

Beyond COVID-19 Pandemic: A Systematic Review of the Role of Global Health in the Evolution and Practice of Corporate Social Responsibility

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Systematic Review

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Abstract

Background

Global health crisis continues to drive the dynamics of corporate social responsibility across industries with self-perpetuating momentum. From a historical point of view, more than a century of immense corporate fecundity has formed the ecological conditions and shaped current understanding of the effect of global health on CSR. The HIV-AIDS, the Opioid, the environmental health, obesity and many other health crises have become a synergistic platform to enhance corporate offer and competitiveness through voluntary support and care for victims. This review therefore revisits the core issues in global health that continues to drive CSR across industries. It seeks to establish the driving dynamics of healthcare in CSR engagement, identify its contribution to theory and practice and predict the future pattern as corporate enterprises navigate new CSR strategies through the epochal challenges presented by COVID-19

Method

The procedures and set of activities outlined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow chart was used to carry out the systematic review.

Results

The analysis has shown that from time immemorial, global health has played a major role in the development and implementation of CSR among enterprises. The HIV-AIDS pandemic, the environmental health crises are two dominant global health crisis that have shaped and continue to drive CSR activities in numerous work places but COVID-19 presents a deeper challenge for enterprise. These diseases are capable of self-mobilising advocates at the international level, have a grabbing value that reaches the corridors of power in international humanitarian organisations and multinational enterprises.

Conclusions

The impact of the novel coronavirus (COVID-19) on CSR is predicted to be monumental and uncommon. The call for a radical overhaul of health and safety measures in enterprises is now urgent than ever before. There is a moral obligation for enterprises to reform current risk assessments and collaborate more deeply with state agencies to invest in the health and safety inspections at the world place.

Background

Nowadays, an ever increasing number of enterprises recognize and inspire the need to voluntarily donate to improve society in some way. There seems to be an urgent need among global enterprises to hold fast to corporate social responsibility as a synergistic platform to enhance corporate offer and competitiveness [1]. From a historical point of view, more than a century of immense corporate fecundity has formed the ecological conditions, shaped the current understanding of CSR and made a profound

impact on CSR research and practice across the globe [2]. Along this CSR evolutionary trajectory, different revolutionary occurrences of historical significance have serenaded the principles, theories, practices, mechanisms, approaches, driving dynamics and stratagems of corporate social responsibility [3]

Early theorists in CSR advocacy in the early 19th century provided conflicting evidence as to why a firm should support CSR or not. In his 'magnum opus' "the wealth of nations", renowned Scottish philosopher; Adam Smith enlisted consumers into "social sentinels" that must only support organisations whose actions advance the interest of the society [4]. Adam Smith as cited in Hedblom, et al [4] argues that industry players will always act out of selfish reasons to satisfy their personal benefit. To this end, he contends that consumers are the best stakeholders to guard the welfare of the society.

The dissenting voices to corporate social responsibility were heralded by Milton Friedman who believed that business organisations were established just to satisfy the profit motives of their shareholders [4, 5]. Since then, more convincing CSR theories (e.g. social contract theory, stakeholder theory etc) have been articulated and the field has so matured beyond been a corporate sidebar. Modern organisations have a better appreciation of the need to develop a corporate conscience and stimulate socially responsible activities to obtain social legitimacy and bolster brand value to safeguard its perpetuity [6, 7]

From the industrial revolution and beyond, public and global health crisis have driven and continues to drive changes in the society and the work place in a manner that necessitates the interest of CSR advocates. However, the enormity of the impact of COVID-19 on corporate organisations and the global economy has triggered an unprecedented and unfathomable shift in corporate social responsibility paradigm and practices as the world battles to contain the virus [8]. Yet long before COVID-19, the discombobulating effect of HIV-AIDS, environmental health crisis, Obesity epidemic, Opiod epidemic etc on corporate environment had catalysed the incubation of public-health led CSR strategies to advance the frontiers of corporate social responsibility. Even though general literature on health-related CSR is dotted across different extant studies, a systematic synthesis of how public health crises have shaped the past, present and future of CSR is limited. Moreover, not every health pandemic has become a topical issue for corporate social responsibility. Only a few of them gain the attention of the global public, international organisations and multination corporations to elicit their advocacy and support. This is because the corporate world is profit oriented and only global health crisis that has the potential to indirectly improve performance of firms often get corporate social support. Navigating through this phenomenon requires extensive and systematic review of previous literature. This review therefore revisits the core issues in global health that continues to drive CSR across industries. The objective is to establish the driving dynamics of healthcare in CSR engagement and predict the future pattern as corporate enterprises navigate new CSR strategies through the epochal challenges presented by COVID-19

Methods

To achieve the objectives of this study, the procedures and set of activities outlined in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow chart was used. Figure 1

shows the graphical representation of the selected activities. The PRISMA guidelines were developed in 2009 as an updated version of the QUOROM Statement (Quality of Reporting Of Meta-analyses). The QUOROM was earlier developed in 1999 by an international group to ensure systematic reporting of meta-analyses of randomized controlled trials. Since then the PRISMA model has become the generally acceptable blueprint or guidelines for both systematic review and meta-analysis because of its quality and the transparency of the reporting process. Consistent with the prior works of D'Aprile and Mannarini [9] corporate social responsibility was treated as a multidimensional construct and its mechanisms, processes and evolution is driven by an ensemble of sophisticated intrinsic and extrinsic factors . These factors sometimes come closer and move apart. In other words the context of CSR motivation and practice, theoretical expositions and assumptions, policy and regulatory framework are shaped by a matrix of socio-cultural and economic factors that evolves overtime. This makes CSR practice a dynamic and constantly and rapidly evolving endeavour for business organisations that wants to take advantage of its benefits. To this end, this research synthesized and evaluated the most current studies that highlight how health- related factors have shaped contemporary CSR practices and its future trend in the midst of COVID-19. Health drivers of corporate social responsibility were first extracted from available studies and clustered in accordance with evolution, purposes, diffusion into CSR practices and effect of such diffusions.

Search Strategy

A total of 10 bibliographic databases were shortlisted for extended search based on initial screening on related contents between May 2019 and April 2020. The databases were the Web of Science, EBSCO, SCOPUS, Pro-Quest, Directory of Open Access Journals, Digital Library of the Commons Repository, Education Resources Information Center, Social Science Research Network, Public Library of Science, arXiv e-Print Archive and Social Science Research Network. For each database, distinct and hierarchical search cluster terms were defined i.e. main topic, subtopic and specific theme.

Narrative search was used to select them. Consistent with PRISMA requirements, the search terms were combined through Boolean operators such as AND/OR. Well trained research assistants (final year PhD candidates) and the author entered each key subject terms individually in English. Truncations as well as wildcard characters helped to improve the sensitivity and precision of the searches. The initial searches did not discriminate in terms of publication time frame, research design (qualitative/quantitative research, primary/secondary research), peer review criteria (essay or dissertation or academic paper). This initial search yielded 1763 articles as indicated in the PRISMA flow chart in figure 1. The database searches were supplemented with additional hand searches in Google Scholar and a cross- check of the reference lists of studies included for analysis. Through this process 107 additional articles were retrieved and added to the selection process.

Table 1: Summary of CSR Related Global Health Crisis Extracted from Databases and other Sources

Databases	Environment				
	HIV-AIDS Pandemic	Health Pandemic	Opiod Epidemic	Obesity Epidemic	COVID-19 Pandemic
Web of Science	204	342	32	21	25
SCOPUS	193	161	13	9	17
EBSCO	68	47	19	11	23
Pro-Quest	17	21	5	16	18
Directory of Open Access Journals	86	81	39	7	25
Digital Library of the Commons Repository	73	75	28	31	23
Education Resources Information Center	101	108	20	4	32
Social Science Research Network	93	106	6	6	23
Public Library of Science	98	121	3	9	21
arXiv e-Print Archive	121	106	9	6	19
Social Science Research Network	108	79	78	18	31
Google Scholar	74	54	23	15	29
Others	17	15	8	9	12

Table 1 presents the summary of the different types of global health crisis that are of CSR concerned initially extracted from the articles in the databases and other sources. The difference in the number of cases per source and the total number of articles from each source stems from the fact that the cases overlapped across the articles. In other words in some instances, a single article discussed more than a single global health issue that has affected CSR practice. Most importantly three groups of global health epidemics emerged as dominantly discussed in the extant literature and that forms the basis for the discussion in this paper. For example, in the initial search, environmental health crisis was reported 1316 times across the articles whereas the influence of HIV-AIDS on CSR was reported 1253 times in the studies. On the other hand COVID-19 was reported 298 times whiles the Opiod and Obesity epidemics are represented in 283 and 163 studies respectively.

Screening

The articles were initially screened to remove duplicates in a two-step process. The entire list of articles was imported to four citation managers namely Mendeley, EndNote, Sciwheel, and Zotero. Four well-trained research assistants with expertise in library and archival reference management information system removed all duplications. This was strictly supervised by the author. The screened results from each of the four citation managers were carefully compared. After manually inspecting and validating the articles, the author compiled the final list of qualified articles. From this process, a total of 110 duplicate articles were removed from the list of 1870 articles leaving a total of 1760 qualifying articles. These final articles were further validated by the author and the research assistants.

Eligibility

A strict eligibility criterion was used to determine qualifying articles for the final review. Firstly, the article should be available in English language. Secondly, the article must focus on healthcare issues in corporate social responsibility including any domain or topic-specific health-driven CSR studies. Thirdly, the article should be a peer reviewed academic paper. Where the paper is not a peer review paper, then it must be a document from a highly rated, international team or recognised professional group . Official CSR documents released by multinational enterprises, International Organisations such as the United Nations, International Labour Organisation, etc and papers that offer insight into the historical evolution or unique information and context for conceptualizing and theorizing health related CSR were included. Another criteria for inclusion and exclusion was that the selected article must document available health-related CSR practices, strategies, systems, corporate initiatives, successes, failures and future changes.

Finally, a recent article that synthesizes CSR and COVID-19 was highly recommended. Articles published in relation to Corporate Responsibility and the Obesity Epidemic, CSR and internet addiction, Opioid Addiction and CSR which are not known contagious pathogenic health crisis but have been linked with CSR in the past were included for analysis. Whether articles were included for full-text analysis was determined by the author with the assistance of trained literature search specialists depending on whether the articles fitted well with the eligibility criteria. Publications that were disputable were further validated through a snowballing of other relevant considerations and deliberations among the research team members until consensus was reached to accept or reject its inclusion.

Data Extraction and Analysis

A final set of 68 articles that summarised the major public health crisis that influences CSR were selected for full-text analysis based on the following reasons. 21 of them contained information on HIV-AIDS and corporate social responsibility, while 26 of them contained information environmental health catastrophe and corporate governance. 16 of them described the interplay between COVID-19 and corporate governance. Other studies that directly addressed the three shortlisted subjects were included in view of their current position on COVID-19 and the new insight they provide for the future of corporate social responsibility after COVID-19. All the sixty-eight articles were qualitatively evaluated and synthesized through a four step inductive content analysis process. In the first place the eligible articles were scanned definitions and conceptual models that were directly developed for the target group or adapted to it or included relevant perspectives on health literature as a whole.

Next, the definitions and models were coded and extracted by the research team based on an inductive approach. Definitions and models that overlapped from the same research groups were included on a single occasion. For non-related articles that explains the same health literature definitions or models, only the original reference was added and marked accordingly. In the third stage, important background data were declined and extracted into a matrix. Some of these data include age of target group, reason for studying the target group, whether the perspective of the target group were considered in developing the definition or model or in applicability and relevance of these and the settings for which they were developed. Finally the articles research design and methodological quality where assessed. Finally, the

identified themes and dimensions were discussed with a whole research team in April 2020 and the feedback was integrated into the final analysis.

Results

The study selection flow diagram is illustrated in figure 1. It summarises the number of the studies recorded at each stage of the process. For example the figure reveals that the initial search yielded 1760 potential relevant citations and after screening abstract and titles, 109 were kept. Further screening of the citations led to the final set of 45 articles which have been presented for extended analysis in this report.

Study Characteristics

Table 2 presents the characteristics of the 68 shortlisted studies. 27% of the results were focused on HIV-AIDs whereas 34% were focused largely on environmental health. Overlapping studies were also recorded. For example, 9% of the studies involved COVID-19 while 17% involved COVID-19 and HIV-AIDS. 13% involved COVID-19 and environmental health while 11% involved environmental health and HIV-AIDS. 21% of the studies were primary qualitative research whereas 42% were secondary qualitative research. 17% of the studies were primary quantitative research while 20% quantitative research studies. The settings of the study were widely variable. 48.7% of the studies focused on the Sub Saharan Africa while 19.3% focused on Europe. 15% of the studies focused on South America and 9% were focused on the United States of America. The total number of studies that focused on Asia was 17% while 9% were focused on a global scale.

Study Quality

To evaluate the quality of the studies, the Mixed Methods Appraisal Tool (MMAT) was applied as shown in table 3. Pluye & Hong (2014) explains that the MMAT tool helps to provide quality appraisal for quantitative, qualitative and mixed methods to be included in systematic reviews. The score of the MMAT results in this case is presented in table 3. As disclosed, scores for the selected studies ranged between 25% and 83%. 4% of the studies received 25% rating based on the MMAT criteria, whereas 5% of the studies received 33.3%. Similarly, 13.5% studies received 50% while 38.5% received between 60 and 80%. The remainder of the studies received in excess of 80% on MMAT tool.

The most frequent weaknesses related to lack of discussion on the reason for studying specific organisations, the influence of the organisation on the research and researcher influence in qualitative and mixed methods studies. There were also issues with lack of a clear description of the sampling process of respondents adopted by authors in quantitative studies and sub threshold rates for acceptable response or follow-up in non-randomized quantitative studies were also recorded as major weaknesses of the quantitative research. Most of the studies had support from funding agencies or organisations for whom the research outcome serve their interest. Thus the influence of such organisations in the conduct of the research was not disclosed by the researchers.

The Importance of Global Advocacy in driving health-related CSR

Majority of the studies reveal that not every health pandemic or epidemic becomes an issue of global CSR interest across organisations. The first factor that qualifies an epidemic or a global health crisis to gain such mileage is that it must have the potential to create or begin to create worldwide socio-economic disruptions of monstrous proportion [3]. The epidemic must be capable of self-mobilising advocates at the international level and must have a grabbing value that reaches the corridors of power in international humanitarian organisations and multinational enterprises [9]. This according to [3] is the reason why the Opioid epidemic and the Obesity epidemic have not gathered the required momentum in CSR but HIV-AIDS, environmental health and COVID-19 has these characteristics.

Global Advocacy for HIV-AIDS

In terms of global advocacy for HIV-AIDS, the virus and its pandemic potential became more prominent in the early 1980s largely in sub-Saharan Africa [11]. Overtime, the disease has grown to become one of the deadliest pandemic of all times. Despite the early signals of the catastrophic effect of HIV-AIDS to disrupt a wide range of socio-economic and corporate activities, it was not until the late 1990s that its implications for corporate social responsibility began to be documented [12]. At this point in history, the ominous or devastating effect of the pandemic on human resources and economic development had become entrenched across continents [13]. With exponential increase in the number of infected persons across industries and countries, a global alarm was sounded by the International Labour Organisation (ILO) in 1990, to highlight the epidemiological influence of HIV-AIDS on individuals, households, workforce, employers and organizations (Soobaroyen & Ntim, 2013).

To this end, the ILO summoned enterprises of all sizes and industry to begin incorporating appropriate strategies to deal with the threat posed by the HIV-AIDS pandemic to decent work, productivity and national development [14]. As documented in Rampersad [15], this initial effort formed the basic documentary framework for discussions at the Special High- Level Meeting on HIV/AIDS and the World of Work in Geneva in 2000.

Another factor that changed the course of HIV-AIDS in CSR campaign was a document jointly released by the International Labour Organisation (ILO) and the United National Development Program (UNDP) that analysed the probable effect of the pandemic on current and future labour force[20]. The team used data and the ILO POPILO software from thirteen

African countries, Thailand and Haiti which were subdivided into low and high prevalence countries [21]. The team compared projections made based on the United Nations Population Division for population affected and those not affected by AIDS and concluded that HIV- AIDS could significantly alter the age and sex distribution of the labour force. This is due to the increasing number of widows and orphans seeking livelihood and the large number of AIDS patients between the ages of 20-49 years [22]. This trend created three problems for business hence the need for involvement. Firstly a significant number of children or less experienced people were pushed into the labour force very early. Secondly, experienced

employees with HIV-AIDS withdrew from the labour force early and thirdly elderly people had to be retained in the labour force due to economic dependence arising from early death of younger employees [23].

In 2001, 17 eminent and visionary companies took the notion of 'noblesse oblige' to heart and founded the Global Business Council on HIV&AIDS. This initiative added the needed global impetus to place HIV-AIDS at the "right hand" of corporate solidarity and responsibility. Chaired by the eminent James Wolfensohn, the then President, World Bank, the Global Business Council (GBC) on HIV&AIDS which later became the GBCHealth, championed stirred up high level collaboration on advocacy and support through business coalitions to respond to the threats of HIV-AIDS to enterprises [17]. The Global Business Council on HIV-AIDS led the example by collaborating with the UNDP, the Prince of Wales Business Leaders Forum, and Nelson Mandela Foundation etc to spearhead an unfettered business response to confront HIV-AIDS head-on in mainly developing countries (Rampersad, 2013).

By 2019, the US Centre for Disease Control found out that 46% businesses in the US were involved in some kind of HIV/AIDS philanthropy across the globe. The Global Business Council developed a broad range of CSR strategies i.e. public information strategies for its members and others. It also set up the annual award for business excellence to recognise the contribution of businesses to the HIV-AIDS pandemic. In 2002, the GBC participated in the U.N General Assembly Special Session on AIDS (UNGASS). It used the forum to expand the need for business high level business response to HIV-AIDS among prominent business leaders and international policy-makers. Its frequent publications on HIV-AIDS and other health related crisis continue to inspire new business responses to global health crisis including the HIV/AIDS pandemic.

As pointed out by Mahajan, et al [18], global support for the inclusion of HIV-AID related activities in CSR were also supported by groups such as Family Health International. This global team initially limited their involvement to data collection and analysis on the risks and impact of HIV/AIDS on companies across the globe, workplace HIV/AIDS policies, prevention and care. This initiative provided the much needed resources to assist companies to develop HIV/AIDS policies and programs [18]. It is these deep rooted advocacies generated at the highest level of global discourse that provided the required spring board for HIV-AIDS to become a topical issue in CSR.

Global Advocacy for Environmental Health

The selected studies equally presents a strong global advocacy for the evolution of environmental health and its subsequent integration into CSR programs across the globe. RichardCarson's 1962 best seller "silent spring" represents a watershed moment in fusing environmental health and CSR [38]. This publication raised a new level of social consciousness among corporate enterprises in over 24 countries. Carson provided the clearest corporate enthusiasm and moral compass to navigate the inextricable linkage between pollution and public health [39]. Through series of advocacy activities, environmentalists began urging philosophers that were involved with environmental groups to champion environmental ethics in the face of rising consumption of vast amounts of leaded gas from inefficient and massive

automobile production and use [40]. The agenda also sought to repudiate the health impact of several industries that persistently belched out smoke and sludge without fear of its legal consequences or negative press [41].

On Earth Day in 1970, environmental ethics inspired a massive revolution of CSR with a call for a new sense of public consciousness about the damaging effect of the environment on human health [42]. On that day various individual advocacy groups that were fighting individual environmental challenges such as oil spills, pollution from factories and power plants, pollution from raw sewage and toxic dumps, pesticides and freeways, among others rallied round as common ally and broke through political barriers to fight environmental injustice [43, 44]. Not surprisingly, these advocates successfully enlisted the support of both Republicans and Democrats, urban and rural dwellers, rich and poor and more importantly business and labour union leaders to encourage corporate enterprises to aspire towards conscious production and business [45]

In the work of Auld [3] Gaylord Nelson, a junior senator from Wisconsin is commended for catalysing the aspirations of earth day in 1970 which ultimately led to the establishment of the environmental protection Agency in the US. The 1970 event also inspired the passage of a wide range of pro-environmental legislations such as the National Environmental Education Act, the Occupational Safety and Health Act, and the Clean Air Act which were the first of their kind. 1972 and 1975, the Congress of the United States supported the pro-environmental advocacy by enacting environmental laws such as the Clean Water Act, the Endangered Species Act and the Federal Insecticide, Fungicide, and Rodenticide Act [46](Goll & Rasheed, 2004). As Reinhardt & Stavins [47] rightly capture it "These laws have protected millions of men, women and children from disease and death and have protected hundreds of species from extinction. In the late 1990s, the frontiers of environmental health concerns in Corporate Social Responsibility issues began to advance. Chandler [48] reports that the Rio and Johannesburg, summits were the first of several international conferences guided by the United Nations to define comprehensive vision for sustainable and eco-friendly development. This notwithstanding endemic environmental health concerns as a driving dynamic in contemporary corporate social responsibility largely gained global mileage after the landmark speech of Kofi Annan, the then Secretary General of the United Nations at the World Economic Forum in 2000 [49].

At this forum, the United Nations proposed a partnership between the UN and representatives of global businesses to set up the United Nations Global Compact (UNGC). This was to serve as a common vehicle to diffuse shared values and principles of sustainable development to give a human face to the global market order [50]. The United Nations Global Compact was thus formed in July 2000 with 4 global companies, 6 business associations, 2 labour organisations and 12 civil society organizations as founding enterprises [51]. The United Nations Global Compact began to insert human rights, social and environmental responsibility values into the corporate operations to guarantee better healthcare for global public as enterprise rapidly altered their production processes [52]. The UNGC helped to fill the environmental governance gap of the time. Its most significant achievement is that it defined ten principles and values to guide corporate pro-environment behaviour [53].

Secondly, it formulated guidelines on the mechanisms by which the ten principles and values can be incorporated into a company's operational strategies, working procedures and programs and policies to help create a long term corporate culture of integrity that prioritises the health and wellbeing of society [29, 54].

A key critic of the UNGC, Chuang & Huang [55] admits that while the United Nations Global Compact is not CSR- specific tool, the ten principles it proposed played a major role in bringing social responsibility and environmental engagements to the fore of industrialisation and development at the beginning of the 21st Century. The adoption of the United National Millennium Development Goals subsequent to the adopting of the Millennium Declaration in 2000 was another milestone in aligning environmental health and corporate social responsibility [29]. For fifteen years, the MDGs set the international agenda for CSR and environmental health even though it was not CSR specific intervention project. Through the help of the UNDP, the MDG were presented to corporate enterprises as a key framework for the UN's private sector cooperation on responsible enterprise [56]. By the end of 2015, environmental health concerns had become the most dominant health-related crisis shaping contemporary CSR across the globe.

Global Advocacy for Covid-19

A review of the selected literature again points to the fact that the next major health related factor that can potentially shape the future of corporate social responsibility is COVID-19. Unlike HIV-AIDS and Environmental health concerns, COVID-19 has gathered global advocacy within six months and its impact in the corridors of global power has been immense. This is largely because COVID-19 possesses the same if not more of the disruptive effect of HIV-AIDS and environmental health. The epidemic broke out in December 2019, as a novel coronavirus in Wuhan in the Hubei province in central China[63]. At the onset, it was thought to be a domestic problem in China and its pathogenic and contagious character was not very clear even to the World Health Organisations[64]. However, overtime, the virus has spread across almost every country in the world with unfathomable momentum.

By the end of May, 2020, nearly 4,000, 000 infections and 200,000 deaths had been recorded. Beside China, the largest numbers of infections have occurred in the US, Brazil, India, Pakistan, Germany, Iran, Russia Canada, France, Italy, etc. In the absence of a known vaccine, political authorities in different countries have implemented several "draconian" or "non-routine" measures to break the viral chain despite the ramifying effect of such measures on economic activities and corporate stability.

For the corporate sector, some of these measures have become disruptive as they were unanticipated. The measures include stay at home orders, total lockdown of cities, closure of businesses, limits on nonessential businesses and business travels, social distances between two persons and group of persons, limit on public gatherings, closure of schools, continuous education on virus prevention measures, compulsory temperature monitoring, and quarantine of high-risk and sick persons [65]. As explained in [66] in the short term, several areas of COVID-19 are of CSR interest to corporate organisations. For example with schools closed, companies must design working practices that enable

parents to adequately spend time with their kids. They have to rank business travels to eliminate non-essential ones and provide support and for frontline workers. Enterprises must also redesign office work space to accommodate social distance requirements and reorient a new organisational culture on public health practices [67].

Even in Ghana and other less affected countries for example, the government has set up a national emergency fund that receives donation from corporate organisations. At the same time the private sector has also set up a parallel support system under its own control to build isolation hospital to support government's initiatives. In India, the private sector has taken the responsibility to provide food support programs to worst affected by lockdowns and redeployed. This is in addition to all manner of humanitarian supports, donations in kind and in cash, transport services, food distribution etc for other vulnerable members of the society [68].

According to Buera, et al [69] a major corporate social responsibility issue that assail enterprises under COVID-19 is navigating salary adjustments, furlough, redundancies, continuous payment of wages and salary for sick and stay at home staff, support and replacement of dead staff and unanticipated absenteeism. Enterprises must also deal with disinfection of business offices; restructure business hours, partitioning shared office spaces among others [70]. The process of returning to full time work schedule has also been fraught with several challenges that have corporate social responsibility implications. In the UK for example, the biggest trade unions are intransigent about allowing their members to work under the current conditions unless government and employers agree on a nationwide health and safety revolution to protect their members against the debilitating effect of the COVID- 19 pandemic [71].

Alluding to the fringe interest in employer commitment to employee health and safety measures in a free market, these unions have reiterated the need for radical overhauled and stepping up of health and safety inspection and facilities at the workplace until they back the government's effort to ease, and eventually end, the lockdown [72]. Other employee unions are equally demanding for employers to draw up and publish rejuvenated risk assessments that thoroughly clearly outline the specific measures to ensure safe work environment for employees. Finally there is also the demand for government to impose hefty punishment on rogue employers and state investment into more frequent health and safety inspections of work places [73].

The Importance of MNC's Support in driving health-related CSR

The evidence presented in the studies suggests that for a health related crisis to become integrated into CSR, multinational organisations must collectively embrace it. As posited by [9], CSR within multinational companies is seen as a vehicle through which larger, well known corporations can contribute to the wellbeing of society by operating responsibly in terms of social and environmental issues. The influence of Multinational Corporation in this regard stems from the fact that they have global presence, resources, and strategic relationship and collaborations needed to globalised public health concerns.

Moreover MNCs also have the capacity to influence high level decision making and exerts a greater level of control over information in the public space. In some instances, these enterprises have their own media outlets and charitable organisations that are directly involved in perpetuating corporate social responsibility. The role of MNCs in the evolution of the CSR related to HIV-AID and environmental health is the reasons for its success while the lack of interest by MNCs in the Opiod and obesity epidemics explains why they have not become global problems. It is also noted from the studies that COVID-19 is reigniting this same sense of interest by Multination companies. Some of these are explained below.

MNCs Support for HIV-AIDS

The selected studies again present evidence to show that MNCs were major factors in fusing HIV-AIDS and corporate social responsibility across the globe. The selected studies reveal that despite the initial effort to solicit industry response to the HIV-AIDS, corporate involvement took time to mature. The eventual breakthrough came after the outcome of series of empirical studies conducted by companies such as Daimler Chrysler and De Beers in Kenya and South Africa [16]. The results from these studies showed a significantly high association between direct business intervention in the prevention and the treatment of HIV- AIDS and a company's balance sheet [17]. These studies also revealed that corporate involvement in the fight against HIV-AIDS was necessary to protect firm's greatest resources i.e. human resources. The country specific research studies by Daimler Chrysler and De Beers were also supported by additional studies by other companies such as Nestle, Johnson and Johnson, Coca-Cola and Unilever, Proctor and Gamble.

In the case of Nestle Ltd, it even commissioned a team of researchers to simulate the differences in the work productivity of an employee living with HIV-AIDS with company supported medication and an employee living with HIV-AIDS without company supported medication. In these strand of corporate research studies, the results showed that companies were impacted by HIV-AIDS through high level of absenteeism, frequent sick leave, poor organisational citizenship behaviours and even death that permanently terminates the work relationship. This could potentially lead to loss of valuable investment in human resources at all levels [18]. With the support of a vibrant media landscape that could potentially benefit from the publicity and promotional budgets of HIV-AIDS epidemic control by corporate enterprises, several individual organisations began to navigate company specific approaches and mechanisms to incorporate HIV-AIDS programs into its corporate social responsibility budget to support affected employees, community and country [18]. According to Bendell [19], these initial CSR initiatives to manage the threat of HIV-AIDS in the early part of the 1990s were largely focused on how companies could protect their employees from acquiring the HIV-AIDS virus and prevent avoidable intra-organisational spread of the pandemic.

In the late 1990s however, the HIV-AIDS led CSR programs entered another phase as more and more civil society organisations began to demand guarantees and non-discriminatory policies against employees living with HIV-AIDS. Similarly, governments demanded for better care for employees living with HIV-AIDS

as encouraged enterprises to enact non-discriminatory policies and ensure greater involvement of People Living with HIV/AIDS (PLWHA) and not treat them as people on the periphery [19].

Specific individual enterprise initiatives to incorporate HIV/AIDS into their CSR programs are well documented in the selected literature. For instance, in 2001, Coca-Cola announced that it was partnering UNAIDS to provide extraordinary support against the HIV/AIDS fight in Africa [19]. This collaboration was the first and largest private sector initiative of a major global brand to implement a systematic philanthropic and corporate citizenship program with a specific focus on HIV-AID in Africa [21]. This initiative allowed Coca-Cola to focus beyond the employees living with AIDs but bring the larger community in focus, support infrastructure to support patients, use its wide range distribution channels to market HIV- AIDS related resources, while strengthening its human resource policies to ensure greater involvement in the fight against HIV/AIDS [22].

The work of Long [28] highlights the notable involvement of Corporate Council on Africa (CCA) in HIV-AIDS related corporate social responsibility. Corporate Council on Africa (CCA) is a leading business association of American enterprises that connects business interest in Africa. The group formed two lobby groups i.e. a Task Force on AIDS in Africa and the Coalition for AIDS Relief in Africa that brings together major pharmaceutical companies, such as Abbott Laboratories, Bristol-Myers Squibb, Pfizer, etc to lobby Congress on how the President's Emergency Plan for AIDS Relief (PEPFAR funding) can benefit business interests in Africa [23]. Since its inception the Corporate Council on Africa has released periodic timely reports to support concerned enterprises to standardise their HIV- AIDS related corporate social responsibility programs. The main advantage of the mode of operation of the Corporate Council on Africa is that it partner high profile companies including Ford Motors, Coca-Cola, Boeing, Microsoft etc to work through local groups and governments to design, develop, and implement cultural sensitive strategies to combat HIV/AIDS among the African workforce [28].

The role of the banking sector in incorporating HIV-AIDS related programs in their CSR activities is also well documented by Marimwe & Dowse [29]. For example, in 2003, Standard Chartered Bank launched the "Living with HIV" project to support the global fight against the HIV-AIDS epidemic [30]. Through this program, the bank has trained staff volunteers as advocate (Living with HIV Champions) to handle HIV/AIDS related issues within and outside the organisation [24]. By 2017, Standard Chartered Bank had provided HIV-AIDS education to more than 75,000 employees. Currently, the bank has an active HIV- AIDS community education program across the globe. This program has trained, empowered and resourced more than 3 million individuals and organisations (particularly in Africa, Asia and South America) to support [29].

In the work of Mahajan, et al [18] they point out that HIV-AIDS related CSR in Asia did not start early relative to the case in Africa. However as the disease swept across Asia, corporate enterprises became aware of its debilitating effect. To this end, most notable Asian companies have also scaled up their effort to support HIV-AIDS related programs. In India for example, companies such as Tata Tea Ltd, Larsen & Toubro, Modicare Foundation, Aditya Birla Group, Apollo Tyres, SAIL and Bajaj Auto etc have

been actively involved in supporting HIV-AIDS advocacy. Despite the initial set back, companies in South East Asia have many encouraging examples of public-private led CSR partnerships support promotional activities [18]. The main CSR activities include promoting HIV/AIDS prevention, support and care initiatives. In the Asia pacific region in particular, many companies have the UNDP's Regional HIV and Development Programme through donations and other forms of support[31].

Again in India, the Steel Authority of India Ltd (SAIL) started the SAIL AIDS Control Program (SACP) to create local awareness and support community advocacy programs through sponsorship [21]. It has partnered India's National AIDS Control Organization (NACO) and other inter-sectorial collaborations to school AIDS education programme, family health awareness campaign, safe blood and blood products and, establish voluntary counselling and testing centre. It has also supported the annual World AIDS Day Celebrations as well as initiating exhibition and displays counselling and guidance and AIDS Art Centres. Johnson and Johnson is another important partner in the global fight against HIV-AIDS pandemic in all forms as part of its role in attacking neglected tropical diseases (NTD). Over three decades, the company has established global partnerships in Asia and Africa[32]. To date, Johnson and Johnson's has commitment to HIV-AIDS partnership programs in 25 African countries (Kenya, Swaziland, Botswana, Cameroon, Zambia, Senegal, Liberia, Zimbabwe, Somalia, Malawi, Morocco, Cape Verde, DRC, South Africa, Sudan, Namibia, Mozambique, Eritrea, Tanzania, Ethiopia, Egypt, Nigeria, Ghana, Sierra Leone, Rwanda, Uganda). In these countries, it partners different national and International NGOs to intervene in mainly HIV/AIDS anti-stigmatisation advocacy and capacity building of HIV-AIDS advocacy groups and foot soldiers.

MNCs Support for Environmental Health

The studies also show that global enterprises incorporated environmental health concerns in their overall CSR in numerous ways and this is well documented in the extant literature. On the contrary other epidemics such as Opioid and Obesity did not attract the same interest from the same multinational enterprises. Microsoft is one of the best examples of CSR with environmental health focus [57]. The company's CSR agenda targets the regulation of energy and water consumption waste reduction and recycling, carbon emissions and sustainable sourcing[58]. Microsoft also supports local communities, educate and empower workers at Microsoft. Microsoft also provides health and wellness programs for families and other benefactors, Through the Microsoft CARES and Microsoft Ergonomics Programs seeks to empower and engage employees, competitors, collaborators and the larger society to monitor and adhere environment-related CSR principles [11]. Coca-Cola's approach to environmental health issue as an integral component of its corporate social responsibility is also highly discussed in the extant literature [23]. Besides incorporating health values in the production process to reduce the amount of calories in beverages, water perseveration, energy consumption, carbon emissions and other similar sources of environmental health danger are given high priority in its CSR programs. Despite the accumulated achievements to bring environmental health issues into mainstream CSR across industries, Johnson, et al [2] contends that the environmental health factors as components of corporate social

responsibility across companies in both developed and developing economies is still under resourced or undermined by political authority [59].

MNCs Support for COVID-19

Direct corporate interventions in COVID-19 are well documented in the studies as well. For example, [Starbucks](#) and other telecom companies have embraced the [Keep Americans Connected](#) agenda where they are currently supporting working professionals to remain connected from remote locations [83]. The effect of COVID-19 on CSR also requires companies to guarantee financial security to the most vulnerable in the midst of business closures, reduced hours of work in response to the pandemic. A case in point is Lululemon. Despite been temporarily shut, [Lululemon](#), stores in North America indicated its willingness to continue paying employees and provide access to a pay relief fund [84]. Similarly, [Microsoft](#) has committed to paying its hourly workers their regular pay despite the dip in the demand for their services [85].

Walmart, Apple, and the Olive Garden on the other hand have updated [sick-leave policies](#) to ensure that their most vulnerable workers are adequately supported and covered. The Wall Street Journal believes that small business may suffer significant loss of business confidence as a result of Covid-19. It has therefore initiated advocacy for larger enterprises to support such SMEs through the difficult times [86]. Major enterprises such as Amazon have embraced this initiative as a form of corporate social responsibility. Amazon has set up a [\\$5 million relief fund](#) to support SMEs in their vicinity. Google has also pledged [\\$1 million](#) to support "pandemic-hit" SMEs in Mountain View, California where it operates [87]. The President, CEO and top management personnel of United Airlines Company have decided to forego their salary to ensure uninterrupted business operations and safeguard the salaries of lower level employee. LVHM holdings has also converted a facility to quickly produce hand sanitizers for free distribution to French hospitals while Tottenham Hotspur Stadium has installed equipment to operate drive-through COVID-19 testing and swabbing for NHS staff, families and their dependents. In this way, enterprises are creatively adapting to the pandemic to further their brand in the long run while caring for people in the current climate.

Discussion

The objective of the study is to explore how global health crisis have shaped the evolution and practice of corporate social responsibility across the globe. This study is necessitated by the wide range of changes that organisations will have to make in order to accommodate the debilitating effect of COVID-19 in the work place. A synthesis of how other global health crisis such as the HIV-AIDS, environmental health, Obesity epidemics and Opiod epidemics indicates that not every global health crisis stimulate a positive and long lasting corporate response as demonstrated in the Opiod epidemics and the Obesity. HIV-AIDS, environmental health have become fused into CSR because of strong global advocacy for their inclusion and the MNCs recognition of their potential impact on corporate enterprises. There is ample evidence to suggest that COVID-19 possesses the same characteristics as HIV-AIDS and environmental health hence

its eventual priority in CSR activities by MNCs. This explains the numerous related programs the individual organisations have incorporated in their CSR programs[10]. The studies show that a driving factor for CSR for HIV-AIDS agenda was the impact of the pandemic on the quality of labour force. AIDS was affecting education, training and experience as more experienced employees and teachers became victims of the pandemic. As more and more teachers exited schools through HIV-AIDS, the number of qualified teachers reduced significantly [24]. Similarly, the rate of school dropout for students whose parents die of AIDS also increased. This had profound impact on the size, composition and quality of the labour force in countries with high HIV-AIDS prevalence rate[25].

Another business case for CSR intervention in the HIV-AIDS pandemic is the impact on employers and their organizations. Chattu (2015) reports that between 1990 and 2000, the HIV-AIDS related employee illness and death added extensively to cost of business with a corresponding decline in business revenue. Even though not many studies have systematically modelled the accurate relationship between HIV-AIDS and the costs and revenue of employers, annual financial reports of companies show high amount of AIDS related expenses [26]. For example, HIV-AIDS, forces businesses to spend on unexpected severance packages, employee health insurance payments and burials, training and recruitment of replacement employees etc. Rampersad (2013) explain that HIV-AIDS has led to a doubling of medical expenses over a five-year period and most affected employees have diverted their savings into medical care. Similarly, greater claims have been made on group life insurance and health schemes that threaten their sustainability. Another area that justifies the CSR case for HIV-AIDS is the amount of labour turnover from employees living with HIV-AIDS and other employees who do not feel comfortable working with such persons [15]. This had driven some companies to depend on less experience and less productive workforce which potentially reduced corporate profit and erode brand benefits [12].

Dickinson & Stevens [13]explains that currently, knowledge about the impact of HIV-AIDS on corporations has matured and several enterprises have rolled out different types of HIV-AIDS campaign programs and other interventions. These aims to support workers expand their knowledge about the reciprocal effect of HIV-AIDS on both employees and the organisation [14] and to directly help community deal with the negative externalities of the HIV-AIDS pandemic. Some of the most common CSR programs relating to HIV-AIDS include offering free confidential testing, providing free treatment and social support to employees living with HIV-AIDS and their dependents [11]

In the US, several companies have moved beyond the provisions of the 2010 Disability Act that legally protects employees living with HIV-AIDS and their dependents from any form of discriminatory practices (direct discrimination, indirect discrimination, associative discrimination, harassment, and victimisation) at the work place. To avoid costly and complex tribunal cases, number of a US companies in the US for instance have adjusted their operational procedures and instituted strong punitive measures to deter in-house stigmatisation. This is to help them to deal with complaints of harassment, mistreatment, provide staff with information on diversity, equality [27].Similarly, most companies have eliminated pre-employment health questionnaires from recruitment and selection procedures to provide a more equitable work place for employees. In very few cases, organisations have gone the extra mile to make reasonable

adjustments at the workplace to accommodate the unique challenges of employees living with HIV-AID such as flexible work schedule, job restructuring, work at home opportunities, etc [16].

The studies in relation to environmental health also offer insight into the influential role of environmental factors in global advocacy and multinational enterprises decision making. According to [33] a dominant feature that has shaped contemporary corporate social responsibility since 2000 is environmental concerns. Environmental concern is not an end in itself but its consequential health effects is viewed as a form of environmental pandemic or climate change pandemic. Since the 1970s, environmental researchers recognised that climate change, and other health stressors (both natural and man-made) can exert high influence on human health and disease in various ways [34] but intense epidemiological reconnaissance of the crisis took time to mature.

Beyond, environmental damage, the effect of climate change on health determinants such as safe drinking water, sufficient food, clean air, secure shelter, outbreak of vaccine-preventable diseases is well documented in several studies [35]. The persistent outbreak or reports of drug-resistant pathogens and other multiple humanitarian health crises were directly traced to climate change and environmental pollution. Since, the 2000s, renewed global effort has focused largely on soliciting a broad base industrial support to transform the mechanism for tackling environmental health risks [36]. The role of corporate institutions in actualising this objective is the reason why environmental health promotion and prevention has become a central theme in today's corporate social responsibility policies [37].

However, over time, many advocacy groups including the United Nations have become disillusioned by the attempt to lower the ambition of the 2015 Paris Agreement by powerful nations with the tacit support of powerful multinationals [60]. There is the belief that environmental lethargy is growing rapidly among the top echelon of society while potential environmental led catastrophes persist. This growing pathological state of sleepiness, deep unresponsiveness and inactivity has irked concerned citizens and environmental advocacy groups to rise up to demand greater action for the protection of the planet and its people [61]. According to Givel[62] the poignant social, cultural and environmental advocacy of the 1970s have re-emerged as fresh and frustrated Millennials persistently refuses to settle for verbal platitudes of environmental care. Millions of such people have constituted themselves into very vibrant and sometimes violent groups who take to the streets to protest and demand a new paradigm in environmental health protection by large multinational [62].

Fortunately, the social and digital media have become common meeting grounds through which these discussions, protests, strikes, mobilisations and sentiments are brought to the attention of the global audience. This has never before united concerned global citizenry and catalysed a generation to join together to take on the environmental health challenges with the greatest possible firmness [24].

COVID-19 has also gathered high momentum because of the disruptions and uncertainties it is presenting to modern work place and the length of time that such arrangements has to be done to accommodate the presence of the virus. Kurland et al [81] contend that the impact of COVID-19 on corporate social responsibility will remain with business for as long time. Businesses are no longer going

to be the same places with the same norms. As part of its corporate responsibilities, companies must aim at alleviating mental and psychological wellbeing of its employees to embrace the wide range of changes that may occur. For example work from home and social distancing measures vitally reduces the spread of the virus but has a negative influence of emotional wellbeing of employees [82]. Thus leading corporations must support mental and emotional wellbeing of their staff. In the midst of this challenge, the effect of COVID-19 on the global economy poses one of the greatest threats to corporate involvement in CSR. At the end of April 2020, an estimated amount of nearly \$17 trillion worth of the global business income and businesses had been wiped away by COVID-19 and \$2.5 trillion was needed to reboot economies. The effect has been widespread including airlines, cruise ships, hospitality, manufacturing and many other industries. COVID-19 has therefore assailed business organisations with unprecedented dangers of running at a loss, depleting capital retentions, inability to meet recurring debts and tax obligations, loss of an entire workforce and even customer base [74]. Additionally, there is a strong association between capital market and public health and with the capital market roiled by COVID-19, there is the need for a revolutionary definition of corporate citizenship in this crisis time that balances voluntary support for society against the dwindling economic fortunes of corporate enterprises.

According to Boone, et al [75] the evolution of corporate governance theory has not been spared by the COVID-19 adventure. Behavioural CSR theorists have stoked a new controversy in their analysis of the impact of COVID-19 on CSR. They argue that COVID-19 CSR-related reactions and interventions are only transient and will not necessarily lead to positive organisational outcomes [76]. They contend that CSR positive outcomes will occur only if CSR is continuously embedded within the organisational structure and strategy. Thus an enterprise that seeks to boost their economic fortunes through extended CSR during COVID-19 may find their actions mired in chaos and confusion.

This notion is however opposed in other studies such as Hevia & Neumeyer [77] who espouses the innate relationship between corporate social responsibility and branding. According to Zeren & Hizarci [78] how enterprises use CSR to respond to the changing phases of COVID-19 can influence their brand image that is needed in the post epidemic reconstruction of firms. Through CSR, the values of honesty, dedication and community support can authenticate the brand value of companies in uncontrollable times. According to Cabral & Xu [79] companies that supports or work with NGOs and other charities on COVID-19 can foster strong social relationship through genuine and mutually beneficial care. It offers enterprises the opportunity to build new relationships and better communication engagement. In this case COVID-19 can provide the CSR and business community teams with the opportunity to re-think and re-structure plans to place community needs at the top of their conversations. In some countries also, practices that qualify for CSR activities are being redefined under COVID-19 with strict guidelines. For example the government of India has instructed that corporate contributions made towards PM Care fund will be regarded as CSR whereas contributions given to the prime ministers fund will not qualify for CSR donation [80]. Thus in this way, CSR contribution can significantly affect corporate tax assessment and access to other state support systems available to companies that are actively involved in one form of CSR or the other.

Conclusions

The objective of this review was to examine the role of public and global health in the evolution of corporate social responsibility across industries in the world. With the emergence of COVID-19, research interest in how health-related crisis have shaped the trajectory of modern CSR at an industrial level has become significant due to its prospect of influencing the future of work place systems and strategy. The analysis has shown that from time immemorial, global health has played a major role in the development and implementation of CSR among enterprises. Many occurrences in the world have elicited strong corporate responses to support society fight some of the emergent public health challenges. This is also largely because of the reciprocal effect of these healthcare crisis on the world of work including employers and economic performance.

The HIV-AIDS pandemic, the environmental health crises are two dominant factors that have shaped and continue to drive CSR activities in numerous work places. It is responsible for the development of policies, programs and in some instances regulatory framework to protect employers and employees from their debilitating effect. Without doubt COVID-19 presents the world of work with one of its greatest challenges in terms of CSR. Navigating salary adjustments, furlough, redundancies, continuous payment of wages and salary for sick and stay at home staff, support and replacement of dead staff and unanticipated absenteeism are just a few of the challenges that assail corporate organisations and requiring CSR response. While contributing financially and emotionally to reduce social burden of COVID-19, there is a moral obligation of enterprises to discard extreme free-market ideologies that prioritises profit at the expense of safety of employees. The call for a radical overhaul of health and safety measures in enterprises is now urgent than ever before. There is a moral obligation for enterprises to reform current risk assessments and cooperate more deeply with state agencies to invest in the health and safety inspections at the world place.

List Of Abbreviations

COVID-19: Novel Coronavirus

CSR: Corporate Social Responsibility WHO: World Health Organisation

QUOROM Statement: QUality of Reporting of Meta-analyses

PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses ILO: International Labour Organisation

PLWHA: People Living with HIV/AIDS UNDP: United National Development Program

PEPFAR: President's Emergency Plan for AIDS Relief NACO: National AIDS Control Organization

UNGC: United Nations Global Compact

Declarations

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The authors declare no competing interests.

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Not applicable

Consent for Publication

Not Applicable.

Availability of Data and Materials

Not Applicable

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Authors' contributions

HAA: conceived the ideas and conducted the entire research.

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References

1. A. Roy, "Trends in global corporate social responsibility practices: The case of Sub-Saharan Africa," *Int'l J. Civ. Soc'y L.*, vol. 8, p. 64, 2010.
2. R. Johnson, E. Connolly, and T. S. Carter, "Corporate social responsibility: The role of Fortune 100 companies in domestic and international natural disasters," *Corporate Social Responsibility and Environmental Management*, vol. 18, pp. 352-369, 2011.
3. Auld, S. Bernstein, and B. Cashore, "The new corporate social responsibility," *Annual Review of Environment and Resources*, vol. 33, pp. 413-435, 2008.

4. Hedblom, B. R. Hickman, and J. A. List, "Toward an Understanding of Corporate Social Responsibility: Theory and Field Experimental Evidence," National Bureau of Economic Research 0898-2937, 2019.
5. Lindgreen, V. Swaen, and T. T. Campbell, "Corporate social responsibility practices in developing and transitional countries: Botswana and Malawi," *Journal of Business Ethics*, vol. 90, pp. 429-440, 2009.
6. Amoako, K. Dartey-Baah, N. Owusu-Frimpong, and C. Kebreti, "Corporate Social Responsibility: Perspectives of Foreign and Local Oil Marketing Companies in Ghana," *Communicatio*, vol. 45, pp. 67-92, 2019.
7. Vian, K. McCoy, S. C. Richards, P. Connelly, and F. Feeley, "Corporate social responsibility in global health: the Pfizer Global Health Fellows international volunteering program," *Human Resource Planning*, vol. 30, p. 30, 2007.
8. Livingston, A. Desai, and M. Berkwits, "Sourcing personal protective equipment during the COVID-19 pandemic," *Jama*, 2020.
9. D'Aprile and T. Mannarini, "Journal of Global Responsibility," *Journal of Global Responsibility*, vol. 3, pp. 48-65, 2012.
10. Makwara, M. Mutambara, and S. Magagula-Hlatjwako, "A comparative literature review survey of employee HIV and AIDS-related corporate social responsibility (CSR) practices in small, micro and medium enterprises (SMMEs) in Zimbabwe and South Africa," *Problems and perspectives in management*, pp. 339-347, 2019.
11. W. Flanagan and G. Whiteman, "—AIDS is Not a Business||: A Study in Global Corporate Responsibility—Securing Access to Low-cost HIV Medications," *Journal of Business Ethics*, vol. 73, pp. 65-75,
12. Bowen, Y. Allen, P. Edwards, K. Cattell, and L. Simbayi, "Guidelines for effective workplace HIV/AIDS intervention management by construction firms," *Construction management and economics*, vol. 32, pp. 362-381, 2014.
13. Dickinson and M. Stevens, "Understanding the response of large South African companies to HIV/AIDS," *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, vol. 2, pp. 286-295, 2005.
14. G. Utuk, K. O. Osungbade, T. A. Obembe, D. A. Adewole, and V. O. Oladoyin, "Stigmatising attitudes towards co-workers with HIV in the workplace of a metropolitan state, Southwestern Nigeria," *The open AIDS journal*, vol. 11, p. 67, 2017.
15. Rampersad, "HIV and AIDS in South Africa: a social and moral responsibility in shaping organisational action," *CORPORATE OWNERSHIP & CONTROL*, p. 928, 2013.
16. Ferreira, "Access to affordable HIV/AIDS drugs: The human rights obligations of multinational pharmaceutical corporations," *Fordham L. Rev.*, vol. 71, p. 1133, 2002.
17. L. Bolton, "Corporate responses to HIV/AIDS: Experience and leadership from South Africa," *Business and Society Review*, vol. 113, pp. 277-300, 2008.
18. P. Mahajan, M. Colvin, J.-B. Rudatsikira, and D. Ettl, "An overview of HIV/AIDS workplace policies and programmes in southern Africa," *Aids*, vol. 21, pp. S31-S39, 2007.

19. Bendell, *Waking up to risk: corporate responses to HIV/AIDS in the workplace*: United Nations Research Institute for Social Development, 2003.
20. Joint and A. Cambodia, "United Nations Joint Programme of Support on HIV/AIDS 2016- 2018," 2016.
21. I. Uduji, E. N. Okolo-Obasi, and S. A. Asongu, "Multinational oil companies in Nigeria and corporate social responsibility in the HIV/AIDS response in host communities," *Local Environment*, vol. 24, pp. 393-416, 2019.
22. F. Davis and P. J. Anderson, "Social movements and failed institutionalization: Corporate (non) response to the AIDS epidemic," *The Sage handbook of organizational institutionalism*, pp. 371-388, 2008.
23. G. Ntim, "Corporate governance, corporate health accounting, and firm value: The case of HIV/AIDS disclosures in Sub-Saharan Africa," *The International Journal of Accounting*, vol. 51, pp. 155-216, 2016.
24. W. Dunfee, "Do firms with unique competencies for rescuing victims of human catastrophes have special obligations? Corporate responsibility and the AIDS catastrophe in Sub-Saharan Africa," *Business Ethics Quarterly*, vol. 16, pp. 185-210, 2006.
25. Stadler, "AIDS ads: make a commercial, make a difference? Corporate social responsibility and the media," *Continuum*, vol. 18, pp. 591-610, 2004.
26. Rajak, " 'HIV/AIDS is our business': the moral economy of treatment in a transnational mining company," *Journal of the Royal Anthropological Institute*, vol. 16, pp. 551-571, 2010.
27. Soobaroyen and C. G. Ntim, "Social and environmental accounting as symbolic and substantive means of legitimation: The case of HIV/AIDS reporting in South Africa," in *Accounting Forum*, 2013, pp. 92-109.
28. A. Long, "New institutional formation in the intersection of Tanzanian decentralization and HIV/AIDS interventions," *Journal of Eastern African Studies*, vol. 11, pp. 692-713, 2017.
29. Marimwe and R. Dowse, "Development of an item bank of health literacy questions appropriate for limited literacy public sector patients in South Africa," *Journal of Communication in Healthcare*, vol. 10, pp. 273-284, 2017.
30. Gilbert, K. Cattell, P. Edwards, and P. Bowen, "A sequential mixed methods research approach to investigating HIV/AIDS intervention management by construction organisations in South Africa," *Acta Structilia*, vol. 24, pp. 27-52, 2017.
31. Sharma and R. Kiran, "Corporate social responsibility initiatives of major companies of India with focus on health, education and environment," *African Journal of Basic & Applied Sciences*, vol. 4, pp. 95-105, 2012.
32. H. Organization, "Foundation for innovative new diagnostics, WHO Working Group on HIV incidence assays: meeting report, Boston, MA, USA, 20–26 February 2016," World Health Organization 2017.
33. Adegbite, S. O. Amiolemen, I. O. Ologeh, and I. Oyefuga, "Sustainable development policy and corporate social responsibility in business organisations in Nigeria," *Journal of sustainable*

- development, vol. 5, pp. 83-89, 2012.
34. Tuodolo, "Corporate social responsibility: Between civil society and the oil industry in the developing world," *ACME: An International E-Journal for Critical Geographies*, vol. 8, pp. 530-541, 2009.
 35. Jenkins and N. Yakovleva, "Corporate social responsibility in the mining industry: Exploring trends in social and environmental disclosure," *Journal of cleaner production*, vol. 14, pp. 271-284, 2006.
 36. Orlitzky, D. S. Siegel, and D. A. Waldman, "Strategic corporate social responsibility and environmental sustainability," *Business & society*, vol. 50, pp. 6-27, 2011.
 37. P. Lyon and J. W. Maxwell, "Corporate social responsibility and the environment: A theoretical perspective," *Review of environmental economics and policy*, vol. 2, pp. 240-260, 2008.
 38. N. Sanyal and J. S. Neves, "The Valdez principles: implications for corporate social responsibility," *Journal of Business Ethics*, vol. 10, pp. 883-890, 1991.
 39. M. A. Welker, "—Corporate security begins in the community||: mining, the corporate social responsibility industry, and environmental advocacy in Indonesia," *Cultural Anthropology*, vol. 24, pp. 142-179,
 40. A. Delmas, D. Etzion, and N. Nairn-Birch, "Triangulating environmental performance: What do corporate social responsibility ratings really capture?," *Academy of Management Perspectives*, vol. 27, pp. 255-267, 2013.
 41. Shaukat, Y. Qiu, and G. Trojanowski, "Board attributes, corporate social responsibility strategy, and corporate environmental and social performance," *Journal of Business Ethics*, vol. 135, pp. 569-585, 2016.
 42. Kuo, C. C. Yeh, and H. C. Yu, "Disclosure of corporate social responsibility and environmental management: Evidence from China," *Corporate Social Responsibility and Environmental Management*, vol. 19, pp. 273-287, 2012.
 43. Coussens and M. Harrison, *Global environmental health in the 21st century: From governmental regulation to corporate social responsibility: Workshop summary*: National Academies Press, 2007.
 44. O. Idowu, N. Capaldi, L. Zu, and A. D. Gupta, *Encyclopedia of corporate social responsibility* vol. 21: Springer Berlin, Germany, 2013.
 45. Málovics, N. N. Csigéné, and S. Kraus, "The role of corporate social responsibility in strong sustainability," *The Journal of Socio-Economics*, vol. 37, pp. 907-918, 2008.
 46. Wirth, J. Kulczycka, J. Hausner, and M. Koński, "Corporate Social Responsibility: Communication about social and environmental disclosure by large and small copper mining companies," *Resources Policy*, vol. 49, pp. 53-60, 2016.
 47. L. Reinhardt and R. N. Stavins, "Corporate social responsibility, business strategy, and the environment," *Oxford Review of Economic Policy*, vol. 26, pp. 164-181, 2010.
 48. M. C. Chandler, "Achieving Sustainable Drug Development Through CSR: Possibility or Utopia," in *Bioeconomy for Sustainable Development*, ed: Springer, 2020, pp. 303-319.

49. Kolk, "The social responsibility of international business: From ethics and the environment to CSR and sustainable development," *Journal of World Business*, vol. 51, pp. 23-34, 2016.
50. Alvarado-Herrera, E. Bigne, J. Aldas-Manzano, and R. Curras-Perez, "A scale for measuring consumer perceptions of corporate social responsibility following the sustainable development paradigm," *Journal of Business Ethics*, vol. 140, pp. 243-262, 2017.
51. Schönherr, F. Findler, and A. Martinuzzi, "Exploring the interface of CSR and the sustainable development goals," *Transnational Corporations*, vol. 24, pp. 33-47, 2017.
52. Xia, A. Olanipekun, Q. Chen, L. Xie, and Y. Liu, "Conceptualising the state of the art of corporate social responsibility (CSR) in the construction industry and its nexus to sustainable development," *Journal of Cleaner Production*, vol. 195, pp. 340-353, 2018.
53. Annan-Diab and C. Molinari, "Interdisciplinarity: Practical approach to advancing education for sustainability and for the Sustainable Development Goals," *The International Journal of Management Education*, vol. 15, pp. 73-83, 2017.
54. Suárez-Cebador, J. C. Rubio-Romero, J. Pinto-Contreiras, and G. Gemar, "A model to measure sustainable development in the hotel industry: A comparative study," *Corporate Social Responsibility and Environmental Management*, vol. 25, pp. 722-732, 2018.
55. -P. Chuang and S.-J. Huang, "The effect of environmental corporate social responsibility on environmental performance and business competitiveness: The mediation of green information technology capital," *Journal of Business Ethics*, vol. 150, pp. 991-1009, 2018.
56. Marco-Fondevila, J. M. Moneva Abadía, and S. Scarpellini, "CSR and green economy: Determinants and correlation of firms' sustainable development," *Corporate Social Responsibility and Environmental Management*, vol. 25, pp. 756-771, 2018.
57. E. López-Pérez, I. Melero, and F. Javier Sesé, "Does specific CSR training for managers impact shareholder value? Implications for education in sustainable development," *Corporate Social Responsibility and Environmental Management*, vol. 24, pp. 435-448, 2017.
58. Taylor, J. Vithayathil, and D. Yim, "Are corporate social responsibility (CSR) initiatives such as sustainable development and environmental policies value enhancing or window dressing?," *Corporate social responsibility and environmental management*, vol. 25, pp. 971- 980, 2018.
59. Osmani, "Corporate Social Responsibility for Sustainable Development in China. Recent Evolution of CSR Concepts and Practice within Chinese Firms," *Università Ca'Foscari Venezia*, 2019.
60. Dimmler, "Linking social determinants of health to corporate social responsibility: Extant criteria for the mining industry," *The Extractive Industries and Society*, vol. 4, pp. 216-226, 2017.
61. Senay and P. J. Landrigan, "Assessment of environmental sustainability and corporate social responsibility reporting by large health care organizations," *JAMA network open*, vol. 1, pp. e180975-e180975, 2018.
62. Givel, "Motivation of chemical industry social responsibility through Responsible Care," *Health Policy*, vol. 81, pp. 85-92, 2007.

63. M. Alon, M. Doepke, J. Olmstead-Rumsey, and M. Tertilt, "The impact of COVID-19 on gender equality," National Bureau of Economic Research 0898-2937, 2020.
64. A. Albuquerque, Y. Koskinen, S. Yang, and C. Zhang, "Love in the time of covid-19: The resiliency of environmental and social stocks," 2020.
65. K. Ozili and T. Arun, "Spillover of COVID-19: impact on the Global Economy," Available at SSRN 3562570, 2020.
66. Shan and D. Y. Tang, "The value of employee satisfaction in disastrous times: Evidence from Covid-19," Available at SSRN 3560919, 2020.
67. N. Francis and S. Pegg, "Socially distanced school-based nutrition program feeding under COVID 19 in the rural Niger Delta," The Extractive Industries and Society, 2020.
68. Gentilini, M. Almenfi, I. Orton, and P. Dale, "Social protection and jobs responses to COVID-19: a real-time review of country measures," Live Document. World Bank, Washington, DC. <http://www.ugogentilini.net/wp-content/uploads/2020/03/global-review-of-social-protection-responsesto-COVID-19-2.pdf>, 2020.
69. Buera, R. Fattal-Jaef, A. Neumeyer, and Y. Shin, "The economic ripple effects of COVID- 19," Unpublished manuscript. Available at the World Bank Development Policy and COVID- 19—eSeminar Series, 2020.
70. Williamson, D. Murphy, and N. Greenberg, "COVID-19 and experiences of moral injury in front-line key workers," Occupational Medicine, 2020.
71. Laing, "The economic impact of the Coronavirus 2019 (Covid-2019): Implications for the mining industry," The Extractive Industries and Society, 2020.
72. Makridis and J. Hartley, "The Cost of COVID-19: A Rough Estimate of the 2020 US GDP Impact," Special Edition Policy Brief, 2020.
73. R. Vaccaro, C. L. Getz, B. E. Cohen, B. J. Cole, and C. J. Donnally III, "Practice Management During the COVID-19 Pandemic," The Journal of the American Academy of Orthopaedic Surgeons, 2020.
74. Shingal, "Services trade and COVID-19," Forthcoming VoxEU CEPR Policy Portal column, 2020.
75. Boone, D. Haugh, N. Pain, and V. Salins, "Tackling the fallout from COVID-19," Economics in the Time of COVID-19, p. 37, 2020.
76. Nicola, Z. Alsafi, C. Sohrabi, A. Kerwan, A. Al-Jabir, C. Iosifidis, et al., "The socio- economic implications of the coronavirus and COVID-19 pandemic: A review," International Journal of Surgery, 2020.
77. Hevia and A. Neumeyer, "A Conceptual Framework for Analyzing the Economic Impact of COVID-19 and its Policy Implications," UNDP LAC COVID-19 Policy Documents Series, vol. 1, p. 29, 2020.
78. ZEREN and A. HIZARCI, "The Impact of COVID-19 Coronavirus on Stock Markets: Evidence from Selected Countries," Muhasebe ve Finans İncelemeleri Dergisi, vol. 3, pp. 78- 84, 2020.
79. Cabral and L. Xu, "Seller Reputation and Price Gouging: Evidence from the COVID-19 Pandemic," Mimeo2020.

80. Fernandes, "Economic effects of coronavirus outbreak (COVID-19) on the world economy," Available at SSRN 3557504, 2020.
81. B. Kurland, M. Baucus, and E. Steckler, "Business and Society in the Age of COVID-19."
82. Maital and E. BARZANI, "The Global Economic Impact of COVID-19: A Summary of Research," Samuel Neaman Institute for National Policy Research, 2020.
83. Barua, "Understanding Coronanomics: The economic implications of the coronavirus (COVID-19) pandemic," SSRN Electronic Journal <https://doi.org/10/ggq92n>, 2020.
84. Harvey, "Anti-capitalist politics in the time of COVID-19," Jacobin, March, 2020.
85. Clark, G. Hertel, A. Hirschi, F. Kunze, K. Shockley, M. Shoss, et al., "COVID-19: Implications for Research and Practice in Industrial and Organizational Psychology Cort W. Rudolph Saint Louis University Blake Allan Purdue University."
86. Jennejohn, J. Nyarko, and E. L. Talley, "COVID-19 As a Force Majeure in Corporate Transactions," Available at SSRN 3577701, 2020.
87. Ishak, A. R. C. Omar, and L. H. Osman, "Sympathy and Benevolence of Business Entities: Evidence during the COVID-19 Pandemic Outbreak."

Tables

Due to technical limitations, Tables 2 and 3 are only available as a download in the supplemental files section

Figures

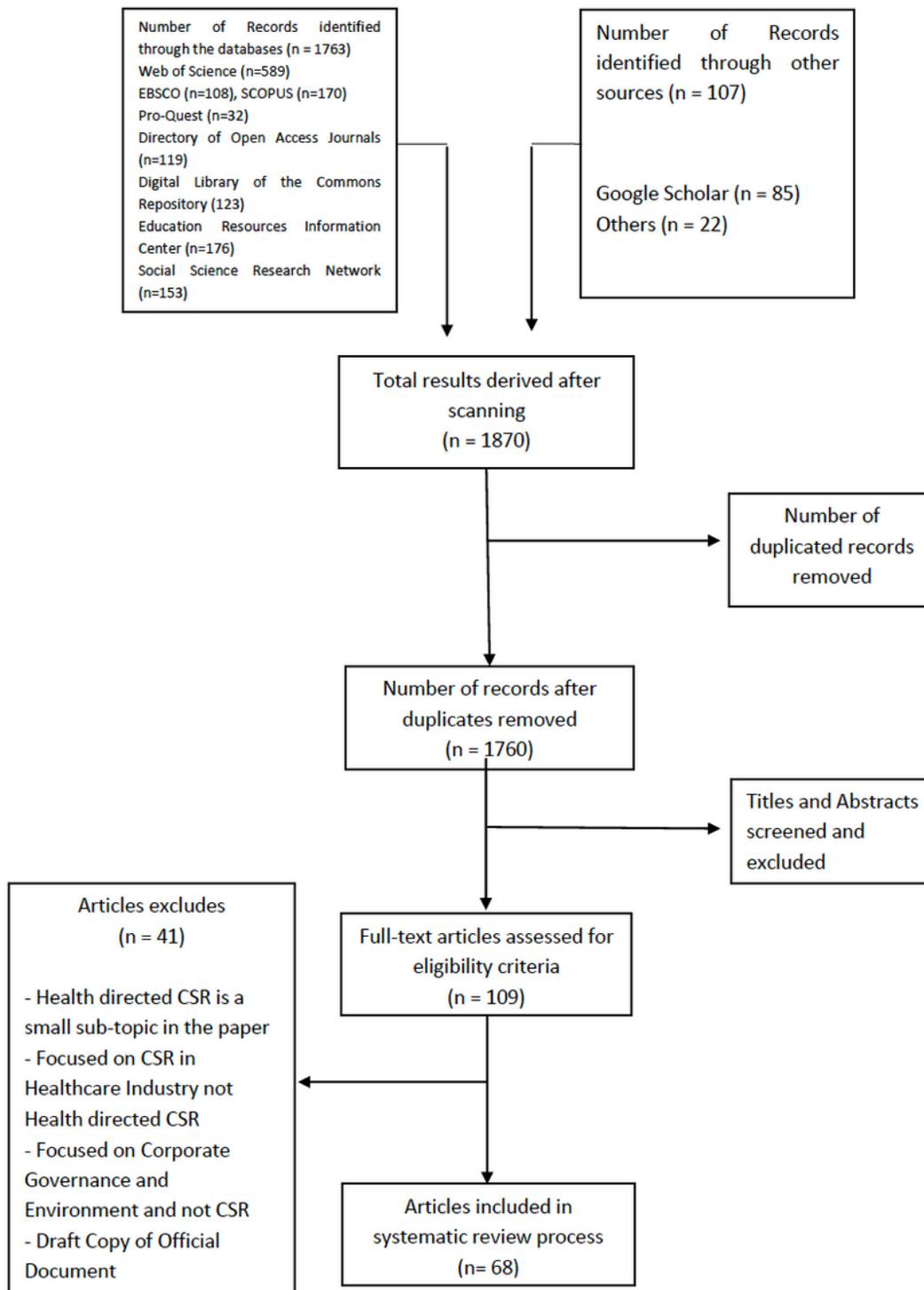


Figure 1

PRISMA Model

Supplementary Files

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- [Table2DescriptiveCharacteristicsofExtractedArticlesforSystematicAnalysis.docx](#)
- [Table3MMATAssessmentofQualityofExtractedArticlesforSystematicReview.docx](#)