CORPORATE SOCIAL RESPONSIBILITY AND PUBLIC HEALTH GOVERNANCE IN THE FRAMEWORK OF SUSTAINABLE DEVELOPMENT GOALS: A SYSTEMATIC REVIEW

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SUMMARY

This study examines the intersection of Corporate Social Responsibility (CSR), the Sustainable Development Goals (SDGs), and public health governance. The objective is to identify the challenges, opportunities, and public policy implications associated with the integration of CSR into health systems and public administration within sustainability frameworks. A systematic literature review was conducted following the PRISMA 2020 guidelines. The analysis combined bibliometric techniques, qualitative content analysis, and interpretative synthesis. The findings reveal a growing body of literature since 2016 and highlight the potential of CSR to strengthen health systems, promote sustainability, and foster multi-stakeholder collaboration. Seven key dimensions were identified: health and well-being; environment and climate change; labor practices and human rights; governance and partnerships; university social responsibility; responsible consumption and nutrition; and innovation and technology. However, the review also identified significant risks, including corporate capture, conflicts of interest, and weak accountability mechanisms. The results underscore the need for robust regulatory frameworks, standardized metrics, and transparent governance structures to ensure that CSR effectively contributes to public health outcomes and the achievement of the SDGs.

Introduction

Contemporary public health challenges transcend the healthcare sector and occupy a central place in public administration and governance due to their close relationship with public policies and socioeconomic, political, and environmental factors (Garzon-Villalba, 2024). These challenges require interregional and multisectoral approaches that integrate the roles of the State, private organizations, and civil society in everyday settings such as homes, workplaces, schools, and communities (Pal, 2024). Within this framework, public health governance acquires strategic relevance by integrating socioeconomic development, legal regulation, institutional management, and social and psychological well-being (Yang and Qi, 2022).

Public health research has contributed to preparedness, prevention,

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promotion, response, and recovery efforts in the face of health crises such as pandemics and environmental threats (Bertram *et al*., 2024). These dynamics are framed within the United Nations 2030 Agenda, which proposes 17 Sustainable Development Goals (SDGs) as a guide to eradicate poverty, protect the planet, and promote human well-being (Gallardo-Vázquez *et al*., 2024). Among them, SDG 3, "Good Health and Well-Being", highlights the need for public policies adapted to each context to ensure the equity and sustainability of health systems (Mikuła *et al*., 2024). The implementation of these policies depends on the capacity of governments and social actors to formulate coherent, inclusive, and sustainable strategies (Molnar *et al*., 2023).

In this context, corporate social responsibility (CSR) emerges as a complementary mechanism that can contribute to improving quality of life and fostering innovation in public management through cooperation between the public and private sectors (Freeman *et al*., 2025). The convergence of public health, the SDGs, and CSR offers an opportunity to strengthen the resilience of health systems and advance toward more transparent, participatory, and public-interest-oriented governance models (Severino-González *et al*., 2024). However, the literature addressing this intersection remains limited and fragmented, highlighting the need to systematize the available evidence (Karokis-Mavrikos *et al*., 2022).

Consequently, the guiding question of this review is: What are the main public health challenges from the perspective of the SDGs and CSR, and what implications do they have for public administration and policymaking? The objective of this study is to analyze these challenges through a systematic review of recent scientific literature, with emphasis on their relevance to health systems governance, policymaking, and administrative management in sustainability contexts.

The urgency of this review is underscored by the growing volume of academic literature in recent years. Between 2024 and 2025, new contributions have reinforced the relevance of this research agenda. Freeman *et al*. (2025) conducted a systematic-narrative hybrid review demonstrating that CSR initiatives generate heterogeneous impacts on population health, contingent on the regulatory context in which they operate; Farmanesh *et al*. (2025) examined how corporate sustainability commitments mediate occupational health outcomes in multisectoral settings; and Vera-Ruiz *et al*. (2025) provided evidence on the alignment between socially responsible behaviors in health education and the SDG framework. These recent developments confirm that the intersection of CSR, public health, and the SDGs remains an active and expanding field that requires systematic synthesis to identify convergences, contradictions, and emerging research directions relevant to public administration and governance.

The remainder of this article is organized as follows. The methodological approach is first described, including the systematic review design, search strategy, selection criteria, and data analysis procedures. The results are then presented through bibliometric analysis, thematic content analysis, and an interpretation of their implications for public health governance and public policy. Next, the main findings are discussed in relation to the existing literature, and their relevance to health systems, sustainability, and public administration is examined. Finally, the principal conclusions are presented, the study's limitations are acknowledged, and directions for future research are outlined.

Material and Methods

This research was conducted using a systematic literature review approach, following the recommendations of the PRISMA 2020 guidelines, to ensure rigor, transparency, and reproducibility at each stage of the analysis. The selection of this method was based on the need to consolidate a still-fragmented field of study—the intersection of public health, corporate social responsibility (CSR), and the Sustainable Development Goals (SDGs)—and to provide evidence to support decision-making in public administration and public policy.

Search strategy

Two major international scientific databases were consulted: Web of Science (WoS) and Scopus, recognized for their multidisciplinary coverage and relevance to governance and public policy studies. The search strategy combined terms related to public health, CSR, and the SDGs to identify publications that explicitly addressed these three dimensions simultaneously.

TS=(public-health* OR health-care* OR health-benefits*) AND TS=(Corporate-social-responsibility* OR CSR* OR social-responsibility*) AND TS=(Sustainable-Development-Goal* OR sustainable-development*).

Selection process

The initial search identified a total of 299 records (WoS = 62; Scopus = 237). After removing duplicates and review documents, 183 articles were retained for the screening stage. During this phase, titles, abstracts, and keywords were analyzed, and 31 studies were excluded for failing to meet the inclusion criteria.

In line with PRISMA 2020 reporting standards, the inclusion and exclusion criteria were defined a priori and applied consistently throughout all screening stages. The inclusion criteria were: (i) peer-reviewed empirical or theoretical articles published in indexed journals; (ii) an explicit focus on at least two of the three thematic dimensions (CSR, public health, and SDGs); (iii) no temporal restriction, given the emergent nature of the field; and (iv) documents published in English or Spanish. The exclusion criteria included: (i) gray literature, editorials, letters, and book chapters; (ii) conference proceedings; (iii) articles that addressed only one dimension without linking it to the others; and (iv) duplicate records. These criteria ensured the conceptual coherence of the corpus and its alignment with the research question.

Subsequently, 152 articles were evaluated in full text. Of these, 105 were excluded because they did not explicitly address the relationship among public health, CSR, and the SDGs. Ultimately, 47 articles met the inclusion criteria and were incorporated into the qualitative analysis. The process is summarized in the PRISMA flowchart (Figure 1), which details the identification, screening, eligibility, and inclusion phases.

The methodological quality of the 47 included articles was assessed using the Mixed Methods Appraisal Tool (MMAT), version 2018, a validated instrument endorsed by the EQUATOR Network for the appraisal of primary studies with diverse designs (quantitative, qualitative, and mixed methods). Each study was independently evaluated by two reviewers according to five generic criteria: (1) appropriateness of the research question; (2) adequacy of data collection; (3) adequacy of analysis; (4) relevance of findings; and (5) explicit discussion of limitations. Inter-rater agreement was calculated using Cohen's kappa ($\kappa = 0.81$), indicating a high level of agreement. Discrepancies were resolved through consensus. Studies were not excluded based on quality scores; however, the quality appraisal informed the weighting of evidence during the interpretative synthesis, giving greater prominence to methodologically robust contributions.

Data analysis

The analysis was structured into three complementary phases:

i) Descriptive bibliometric analysis: Scientific production

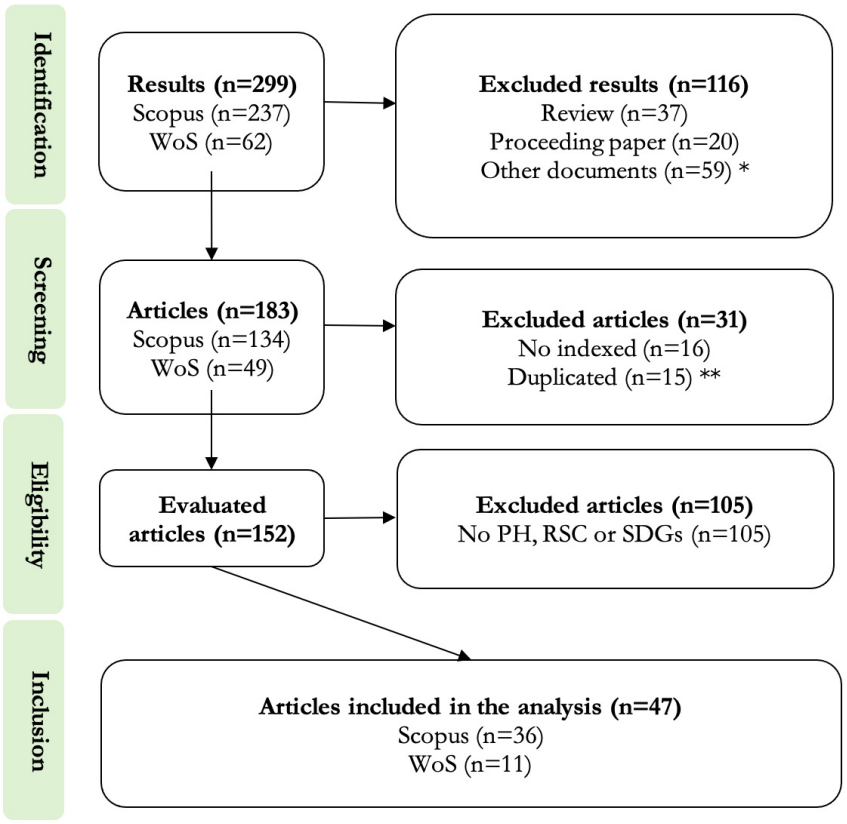

Figure 1. Inclusion and exclusion criteria applied using the PRISMA method. Source: Authors' own elaboration. * Editorial material, notes, books, book chapters, editorials, letters, and short surveys; ** Indexed in both databases.

indicators (articles, authors, journals, and temporal evolution) were examined, allowing the identification of growth patterns and the geographical distribution of the literature during the period 2005–2025.

ii) Qualitative content analysis: A thematic coding process was applied to classify the evidence into seven dimensions of CSR linked to the SDGs. This phase enabled the organization of the literature into comparable categories relevant to public administration and health management.

iii) Interpretative analysis of implications: The findings were systematized to link empirical evidence with health systems governance and public policy formulation, identifying research gaps, risks of corporate capture, and opportunities for institutional innovation.

Results

Temporal evolution of the literature

The bibliometric analysis revealed sustained growth in publications at the intersection of public health, CSR, and the SDGs since 2016, peaking in 2022 with 11 articles and more than 40 authors. A subsequent decline was observed in 2023, followed by a recovery in 2024–2025. This pattern reflects the growing importance of integrating sustainability and corporate responsibility into the public health agenda, particularly in the context of global health crises and regulatory pressures (Figure 2).

Regarding geographical distribution, a progressive internationalization of scientific production was observed. During the initial years (2005–2011), contributions were isolated, whereas from 2015 onwards, participation expanded to Europe and Latin America. Between 2021 and 2025, the recurring presence of China, Chile, and Romania was particularly notable, consolidating their position as relevant contributors to the literature. This finding highlights the need for comparative approaches that incorporate different administrative traditions and governance models (Figure 3).

Qualitative content analysis

The review organized the evidence into seven dimensions of CSR linked to the SDGs, each with direct implications for public administration and policymaking (see Table I):

- Health and well-being (SDGs 3, 5, 10): Research on burnout, gender equity, community health, and access to services. Studies show how CSR can complement public policies in reducing inequalities, although regulatory frameworks are required to avoid instrumental uses.

- Environment and climate change (SDGs 13, 12, 7): Hospitals, universities, and supply chains have adopted sustainable practices. The most relevant finding is the role of digital innovation in reducing carbon footprints, highlighting the need for policies that promote scalability and public-private financing.

- Labor practices and human rights (SDGs 8, 10, 16): Standards for fair employment, occupational safety, and respect for human rights have been identified in the healthcare value chain. The lack of common indicators represents a challenge for administrative and regulatory accountability.

- Governance and multi-stakeholder partnerships (SDGs 16, 17): The role of civil society and public-private partnerships (PPPs) is highlighted. However, risks of corporate capture have emerged in sectors such as processed foods and pharmaceuticals, underscoring the urgent need for transparency and citizen oversight mechanisms.

- University social responsibility and education (SDGs 4, 3, 13): Integrating sustainability and ethics into medical and nursing curricula strengthens human capital in healthcare. This dimension highlights the role of higher education as a long-term public policy instrument.

- Responsible consumption and nutrition (SDGs 2, 3, 12): Corporate policies directly impact eating habits and the sustainability of the food industry. A debate is underway on the need for comparable metrics to evaluate these strategies from a state-level regulatory perspective.

- Innovation and technology for sustainability (SDGs 9, 3, 13): The use of artificial intelligence, drones, and big data in the healthcare supply chain represents an opportunity to improve efficiency and reduce the environmental footprint. However, policies that guarantee digital equity and inclusive access are needed.

Interpretative analysis of implications

The results show that the integration of CSR with the SDGs has

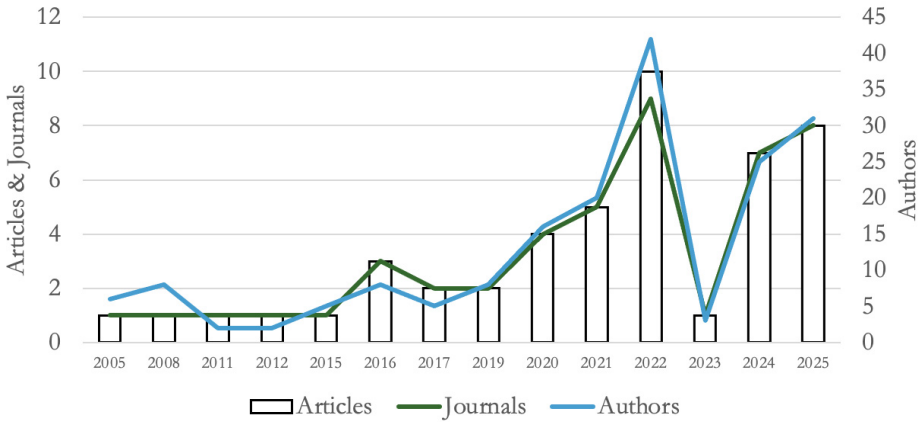

Figure 2. Temporal evolution: articles, journals and authors. Source: Authors' own elaboration.

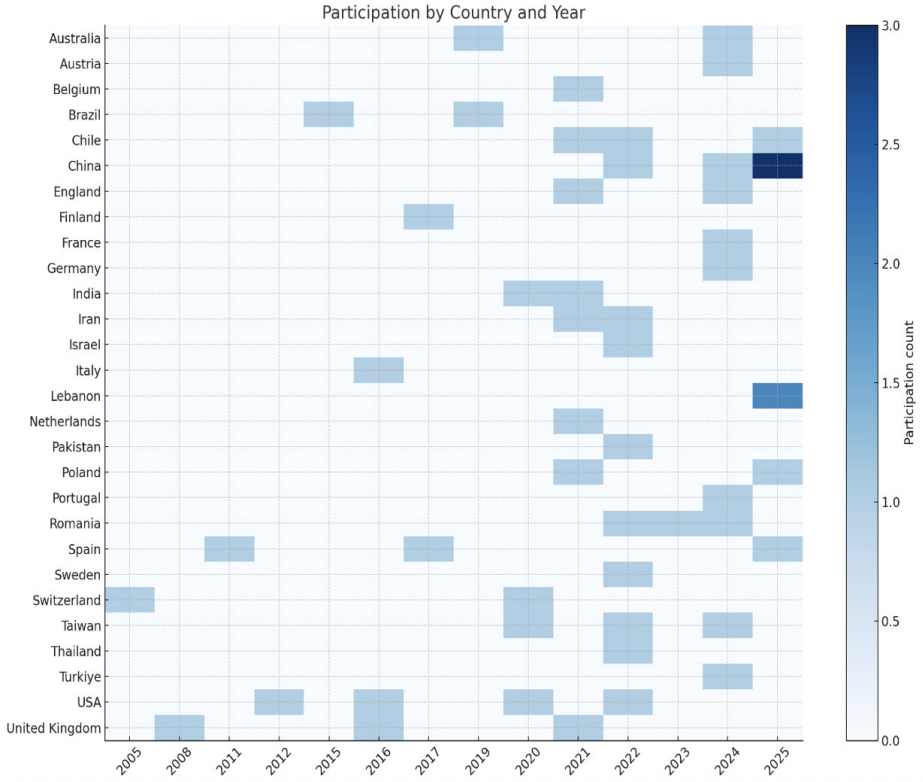

Figure 3. Participation by Country and Year. Source: Authors' own elaboration.

direct implications for the governance of health systems (Table II):

- Regulation of corporate power: Industries such as the food and pharmaceutical industries use CSR as a strategy to delay regulations. This highlights the need for stricter regulatory frameworks.

- Public-private partnerships (PPPs): They can contribute to innovation and financing but must be accompanied by transparency and accountability mechanisms.

- Assessment of healthcare systems: Accreditation models should include sustainability and CSR criteria beyond traditional financial indicators.

- Green supply chain and logistics: Digitalization and emerging technologies offer opportunities but require institutional support to ensure their adoption in countries with less administrative capacity.

- Socially responsible investment: Funds allocated to CSR can be aligned with the SDGs if they are targeted toward social determinants of health.

- Human capital: Integrating the SDGs and CSR into healthcare professional training strengthens the preparation of future public and private leaders.

- Citizen participation and civil society: Their role is crucial for monitoring policies and demanding rights.

Thus, the results show that CSR can be a tool to support public administration, provided it is framed within sound policies and inclusive governance systems that prioritize the public interest over corporate objectives.

Discussion

The findings of this review suggest that CSR, when articulated with the SDGs, has a dual potential in the field of public health. On the one hand, it can strengthen state and organizational capacities, improving access, quality, and the sustainability of health systems; on the other hand, it can lead to significant risks of corporate capture and conflicts of interest if limited to voluntary and opaque commitments (Nistor and Reianu, 2023). Consequently, the need for robust regulatory frameworks, robust transparency systems, and standardized metrics that guide corporate action toward the public interest rather than solely toward reputational or strategic ends becomes evident.

Evidence also indicates the need to transition from voluntary CSR schemes to a smart regulation model (Xue *et al.*, 2023). This model should establish a progression that begins with voluntary standards and minimum reporting, but evolves toward verifiable reporting obligations, external audits, incentives aligned with sustainability objectives, and even sanctions in cases where negative health impacts are identified. This transition is consistent with the recommendation to design regulatory instruments that ensure CSR serves as a genuine complement to state action rather than a mechanism for legitimizing questionable practices.

Public-private partnerships emerge in this context as a key instrument for channeling innovation, financing, and scale. However, their effectiveness depends on the establishment of governance safeguards that guarantee the primacy of public benefit over commercial interests (Prats Cabrera, 2019). Transparency clauses, conflict-of-interest registries, governance boards with citizen participation, and open monitoring systems are essential elements for preventing policy capture and ensuring accountability. The experience of global initiatives such

TABLE I
CSR DIMENSIONS, RELATED SDGS, EVIDENCE, AND FUTURE RESEARCH DIRECTIONS

CSR Dimension	Related SDGs	Key Articles	Description	Future Directions
Health and Well-Being (Responsibility toward workers, patients, and communities)	SDG 3 (Good Health and Well-Being), SDG 5 (Gender Equality), SDG 10 (Reduced Inequalities)	Quan *et al.* (2025) Moldovan and Moldovan (2024) Wofford *et al.* (2016) Farmanesh *et al.* (2025) Fu *et al.* (2025) González-Gutiérrez *et al.* (2025) Xu *et al.* (2022) Johansson *et al.* (2022) Champagne *et al.* (2022) Bettex *et al.* (2020)	Studies on burnout, women's health in the workplace, equity in healthcare access, and community health.	Deepen research on CSR and mental health in the workplace; expand evidence on gender and vulnerable groups; assess the impact of corporate health programs on SDGs 3 and 5.
Environment and Climate Change	SDG 13 (Climate Action), SDG 12 (Responsible Consumption and Production), SDG 7 (Affordable and Clean Energy)	Slater *et al.* (2024) Orhan *et al.* (2021) Chen-Xu (2024) Wang *et al.* (2024) Berger and Weiss (2022) CH Yang *et al.* (2020) Pulker *et al.* (2019) Scavarda *et al.* (2019) Tudor *et al.* (2008)	CSR linked to reducing the environmental footprint of hospitals, green supply chains, renewable energy, and climate action in universities.	Expand carbon footprint measurement in healthcare; evaluate cost-benefit of green strategies; explore the role of digital innovation (AI, platforms) in reducing emissions.
Labor Practices and Human Rights	SDG 8 (Decent Work and Economic Growth), SDG 10 (Reduced Inequalities), SDG 16 (Strong Institutions)	Moldovan *et al.* (2023) Suriyankietkaew and Kungwanpongpun (2022) Moldovan *et al.* (2022) Machado *et al.* (2015) Iñesta and Oteo (2011)	Includes occupational safety, fair employment practices, decent working conditions, and respect for human rights in the healthcare value chain.	Design common indicators for human rights in hospitals; link labor practices with ESG certifications; explore labor precarity in developing healthcare systems.
Governance, Transparency, and Multi-Stakeholder Partnerships	SDG 16 (Strong Institutions), SDG 17 (Partnerships for the Goals)	Bujalski (2025) Scholz *et al.* (2024) Matinheikki *et al.* (2017) Santiago and Lirio (2017) Herrick (2016) Utzinger *et al.* (2005)	Analyses of how industries (alcohol, ultra-processed foods, pharma) influence policy, and the role of civil society, PPPs, and advocacy.	Strengthen accountability in PPPs; study civil society's role in monitoring corporate CSR; evaluate risks of *conflicts of interest*.
University Social Responsibility and Education	SDG 4 (Quality Education), SDG 3 (Health), SDG 13 (Climate Action)	Göl (2024) Vera-Ruiz *et al.* (2025) Li *et al.* (2024) Chen (2022) Severino-González *et al.* (2022) Farías-Cancino *et al.* (2021)	Integration of CSR and SDGs in medical and nursing curricula; development of ethical and sustainability competencies; climate and health education.	Systematize USR models in Latin America; measure long-term impact on professional performance; promote international cooperation on education for health and sustainability.
Responsible Consumption and Nutrition	SDG 2 (Zero Hunger), SDG 3 (Health), SDG 12 (Responsible Consumption and Production)	Pino *et al.* (2016)	Critical evaluations of how the food industry implements CSR in processed foods, supermarkets, and GM foods.	Develop comparative metrics for sustainable food policies; measure the impact of CSR on dietary behaviors; link nutrition-related CSR policies to SDGs 2 and 12.
Innovation and Technology for Sustainability	SDG 9 (Industry, Innovation and Infrastructure), SDG 3 (Health), SDG 13 (Climate Action)	Chandra and Kumar (2021) Damoah *et al.* (2021) Goodarzian *et al.* (2021)	Studies on drones, AI, big data, MCDM, and digital platforms for improving healthcare sustainability and reducing environmental impact.	Assess scalability of these technologies in developing countries; explore social and ethical impacts; integrate digital equity criteria into SDG 9.

Source: Authors' own elaboration.

TABLE II
IMPLICATIONS FOR PUBLIC POLICY AND HEALTH MANAGEMENT

Area of implication	Specific implication	Evidence or basis in the review
Regulation of Corporate Influence	Establish strict regulatory frameworks to manage conflict of interest and the political influence of industries with products harmful to health (e.g., ultra-processed foods, alcohol).	Articles highlight how CSR can be a tool for "structural coupling" to influence policies and avoid regulations (Bujalski, 2025; Slater *et al*., 2024; Herrick, 2016).
Governance and Public-Private Partnerships	Design robust governance mechanisms for public-private partnerships, ensuring transparency, accountability, and that public health takes precedence over commercial interests.	The analysis of COVAX (Scholz *et al*., 2024) and multi-stakeholder initiatives (Bettex *et al*., 2020) show the risks and the need for safeguards to make these partnerships effective and equitable.
Strengthening Health Systems	Incorporate sustainability and CSR criteria into the evaluation and accreditation of healthcare facilities, going beyond traditional financial indicators.	Several studies propose comprehensive evaluation frameworks that include social, environmental, and governance dimensions (Deng *et al*., 2025; Moldovan and Moldovan, 2024; Rouhana and Van Caillie, 2025; Moldovan *et al*., 2023; Moldovan *et al*., 2022).
Health Supply Chain and Logistics	Promote innovation and sustainability in the health supply chain (e.g., use of medical drones, green logistics) to improve access and reduce environmental impact.	Research demonstrates the potential of technologies like AI and drones to optimize supply chains (Chandra and Kumar, 2021; Damoah *et al*., 2021; Goodarzian *et al*., 2021) and the need for green logistics models (Scavarda *et al*., 2019).
Investment and Financing	Incentivize or require health investments (e.g., through CSR funds) to align with the SDGs and focus on social determinants and community health.	Studies link investment in CSR to improvements in community health outcomes and social value (Arora *et al*., 2020; González-Gutiérrez *et al*., 2025; Consolandi *et al*., 2020), suggesting channeling resources towards these goals.
Training and Human Capital	Integrate CSR, the SDGs, and planetary health into the curricula of health professions and promote the development of global responsibility competencies among students.	Evidence underscores the importance of training professionals with social and environmental awareness (Göl, 2024; Orhan *et al*., 2021; Vera-Ruiz *et al*., 2025; Li *et al*., 2024; Chen, 2022; Farías-Cancino *et al*., 2021).
Sustainable Public Procurement	Implement sustainable public procurement criteria in the health sector, prioritizing suppliers that demonstrate socially and environmentally responsible practices.	The analysis of the role of digital platforms (Wang *et al*., 2024) and waste management (Scavarda *et al*., 2019; Tudor *et al*., 2008) suggests that public sector demand can drive more responsible corporate practices.
Community Participation and Civil Society	Strengthen the role of civil society in health policy advocacy and monitoring, as well as in holding corporations and the state accountable.	Civil society is identified as a key actor to prioritize health issues (e.g., hypertension) and demand action (Wofford *et al*., 2016; Champagne *et al*., 2022).
Monitoring, Evaluation, and Transparency	Develop information systems to measure the social and health impact of corporate CSR actions, beyond their voluntary reports.	The review points to a lack of specificity and robust evidence in many CSR policies (Pulker *et al*., 2019), highlighting the need for standardized metrics and independent evaluation (Consolandi *et al*., 2020; Santiago and Lirio, 2017).
Focus on Equity and Human Rights	Ensure that CSR and sustainable development initiatives in health explicitly address inequities and protect human rights, especially for vulnerable populations.	The proposed frameworks (Moldovan *et al*., 2022) and the concept of "integrated social value" (González-Gutiérrez *et al*., 2025) emphasize the need to assess impact on equity and rights.

Source: Authors' own elaboration based on the literature.

as COVAX shows that, without these conditions, partnerships tend to reproduce power asymmetries rather than solve public health problems.

In terms of institutional management, the results point to the need to expand traditional healthcare accreditation models to incorporate social, environmental, and governance dimensions (Hussein *et al*., 2025). The implementation of a sustainable dashboard, inspired by the Balanced Scorecard but adapted to the health sector, would allow a comprehensive evaluation of hospitals' carbon footprint, equity in access, occupational health, and the traceability of public procurement. This would shift the assessment of health outcomes from an exclusive focus on financial indicators toward an explicit evaluation of public value creation.

Technological innovation constitutes another central dimension of the discussion. The use of drones, artificial intelligence, big data, and green logistics models shows significant potential to optimize health system efficiency and reduce environmental impacts. However, these innovations raise questions of equity and distributive justice, as they require legal frameworks, flexible public procurement mechanisms, and interoperability criteria to ensure their adoption in contexts with less administrative capacity (Almusharraf, 2025). In this regard, public administration has the responsibility to create enabling conditions so that technological innovation does not deepen existing inequalities but rather promotes equitable and sustainable access.

A particularly relevant aspect is the comparative dimension. The recurring presence of countries such as Romania and Chile in the literature suggests that Central and Eastern Europe, together with Latin America, constitute natural laboratories for studying the intersection between CSR, the SDGs, and public health (Dan, 2015). Both regions share challenges related to regulatory capacity, corporate pressure, and structural inequalities, opening up a fertile agenda for interregional learning and policy transfer. Comparative studies across these contexts could generate more robust and scalable governance models.

Finally, the role of universities and civil society must be incorporated as key actors in co-governance. University social responsibility, reflected in the inclusion of sustainability and ethics in medical and nursing curricula, contributes to the development of human capital prepared to lead transformations in the healthcare system (Vera-Ruiz *et al*., 2025). For its part, civil society plays a crucial role in monitoring policies, reporting conflicts of interest, and defending the rights of the most vulnerable groups, thereby strengthening the democratic and participatory nature of public health governance.

Conclusions

This systematic review suggests that the intersection of public health, CSR, and the SDGs constitutes an emerging field with profound implications for governance and public administration. The results show that, to the extent that CSR is articulated with the SDGs, it can become an instrument that strengthens the resilience of health systems, promotes equity in access, and contributes to environmental sustainability. However, tensions are also identified as a result of corporations' ability to use CSR as a legitimization mechanism and to influence regulatory processes in ways that prioritize private interests over collective priorities.

Overcoming this dilemma requires recognizing that CSR does not replace state action but rather complements it under strict conditions of regulation, transparency, and accountability. Hence, the future of public health governance depends largely on the capacity of states to design robust regulatory frameworks, guarantee civil society participation, and establish standardized metrics th*et al*low an objective evaluation of the effects of corporate initiatives. Only under these conditions is it possible to ensure that CSR effectively contributes to the SDGs and that its benefits reach the most vulnerable groups.

Finally, the evidence suggests that both Central and Eastern Europe and Latin America constitute privileged spaces for comparative analysis, as they face common challenges related to institutional capacity, the regulation of corporate interests, and the reduction of structural inequalities. Policy transfer and interregional learning therefore emerge as strategic opportunities to enrich the design of governance models that strengthen public health from a sustainable perspective.

Notwithstanding its contributions, this study has limitations that must be acknowledged. First, the corpus was restricted to two databases (WoS and Scopus), which, while highly representative, may exclude relevant contributions indexed in regional repositories such as LILACS, REDALYC, or PsycINFO. Second, the search was limited to articles in English and Spanish, potentially omitting evidence produced in other languages, particularly from Asian and African contexts that are underrepresented in the reviewed literature. Third, despite the application of the MMAT and inter-rater validation, the qualitative and interpretative nature of the synthesis introduces a degree of subjectivity inherent in content analysis approaches. Fourth, the rapidly evolving regulatory landscape surrounding CSR—including recent European directives on mandatory non-financial reporting—may render some findings partially dated by the time of publication.

These limitations suggest several avenues for future research: (i) replicating this review by incorporating additional databases and language-diverse sources; (ii) longitudinal analyses of the regulatory evolution of CSR in health-relevant industries, particularly the pharmaceutical and agro-food sectors; (iii) comparative studies between Latin American and Central-Eastern European governance models; (iv) empirical evaluations of the impact of mandatory CSR reporting on public health outcomes, particularly for vulnerable populations; and (v) studies examining how artificial intelligence and big data tools can be used to monitor corporate commitments in real time, thereby improving accountability in multi-stakeholder governance frameworks.

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RESPONSABILIDAD SOCIAL CORPORATIVA Y GOBERNANZA DE LA SALUD PÚBLICA EN EL MARCO DE LOS OBJETIVOS DE DESARROLLO SOSTENIBLE: UNA REVISIÓN SISTEMÁTICA

Pedro Severino-González, Jairo Dote Pardo, Reynier Ramírez-Molina, Guipsy Rebolledo-Aburto, Walter Calderón-Morales, Sonia Antezana-Alzamora y Gerardo Zapata-Chero

RESUMEN

Este estudio examina la intersección entre la Responsabilidad Social Corporativa (RSC), los Objetivos de Desarrollo Sostenible (ODS) y la gobernanza de la salud pública. El objetivo es identificar los desafíos, oportunidades e implicancias de política pública asociados con la integración de la RSC en los sistemas de salud y la administración pública dentro de marcos de sostenibilidad. Se realizó una revisión sistemática de la literatura siguiendo las directrices PRISMA 2020. El análisis combinó técnicas bibliométricas, análisis cualitativo de contenido y síntesis interpretativa. Los resultados revelan un creciente cuerpo de literatura desde 2016 y destacan el potencial de la RSC para fortalecer los sistemas de salud, promover la sostenibilidad y fomentar la colaboración entre múltiples actores. Se identificaron siete dimensiones clave: salud y bienestar; medio ambiente y cambio climático; prácticas laborales y derechos humanos; gobernanza y alianzas; responsabilidad social universitaria; consumo responsable y nutrición; e innovación y tecnología. Sin embargo, la revisión también identificó riesgos significativos, entre ellos la captura corporativa, los conflictos de interés y mecanismos débiles de rendición de cuentas. Los resultados subrayan la necesidad de marcos regulatorios sólidos, métricas estandarizadas y estructuras de gobernanza transparentes para garantizar que la RSC contribuya efectivamente a los resultados de salud pública y al cumplimiento de los ODS.

RESPONSABILIDADE SOCIAL CORPORATIVA E GOVERNANÇA DA SAÚDE PÚBLICA NO ÂMBITO DOS OBJETIVOS DE DESENVOLVIMENTO SUSTENTÁVEL: UMA REVISÃO SISTEMÁTICA

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RESUMO

Este estudo examina a interseção entre a Responsabilidade Social Corporativa (RSC), os Objetivos de Desenvolvimento Sustentável (ODS) e a governança da saúde pública. O objetivo é identificar os desafios, as oportunidades e as implicações para as políticas públicas associadas à integração da RSC nos sistemas de saúde e na administração pública em contextos de sustentabilidade. Foi realizada uma revisão sistemática da literatura seguindo as diretrizes PRISMA 2020. A análise combinou técnicas bibliométricas, análise qualitativa de conteúdo e síntese interpretativa. Os resultados revelam um crescente corpo de literatura desde 2016 e destacam o potencial da RSC para fortalecer os sistemas de saúde, promover a sustentabilidade e fomentar a colaboração entre múltiplos atores. Foram identificadas sete dimensões-chave: saúde e bem-estar; meio ambiente e mudanças climáticas; práticas de trabalho e direitos humanos; governança e parcerias; responsabilidade social universitária; consumo responsável e nutrição; e inovação e tecnologia. Entretanto, a revisão também identificou riscos significativos, incluindo captura corporativa, conflitos de interesse e mecanismos frágeis de prestação de contas. Os resultados ressaltam a necessidade de marcos regulatórios sólidos, métricas padronizadas e estruturas transparentes de governança para assegurar que a RSC contribua efetivamente para os resultados em saúde pública e para o alcance dos ODS.