

Improvement of the Negative Responsibility to the Right to Health of the Multinational Enterprises Analysis from the Guiding Principles on Business and Human Rights

Qi Chen^{1,†}, Boxin Li^{2,†}, Kuang Zhang^{3,*,†}

ABSTRACT

States have always been regarded as the subject that undertakes obligations of the right to health. Although the Guiding Principles on Business and Human Rights allows companies to assume some obligations of the right to health, they only respect but do not actively protect this right. With the increasing influence of multinational corporations, their impact on the right to health, especially the negative impact, has become increasingly widespread. Enterprises should assume their corresponding obligations. However, the existing regulations on the burden of enterprises are far from enough. By using the analysis of documents and cases, this essay has explored the reasons for the insufficient performance of existing enterprises and hopes to promote enterprises to better protect the right to health. This paper argues and shows that regarding the existing problems of multinational enterprises and the protection of the right to health, the measures including the improvement of the legal system, the optimization of the enterprise's own system, and the clarification on the concept and standard of the right to health can help companies better respect the right to health and promote humans to enjoy a higher standard of health.

Keywords: Negative responsibilities, Positive obligations, Multinational enterprises, The right to health, Respect and protect the rights

1. INTRODUCTION

Studies, benchmarks and ratings about corporate respecting for human rights that have developed over the course of the past decade point in the same direction: progress but room for progress [1]. For example, the 2020 Corporate Human Rights Benchmark assesses the public human rights disclosures of 229 global companies. Its results show that a growing number of companies are taking up the Guiding Principles, with commitments and procedures described as strong and rigorous. However, still, too few companies manage their responsibility robustly. It is an irrefutable fact that the right to health is one of the most significant human right concepts. The right to health is one of a set of internationally agreed human rights standards and is inseparable or "indivisible" from these other rights [2]. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being [3]. The

protection of the right to health is the same as other human rights, and it still needs to be improved and strengthened.

UN Human Rights Council believes that enterprises can go about their activities within the law, so long as they do not cause harm to individuals' human rights in the process [4]. Barnali Choudhury points out that the corporate responsibility to respect human rights has therefore evolved into a global norm [5]. Both the official document and the scholar believe that the current obligation of enterprises is not to cause harm to the right to health. Peter Muchlinski believes that in the future, there will be legally binding corporate human rights obligations [6]. Although there is currently no regulation stating that companies need to undertake certain obligations of human rights protection. However, the instability and fear that the pandemic engenders are exacerbating existing right to health concerns. The demand for safe and healthy working conditions for

¹ Wuhan Britain-China School, Wuhan, Hubei, China

² East China University of Political Science and Law, Shanghai, China

³ China University of Mining and Technology-Beijing, Beijing, China

^{*}Corresponding author. Email: guanghua.ren@gecacademy.cn

[†]Those authors contributed equally.



women and men at work has grown significantly [7]. In response, governments, employers organizations, and civil society have made renewed commitments to improving the working environment and to creating a culture of prevention [7]. Based on the current situation, in addition to following the Guiding Principle, multinational enterprises (MNEs) have had to acknowledge that they must better integrate societal concerns into their long-term strategic goals [1].

Considering the significance of both increasing concerns of the right to health in the COVID-19 epidemic and the imperfect regulations governing MNEs, this essay aims to reveal the urgent need for clarifying and improving the existing responsibility partitions so that companies can more actively promote the realization of the right to health and approach the goal of "the highest attainable standard of health as a fundamental right of every human being" prescribed by international treaties.

2. EXISTING PROBLEMS OF MNES' RESPONSIBILITY TO THE RIGHT TO HEALTH

2.1 Single legal basis is not enough to regulate MNEs

Before the Guiding Principles for Business and Human Right (UNGPs), United Nations had made several attempts to regulate the MNEs' human rights responsibility. The first effort was undertaken in the 1970s, compiling the first draft of the Code of Conduct on Transnational Corporations. Another failed attempt was Norms in 2003, in which it directly proclaims MNEs shall respect the right to health and contribute to the realization of the highest attainable standard of health [8]. The failure of these two attempts shows it would not work to rush into mandatory standards and codify a treaty on the human rights liability of MNEs in the short term, so United Nations compromised and turned to formulate principles and non-binding soft law. In 1999, the "United Nations Global Compact" was initiated to promote the implementation of human rights responsibilities by MNEs [9]. In 2011, the United Nations Human Rights Council unanimously endorsed the UNGPs making the framework the first corporate human rights responsibility. After that, an open-ended intergovernmental working group ("OEIGWG") was mandated to draft a binding instrument, but it did not involve too many countries. Therefore, there are just some soft law rules to regulate the human rights responsibility of MNEs currently.

In the domestic legislative system, the protection of the right to health is often stipulated in the scope of labor law. The United Kingdom Employment Rights Act 1966 is an important bill to protect the human rights of British workers. In the United States, National Labor Relations Act plays a role in protecting labor's right to health. They

are mainly negative responsibility for the business to avoid violations of the right to health. European Directives on Safety and Health at Work and its topics provide comprehensive and detailed protection regulations for workers' personal safety and health [10]. Legislations in Japan do some promotions to achieve higher standards to the right to health through Labor Standards Act and Industrial Safety and Health Act. Similarly, there are Occupational Safety and Health Act and additional regulations for maternal health protection in Taiwan. Due to the labor law category, the subjects who bear responsibilities to the right to health is usually employing units, instead of MNEs particularly. Regarding regulations only for MNEs, Australia Modern Slavery Act 2018 requires certain MNEs to report annually on the risks of modern slavery and actions to address those risks [11]. China issued the Social Responsibility Guideline in 2015, which opened up the promotion of MNEs' social responsibility at a national level [12]. It is difficult to find legislation or cases that regulate MNEs' activities to protect the right to health, and domestic regulations of MNEs still rely mainly on self-discipline. MNEs' responsibility and the right to health are usually discussed separately. It does not pay attention to the health rights responsibilities when referring to the human rights responsibilities of MNEs. There is still a blank in linking the MNEs' responsibility with the promotion of the right to health, especially in a pandemic environment with increasing concerns about the right to health.

2.2 Enterprises' low compliance with current international standards

Nowadays, some of the most horrific human rights infringements are carried out by corporations. From 2002 to 2017, 273 violations by 160 MNEs have been verified, even though more than 90% of the sample firms have corporate social responsibility ("CSR"), are signatories to the UN Global Compact and have reported compliance with the International Labor Organization (ILO) [13]. In addition, the human rights abuse in the aspect of the right to health specifically was extremely alarming. International Labor Organization (ILO) indicates that 2.78 million fatal work-related injuries and illnesses still occur each year in the world [14].

The MNCs can carry out the abuse over the right to health of workers in various forms, such as forcing the workers to work for an unreasonable long time, providing unsafe working conditions, or being lack of necessary protection during production. For example, the communication company Teleperformance failed to provide a safe workplace during the covid-19 pandemic by forcing workers to sleep at their workplace, which prohibited them from maintaining covid-19 safety distance with their co-workers [15]. This company failed to meet the standard of the responsible business conduct



(RBC) guidelines which called for companies to actively eliminate the risks in their workplace during the pandemic, issued by the Organization for Economic Cooperation and Development (OECD) [16]. Other corporations in the garment industry, such as Nike, have also been accused of violating their workers' rights to health by providing poor working conditions and forcing the employees to work overtime [17]. In the primary industry, an oil extraction business, Royal Dutch Shell were responsible for the horrible oil leak in Nigeria, which drastically polluted the local water supply, resulting in serious issues over the local public health [18]. These cases illustrate that some multinational companies carry out their business activities at the cost of the workers right to health. Moreover, these cases proved that the healthiness right abuse spreads, revealing the low compliance with the right to health is a widely concern problem spreading in various sectors.

2.3 Current legislation lacks provisions requiring companies to actively protect the right to health

In international treaties and UN documents, there are no provisions about MNEs' obligation of actively protecting the right to health. The current law only requires companies to respect the right to health. However, this study has found that companies have a certain obligation to actively protect the right to health through legal analysis.

UN Economic and Social Council states that "transnational corporations and other business enterprises shall respect economic, social and cultural rights as well as civil and political rights and contribute to their realization, in particular the rights to development, adequate food and drinking water, the highest attainable standard of physical and mental health." [8] This sentence uses the word "shall", and it can be used in laws, regulations, or directives to express what is mandatory [19]. The word "contribute" means to play a significant part in making something happen [20]. Hence, this document indicates that corporations have obligations to make the realization of the right to health happen. Therefore, they need to not only respect human rights but actively promote the realization of human rights.

What calls for special attention is that there is no expectation that MNEs take on a state-like role regarding human rights [21]. It is true that a state-like role is not suitable for corporations constrained only by the firm's capacities. However, companies also have an obligation to try their best to respect and promote human rights like the right to health [22]. For instance, MNEs can try to take some measures to be consistent with national human rights requirements [23]. ILO's requirement is not just to avoid infringing the right to health but to protect human rights and bring them up to the highest standards.

Therefore, MNEs need to protect the right to health, but current laws lack such regulations.

3.REASONS FOR THE POOR PERFORMANCE OF MNES TOWARDS THE RIGHT TO HEALTH

3.1 mandatory force of regulations is insufficient and legislative urgency is deficient

The adoption of UNGPs shows that the MNEs should bear social responsibility and respect human rights has gradually become an international consensus. It should be noted that there is nothing in these Guiding principles that should be read as creating new international law obligations [24]. There is no clear international consensus on how MNEs respect human rights, whether MNEs actively assume human rights (the right to health) responsibilities and the boundaries between active and negative responsibilities. UNGPs is more of an initiative without actual binding force. Although some countries have regulated the respect responsibility of the human rights and due diligence of MNEs from the legislative level in compliance with UNGPs, for example, France adopted a new law on the corporate duty of vigilance of parent companies and instructing companies in 2017 that stipulated that large French Companies conduct human right due diligence in their business and supply chains, the implementation effect is still unclear, and only a few countries do so.

The resistance to regulate MNEs mainly comes from the difference between short-term and long-term development goals and the commercial and economic conflicts between North and South countries. The challenges at the national interest level mainly stem from the short-term conflicts of interest between the protection of human rights and economic development and the differences and struggles between developed and developing countries in reconstructing the international economic order [25]. Developing countries often act as host countries in business with the hope that MNEs can bear more responsibilities to contribute to their citizens' human rights and the right to health, for instance, the establishment of OEIGWG origins from the appeal of Ecuador and South Africa [26]. On the contrary, states with economic development needs for MNEs to go global often remain silent about setting up more positive human rights obligations. The domestic legislative strategies are often affected by national conditions and cause differences in the level of concerns for the right to health. In the national legislative planning, the fields of politics, national defense, and scientific technological progress usually rank formerly. In comparison, it does not seem to be urgent to regulate MNEs' responsibility to the right to health from the legislation perspective. However, considering long-term development and the achievement of the highest



attainable standard of the right to health, as MNEs gradually play an increasingly important role in the international social environment as a global institution in terms of its power, authority, and relative autonomy with great impact [27], states should pay more attention to their human rights responsibilities, especially when mankind facing a severe health governance crisis in a pandemic environment. How to maximize the protection of the right to human life safety, physical health, basic living and working supplies in the COVID-19 Era is a "must-answer question". Thus, regulations of MNEs as a special subject on their health rights obligations should be put on the agenda.

3.2 The reasons why multinational corporations are short of an initiative to be law-abiding

As for multinational businesses, the cost of disregard the legislation is too slender that can be neglected since the insufficiency of the law with enforcement. Most regulations about the right to health are soft laws with no enforcement from any party. A typical example is the CSR soft law. It is widely recognized that the CSR soft law develops towards how they influence, rather than control, the behavior of corporations [28]. In addition, soft laws are rather social than legal norms, which only expresses a preference, not an obligation [29]. In other words, the corporation will not suffer from severe legal consequences or penalties if they choose not to follow the CSR soft law because there is no legal enforcement or punishment. Therefore, in a corporation's aspect, it will neither hurt their economic benefit nor negatively affect the corporations' business activities. As a result, most multinational companies will tend not to follow the CSR soft law.

Most corporations have low compliance with the right to health since there is no economic reason to do so. In the current economy, following these social norms would not bring any extra economic benefit due to the fact that most multinational corporations' main aim is to maximize profit. When the economic profit conflicts with human rights, the corporations would prefer economic merit. Some MNEs choose to provide an unsafe workplace for economic considerations. A catastrophe like the 2013 Rana Plaza collapse in Bangladesh led to some compelling concerns over workers who suffer from unprotected working conditions due to the fact that one thousand workers died when an unsafe building fell down [30]. For this company, their cost to follow the soft law was to eliminate the potential safety hazard in production by improving the working conditions and purchasing the protection equipment, which would increase the cost of production significantly and lower their profit. Similarly, at the beginning of the Corona Virus pandemic, Walmart failed to take reactions to follow the crucial public health guidance launched by the Centers for Disease Control (CDC),[31] to limit the number of customers or hire guards for temperature checking, resulting in thousands of Walmart associate had tested positive for covid-19 and several had died [32]. In this case, the company completely ignored the labourers' health and safety, as Walmart was not willing to lose sales revenue during the pandemic or spend additional money to set up protection measures. The analysis of these two cases demonstrated that multinational businesses tend not to follow certain social norms as the cost of following the norms may conflict with their aim to maximise profit. As a result, many transnational companies choose not to take the burden of these costs, causing the violation of the right to health of the labors.

3.3 The regulations of the active protection of the right to health is not clear enough

The right to health means "the right to the enjoyment of the highest attainable standard of physical and mental health" [3]. The word "highest" is Ambiguous. Besides, the right to health generally includes access to timely, acceptable, and affordable health care of appropriate quality and to provide for the underlying determinants of health, such as safe and potable water, sanitation, food, housing, health-related information, and so on [2]. It contains a lot of content. It is difficult for states to have regulations on all aspects. Different situations may cause different countries or organizations to pay attention to different content. For example, The Convention on the Rights of the Child recognizes the right of children with disabilities to special care and to effective access to health-care and rehabilitation services [33]. This convention focuses on children's corresponding right to health. While World Health Organization (WHO) believes that the enjoyment of the highest attainable standard of health gives WHO extensive powers to establish health-related standards. It set some standards such as the 1981 International Code of Marketing of Breast-milk Substitutes and the 2003 Framework Convention on Tobacco Control [3]. WHO's focus is not on children but on Breast-milk Substitutes and tobacco. Hence, Because the standard of the right to health is vague and the content is broad, it is difficult to accurately stipulate this right.

To clarify the standards of the right to health, the Office of the High Commissioner for Human Rights (OHCHR) referred to human rights standards. For a general human right, OHCHR provides an outline of a conceptual and methodological framework for developing indicators for monitoring. It is "from acceptance of international human rights standards (structural indicators) to efforts being made by the State to meet the obligations that flow from these standards (process indicators), on to the results of those efforts from the perspective of the population (outcome



indicators)" [34]. Based on these standards, we can believe that the right to the highest attainable standard of health is the number of international human rights treaties relevant to the right to health that the State has ratified, the proportion of births attended by skilled health personnel (process indicator) and maternal mortality ratio (outcome indicator) and so on [3]. Although conclusions have been drawn based on human rights standards, the specific implementation content is still very vague. Hence, it's difficult for states to lay down the laws or policies to regulate MNEs to protect this right.

Because of the broad content of the right to health and the highest standard requiring, if MNEs are required to actively protect the right to health, they may be afraid of bearing too much responsibility. Therefore, there are many voices against companies actively protecting the right to health.

4. CONSTRUCTIONS FOR A PERFECT MNES OBLIGATION UNDERTAKING MECHANISM

4.1 Stipulate from the perspective of legislation

An international standard consensus is wanted currently: in addition to States, multinational corporations are supposed to take positive steps to respect and protect the right to health. UNGPs next 10 years project claims that it will seize the opportunity for a renewed push to embed respect for the right to health at the core of how business is done with the current wave of mandatory human rights due to diligence legislation and the calls for putting people and planet at the center of responses to the Covid-19 pandemic and economic crisis [35]. What is more, OEIGWG released a second revised draft legally binding instrument on business activities and human rights, and the codification of the human rights responsibilities of MNEs has entered a new era. However, it has encountered challenges like impacting existing theories and practices responsibilities beyond the current domestic law [36]. There is an international trend of strengthening the regulation of MNEs' responsibilities to the right to health and promoting the regulatory effect of MNEs. Therefore, it is suggested to further optimise the provision of legally binding instruments, promote the issues and international commitments of MNEs' more active responsibility to the right to health based on different needs of states, and speed up the discussion process at the appropriate international conventions.

States should balance immediate and long-term interests, especially the short-term interests (protecting the right to health) and long-term interests (realization of a higher standard of the right to health), converge in the COVID-19 epidemic. It is feasible to stop tinkering around the edges and move towards more systemic solutions to MNEs' responsibilities to the right to health

[37]. From the domestic law promotion side, the urgency of MNEs' obligations to the right to health should be increased in the legislative plan. On the one hand, legislators can jump out of the scope of labor law and formulate and promulgate corresponding legislation from the perspective of more sectoral laws to specially regulate MNEs, such as Australia Modern Slavery Act 2018. On the other hand, when it comes to economic legislation. MNEs' social and human responsibilities should be put forward instead of only standardizing market behaviors, and orders are given priority. It is necessary to link the right to health with MNEs' behaviors directly today. Then, with the increasing concern of the right to health, it is possible to consider raising the legislative level of relevant regulations.

The allocation of responsibilities between the home country and the host country is also supposed to be considered. The obligation is mainly borne by the host country where the right to health violations occur, but the host country is often seen as lacking or unwilling to supervise [38]. Therefore, the home country's obligation to regulate MNEs can be a supplement to the host country's obligations and jurisdiction. The home country can supervise the operations of MNEs through legislation, administration, etc., to reduce the occurrence of infringements. Thus, a dual protection mechanism can be formed to promote the guarantee of the MNEs' responsibility to the right to health.

4.2 Improve the scientificity of supporting policies

To improve the corporations' compliance with the law, the government is responsible for reinforcing the proactive domestic law. The states should clarify the potential hazards during production in each industry. In addition, states should also specify the industrial health and safety standard according to the potential threat to the right to health, requiring the corporations to carry out regular temperature checks during the pandemic. This improvement also contributes to raising the awareness for the MNEs to take a more active approach to protect the right to health.

States should set up a punishing system for lawbreaking corporations. A lot of scholars argue that enforcement is essential for compliance [39]. Enforcement is a crucial strategy that a country or state carries out to prevent the negative externalities produced by corporations. Punishing systems are the method to enforce the corporations to follow the law by showing them the severe consequences of violating the right to health. The possible punishing method would be a large number of fines, prohibition of part of business activities and penalty on the corporate juridical person and so on. In this way, the corporations would try their best to avoid



the punishment as any of it would cause a huge loss in interest for the corporation.

Nevertheless, the rewarding system is also crucial, as it provides economic incentives to the MNEs. Rewards like government contracts, grants or promotion of brand image from the states. In this way, the companies can gain more profit from following the social norms about the right to health. The multinational companies whose aim is always maximizing profit could hardly refuse such a profitable deal. The attraction of these incentive measures will promote enterprises to actively abide by social norms and earnestly protect the right to health.

4.3 Further unified and clarified the standard for the right to health

In an environment of accelerating globalization, with a concomitant decline of state power relative to various other global actors, while the State assumes its responsibilities, other subjects should also assume appropriate obligations [40]. Multinational corporations engaging in economic activities and other businesses worldwide have far-reaching effects throughout the global environment [41]. As participants in global business, respect for and a commitment to advance respect for human rights like the right to health is the corporations' responsibility, and it can help for the public good [42]. Pharmaceutical companies, for example, maybe directly subject to obligations about the right to health to make antiretrovirals and other drugs available to developing countries at a significantly lower cost than the market price [43].

However, Because the concept of the right to health is relatively vague, and enterprises are different from the country, there is no way for international society to form a consensus: whether there is an obligation to protect the right to health and how to protect the right to health. The UNHCHR commented on the difficulty of defining CSR boundaries ratione personae, which, in contrast to states' human rights obligations, are not easily defined by reference to territorial limits [44]. "Defining the boundaries of business responsibility for human rights ... requires the consideration of other factors such as the size of the company, the relationship with its partners, the nature of its operations, and the proximity of people to its operations." [44] Therefore, to better protect the right to health and to avoid overburdening enterprises, we need to clarify the concepts and standards of the right to health.

5. CONCLUSION

After the Guiding Principles on Business and Human Rights is promulgated, multinational corporations need to take responsibility for respecting the right to health and avoiding violations of the right to health by their actions. However, it is still not uncommon for multinational companies to infringe on the right to health. Therefore, the obligation to protect the right to health still needs to be improved and regulated. At first, in terms of legal norms, the country needs to increase the urgency of the right to health legislation in the legislative plan and pay close attention to the right to health legislation. Furthermore, the international community needs to form a consensus on total health protection as soon as possible and expedite the issuance of a convention to protect the right to health. Besides, to promote enterprises' active protection of human rights, reward mechanisms and punishment mechanisms need to be formulated and improved. The enterprise's own cultural education also needs to keep up. What's more, to avoid placing an excessive burden on enterprises, the standards for protecting health rights need to be clear so that enterprises can understand the scope of their obligations and improve the efficiency of protection. In view of the problems existing in the right to health protection measures of companies, this paper puts forward various measures to increase the participation of enterprises in the right to health protection. Through the promotion of various measures, it is hoped that enterprises can also become members of the protection of the right to health and work hard for the real realization and enjoyment of the highest standards of health for human beings.

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