

Olalekan A Ayo-Yusuf et al.

Protective market governance

**This online first version has been peer-reviewed, accepted and edited,
but not formatted and finalized with corrections from authors and proofreaders**

The use of public procurement to address commercial power asymmetries affecting health

Olalekan A Ayo-Yusuf,^a Evelyn Thsehla,^a Eric Buch^a & Benjamin Djoudalbaye^b

^a School of Health Systems and Public Health, Faculty of Health Sciences, University of Pretoria, 31 Bophelo Road Prinshof, Pretoria 0208, South Africa.

^b Africa Centres for Disease Control and Prevention, Addis Ababa, Ethiopia.

Correspondence to Olalekan A Ayo-Yusuf (email: lekan.ayo-yusuf@up.ac.za).

(Submitted: 1 June 2026 – Revised version received: 11 September 2026 – Accepted: 14 September 2026 – Published online: 8 October 2026)

Abstract

Commercial determinants of health frameworks increasingly recognize how commercial practices and market structures shape population health, but policy responses have focused predominantly on limiting harmful commercial activity. Public procurement offers an underused opportunity for governments to shape markets proactively towards public health goals. However, procurement of medicines, vaccines and other health technologies can be vulnerable to commercial influence and to information, governance and bargaining-power asymmetries which affect value, affordability and equitable access. We propose protective market governance as a framework combining three complementary approaches across the procurement cycle. First, independent assessment, including health technology assessment, can reduce information and evidence asymmetries and strengthen decisions about public value. Second, transparency, conflict-of-interest management and safeguards adapted from the principles of Article 5.3 of the World Health Organization Framework Convention on Tobacco Control can address governance and influence asymmetries while permitting necessary engagement with suppliers. Third, strategic and pooled procurement can reduce market and bargaining-power asymmetries by aggregating demand, improving market intelligence and strengthening purchasers' negotiating position. The Pan American Health Organization Revolving Fund illustrates how evidence-informed requirements, transparent procurement and collective purchasing can improve affordability and equitable access. Early implementation of the African Pooled Procurement Mechanism further demonstrates the feasibility of applying collective purchasing and market-shaping principles in Africa. However, the effects on the health system and population health require evaluation. Protective market governance extends the agenda of the commercial determinants of health by recognizing governments as market actors capable of shaping commercial incentives towards public value, affordability, equitable access and health-system resilience.

Introduction

Commercial determinants of health are increasingly recognized as important drivers of population health and health equity. They include the systems, practices and pathways through which commercial actors influence health outcomes.¹ While research has largely focused on harmful commercial practices related to noncommunicable disease risk factors, such as tobacco, alcohol and unhealthy food, interest is growing in how governments and public institutions can govern commercial activity to support public health objectives.²

The framework of the commercial determinants of health highlights how corporate power, operating through political, economic and social pathways, shapes policy environments, market structures and access to health-promoting goods and services.^{1,3} These dynamics are particularly relevant to pharmaceutical and health product markets, where commercial actors are indispensable to the development and supply of medicines, vaccines and other essential health technologies, but may also influence evidence, pricing, availability and policy decisions.^{1,4} Intellectual property protections, market concentration and information asymmetries can constrain affordability and shift financial risks to governments and households, especially in low- and middle-income countries.^{1,4}

Public procurement provides an important interface between commercial interests and public health objectives. Government purchasing of medicines, vaccines and other health technologies can shape prices, supplier behaviour, innovation and access.⁵ Procurement is a cycle of interconnected decisions, from defining needs and selecting technologies through tender design, supplier selection and contracting to supply management and evaluation.⁶ The influence of commercial actors can therefore occur at multiple points, particularly where transparency, independent assessment or safeguards against conflicts of interest are inadequate.^{6,7}

Conversely, pooled procurement and other strategic purchasing approaches, including commitments to future purchase, demonstrates how governments can use purchasing power to shape markets and improve affordability, access and innovation aligned with public health priorities.^{8–10}

In this paper, we examine how public procurement can function as a pro-health commercial determinant and propose protective market governance as an approach to managing interactions with commercial actors. We use the term asymmetries to describe imbalances between public purchasers and commercial actors in access to information and

evidence, influence over decision-making, and market and bargaining power. We focus on three complementary interventions: (i) use of independent evidence to respond to information and evidence asymmetries; (ii) implementation of safeguards for transparency, conflicts of interest and undue influence to respond to governance and influence asymmetries; and (iii) application of strategic and collective purchasing to respond to market and bargaining-power asymmetries. Together, these interventions are proposed to improve market functioning and public value, with monitoring, evaluation and learning informing their continued refinement (Fig. 1).

Public procurement cycle

Public procurement of health products requires interconnected decisions rather than a single transaction. Although systems differ across countries, the cycle broadly includes needs assessment and priority-setting; technology assessment and product selection; specification and tender design; supplier selection; negotiation and contracting; purchasing and supply management; and monitoring and evaluation (Table 1).⁶

Commercial actors have legitimate roles throughout this cycle, including generating evidence, responding to tenders, negotiating contracts and supplying essential products. However, opportunities for undue influence arise when commercial interests shape public decisions without adequate transparency, independent scrutiny or accountability.^{6,7} Vulnerabilities can occur before tendering, as well as during supplier selection, negotiation and evaluation. Safeguards therefore need to consider relevant decision points across the procurement cycle.

Commercial practices

Commercial influence on procurement can operate through different practices described within the commercial determinants of health framework.¹ We focus on four practices: (i) political; (ii) scientific; (iii) financial; and (iv) reputational and management, because they map onto key procurement decisions (Table 1). These practices are not an exhaustive list, but illustrate interacting pathways through which commercial actors may influence what governments purchase, the evidence used, prices and contractual conditions, and institutional relationships.

Political practices include lobbying, engagement with advisory bodies and participation in policy development. Within procurement, these practices can influence priority-setting, essential medicines list, tender specifications or supplier selection

criteria.^{6,7,12} Commercial engagement may provide legitimate technical information, but becomes problematic when access is preferential, interests are undisclosed or commercial actors disproportionately shape purchasing rules.

Scientific practices affect evidence that informs technology assessment, product selection and purchasing. Commercial actors generate necessary clinical and economic evidence but may also influence its generation, interpretation or dissemination.^{1,13} When independent technical capacity is limited, reliance on supplier-generated evidence can increase information asymmetry and favour particular products, including before tendering.

Financial practices operate through pricing, market concentration, supply arrangements and contractual terms. Differences in pricing, confidential discounts and limited price transparency can weaken purchasers' ability to evaluate prices and negotiate effectively.^{5,14} Where a small number of suppliers dominate a market, their greater bargaining power can further constrain purchasers, particularly for patented or specialized products.

Reputational and management practices, including corporate social responsibility initiatives, partnerships and sustained engagement with public institutions, can shape institutional relationships and perceptions of commercial actors.^{1,15} Such engagement may support legitimate health objectives but can create conflicts of interest or privileged access when boundaries between collaboration and procurement decision-making are unclear.

These four practices frequently interact: political access may shape decision criteria, scientific practices may shape the supporting evidence, and financial power may shape the subsequent negotiations. The effects of these practices are conditioned by broader power asymmetries, norms and costs shifted to government, health systems or households rather than borne by commercial actors.^{1,7} Protective market governance therefore requires responses matched to both the commercial practice and the procurement stage at which a vulnerability arises.

Externalities

Externalities, that is costs not borne by commercial actors but shifted to governments, health systems or households, are central to the commercial determinants of health.¹ In public procurement, such costs may arise from pricing structures, intellectual property arrangements, market concentration and purchasing decisions affecting affordability and fiscal sustainability.

Commercial influence can amplify these consequences when procurement decisions insufficiently reflect independent evidence, public investment or public health priorities. Medicines and vaccines may benefit from substantial public investment in research and development, while governments subsequently purchase resulting products at prices that do not necessarily account for that contribution.¹⁶ Intellectual property protections may also limit competition and delay entry of generic products, thereby narrowing procurement options, particularly in low- and middle-income countries with weaker negotiating power.^{4,17} Market concentration can similarly increase dependence on a small number of suppliers and create price and supply vulnerabilities.^{5,18}

Information asymmetries can create further financial consequences. Decisions based on incomplete or selectively generated evidence may favour higher-cost or lower-value technologies, thus diverting resources from more cost-effective interventions.^{5,13} Reduced fiscal space may constrain health service coverage, while limited public availability can shift costs to households and exacerbate inequities.

The policy question is therefore not simply how governments obtain the lowest price, but whether procurement takes account of value, public investment, market conditions and downstream health-system costs. Independent assessment can establish value, governance safeguards can protect decisions from undue influence, and strategic or collective purchasing can strengthen governments' ability to negotiate and shape markets.

Regulatory safeguards

Health technology assessment provides a safeguard within protective market governance by strengthening evidence used to inform product selection before tendering and purchasing decisions. Health technology assessment uses systematic methods to assess the value of health technologies and inform decision-making.¹⁹ Linked to priority-setting, essential medicines or benefit package decisions, health technology assessment enables governments to consider clinical benefit, costs, budget impact and equity.¹⁹⁻²¹

This function directly addresses vulnerabilities arising from commercial scientific practices. Manufacturers generate important clinical and economic evidence, but reliance on supplier-generated evidence can create information asymmetries and potential bias.¹³ Independent health technology assessment can counteract these outcomes through critical appraisal, standardized methods and transparent decision criteria, and can help determine which technologies provide sufficient value to proceed to procurement.

Thailand illustrates how health technology assessment can be institutionalized within public decision-making. Health technology assessment has informed the national list of essential medicines and benefit package scheme for universal health coverage. This assessment includes evidence supporting price negotiation, thereby linking assessment of value to purchasing decisions.^{20,22,23}

Institutionalizing health technology assessment nevertheless requires technical expertise, reliable data, sustained financing and sufficient independence from commercial and political interests.²⁴ In resource-constrained settings, countries can adopt approaches suited to their available capacity, including adapting existing assessments, collaborating regionally and prioritizing technologies with substantial budget or equity implications.

Health technology assessment can therefore strengthen decisions about value but cannot alone protect the wider procurement cycle from lobbying, conflicts of interest or preferential access. Complementary governance safeguards are required.

Principles for procurement

The World Health Organization (WHO) Framework Convention on Tobacco Control (WHO FCTC) is the first international public health treaty negotiated under the auspices of WHO and currently has 183 Parties.²⁵ The WHO FCTC provides an explicit legal basis for protecting tobacco control policies from tobacco industry interference. Article 5.3 requires Parties to protect tobacco control policies from the commercial and other vested interests of the tobacco industry.¹¹ The framework's implementation guidelines translate this obligation into governance principles applicable across government, including limiting interactions with the tobacco industry to those strictly necessary for effective regulation, ensuring transparency, managing conflicts of interest and avoiding preferential treatment.¹¹ The guidelines apply to government officials, representatives and employees of national, state, provincial, municipal, local and other public or semi- or quasi-public institutions or bodies within the jurisdiction of a Party, as well as people acting on their behalf.¹¹

These principles offer useful safeguards for the procurement cycle (Table 1). Transparent, predefined rules can reduce opportunities for political or reputational practices to shape priority-setting, tender specifications or supplier selection. Conflict-of-interest management can protect expert health technology assessment and tender committees. At the same time, transparency requirements can complement independent appraisal of supplier-generated evidence and reduce information asymmetries in negotiations and contracting.

Where suppliers operate across jurisdictions, cross-country information-sharing on interactions, prices and contractual practices may further strengthen transparency and negotiating capacity.⁷

However, Article 5.3 should inform rather than be transplanted completely into health-product procurement. Tobacco products are inherently harmful and the WHO FCTC guidelines recognize a fundamental conflict between tobacco-industry interests and public health.¹¹ Medicines, vaccines and other health technologies can instead be essential to public health, making interaction with manufacturers necessary and potentially beneficial. Protective market governance therefore adapts relevant principles, including transparency, accountability, conflict-of-interest management, independent decision-making and avoidance of preferential access, to ensure that necessary engagement occurs on terms set by public institutions.

Article 5.3 thus provides a tested governance precedent for managing commercial influence, but its application to procurement must consider the product, commercial relationships and public health objectives.

Strategic and pooled procurement

Regional and pooled procurement mechanisms can function as institutionalized counter-power to commercial concentration and bargaining asymmetries. By aggregating demand across purchasers, standardizing procurement requirements, strengthening price and market intelligence, and enabling collective negotiation, these arrangements can respond to structural asymmetries between fragmented public purchasers and commercial suppliers, shifting procurement from a site of vulnerability to a lever for market shaping.

Fragmented procurement can weaken public purchasers when countries or institutions negotiate separately with large suppliers. Small purchasing volumes, uncertain demand forecasts, and limited price and market intelligence can reduce bargaining power and contribute to variation in prices and access.^{7,8} Pooling demand can increase purchasing scale and predictability and enable governments to negotiate collectively.

Within protective market governance, pooled procurement is an instrument that can shape market structure and thereby reduce information and bargaining asymmetries. Aggregated demand can increase purchaser power, while common product specifications, shared market intelligence and transparent procurement can strengthen competition.

Predictable demand may also encourage suppliers to enter or remain in markets and, when deliberately designed, support diversification and regional production.

The Pan American Health Organization (PAHO) Revolving Fund for Access to Vaccines provides a longstanding example. By consolidating forecast demand, applying common quality requirements and conducting international competitive procurement, the fund enables countries to purchase collectively. Countries obtain vaccines at a common price irrespective of purchasing volume, which protects smaller purchasers from disadvantages associated with limited market size. PAHO estimates that countries would have paid about 75% more for 13 commonly used routine vaccines between 2018 and 2022 if purchasing outside the fund.⁸ The mechanism combines demand aggregation with market analysis, transparent procurement, quality assurance and technical support, and illustrates how pooled purchasing can strengthen affordability and equitable access.⁸

The PAHO example shows how the components of protective market governance interact: evidence and quality criteria determine what enters procurement; transparent rules govern supplier engagement; and pooled demand strengthens negotiating power. PAHO's experience demonstrates that benefits derive not from aggregation alone, but from combining evidence, governance safeguards and collective market power to improve affordability and equitable access.

The emerging African experience (the African Pooled Procurement Mechanism) provides an opportunity to examine how similar principles can be progressively institutionalized in a different regional context. The African Pooled Procurement Mechanism was endorsed by the African Union in 2024 and is led by the Africa Centres for Disease Control and Prevention.²⁶ The mechanism has now moved into early implementation and its first pooled tender covered 10 priority reproductive, maternal and newborn health medicines across 10 African Union Member States. Through an open international competitive process, prices were achieved that were 30–90% lower than Member State norms. Multiple qualified suppliers and African manufacturers participated in five of the 10 product categories.²⁷ These are important early procurement and market-shaping outcomes. However, whether they translate into sustained improvements in affordability, availability, equitable access, supply resilience and ultimately better health outcomes requires continued evaluation.

Regional and pooled procurement thus complements health technology assessment and governance safeguards by responding to structural imbalance in market power. Pooled

procurement enables strategic public purchasing to shape commercial incentives towards affordability, resilience and equitable access.

Applying protective governance

Implementing protective market governance requires adaptation to institutional capacity, market structure and the products being procured. Protective market governance has three components: independent evidence assessment; safeguards for commercial engagement; and strategic or pooled purchasing. These components are complementary but need not be implemented simultaneously or through identical institutional arrangements.

Capacity is an important constraint, particularly in low- and middle-income countries. Health technology assessment requires technical expertise, data and sustained financing, while strategic procurement requires skills in market analysis, price intelligence, contracting and supply management.²⁴ Where national capacity is limited, governments can prioritize technologies that have a substantial impact on the budget, adapt assessments undertaken elsewhere and share technical capacity regionally.²⁴ Pooled mechanisms can similarly provide smaller countries with market intelligence and negotiating capacity that may be difficult to maintain nationally.

Governance safeguards must also be practical and enforceable. Disclosure requirements have limited value unless interests are systematically declared, documented, independently reviewed and, where relevant, managed before participation in procurement-related decisions.²⁸ Governments can embed relevant safeguards within existing procurement rules through written declarations of interest for advisory and tender committees, predefined criteria for assessing and managing conflicts, documentation of supplier interactions, recusal or other restrictions when conflicts exist, independent review when risks are substantial, and audit.^{7,28}

Safeguards must also reflect differences between commercial sectors. The exclusionary approach justified for tobacco under Article 5.3 cannot be applied as a whole to manufacturers of essential health products, with whom governments must engage to secure innovation and supply. The objective is therefore not to minimize interaction, but to ensure that necessary engagement is transparent, accountable and does not confer inappropriate influence or preferential access. Safeguards should be relevant to market concentration, fiscal exposure, extent to which products can be interchanged and consequences of supply failure.

Protective market governance is therefore best understood as principles that can be progressively institutionalized rather than a single procurement model. The effectiveness of protective market governance will depend on public-sector capability, political commitment and monitoring of value, access, equity and market resilience.

Conclusion

Public procurement should be recognized as an important but underused instrument for governing the commercial determinants of health. Procurement decisions do not only respond to markets: governments can use product selection, contracting and purchasing to influence commercial incentives, market structure and access.

Protective market governance responds to three complementary asymmetries in the procurement cycle: (i) information and evidence asymmetries through independent assessment, including health technology assessment; (ii) governance and influence asymmetries through transparency, conflict-of-interest management and safeguards based on Article 5.3 of the WHO FCTC; and (iii) market and bargaining-power asymmetries through strategic and pooled procurement. Together, these interventions seek to create more enabling market conditions for affordability, accountability, supply resilience and equitable access.

For policy-makers, the priority is to identify where these asymmetries are greatest within existing procurement systems and strengthen governance accordingly. Such action may include independent assessment of high-cost technologies, disclosure and conflict-of-interest requirements, stronger price and market intelligence, and pooled purchasing where fragmented demand weakens negotiating power. Initiatives such as the African Pooled Procurement Mechanism provide opportunities to institutionalize these principles regionally.

Protective market governance extends the agenda for the commercial determinants of health beyond mitigating harmful commercial practices. Such governance recognizes governments as market actors capable of shaping the conditions under which commercial activity contributes to public value. The objective is neither to exclude commercial actors nor privilege commercial interests, but to structure necessary engagement so that evidence, accountability and public health priorities guide purchasing decisions.

Embedding independent evidence, proportionate governance safeguards and strategic purchasing within procurement systems offers a practical pathway towards greater affordability, equitable access, fiscal sustainability and health-system resilience.

Funding:

OAA's time is funded from a grant from the Africa Capacity Building Foundation supported by the Gates Foundation (Grant #337).

Competing interests:

None declared.

References

1. Gilmore AB, Fabbri A, Baum F, Bertscher A, Bondy K, Chang HJ, et al. Defining and conceptualising the commercial determinants of health. *Lancet*. 2023 Apr 8;401(10383):1194–213. [https://doi.org/10.1016/S0140-6736\(23\)00013-2](https://doi.org/10.1016/S0140-6736(23)00013-2) PMID:36966782
2. Commercial determinants of health [internet]. Geneva: World Health Organization; 2023. Available from: <https://www.who.int/news-room/fact-sheets/detail/commercial-determinants-of-health> [cited 2026 Apr 12].
3. Kickbusch I, Allen L, Franz C. The commercial determinants of health. *Lancet Glob Health*. 2016 Dec;4(12):e895–6. [https://doi.org/10.1016/S2214-109X\(16\)30217-0](https://doi.org/10.1016/S2214-109X(16)30217-0) PMID:27855860
4. 't Hoen EFM. Private patents and public health: changing intellectual property rules for access to medicines. Amsterdam: Health Action International; 2016. Available from: <https://haiweb.org/storage/2016/07/Private-Patents-Public-Health.pdf> [cited 2026 Apr 19].
5. WHO guideline on country pharmaceutical pricing policies, 2nd ed. Geneva: World Health Organization; 2020. Available from: <https://iris.who.int/handle/10665/335692> [cited 2026 Sep 9].
6. Procurement process resource guide. Geneva: World Health Organization; 2011. Available from: <https://iris.who.int/handle/10665/44563> [cited 2026 Sep 9].
7. Implementing the OECD recommendation on public procurement in OECD and partner countries: 2020–2024 report. OECD Public Governance Reviews. Paris: Organisation for Economic Co-operation and Development Publishing; 2025. <https://doi.org/10.1787/02a46a58-en>
8. The Revolving Fund for Access to Vaccines, an engine of equity [internet]. Washington, DC: Pan American Health Organization; 2026. Available from: <https://www.paho.org/en/revolving-fund-access-vaccines-engine-equity> [cited 2026 Sep 9].
9. Kremer M, Levin J, Snyder CM. Advance market commitments: insights from theory and experience. *AEA Pap Proc*. 2020;110:269–73. <https://doi.org/10.1257/pandp.20201017>
10. Market shaping [internet]. Geneva: Gavi, the Vaccine Alliance; 2026. Available from: <https://www.gavi.org/our-work/market-shaping> [cited 2026 Sep 9].
11. Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control: protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry. Geneva: World Health Organization; 2013. Available from:

<https://fctc.who.int/resources/publications/m/item/guidelines-for-implementation-of-article-5.3> [cited 2026 Apr 21].

12. Mulinari S, Davis C. Why European and United States drug regulators are not speaking with one voice on anti-influenza drugs: regulatory review methodologies and the importance of “deep” product reviews. *Health Res Policy Syst*. 2017 Nov 9;15(1):93. <https://doi.org/10.1186/s12961-017-0259-8> PMID:29121959
13. Lexchin J. Those who have the gold make the evidence: how the pharmaceutical industry biases the outcomes of clinical trials of medications. *Sci Eng Ethics*. 2012 Jun;18(2):247–61. <https://doi.org/10.1007/s11948-011-9265-3> PMID:21327723
14. Moon S, Jambert E, Childs M, von Schoen-Angerer T. A win-win solution?: a critical analysis of tiered pricing to improve access to medicines in developing countries. *Global Health*. 2011 Oct 12;7(1):39. <https://doi.org/10.1186/1744-8603-7-39> PMID:21992405
15. Buse K, Hawkes S. Sitting on the FENSA: WHO engagement with industry. *Lancet*. 2016 Jul 30;388(10043):446–7. [https://doi.org/10.1016/S0140-6736\(16\)31141-2](https://doi.org/10.1016/S0140-6736(16)31141-2) PMID:27507745
16. Mazzucato M. The entrepreneurial state: debunking public vs. private sector myths. London: Anthem Press; 2013.
17. Hoen E, Berger J, Calmy A, Moon S. Driving a decade of change: HIV/AIDS, patents and access to medicines for all. *J Int AIDS Soc*. 2011 Mar 27;14(1):15. <https://doi.org/10.1186/1758-2652-14-15> PMID:21439089
18. Moon S, Bermudez J, ‘t Hoen E. Innovation and access to medicines for neglected populations: could a treaty address a broken pharmaceutical R&D system? *PLoS Med*. 2012;9(5):e1001218. <https://doi.org/10.1371/journal.pmed.1001218> PMID:22615544
19. O’Rourke B, Oortwijn W, Schuller T. Announcing the new definition of health technology assessment. *Value Health*. 2020 Jun;23(6):824–5. <https://doi.org/10.1016/j.jval.2020.05.001> PMID:32540240
20. Teerawattananon Y, Tritasavit N. A learning experience from price negotiations for vaccines. *Vaccine*. 2015 May 7;33 Suppl 1:A11–2. <https://doi.org/10.1016/j.vaccine.2014.12.050> PMID:25919150
21. Teerawattananon Y, McQueston K, Glassman A, Yothasamut J, Myint CY. Health technology assessments as a mechanism for increased value for money: recommendations to the Global Fund. *Global Health*. 2013 Aug 21;9(1):35. <https://doi.org/10.1186/1744-8603-9-35> PMID:23965222
22. Leelahavarong P, Doungthipsirikul S, Kumluang S, Poonchai A, Kittiratchakool N, Chinnacom D, et al. Health technology assessment in Thailand: institutionalization and contribution to healthcare decision making: review of literature. *Int J Technol Assess Health Care*. 2019;35(6):467–73. <https://doi.org/10.1017/S0266462319000321> PMID:31190670
23. Tanvejsilp P, Taychakhoonavudh S, Chaikledkaew U, Chaiyakunapruk N, Ngorsuraches S. Revisiting roles of health technology assessment on drug policy in universal health coverage in Thailand: where are we? And what is

next? Value Health Reg Issues. 2019 May;18:78–82.
<https://doi.org/10.1016/j.vhri.2018.11.004> PMID:30641410

24. Chootipongchaivat S, Tritasavit N, Luz A, Teerawattananon Y, Tantivess S. Factors conducive to the development of health technology assessment in Asia: impacts and policy options. Manila: World Health Organization Regional Office for the Western Pacific; 2015. Available from: <http://iris.wpro.who.int/handle/10665.1/12588> [cited 2026 May 31].
25. Parties to the WHO Framework Convention on Tobacco Control [internet]. Geneva: World Health Organization; 2025. Available from: <https://fctc.who.int/who-fctc/overview/parties> [cited 2026 Sep 9].
26. African Pooled Procurement Mechanism (APPM). Addis Ababa: Africa Centres for Disease Control and Prevention; 2024. Available from: <https://africacdc.org/appm/> [cited 2026 Sep 9].
27. Africa CDC announces results of African Pooled Procurement Mechanism (APPM) tender for essential RMNCH medicines [internet]. Addis Ababa: Africa Centres for Disease Control and Prevention; 2026. Available from: <https://africacdc.org/news-item/africa-cdc-announces-results-of-african-pooled-procurement-mechanism-appm-tender-for-essential-rmnch-medicines/> [cited 2026 Sep 11].
28. WHO handbook for guideline development. 2nd ed. Geneva: World Health Organization.; 2014. Available from: <https://iris.who.int/handle/10665/145714> [cited 2026 Sep 9].

Table 1. Public procurement cycle, potential commercial influence and protective market governance responses

Procurement stage	Potential commercial influence or vulnerability	Relevant commercial practice(s)^a	Protective market governance response^b
Needs assessment and priority-setting	Influence over disease priorities, product demand or policy agendas	Political; reputational and management	Transparent priority-setting criteria; disclosure of interactions and interests; independent oversight
Upstream assessment and product selection	Selective presentation or generation of evidence; influence over inclusion in essential medicines lists or benefit packages	Scientific; political	Independent health technology assessment; evidence disclosure and critical appraisal; conflict-of-interest management
Specification and tender design	Product specifications or eligibility requirements favouring particular technologies or suppliers	Political; financial	Independent specification-setting; transparent predefined criteria; conflict-of-interest safeguards
Tendering and supplier selection	Preferential access or treatment; restricted competition; undisclosed relationships	Political; financial	Open competitive processes; disclosure of interactions and interests; independent evaluation
Negotiation and contracting	Information and bargaining asymmetries; opaque or confidential pricing arrangements; restrictive contractual terms	Financial; political	Price and market intelligence; transparent negotiation processes where feasible; collective bargaining; independent oversight
Purchasing and supply management	Supplier dependency; market concentration; supply conditions that constrain purchaser options	Financial	Pooled procurement; supplier diversification; volume guarantees and performance-based contractual provisions
Monitoring, evaluation and renewal	Reliance on supplier-generated performance evidence; relationships influencing contract renewal	Scientific; reputational and management	Independent monitoring and evaluation; disclosure and audit; transparent criteria for renewal

^a We focused on four practices: political; scientific; financial; and reputational and management, of the commercial determinants of health framework.¹

^b The governance responses summarize principles discussed in the text and draw particularly on World Health Organization procurement guidance,⁶ Organisation for Economic Co-operation and Development public procurement principles,⁷ and the World Health Organization Framework Convention on Tobacco Control, Article 5.3 implementation guidelines.¹¹

Fig. 1. Protective market governance responses to procurement-related asymmetries to improve health and health-system outcomes



FCTC: Framework Convention on Tobacco Control.