concerns for the protection of water resources, drawing attention to the necessity of enforcement of the “polluter/user pays principle.” This applies, in particular, to the efficient use of water resources. It has been argued, in several cases, that everyone is entitled to the access of clean drinking water due to its nature as a basic human right. The Ombudsman recently put forward its view that “the institutions that are to serve the protection of fundamental human rights, should take into account the inter-generational specificities of these issues, and should draw them to the attention of society and decision-makers.”²⁸

IV. CONSUMER PROTECTION IN HEALTH-CARE DELIVERY

A. HEALTH IN THE UNITED NATIONS GUIDELINES FOR CONSUMER PROTECTION

The link between consumers and their health is mentioned by the United Nations Guidelines in the context of dangers to consumer health from goods and services rather than consumers' use of health services. Resolution 70/186 recognizes "the importance of combating substandard, falsely labelled, and counterfeit products which pose threats to the health and safety of consumers and to the environment." Additionally, Guideline 5 c) lists, as a legitimate need, "the protection of consumers from hazards to their health and safety." Guideline 44 lists health as an element of consumer education and Guideline 53, which is part of Section H on "promotion of sustainable consumption," refers to "the development and use of national and international environmental health and safety standards for products and services." Guideline 56, in the same section, was far-sighted when first introduced in 1999 by encouraging Member States to "promote awareness of the health-related benefits of sustainable consumption and production patterns, bearing in mind both direct effects on individual health and collective effects through environmental protection." Finally, Section V. K on "measures relating to specific areas" refers to areas of concern for health such as food, public utilities and pesticides. The nearest that the Guidelines get to regarding health services is the inclusion of pharmaceuticals. But, even here, in Guideline 74 the text concentrates on pharmaceutical products and "integrated national drug policies" rather than the context of health services - on which the Guidelines are silent.

In line with SDG 3, ensuring healthy lives and promoting the well-being for all and at all ages is essential to sustainable development. Significant strides have been made in increasing life expectancy and reducing some of the common killers associated with child and maternal mortality. Major progress has been made on increasing access to clean water and sanitation, reducing malaria, tuberculosis, polio and the spread of HIV/AIDS. However, many more efforts are needed to fully eradicate a wide range of diseases and address many different persistent and emerging health issues.²⁹

B. HEALTH AS A BASIC HUMAN RIGHT

The right to health is recognized in numerous international instruments, including Article 25.1 of the Universal Declaration of Human Rights³⁰ which affirms that "everyone has the right to a standard of living adequate for the health of himself and his family, including food, clothing, housing, and medical care and necessary social services." The International Covenant on Economic, Social and Cultural Rights³¹ provides in Article 12.1 the "right of everyone to the enjoyment of the highest attainable standard of physical and mental health."

The right to health is also recognized, inter alia in:

- Article 5(e)(iv) of the International Convention on the Elimination of All Forms of Racial Discrimination of 1963;³²
- Articles 11.1(f) and 12 of the Convention on the Elimination of all Forms of Discrimination against Women of 1979;³³
- Article 24 of the Convention on the Rights of the Child of 1989;³⁴
- Article 25 of the Convention on the rights of persons with disabilities of 2006.³⁵

The State is seen as bearing the ultimate responsibility to deliver basic services to promote health, prevent illnesses and to ensure and promote a healthy environment. Individual consumers also have moral responsibilities to promote and protect their own health, although not to the extent this can or should be translated into a precondition for treatment. The ECOSOC interpretation cited above occupies common ground with the United Nations Guidelines in including, not only health services, but also areas of context affecting public health such as utilities supplying water, sanitation and energy. The importance of the wider context is discussed in chapter 16 on food and nutrition.

C. PUBLIC HEALTH CONTEXT AND HEALTH-CARE FINANCING

The wider context regarding public health is well known. For example, investment in water and sanitation in particular can pay huge dividends in terms of public health. The WHO commissioned cost-

Box 1: Scope of the right to health care

The right to health and the right to health care are distinct, and both are important.

The right to health contains both freedoms and entitlements. The freedoms include the right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference such as the right to be free from torture, non-consensual medical treatment and experimentation. By contrast, the entitlements include the right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health.

The Committee on Economic, Social and Cultural Rights has interpreted the right to health as an inclusive right to:

- Timely and appropriate health care;
- Safe and potable water;
- Adequate sanitation;
- Adequate supply of safe and nutritious food;
- Housing;
- Healthy occupational and environmental conditions;
- Education and health-related information, including on sexual and reproductive health;
- Participation in all health-related decision-making at the community, national and international levels.

Source: Committee on Economic, Social and Cultural Rights, twenty-second session, Geneva, 25 April-12 May 2000, General Comment No. 14 (2000), The right to the highest attainable standard of health (Article 12 of the International Covenant on Economic, Social and Cultural Rights).

effectiveness studies from the Swiss Tropical Institute and estimated that each United States dollar invested would give an economic return of between US\$ 3 and US\$ 34, depending on the region.³⁶

Even the best health services find it difficult to compete with a poor public health environment such as air pollution, cross-contamination of water and sewage, access to clean energy and food security. Many of the world's health services could be run more economically if greater attention were paid to public health as a generic issue not simply as a medical service.

The WHO *World Health Report* in 2015 showed how resources allocated to health systems are highly unequal. Low income countries (LICs) reported annual expenditure per capita in 2012 of only US\$ 32 compared with a global average of US\$ 1,025 on health spending, and US\$ 4,632 in high income countries (HICs). The Health and Development Research Centre (HLSP) estimates the cost of essential health packages for 2013 of about US\$ 40 per capita. This figure does not include specific "upgrades" such as anti-retroviral therapy (ART) for HIV/AIDS.³⁷ The LIC figure of US\$ 32 then looks worrying low. Even within the OECD expenditure, figures per capita per annum vary greatly

with the United States spending almost US\$ 9,000 per capita per year, Norway and Switzerland just under US\$ 6,000 and with the OECD average at US\$ 3,500. Among the BRICS, the Russian Federation spends about US\$ 1,800 and Brazil US\$ 1,600.

Mechanisms to finance health-care delivery are diverse. They range from general taxation, including donor funded public health programmes in the LICs, compulsory social insurance, private health insurance and direct out of pocket payments. The WHO *World Health Report* indicates clearly the importance of social security payments in health systems of those countries that can afford to set them up. The global percentage is 59 per cent, demonstrating the pivotal role of social security. Two thirds (66 per cent) of Government expenditure on health comes from social security budgets in the HICs but it only accounts for 3 per cent in the LICs. Overall, the correlation of national income and resources spent on health far outweighs the differences in methodology of funding. So, the central Government contribution to health spending (58 per cent) is notably higher in the HICs at 61 per cent than in the LICs and LMICs - both below 40 per cent. Conversely the LIC and LMICs both exceed 60 per cent for private outlays.³⁸

There is clearly a need to ensure that those who cannot pay are not denied access to care. But means tests are likely to face the problems discussed in chapter 15 on utility services, including high administrative costs. The Millennium Development Goals have seen successful achievements (for example regarding malaria) and these would appear to be based on systematic programmes rather than individual entitlements. Models from the welfare States cannot simply be transferred, at least not quickly. In the poorest countries, general programmes and “contextual” public health measures are essential.

D. ESSENTIAL MEDICINES

1. Access to medicines

To uphold access to affordable, quality medicines, laws pertaining to pharmaceuticals, including intellectual property rights and rational drug treatment, should be made consistent with the promotion and realization of public health objectives. As already noted, the United Nations Guidelines cover pharmaceutical products in Section V.K.

A significant number of health-care systems are failing to meet the target 8e) set out in the Millennium Development Goals of providing access to affordable essential drugs.³⁹ For low income countries, pharmaceuticals represent around 30 per cent of their health budget.⁴⁰ However, the WHO estimates that the poorest 71 per cent of the world’s people across LICs and LMICs benefit from a mere 11 per cent of the medicine expenditure. (Conversely, HICs account for 79 per cent of global pharmaceutical expenditure). Affordable essential drugs are only available for one third of people in the public sectors and two thirds in the private sector, where prices may vary from 2.5 to 6.5 times the international reference price.

The problem of lack of access is particularly acute in least developed countries that do not have the professional, financial and technological resources to undertake the manufacturing of medicines. Lack of an adequate domestic market size compounds the problem. All the LDCs and the vast majority of the developing countries do not have the capacity to produce therapeutic ingredients for the manufacture of pharmaceutical products. Most of these are also unable to produce finished products from chemical intermediates.

2. Drug prices and intellectual property

United Nations Guideline 74 refers to “licensing arrangements” as part of the range of instruments available for the development of “integrated national drug policies.” It recommends that “measures should also be taken, as appropriate, to promote the use of international non-proprietary names for drugs, drawing on the work done by the World Health Organization.”

One of the obstacles to universal access to medicines is the high price of patented medicines compared with their generic equivalents. The protection of intellectual property rights in the pharmaceutical field falls under the WTO Agreement on Trade Related Aspects of Intellectual Property Rights (TRIPS) of 1995.⁴¹

The TRIPS agreement was based largely on existing intellectual property law but its inclusion in the GATT negotiations (which preceded the establishment of the WTO) brought to bear the possibility of trade sanctions under the dispute settlement machinery.

At the time of the Doha negotiations in 2001, the world was going through a health emergency with the epidemic of HIV/AIDS. Article 31 of the TRIPS allows for compulsory licensing⁴² authorized by Government, but only where the party applying for a licence has tried to negotiate a voluntary licence with the patent holder on reasonable commercial terms. Only if that fails can a compulsory licence be issued, and even when a compulsory licence has been issued, the patent owner has to receive “adequate remuneration.” In extreme emergencies the voluntary negotiation phase can be by-passed and compulsory licensing instigated from the outset, while still requiring adequate remuneration to be paid.

The Doha declaration on TRIPS and public health evolved into an agreement at the Hong Kong (China) WTO summit in 2005 and clarified the flexibility of WTO members to define the occasions of need for compulsory licenses. The core Doha agreement included the following provisions:

- Each member has the right to grant compulsory licences and the freedom to determine the grounds upon which such licences are granted;
- Each member has the right to determine what constitutes a national emergency or other circumstances of extreme urgency, it being understood that public health crises, including those relating to HIV/AIDS,

tuberculosis, malaria and other epidemics, can represent a national emergency or other circumstances of extreme urgency;

- Recognition that WTO members with insufficient or no manufacturing capacities in the pharmaceutical sector could face difficulties in making effective use of compulsory licensing under the TRIPS Agreement.⁴³

The position of the WHO is that “regardless of whether or not they are used frequently, provisions for compulsory licensing are needed, because they will encourage the patent owner to behave correctly.⁴⁴ They give a sign to the patent owner that in the case of abuse of rights and/or non-availability of the product, a third party could be allowed to use the invention; this prevents malpractice and misuse of the monopoly rights. In fact, one of the most important aspects of a compulsory license system is its impact on the actual behaviour of the patent owner. Therefore, it is a necessary element in any intellectual property law. However, to ensure the system can be used effectively, it is important to carefully state the grounds and conditions for its use in the national legislation; these should include its use for reasons related to public health.”

Thailand, Brazil, Malaysia, Indonesia and India have all granted compulsory licenses.⁴⁵ India has also prohibited patents where the year of first global filing was before 1995.

The idea has been advanced that patents could be bought out by an international body such as the WHO, or a Foundation, so that the drug can then be distributed without legal issues and without limitation to a single drug in a single country.⁴⁶ The vast majority of patented drugs are made in OECD countries (OECD estimates that just 9 countries account for 80 per cent of the global value), and the top ten pharmaceutical companies account for nearly half of all global sales. Conversely, the vast majority of the world’s population that suffers from chronic and infectious diseases lives in non-OECD countries, comprising greater than 84 per cent of the population. Generics currently account for only about 14 per cent of the global value, although they amount to 45 per cent of products sold in the United States, Germany and the United Kingdom.⁴⁷ The current mismatch of supply and (unmet) demand suggests that by selling drugs to non-OECD countries at production cost or generic prices, the public health benefit and extra sales would substantially outweigh the lost revenue so as not to reduce incentives for pharmaceutical innovation.

3. Rational drug use

The stance taken by the WHO is that “rational drug use depends heavily on selecting essential medicines that reflect the best combination of efficacy, safety and comparative cost-effectiveness.”⁴⁸ The selection of essential medicines should be evidence-based and free from commercial influence.

Following the model introduced by Sri Lanka for a national formulary, which the State Pharmaceutical Corporation used to buy drugs on bulk order, the WHO encouraged the development at national level of Essential Medicines Lists. Most responded by 2000 and, at the time of writing, 95 per cent of developing countries have published lists, 86 per cent of which have been reviewed within five years. The initial model WHO lists:

- Focuses on pharmaceutical efforts on priority conditions and quality medicines that are the most cost-effective, safe and affordable;
- Is a model for national Governments and institutions to be used as a basis for creating their own national formularies;
- Is relevant for developing countries where commercial and promotional materials are the only available source of drug information for health workers, prescribers and patients.

The selection process is directly tied to treatment guidelines with systematic review of the clinical evidence for proposed choices. The findings are made publicly available in advance for decision-making meetings, allowing all stakeholders - including consumer organizations and patient advocacy groups - to comment on the List and the proposed changes. The United Nations Guideline 74 refers to the work and recommendations of the WHO such as certification and information systems.

4. Adverse Drug Reaction (ADR) monitoring system

It is estimated that in some countries 10 per cent of all hospital admissions are due to ADRs. Consumers and health authorities need to arrive at a consensus on concepts of “safety,” “quality,” and “rational use” of drugs. For this, there is a need to chronicle and gain more knowledge about the quality, safety and cost-effectiveness of medicines made available in

any given country. It is, therefore, necessary to put in place a system to monitor and examine adverse drug reactions. The ADR Monitoring System should:

- Be accessible to everyone;
- Involve the end-user, namely the consumer, of medicinal products both as a reporter of adverse effects and as a partner in the work for safe and rational use of medicines.

Unfortunately, many developing countries, in particular the least developed, do not have in place such a system. One way to overcome this is to use the databank maintained by the World Health Organization Programme for International Drug monitoring.

E. PATIENT RIGHTS

Part of improving the relationship between health-care providers and users of the services has been the development of the Charters of Patients' Rights. For patients, such charters can provide valuable instruments in their campaigns for greater equality and participation in the care of their health, making them more aware of their entitlements. For health workers, a charter serves as a guideline to further strengthen professional codes of ethics and conduct.

The key issues that need to be addressed in any declaration of patients' rights are reasonably well established internationally and include rights to:

- Health Care and Humane Treatment;
- Choice of Care;
- Acceptable Safety;
- Adequate Information and Consent;
- Redress of Grievances;
- Participation and Representation;
- Health Education;
- Healthy Environment.

The partnership between properly informed and educated patients/consumers and health-care providers, can make an essential contribution to the quality of health care when it involves feedback mechanisms to enable health-care providers and health-care systems to constantly improve.

F. CRITERIA FOR ASSESSING HEALTH-CARE DELIVERY

Many countries are making changes to the manner in which they deliver health care. The following is a set of

desired goals that may be used as criteria to evaluate proposed changes to health-care systems.

1. Comprehensibility

An important criterion, indeed a pre-requisite to any proposed change, is that it be presented in such a way that the proposal and its major effects can be readily comprehended by consumers in two respects:

- a. The proposals must be clear in terms of the proposed changes, their effects and costs. General terms like "more equity," "contributing to better health," and "expanding options" must be translated into details which are easily understood;
- b. When a proposal is finally implemented, the consumer must be able to understand what rights and benefits, choice of services, and recourse in case of dispute are available.

2. Consumer participation

This relates to the role of patients and communities in the setting of policies and standards for health care and ascertaining that these are met.

Consumer participation needs to be at all levels. At the national level, representatives of the consumer interest need to participate in the development decisions, and in setting standards and guidelines for regional and local consumer participation. At the local level, consumer input should be facilitated on the style and substance for the delivery of care, the maintenance of its quality and the types of services that are to receive preference.

3. Eligibility

The basic principle is that governments need to assure all citizens that their health care will at no time be compromised. This principle, however, does not preclude the requirement that private employers contribute to any health-care fund, or that individuals obtain extra-cover from private insurance arrangements. Public facilities must continue to be made available to all persons, designed to include those individuals and families who cannot afford private coverage. Age, sex and sexual orientation, race, religion, politics or place of residence should not be factors limiting access to the required level of medical care. No pre-existing medical condition should limit a person's eligibility in any proposed health-care plan.

4. Comprehensiveness and continuity of services

Public provision of health services should be comprehensive in the range of services provided. The fundamental guiding principle should be that lack of ability to pay should be eliminated as a barrier to required/necessary health care. Special and heavy emphasis must be placed on preventive care and on health maintenance programmes, particularly those which focus on health education and formulation of good health habits, on early reporting of remediable symptomatic diseases and screening for prompt treatment of diseases.

5. Accessibility and availability of services

Eligibility and coverage are in many ways legal concepts because a person eligible for coverage may in practice be excluded from the benefits for various reasons, including distance to the required facilities. There are a number of aspects regarding accessibility and availability of services that must be taken into account. Firstly, there has to be an equitable geographic distribution of health-care facilities. Secondly, there must be efforts to minimize the institutional and personnel barriers that preclude optimal utilization of facilities. Large complexes and dehumanized institutions can discourage patients from using them. Personnel barriers which create economic, cultural or ethnic divides between health professionals and their patients, hamper effective communication.

6. Quality control

Any national health programme must have systems of quality control in place. This is necessary both for efficiency (i.e. the economy with which inputs are used to produce specified outputs), and for effectiveness (i.e. the degree to which specified goals are reached) and will be assessed when health services are periodically evaluated. Any national health programme must, therefore, specify the authority entrusted to effect quality control, and also the methods that will be employed to ensure effectiveness.

G. HEALTH AND CONSUMPTION

1. Non-communicable diseases

Following on from a patient's rights, many will say that there are also some patient's responsibilities and these include consumption patterns. In turn,

this reflects marketing, especially to children. Of note here, the United Nations Guidelines do not usually include provisions for control of marketing of particular products.⁴⁹ However, the WHO guidance on tobacco (see Box 24 below), or alcohol advertising is relevant - as is the increasing concern about "junk food" and the massive and worldwide increases in obesity.

According to the WHO *World Health Report 2015*, global prevalence of obesity (excluding non-obese overweight) was almost 11 per cent for men and 15 per cent for women.⁵⁰ There is some truth in the perception that this is mainly a developed country problem for the figures are far higher in the HICs (23 per cent of men and 24 per cent of women). But obesity is far from absent in MICs (especially UMICs - 10.5 per cent and 16 per cent men and women), and even in LICs, 2.2 per cent for men and 7.3 per cent for women. These percentages actually translate into large numbers. Without doubt there are underlying cultural factors as there are wide variations between countries with similar income levels. For example, consider the significant difference in levels of obesity between the United States at 70 per cent and Japan at 23 per cent. The Pacific islands are odd cases as they are not HICs but are home to some of the highest levels of obesity in the world - 47 per cent for men in the Cook Islands and 55 per cent for women.

The prevalence of tobacco use is more uniform across country groups with the global figure over the last 15 years being 36 per cent male and 7 per cent female.⁵¹ The UMIC levels for men are 43 per cent with LMICs and HICs about the same at 32-33 per cent with LICs at 30.5 per cent. One interesting detail is that adolescent girls between the ages of 13 to 15 years smoke more than women over 15. This is, perhaps, an indication that concerns about the adverse effects on child-bearing and rearing reduce consumption levels. Prevalence is relatively high among the countries of the former Soviet Union and it will be interesting, therefore, to see the effects of the recent advertising ban, together with other restrictions on smoking, across the Russian Federation.

Regarding alcohol consumption, there is a straight correlation between income levels within a certain country and consumption. The global average for those over 15 years old of 6.2 litres of pure alcohol per capita, per year, is exceeded by HICs whose average is 10.3 litres with levels declining to 3.1 in the LICs according to the income scale.

Ever greater attention is being paid to tackling non-communicable diseases (NCDs). According to the WHO Action Plan,⁵² more than 36 million people die annually from NCDs (63 per cent of global deaths), including more than 14 million people who die between the ages of 30 and 70. Low and middle-income countries already bear 86 per cent of the burden of these premature deaths. The WHO Action Plan targets include:

- 25% reductions in mortality from cardiovascular and respiratory diseases, cancer and diabetes;
- 10% reduction in the harmful use of alcohol;
- 10% reduction in harmful inactivity;
- 30% reduction in salt intake;
- 30% reduction in prevalence of tobacco use in the over 15 years age group;
- 25% reduction in prevalence of high blood pressure;
- A halt in the rise of diabetes and obesity; (involving reductions in energy intake from saturated fatty acids, increase in fruit and vegetable consumption, and reductions in cholesterol);

- 50% eligibility for drug therapy to prevent heart attacks and strokes;
- 80% availability of basic technologies and essential medicines (including generics) required to treat NCDs.

The list of measures suggested include: advertising and marketing bans on alcohol and tobacco (this involves higher taxation so as to reduce affordability, health environment measures such as the legal enforcement of smoke free areas); food taxes and subsidies to promote healthier foods; screening for cervical cancer; and the prevention of liver cancer through hepatitis B immunisation. Tobacco has been subjected to marketing controls for some time now and the Framework Convention - shown below in Box 24 - has a higher legal status than the Action Plan. Legal measures are recommended for consideration and it is notable that measures such as taxation are now underway for sweetened beverages where a 10 per cent tax has already taken effect in Mexico. Incidentally, plans to do the same have been announced in the United Kingdom.

2. Antibiotic resistance

Antibiotic resistance is another issue where over-consumption is involved and needs to be reassessed.

Box 2: The Framework on Tobacco Control (FCTC)

Tobacco is a particularly unusual product in that it harms its users even when used as intended and a very high proportion of smokers take up the habit during their adolescence.⁵³ Furthermore, whatever the best endeavours of international bodies, their budgets are always likely to be outspent by the advertising industry. The World Health Organisation's programme budget for 2016-17, for example, has a proposed budget of \$340 million for the non-communicable diseases programme, and \$382 million for the programme "promoting health through the life course."⁵⁴ In contrast, and according to the Federal Trade Commission of the United States, advertising and promotional expenditure for cigarettes was worth \$8.984 billion in 2013.⁵⁵

Faced with such pressures and in the light of emergent medical findings, in May 2003, the World Health Assembly officially adopted the Framework Convention on Tobacco Control (FCTC). It requires cigarette packets to carry health warnings that are large, clear and visible covering at least 30 per cent, or ideally 50 per cent or more, of the principal display areas. It also restricts smoking in work places and prohibits sales to minors.⁵⁶ The FCTC rapidly reached its ratification target when it took effect in 2005 after having been signed by 168 countries. It was the first treaty to be accepted under WHO Article 19 (requiring a two thirds majority for the adoption of conventions), and seeks to ban all tobacco advertising, promotion and sponsorship in countries where there are no constitutional limitations. This last point relates to free speech or "commercial expression" and was one of the justifications presented for non-ratification in some jurisdictions. As of 2014, seven states had signed but not yet ratified, including Argentina, Cuba, Switzerland and the United States. The largest country among the nine non-signatories was Indonesia.⁵⁷

Sources: UNCTAD, WHO.

This is even more complex than the examples above. On the release of its report titled, “Anti-microbial resistance: global report on surveillance,” WHO stated in April 2014 that “antimicrobial resistance develops when an organism (bacteria, fungus, virus or parasite) no longer responds to a drug to which it was originally sensitive. This means that standard treatments no longer work.” The report went on to state how “this serious threat is no longer a prediction for the future, it is happening right now in every region of the world and has the potential to affect anyone, of any age, in any country. Antibiotic resistance—when bacteria change so antibiotics no longer work in people who need them to treat infections—is now a major threat to public health.” Certain diseases are already untreatable with older antibiotics and resistance can spread between similar types of medicines. For example, the report explains, “globally, 3.6% of new tuberculosis cases and 20% of previously treated cases are estimated to have multidrug resistant tuberculosis with much higher rates in Eastern Europe and Central Asia. Among multidrug resistant tuberculosis patients who started treatment in 2010, only 48% were cured after completion of treatment.”

Disquiet about the issue is spreading from scientific experts to a wider public. Consumers International made antibiotics their theme for World Consumer Rights Day 2016 targeting the global restaurant chains, and WHO Director General Margaret Chan has asked consumer groups and civil society to play an active role in combating antibiotic resistance.

In May 2015, the World Health Assembly endorsed the WHO’s Global Action Plan containing the following strategic objectives:

- Improving awareness of anti-microbial resistance;
- Strengthened surveillance and research;
- Reduction of infections requiring treatment;
- Optimisation of use of anti-microbial agents;
- Investment in new medicines, diagnostic tools and vaccines.

The Plan suggests stronger accreditation for dispensing as well as the development of standards through Codex Alimentarius, and further development of Essential Medicines lists.

V. CONCLUSION

Consumers are at the heart of the economy and they can play an important role in a country's economic growth and development. Consumer trust is crucial for the expansion of economic activities. Consumers should be empowered and encouraged to make informed, sustainable and healthy choices. They are increasingly aware of the environmental impact of their acquisitions and should be educated towards a more sustainable consumption behaviour.

The participation of consumers is, hence, paramount to ensure a more sustainable and inclusive development. Governments should consider improving their consumer protection laws and policies to better fulfil their commitments of Agenda 2030 and, in turn, consider the consumer protection dimension while devising and implementing their development strategies.

As this publication shows, consumer protection can be a major contribution to meeting the Sustainable Development Goals. This is particularly true for developing countries and economies in transition where efforts to empower consumers can help leapfrog development stages.

Sustainable consumption and health-care delivery are two of the consumer protection domains that are more closely related to development policies.

The United Nations Guidelines for Consumer Protection are the only comprehensive international instrument in the field of Consumer protection, addressing not only member States but also engaging different stakeholders in the implementation of consumer policies. The Guidelines include recommendations regarding national policies for consumer protection by providing a checklist of adequate legal and institutional setting that will work as a key reference for member States.

UNCTAD, as the focal point for consumer protection issues within the United Nations system, is fully committed to promoting consumer protection and encouraging member States to adopt, to improve and to effectively implement consumer protection in the provision of public and private goods and services in collaboration with businesses and civil society and to create awareness of the formidable potential of this public policy as a tool for achieving economic growth and inclusive and sustainable development.

NOTES

1. A/RES/70/1.
2. A/RES/70/186. UNCTAD published the Guidelines as Document: UNCTAD/DITC/CPLP/MISC/2016/1 and available here http://unctad.org/en/PublicationsLibrary/ditccplpmisc2016d1_en.pdf. “The terms “UNGCP” and/or “Guidelines” are used to apply to the full set of guidelines in this manual. Sections of the UNGCP are referred to as appropriate.”
3. <https://sustainabledevelopment.un.org/resourcelibrary>.
4. UNCTAD, 2017, revised and forthcoming *Manual on Consumer Protection*.
5. General Assembly Resolution 70/186 of 22 December 2015.
6. United Nations, 2015, *Transforming our world: the 2030 Agenda for Sustainable Development*. A/RES/70/1. See also Consumers International, September 2015, *The role of consumer protection in meeting the SDGs*. This analysis is informed by this research.
7. Kirk R. Smith, 2005, *Indoor air pollution: update on the impacts of household solid fuels*. In *Environment matters at the World Bank* (Annual review, WB 2005); A. Eberhard, O. Rosnes, M. Shkaratan, H. Vennemo, 2011, *Africa’s Power Infrastructure: Investment, Integration, Efficiency* (World Bank, Africa Infrastructure Country Diagnostic).
8. <https://unfccc.int/resource/docs/convkp/conveng.pdf>
9. Brundtland Report, 1987, *Report of the World Commission on Environment and Development: Our Common Future*, <http://www.un-documents.net/our-common-future.pdf>
10. Brundtland Report, 1987, *Report of the World Commission on Environment and Development: Our Common Future*.
11. <http://www.un.org/documents/ga/conf151/aconf15126-1annex1.htm>
12. <https://sustainabledevelopment.un.org/content/documents/Agenda21.pdf>
13. http://unctad.org/en/PublicationsLibrary/ditccplpmisc2016d1_en.pdf
14. Aarhus Convention, 1998, *Convention on Access to Information, Public Participation in Decision-Making and Access to Justice in Environmental Matters*, (The United Nations Economic Commission for Europe, UNECE).
15. UNCTAD secretariat, April 2013, *Implementation Report on the United Nations Guidelines on Consumer Protection, 1985–2013*.
16. Consumers International, April 2013, *The State of Consumer Protection Around the World*.
17. <http://www.wbcscd.org>
18. WBCSD, 1992, *Changing Course*.
19. <https://www.airbnb.co.uk/press/news/new-study-reveals-a-greener-way-to-travel-airbnb-community-shows-environmental-benefits-of-home-sharing>
20. LEED- Leadership in Energy and Environment design – a third party certification system.
21. www.google.co.uk/green/efficiency.
22. <https://www.oecd.org>
23. OECD, 2011, op. cit, *Greening Household Behaviour: The Role of Public Policy*.
24. PPIAF, 2012, *Willingness to Pay*, Note 9 in series: *Pricing and Affordability in Essential Services*.
25. <https://www.ajbh.hu/web/ajbh-en/the-role-of-the-ombudsman>
26. The Office of the Hungarian Ombudsman for Future Generations, 2015, *Methods to Promote the Implementation of Human Rights Obligations Relating to the Environment*.
27. The Ombudsman primarily investigates environmental issues by applying the following means: investigations at Governmental and municipal levels; provision of opinions to various authorities regarding matters of environmental protection; use of the Constitutional Court in cases where there is strong evidence that a national or local piece of legislation is in violation of the Fundamental Law; monitoring of policy developments and legislative proposals; involvement in the elaboration of non-binding statements and proposals to any public authority, including the Government.
28. *Report on the Activities of the Commissioner for Fundamental Rights and His Deputies*, 2013, (Budapest). Accessible here <https://www.ajbh.hu/documents/14315/129172/Annual+Report+2013/42bc9441-1e90-4963-ad01-8f2819d2c3bf?version=1.0&inheritR edirect=true>. See page 109 on the section titled, “The right to safe drinking water as a human right.”
29. <http://www.un.org/sustainabledevelopment/health>

30. <http://www.un.org/en/universal-declaration-human-rights>
31. https://treaties.un.org/doc/Treaties/1976/01/19760103%2009-57%20PM/Ch_IV_03.pdf
32. <https://treaties.un.org/doc/publication/UNTS/Volume%20660/v660.pdf>
33. <http://www.ohchr.org/Documents/ProfessionalInterest/cedaw.pdf>
34. <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>
35. <http://www.ohchr.org/EN/HRBodies/CRPD/Pages/ConventionRightsPersonsWithDisabilities.aspx>
36. WHO, 2004, *Costs and Benefits of Water and Sanitation Improvements at Global Level*.
37. HLSP Institute, 2013, C. Waddington, *Essential Health Packages: What Are They For? What Do They Change?*
38. WHO, 2015, *World Health Report*.
39. [www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf)
40. WHO, *Access to Affordable Essential Medicines*. Access indicators developed by the World Health Organization are available from <http://www.un.org/esa/policy/mdggap/appendix.pdf>.
41. https://www.wto.org/english/tratop_e/trips_e/intel2_e.htm
42. The WTO defines “compulsory licensing” as taking place “*When a Government allows someone else to produce the patented product or process without the consent of the patent owner.*”
43. WTO, November 20, 2001, *Declaration on the TRIPS agreement and public health*, WT/MIN(01)/DEC/2.
44. *Essential Medicines and Health Products Information Portal*; Last checked 2016.
45. Sivaramjani Thambisetty, 2013, *Compulsory Licences for Pharmaceuticals, An Inconvenient Truth*, (LSE, South India); K. Shadklen and B. Sampat, 2015, (LSE, South India).
46. Do Hyung Kim, 2009, “Access to Innovative Pharmaceuticals for Least Developed Countries,” in *Research Guide on TRIPS and Compulsory Licensing*.
47. OECD, 2008, *Pharmaceutical Pricing Policies in a Global Market*.
48. WHO, *Essential Drugs Monitor No. 32*, apps.who.int/medicinedocs/en/d/Js4940e/17.html
49. Connie Lau, 2013, (Geneva).
50. WHO, 2015, *World Health Report*.
51. WHO, *op. cit.*, *World Health Report*.
52. WHO, 2013-2020, *Global Action Plan for the Prevention and Control of NCDs*.
53. WHO, 2015, *Health Report*, Table 6. See also Centers for Disease control & prevention. *Smoking & tobacco use, Youth & Tobacco use*; Office on smoking and health; National Centre for chronic disease prevention and health promotion, Update April 14 2016.
54. WHO, *About WHO. WHO programme budget 2016-17*.
55. US FTC, *Cigarette report for 2013*. NB: 85 per cent of that spending took the form of “*price discounts paid to retailers and wholesalers, in order to reduce the price of cigarettes to consumers.*”
56. www.fctc.org/what-is-the-fctc
57. Source: Framework Convention Alliance.
58. WHO, Summary 2014, *Antimicrobial Resistance: Global Report on Surveillance*.
59. www.who.int/mediacentre/releases/2014/amr-report/en.
60. WHO, 2015, DG M. Chan, Speech to the G7.
61. WHO, 2015, *Global Action Plan on Anti-Microbial Resistance*.

