

CSR: a catalyst for corporate contribution to global health governance?

A case study from the pharmaceutical industry

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Introduction

Over the past twenty years international health and development agencies (WHO, 1997, 2005; UN, 2002; World Bank, 2002; WEF, 2011) have gradually advocated towards a participation of the private for-profit sector, and especially large multinational corporations (MNCs), in global population health promotion and disease prevention. Participation has been justified in terms of the socioeconomic agency of corporations in a globalized world, as well as connected to the positive and negative social, environmental and health externalities consequent to business manufacturing, distribution and marketing practices.

The framework advocating for a whole of society approach to public health finds its roots in the conceptualization of Social Determinants of Health (SDoH) put forward by WHO in the Ottawa Convention (1986), which, by clarifying the non healthcare-related causes of morbidity and mortality patterns -social, educational, trade and urban – set the basis for a gradual responsabilization of non-state private actors for health outcomes (Porter, 2006) further developed in the Adelaide (WHO, 1988) Sundsvall (WHO, 1991) and Jakarta conferences (WHO, 1997), to name a few. The paradigmatic shift that followed, seeing a change of focus from healthcare to health promotion, and from national public entities to non-state private actors, has been framed by Kickbush and de Leeuw (1999) as the second stage of public health: the global health governance (GHG) phase. In a GHG perspective businesses become institutions bearing responsibilities that transcend profit-making, as Rosneau and Czempiel (1992) clarify, “since the 1990s, mainstream international relations theory no longer considers private businesses as mere economic actors solely committed to their shareholders, but also as bearers of responsibilities towards a wider group of social stakeholders”, where the term governance alludes to an extension of the territory and players beyond formal governmental structures (Colebatch, 2009).

Secondly, businesses are identified as relevant participants in GHG for what concerns their direct influence on positive and negative externalities generated by business practices. If corporate responsibilities in what concerns labour conditions, human rights and the environment have so far been topics in the spotlight (Vogel, 2005), the call for a greater accountability of corporations for health outcomes is an issue that has gained increasing awareness in the last decade through the research of the North-American and European schools of public health (Freudenberg et al 2008, 2012, 2014; Wiist 2006, 2010; Lang 2007, 2010; Brezis and Wiist, 2011) and the advocacy of organizations such as Corporations and Health Watch, founded in 2007. Today, businesses are held responsible in a global public health perspective for what concerns: the production, distribution and allocation of goods and services; the branding and marketing strategies effecting consumer lifestyles; the lobbying of public health policies; and, ultimately, for the creation of wealth and consequently the allocation of power rights and resources along the supply and consumer chains that delineate prerequisites, choices, and access to health. In the book “Lethal but Legal” Freudenberg (2014) explains the toll that the tobacco, alimentary, automotive, alcohol and gun industries put on public health, arguing that the political and economical authority that MNCs have in contemporary societies makes their influence greater than that of national and international public health organizations, who can’t compete with corporation’s lobbying power, transnational reach and massive communication resources.

Held in a developing country at the verge of 21st century and aimed at reconsidering the Ottawa’s SDoHs in the light of “dramatic changes” introduced by urbanization and globalization of markets and communications (De Leeuw et al. 2006) the Jakarta Conference (WHO, 1997) was the first health promotion meeting to engage a GHG perspective. Whilst recognizing the SDoHs as valid, it clarified their shaping as no longer dependent on national health strategies, but defined by an ensemble of actors and mechanisms that transcend the healthcare, national and governmental spheres (Lee et al, 2004). For the first time the Jakarta Conference explicitly addressed the business sector as both a potential health-threatening and health-promoting agent and a key player in health, stating that the health determinants of the 21st century are to be tackled through a conjoint action of public and private sectors committed to promoting a social responsibility for health. The resulting declaration clarified business social responsibility for health as doing no harm: guaranteeing environmental health against the exploitation of resources and sparing citizens, consumers and employees from harmful products and irresponsible marketing strategies by applying equity-focused Health Impact Assessment (HIA) strategies (WHO, 1997). Further, the declaration included a set of positive recommendations, featuring the business responsibility to encourage intersectoral partnerships and investments in health promotion, as well as empower individuals and communities through the establishing of health enhancing environments. The

context pictured by the Jakarta Conference (1997) is further explored in the Bangkok declaration (WHO, 2005) in which dialogue and advocacy among governments, the civil society and the business sector are invoked as to address the threats posed by commerce's marketing, services and products. In the same period, also the UN addressed the issue stating that, although states are ultimately accountable for the right to access health, all members of society, including businesses, are accountable in the realization of such outcome (UN, 2000).

According to Buse and Lee (2005) the plea for the business sector to participate in global health governance has been answered with the adoption of three distinct approaches: self-regulation, which allows for a voluntary regulation of business practices, carried out by Corporate Social Responsibility (CSR) activities, Business Codes of Conduct (BCCs) and public-private partnerships (PPPs); co-regulation, by which objectives and responsibilities are negotiated among public and private actors; and participation in health governance, which results in the establishment of multi-stakeholder alliances at a policy-level. The realm of CSR, focus of this paper, can be framed as the ensemble of corporate-based initiatives aimed at addressing and balancing legal, ethical, economical, social and environmental concerns raised by a series of stakeholders with different interests and expectations concerning the nature and outcomes of corporate activity (Moon, 2007). As of today, the private business sector in general, and MNCs in specific, address, through CSR, a panoply of health promotion and disease prevention issues, not merely for what concerns employees but in relation to the health of local, national and global population (BSR, 2014; Monachino and Moreira, 2014). So far, corporate participation to GHG through CSR has been reviewed for what concerns its potentialities to: make resources available for otherwise under tackled causes or populations (Werner, 2009) and create relationships between businesses, institutional and civil actors for a multidimensional approach to health (Bunde-Birouste et al, 2010). CSR's alignment to social and health public policy objectives, on the contrary, has not been widely validated by literature, according to Margolis and Walsh (2004) and Fooks et al. (2011). More extensive is the literature concerning CSR's controversial aspects for GHG, which derive from a logic that contextualizes, at the same time, the will to answer to social and market objectives whose addressing is often difficult to distinguish (Buse and Lee, 2005), and leading to potential conflicts of interest, lobbying, blue-washing and confuting of scientific evidence (Babor, 2008; Friedman, 2009; Herrick, 2009; Dorfman et. al, 2012;).

This study starts from the assumption that CSR – notwithstanding the limitations deriving from the particularistic and profit-oriented nature of the firm – can be, under a series of conditions, a catalyst for corporate contribution to GHG and a means to link corporate and public national and international governance's objectives and efforts. As Margolis and Walsh (2004) point out, the ways in which CSR may impact corporations in terms of reputation, market differentiation and consumer and

employee retention, have been reviewed extensively, smaller attention, comparatively, has been given to exploring the actual and potential social and health inputs of CSR. The study proposes hence to analyse corporate actual and potential contribution to national and international mental health policy in terms of alignment of objectives, allocation of resources and establishment of linkages among different societal actors, influence on policy development, as well as to highlight the boundaries of CSR for GHG. The study engages as a case the Portuguese application of a global CSR campaign, launched in 2012 by a leading multi-national pharmaceutical, with the aim of improving adolescent access and education to health in 20 countries¹ across the globe. The company's Portuguese subsidiary, in collaboration with a local NGO working in the area of health intervention, adapted the global issue to the national reality, developing a project aimed at targeting adolescent mental health in vulnerable contexts.

Specific research objectives are set as to comprehend to what extent the CSR project: 1) aligns to international and national objectives for adolescent mental health, as expressed by the European Ministerial Action Plan on Mental Health (WHO, 2005) and the Portuguese National Health Plan (PNHP) 2007-2016; 2) allocates human and financial resources to comply with the set objectives; 3) manages to create business linkages with civil players and policy-makers in the field of mental health; as well as to 4) uncover unexplored potentialities and limits of the CSR project as identified by involved parties.

Methodology

This case study is based on the analysis of a CSR program, the Mental Health Program for Youngsters, currently taking place in Portugal and directed at improving adolescent mental health in vulnerable contexts. The program is part of a global CSR campaign launched in 2012 by a leading MNC pharmaceutical, addressing adolescent health in 20 countries worldwide. The study starts out with an analysis of the European and Portuguese approaches to mental health with a focus on adolescents, pinpointing set priorities and recommended actions contained in the European Ministerial Action Plan on Mental Health (WHO, 2005) and the Portuguese National Health Plan (PNHP) 2007-2016, briefly reviewing data on the burden of mental health struggles in Portugal, and reporting the partial assessments made so far on the European and Portuguese Plans for mental health. It continues with the description of the global CSR program and of its Portuguese application, the Mental Health Program for Youngsters, uncovering the overall rationale of the

¹ Australia, Brasil, Canada, Denmark, Germany, India, Korea, Netherlands, Norway, Portugal, Romania, Spain, Sweden, United Kingdom, United States of America and Zambia.

program and its evidence-basis, as well as clarifying, through the information contained in the project proposal, with which specific objectives the program was planned, designed and implemented and which are the competences of the various stakeholders involved. A distinct section is dedicated to collect the perspectives of stakeholders from the MNC, NGO and public sector concerning the program. Stakeholders from the MNC and the NGO were directly involved in the realization of the program, their point of view being of use to clarify the different priorities and expectations attributed to the program, as well as to uncover difficulties, success factors and gains from each side. Given that no actor from the public sector was actually involved in the realization of the CSR program a representative of the Portuguese department for mental health, the technical normative body of the Health Ministry responsible for implementing the NPMH, was heard on behalf of the public sector as to uncover reasons for lack of involvement as well as express opinions on the potentials and limits of CSR for public mental health policy. Stakeholder's perspectives were retrieved through semi-directive interviews carried out in the period January – June 2013. Interviews were recorded and analysed through content analysis.

Context: European and Portuguese approaches to mental health with a focus on adolescents

In 2005, the health ministers from 50 European countries met in Helsinki to attend the WHO European Ministerial Conference on Mental Health “Facing the Challenges, Building Solutions”. The meeting was aimed at establishing mental health as a priority across Europe, after pointing the high prevalence of mental health troubles affecting the region -100 million sufferers from depression and anxiety without counting troubles related to addictive alcohol consumption, bipolar, schizophrenia and panic disorders or Alzheimer- identifying the burden of disease as the second greatest in the region after cardiovascular illnesses, and pointing out the lack of adapted prevention and treatment responses across health systems (WHO, 2005). The resulting declaration pointed at the necessity for signatory countries to pursue the following objectives (i) give priority and visibility to the issue of mental health; (ii) develop, in consultation with relevant stakeholders, policies, plans and programs based on current knowledge, appropriate for life stages and directed at tackling stigma, discrimination and suicide; (iii) provide adequate funding to train workforce and implement policies and programs, (iv) ensuring a community-based and intersectoral perspective in the provision of services (WHO, 2005). Adolescents, together with infants and senior citizens, are identified as a priority population given their susceptibility to social, psychological and environmental threats to mental

health, caused by a biological and legal incapacity to fully defend or exert rights. The preservation of mental health for youths is framed as an investment, given that the furnishing of coping skills in young age are identified as determinants of a sound adult mental health. In adolescents particularly, mental struggles are not merely considered as potential threats for adult health, but also connected with risk-taking behaviors. For what concerns the specific necessities related to life stages, the Ministerial Conference's Action Plan (WHO, 2005) sets, as the responsibilities of institutions and the civil society, (a) the development of pertinent and evidence-based policies, for necessities related to life stages, cover: plans and programs; (b) the creation of mechanisms that guarantee involvement in decision-making processes; and (c) the development of community services allowing the conjoint participation of individuals, families, schools and day-care centers.

Preliminary results from the first national epidemiological study on mental health carried out in 2010 (WMHSI/CESOP, 2010) show that Portugal, with a an overall prevalence of 22,9%, is the country with the highest scores of mental troubling in the European Union. According to the National Health Observatory (Observatório Nacional de Saúde, 2012), mental troubles have been exacerbated by the socioeconomic crisis of 2008 and haven't yet reached their full incidence. As to respond to national struggles and in the aftermath of the signing of WHO's 2005 Action Plan, the Portuguese government published, with the resolution no. 49/2008 of the Council of Ministers, the National Plan for Mental Health (NMHP) for the timeframe 2007-2016. Adopting the context and priorities set by the WHO resolution; the NMHP frames mental health in terms of a primacy issue for national public health, stressing it should be addressed in a "timely and creative manner" by public and civil society institutions. Following the axis set at a European level the NPMH dedicates a separate section to children and adolescence mental health in what concerns the reorganization of psychiatric and mental health prevention and treatment services. The section dedicated to children and adolescence mental health acknowledges the weaknesses identified by WHO concerning the lack of adapted prevention and treatment as relevant to the Portuguese context, setting two operational objectives for the specific population: 1) to promote the issue at the population level and introduce mechanisms for primary, secondary and tertiary prevention; and 2) to increase quality and integration in mental care delivery throughout different levels of care and in collaboration with relevant actors.

Almost a decade after the formalization of the European Ministerial Conference of 2005, WHO's report on Adolescent Mental Health (WHO, 2012) points out that mental health in general, and adolescent mental health in particular, are still unsatisfactorily addressed areas of health intervention for what concerns political commitment and resources. Plans and programs are said to be carried out unsystematically, without the establishment of partnerships, bearing project-specific objectives, and destined to a small portion of the adolescent population, such as the

one in emergency and conflict situations, and not to the adolescent age group as a whole. According to the report policies for life stages have a tendency to focus on the protection of children or senior citizens, whilst adolescents health remains a smaller focus of attention due to a common misperception of the healthiness of the age group. On the contrary, the report shows that one-fifth of adolescents suffer from mental health problems, preponderantly anxiety and depression, triggered by poverty, social exclusion, peer rejection and family neglect. For what concerns the Portuguese context partial assessments of the NMHP implementation so far show that the reorganization of services is ongoing, with psychiatric hospitals definitively shut down and replaced by 20 population-specific mental health services, for adults, adolescents and infants. Lack of adequate funding in primary care, as well as scarcity of non-medical professionals for community service, are identified as non-compliance areas to date (Xavier et al., 2013).

The Health Program for Youngsters - Project Description

The Health Program for Youngsters is a global CSR campaign launched in 2012 by a leading multi-national pharmaceutical, with the aim of improving adolescent access and education to health in 20 countries across the globe. As stated by the project's website, the idea to launch a global CSR initiative was stirred by the acknowledgement that youngster health is a global issue and that the creation of a coherent and systematized CSR project would grant higher visibility to the cause than a number of national initiatives. Corporate headquarters drew on evidence from WHO and UNICEF reports; identifying the area of youth health as both relevant and under tackled within different health systems, thus pinpointing a gap for a corporate investment in an area with social impact. The launch of the program was sealed by the establishment of multilateral partnerships between the MNC and two transnationally renowned civil society institutions, the oldest and largest public health school in the world, and a charity with more than 70 years of experience of work in defense of infant and adolescent rights and dignity across 51 countries, as the guarantors of the project's scientific soundness and civil advocacy. National projects, carried out with domestic partners, are identified by local subsidiaries according to the major concerns pertaining to the adolescent population. Areas covered include road safety, hygiene, obesity, homelessness, cultural determinants, cardiovascular risk prevention, and reproductive and mental health.

The Portuguese version of the Health Program for Youngsters tackles mental health access and education in adolescents between 10 and 12 years of age, pertaining to social contexts identified as vulnerable to poverty, social exclusion and family neglect, and with scarce access to health. The Portuguese MNC branch made the choice of the area after consulting a professor from the Superior Institute of Health

Sciences in Lisbon working on mental health in youth, which indicated the cause of mental troubles in young adolescents as one relevant for the national population. The relevance of the area identified was then confirmed with the Portuguese secretary of state, which officially endorsed the initiative. Once the area of intervention decided, the company launched a bid to a number of local NGOs for the redaction of a project that would receive funding. Although the area of intervention being predefined, NGOs were left free to define the project's, population, timeframe and specific objectives; being the existence of clear and measurable indicators a priority condition for admission. After assessing feasibility, originality and indicators, the winner project was chosen. The awarded project proposal states as its aim to “intervene early, with children and youths aged 10 to 12 years, (...) because at a time when we are witnessing a growth in inequality among citizens, it is imperative to act in preventing personal and social maladjustment of young people in a way that avoids the costs to the individual and community” in a population “with little or no access to health and in vulnerable situations, with developmental alterations or behavioral problems, triggered mainly by self-concept, self-esteem and self-image problems”. Specific objectives are set as to increase self-esteem in target population by 30% (i) and increase the number of youths in target population trained in mental health by 30% (ii), throughout the timeframe of the project, set for the period 2012-2015. As supporting evidence, the project engages the resolution no. 49/2008 of the Council of Ministers, citing the need for mental health to be tackled contextually and adapted to specific groups and areas. Further, the project engages national literature on adolescent mental health in Portugal framing the occurrence and determinants of risk-taking behaviors (Matos et al. 1998; Matos and Carvalhosa 2001; 2002), and the relevance of the self-esteem construct for psycho-social adjustment as well as the establishment of healthy relationships and coping skills (Peixoto, Martins, Mata & Monteiro, 1996; Antunes, C. et. al., 2006; Emídio et. al. 2008) and contextualizes the perks of engaging a participatory perspective. Finally, the project quotes data from the European Science Foundation (Llopis and Anderson, 2006), which warns that 21% of Portuguese children live beneath the poverty line. As clarified by the proposal, the target population – circa 100 youngsters pertaining to 7 social neighborhoods in the Lisbon metropolitan area - was identified by the means of an after school support project already ongoing, which the NGO carried out in local community centers with the funding of the Ministry of Education and Social Solidarity. The health program for youngsters was thus intended to reinforce the ongoing activities with the children by adding two weekly hours dedicated to mental health education as to “complement/reinforce already existing resources, without duplicating or substituting their intervention, but becoming part of it”. In order to evaluate the improvement in self-esteem outcomes the project started by carrying out, on the target population, a CAP assessment study redacted in collaboration with sociologists from the University of Lisbon. The following phase (ongoing) contemplates the

implementation of thematic workshops focusing on topics identified through the assessment study, and training on mental health, both carried out through a peer, non-formal methodology. The project's concluding phase foresees, in 2015, the redaction of a manual of best practices, the realization of a number of short films, the holding of an holiday camp, and the carrying out of an assessment study to track changes. The awarded NGO is the one that has the main responsibility for the realization of the project's different activities: establishment of partnerships with community actors, selection of internal social workers, realization of thematic workshops, and contracting of additional and punctual resources, as it is the case for the sociology team employed to design the CAP study. The MNC contribution consists, on the other side, in full economic sponsoring, and in the participation of staff volunteers in the implementation of thematic workshops. Participants in the project and their parents are informed on the responsibilities of parties involved and source of sponsoring.

Stakeholders' perspectives

The MNC

According to the corporate responsible the Mental Health Program for Youngsters serves a tripartite goal, to further the company's core mission to promote access to health, to engage employees and foster motivation, and to proceed towards the establishment and strengthening of relationships with key stakeholders with whom interaction and collaboration isn't guaranteed by the normal portfolio of activities: employees, local communities, NGOs in the health field, and the government. The interviewee points out that, among others, the government is the priority stakeholder, given its regulatory function, and that commitments undertaken through CSR are aimed at showing business good will and increase business-government trust relationships. It is explained that the Mental Health Program for Youngsters was shaped as to be relevant and strictly aligned with public policy priorities, as to guarantee the existence of a social impact that would raise approval from public authorities and public opinion alike. The collaboration with the NGO, necessary to carry out the field work, was allowed through a procurement contract whose technical requirements were defined by the interviewee as complex; details of the project were then rounded through a series of informal business NGO meetings. According to the interviewee the target population could have been more extensive in number and geographical reach, but resources didn't allow a greater focus. Moreover, the local focus of the project, both the MNC and the project are based in the Lisbon metropolitan area, allows for direct involvement of employees and the

establishment of regular meetings to verify the progress and difficulties of the project. When questioned concerning the potentially controversial nature of the project –the MNC works on the neuroscience therapeutic area- the interviewee points out that the issue had been discussed at a company level, and then dismissed on the basis that the campaign is not related to any specific product, and that design and implementation of the project, which has a public health-basis rather than a clinical one, is carried out by an NGO who is not a normal business partner, guaranteeing neutrality.

The NGO

In the NGO's representative's perspective fundraising via the business sector has always been a means of project support, becoming a priority means of subsistence after that governmental funding of social entities has been cut down by the austerity measures. According to the interviewee, the injection of private for-profit investments via CSR introduced evident changes from traditional business charity funding; CSR financing is rigorous, subject to previously inexistent monitoring and assessment criteria, resembling a procurement contract rather than a donation. The representative points out that the NGO was invited by the MNC to participate in the bid for the CSR initiative by presenting a project fitting within the predefined area of adolescent mental health. Following the invitation the staff reunited internally as to verify the coherence of the initiative with the NGO's areas of intervention. After deciding that the collaboration would be fruitful, the project application was sent, and successively selected. According to the interviewee, the funding destined for the Mental Health Program for Youngsters allowed the formalization of a project responding to a need for mental tutoring identified in the realization of a previously existing after-school support program, where young participants experienced scholar absenteeism and failure. After verifying with all of the involved parties the possibility to complement the existing intervention of the after-school support program, the project was designed as to guarantee matching of needs and objectives. As the representative points out, major difficulties rose from the different standpoints and even language used by the social and business spheres, but that all complications were resolved by a "common will to approximate perspectives". Further, according to the interviewee, a key feature of collaboration was the deposition of full autonomy in project implementation to the NGO, condition that allowed the turning of business-like relations into trust-driven relations. No threats are disclosed concerning the fact that neuroscience is a business area of the sponsoring entity, under the explanation that the project is entirely carried out by the NGO staff - the sponsoring being acknowledged but not present in the daily development of the project - and that there is no superposition with youngsters' eventual parallel psychiatric accompaniments.

The public sector expert

A representative of the Portuguese department for mental health, the technical normative body of the Health Ministry responsible for implementing the NPMH, was heard on behalf of the public sector. The interviewee starts by framing the national approach to mental health as one aimed at implementing the NPMH with a distinct focus on adults, adolescents and children and by addressing primarily the reorganization of mental services, as to shift from a psychiatric hospital model towards community-based services. Further, the interviewee points out the comparatively smaller attention given by the department to the area of health promotion and prevention, in favor of the betterment of services. Questioned concerning the existence of linkages of the department with the private sector the interviewee clarifies the existence of protocols favoring the access on people with mental struggles to the job market, and points out the absence of partnerships arranged under the CSR frame. The interviewee further affirms that, although the business sector's involvement is welcome in theory, he is skeptic that CSR is a viable means to align public and private interests. When asked to argue such disbelief, the mental health representative expresses his wariness that the business sector's involvement is driven by goodwill and not vested interests -there are no "free meals"-. The existence of vested interests sets the basis for the design of deceptive initiatives, which appear as being aimed at addressing public health, but ultimately advantage private interests. As an example, the interviewee describes an alcohol industry-based CSR campaign presented to the department, which contemplated the creation of a "sober driver" figure among a group of friends. The campaign is misleading, as it doesn't aim at reducing harmful levels of consumption, but merely redirecting them towards other group members. Questioned in relation to the CSR program in analysis, the representative clarifies that not only the Portuguese department for mental health is not the public entity that endorsed the launch of the initiative, but that he ignores the existence of the CSR Mental Health Project as a whole. When informed of the project's specificities he posits the possibility of the initiative being motivated by the will to promote the company's antipsychotic drug, rather than making a social impact in adolescent health. In conclusion the interviewee affirms that to avoid the risk of misleading initiatives and set the basis for trust-riven collaborations striving for an alignment of public and private efforts there is a need for the establishment of mechanisms allowing governmental monitoring, assessing and when necessary sanctioning, of CSR pointing out that transparency can not be guaranteed without the possibility of enforcement.

Discussion of Results

Although the study being limited by the partiality of evidence gathered through one CSR program, which, additionally, has not reached its full conclusion at the time of redaction of the study, and by the fact that not all three stakeholders interviewed were involved in the planning, design and implementation of the program, the authors consider that the information collected is relevant to discuss perspectives on the actual and potential contributions of CSR to national and international health policy, incentives to policy development, as well as highlight boundaries and their relative boundaries, that are described below:

Contribution to national and international mental health policy

The Mental Health Program for Youngsters' project description, together with the critical insights provided by different stakeholders, prove that the CSR initiative is apt to contribute to national and international objectives for adolescent mental health. The Health Program for Youngsters manages to give visibility to the issue of adolescent mental health set as a priority by the European Ministerial Declaration on Mental Health (WHO, 2005), issue that, according to WHO (2012), was still unsatisfactorily addressed by policy worldwide at the time of the project's launch. Further, the project follows the priorities set by the European Ministerial Action Plan on Mental Health (WHO, 2005): is constructed in consultation with relevant stakeholders - the NGO for project design and implementation- engaging national and international mental health evidence-basis, and ensuring a community-based approach. The project, that engages a life stages-sensitive approach considers all the dimensions recommended for adolescent mental health: the provision of skills for coping mechanisms in adult life, the minimization of risk-taking behaviors, and finally, the involvement in decision-making processes, which is guaranteed by the participatory approach in which activities are shaped by social workers and adolescent alike and where learning is intended to be flexible and informal.

For what concerns the priorities set by the Portuguese government through the NPHM 2007-2016, reflecting the support given to the European Ministerial Action Plan on Mental Health (WHO, 2005), it can be said that the Mental Health Program for Youngsters not only aligns, but complements, the objectives set. In fact, although the plan sets the promotion of mental health for the population in general, and for children and adolescents specifically, as a national health priority, partial assessments (Xavier et. al, 2013) as well as the contribution of the public expert on the issue, have shown that the focus of public intervention has, in the first half of its implementation, been on the reorganization of services and the conversion of psychiatric hospitals in to community health services sensitive to life stages, whilst

highlighting the scarcer attention given to issues pertaining to disease prevention and health promotion. In this perspective the CSR Health Program for Youngsters aligns with both objectives set for adolescent mental health in the NMHP, to promote the issue by introducing mechanisms for prevention, and to increase quality and integration in care delivery throughout different levels and actors, complementing by allocating resources in areas that both the assessment and expert pinpoint as lacking. Although not disposing of precise information concerning the amount of economic and human resources allocated – being the information classified - the project allows to develop a project which targets a population that wouldn't otherwise dispose of means to access issues relevant for self-esteem and mental troubles, and does so by creating linkages between the MNC, the NGO and the ministerial projects whom it expands, without altering. This proves that CSR can represent a mean to overlap, integrate and enrich institutional or civil society projects, furnishing channels to allocate resources but also setting the basis for multi-sectoral coordination and integration efforts.

Contribution to health policy development

In addition to contributing to national and international policy for mental health by promoting the issue, aligning objectives and allocating resources the CSR Mental Health Program for Youngsters sets the basis for health policy development by contextualizing a new role of the private for-profit sector in supporting population health campaigns, setting benchmarks for CSR practices and creating privileged channels for stakeholder dialogue and engagement.

As proven by the case study CSR goes beyond the plea contained in the Jakarta Declaration (WHO, 1997) for businesses' to do no harm, introducing a channel by which the for-profit sector takes charge of its potential to participate in areas loosely or directly linked to core business, among which, population health. The proactive stance can be pinpointed in decision of the MNC to uptake a global health campaign with local adaptations as well as in the independent definition of the issue to address. In this respect the CSR program proves that MNCs are indeed operational and dynamic actors of in the GHG frameset, able to give rise to health campaigns and collaborative networks generated from the input of the MNC itself. Moreover, the commitment to initiatives that exceed what required from governments expands benchmarks for CSR practice and sets the basis for policy development on the role of the business sector and MNCs in GHG. Adolescent health is a relevant area socially, as supported by policy evidence-basis internationally, and the endorsement of scientific and civil society actors, both clarifying the existence of lacunae in public health policy, and a strategic issue for the MNC. Addressing a relevant gap allows the corporation a channel to access policy-makers, which, self-reportedly, are the key

stakeholders, as well as gain attention from non-governmental organizations advocating the issue. Further, the targeting of young populations, a common feature of CSR projects, is not only sensitive in terms of public opinion, but allows the corporation to establish links with the future public opinion, consumption and policy-making. Finally, the development of collaborative patterns with actors with whom interaction isn't guaranteed by the normal portfolio of activities, as it is the case for the NGO participating in the Mental Health for Youngsters Project, as well as other local partners of the project, is strategic for the MNC as it provides what Hamann and Acutt (2003) define as "complementary capabilities", such as social capital and local knowledge.

The CSR project gives momentum for stakeholder engagement and dialogue, partially in the planning phase and more extensively in the design and implementation phases that are, with the limitation of the issue definition, all responsibility of the NGO who took charge of defining specific objectives, identifying participants and choosing methodologies. The doubt may rise concerning the NGO's engagement in mental health for adolescent as being supply-driven, it is to say, influenced by the opportunity to receive a financing and constricted by the predefinition of the issue by the MNC. This doubt is refuted by the NGO representative, which clarifies that the internal evaluation of the CSR project's coherence with the NGO's areas of intervention, and the possibility to design the project independently, eliminated the risk of the civil society institution being influenced by its corporate partner. For what concerns the public sector, on the contrary, it is not possible to speak of an engagement. The endorsement given by the health secretary of state at the project's launch can not be considered as a form of involvement but rather as political formality, given that there is no mentioning of the potential role of MNCs in the PMHP, no participation in the design and implementation phases, and presumably, there will be no involvement for assessment. Even more interestingly, the representative heard from the mental health department, skeptical concerning the authenticity of CSR commitment to social good on a general basis has no knowledge of the taking place of the project in the sphere of competence of the department few kilometers away.

According to the interviewees actively involved, the CSR project allows for the creation of dialogue channels where needs and objectives are discussed and matched, as well as permitting the overcoming of difficulties that arise from the differences in interests and ways of pursuing and expressing them, allowing, as Moon (2007) describes it, the creation of new systems of governance that transcend market affiliation. According to Hamann and Acutt (2003) the commitment to social good and multi-stakeholder partnering through CSR is authentic as it allows, in the long period, the legitimization of corporate choices and actions, thus to lowering risks and costs of business operations. Finally, as clarified by the NGO representative, the collaboration engaged through the CSR project in analysis, differs from the ones

established in time through corporate philanthropic donations, as it is submitted to strict accompaniment, monitoring and assessment measures that translate in the minimization of risks of mismanagement and in an increased effectiveness.

Boundaries for CSR contribution to GHG

So far we have seen the aspects in which CSR commitment is a catalyst for MNCs contribution to national and international health policy as well as a potential driver for both CSR and health policy development. The case study in analysis has allowed to prove that CSR may be beneficial to public interest, whilst being strategic for the corporate sector, proving that, as WHO's director Margaret Chan expressed at the latest International Conference for Nutrition (Chan, 2014), economic and health objectives can converge. Nevertheless, it is fundamental not to take too much of a naïve stance, highlighting the boundaries inherent to CSR, as to guarantee that threats and controversies are made evident so that they can be acknowledged by non-corporate parties involved in alliances. Boundaries will be discussed according to the dimensions highlighted in the previous section: the proactive role of MNCs in new systems of governance such as GHG and the nature of multi-stakeholder partnerships.

As highlighted by Hamann and Acutt (2003) the notion of multi-stakeholder partnerships carried out through CSR seldom acknowledges the existence of power dynamics among parties, furthering a simple picture where partnerships and stakeholders are seen as “a collective endeavor, where all players are equal and conflicts of interest can be resolved by roundtables seeking consensus”. Additionally, the view that partnerships are sufficient to gain consensus reduces the need for the advocacy role of the civil society and the incentivizing and regulation task of the government, which can be pinpointed, together with consumer and public opinion boycott, as the roots of CSR. Further, the proactive stance assumed by CSR is not a guarantee that the plea to do no harm is interiorized. It may be merely bypassed in the pursuit of other commitments that, as the one in analysis, are beneficial for society and MNC at the same time. The fact that the for-profit sector proactively identifies the area of CSR intervention may result in projects that are either un-relevant, deemed as mere public relations or marketing efforts, or, as it is for the case study, are relevant, but are carried out without the concertation of all parties that could be potentially involved, for example, the distance from the national mental health department makes so that the initiative will remain project-specific and not be framed within a major regional or national frame. Moreover, as Fooks (2011) points out, the proactive choice to tackle relevant policy issues in sectors where corporate activity is strictly regulated, as it is the case for pharmaceuticals, may hinder vested interests such as the access to the policy-making arena with lobbying purposes, which could explain why

the secretary of state is informed upon the initiative and the national department for mental health isn't.

In conclusion it can be said that to minimize the risks associated to, and augment the potential for CSR to be a catalyst for social good and GHG in particular businesses should not be allowed to realize CSR projects autonomously or by partial partnerships where parties endorse but don't actively participate in design and implementation; responsibilities do not "lie" or are "placed" among a given actor, they are built and negotiated among parties, it is to say, they are collectively defined. The creation of incentives and regulation for CSR is a public sector's responsibility that, as of today, remains largely unattended within the Portuguese public sector. Portugal remains one of the few European countries where there is no national strategy on CSR apt to promote priorities, create mechanism to incentive stakeholder dialogue and intersectoral collaboration, or sets benchmarking and transparency criteria for CSR. The suggestion being that the government first, and civil society then, may have to take a clear stance as to formulate and promote their own priorities for CSR, securing that corporate participation be relevant, complementary and transparent to public objectives.

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