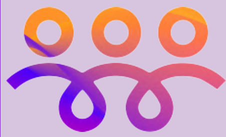

CHiAPRT
Centre for Health in All Policies
Research Translation

Health Promotion International

Policy Brief: In Conversation Round Table

Why action on the Commercial Determinants of Health is vital

What is the problem?

The policies, practices and products of commercial entities shape our lives influencing living conditions, consumer behaviour and political decisions. Often the actions of these commercial organizations are harmful to health and wellbeing, exacerbating inequities, and prioritizing private interests and profit over public interests.

Commerce - the buying and selling of goods and services –is not inherently bad for health. Many goods and services are beneficial, even essential, to health, eg: healthy food, clothing, medical products and equipment, and access to digital technology. Small local businesses provide accessible employment; medium and large businesses also provide jobs and add to the economic prosperity of countries.

Having a good quality job (one with security, good terms and conditions of employment, and conducted in a safe and healthy environment) is good for health and where economies are thriving, governments can redistribute income and wealth and invest in health and social services that protect and promote the health of their citizens. Commerce becomes a concern when the drive for economic outcomes and interests puts the health of individuals and populations at risk.

The In Conversation: Boundary Spanners, Thinkers and Policy Actors - Round Table Series provides a platform for researchers, policy actors and implementation experts to elevate discussion on emerging issues, present new and upcoming research and facilitate conversation around impacts and possible solutions.

Click link below for more details:
Policy briefs for health promotion

This second policy brief, on the Commercial Determinants of Health, reflects the conversation between the authors of this paper along with supporting literature.

A shorter version will be published in Health Promotion International.

Policy Frames

There has been growing attention to defining the scope of the commercial determinants of health (CDoH). Some of this work has focused exclusively on the harmful impacts of commerce on health. For example, in 2016 Kickbusch et al proposed the following definition: '*strategies and approaches used by the private sector to promote products and choices that are detrimental to health.*' (Kickbusch et al, 2016).

Mialon also focused on harm and ill health identifying three realms of the Commercial Determinants of Health:

1: those that relate to unhealthy commodities that contribute to ill-health including, for example, tobacco, unhealthy foods and drinks and alcohol
2: business, marketing and political practices that are harmful to health and used to sell such commodities and secure a favourable policy environment
3: global drivers of ill health including market-driven economies and globalisation, that have facilitated the use of such harmful practices (Mialon, 2020).

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To watch the In Conversation Round Table, click the link below:

Commercial Determinants of Health

Other approaches acknowledge both the positive and negative impacts. WHO states:

'*Commercial determinants of health are the private sector activities that affect people's health positively or negatively'* including *'the conditions, actions and omissions by corporate actors that affect health'* noting *'Commercial determinants arise in the context of the provision of goods or services for payment and include commercial activities, as well as the environment in which commerce takes place.'* (WHO, 2021).

More recently de Lacy-Vawdon et al (2022) take a systems view noting the CDoH are a series of interrelated systems creating a *'constellation of factors with potential to profoundly influence population and planetary health and well-being.'*

Policy Brief: In Conversation Round Table

Influence of power dynamics in Commercial Determinants of Health

Analysis of power dynamics is critical in policy framing of the CDoH. Redressing the escalating political influence of commercial organisations (and individuals) over governments and individuals' lives is challenging because it involves actors losing their power to make profits in ways that cause health and environmental harm. Friel et al (2021) undertook 158 qualitative interviews in Australia investigating the power dynamics shaping public policy and the implications for health equity and note:

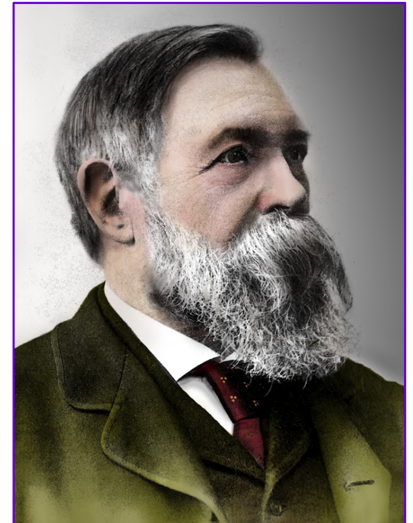
'The influence of structures of capitalism, neo-liberalism, sexism, colonisation, racism and biomedicalism were widely evident, manifested through the ideologies, behaviours and discourses of state, market, and civil actors and the institutional spaces they occupied.'

Their Health Equity Power Framework identifies the types and forms of power that different actors use in different spaces at local, national and global levels that shape multisectoral public policy in their interests.

Commercial entities express their structural, institutional and ideational power throughout society shaping environments, minimising the role of governments, and shifting responsibility for health and wellbeing onto the individual including, for example:

* Extensive marketing of products that influence what people are exposed to and what is available for purchase
* Limited transparency of the steps in supply chains and the products' production history
* Influencing ideologies of governments in favour of increasing deregulation, including a reluctance to regulate the power and influence of large commercial organisations
* Privatisation of services previously provided by the government (e.g., aged care and disability services) reducing public benefit
* Growing CEO salaries, casualisation of the workforce, reduced labour rights and income security increasing inequities.

Interest in the commercial determinants of health is not new. For example, in nineteenth century England Friedrich Engels (pictured right) pointed to the negative impact of the industrial revolution on health (Engels, 1892).



In Upper Silesia in the mid-19th century Rudolf Virchow, (pictured below) in his report on typhus in the community, noted that while the nouveaux riches were making a lot of money from the mines, they treated the miners not as human beings but as machines. (Taylor and Rieger, 1984).

More recently the emergence of zoonotic disease stemming in part from ecological destruction by commercial forces has also become more evident and the consumption of ultra-processed foods is contributing to the growing epidemic of non-communicable diseases. (Baum and Fisher, 2014)

Policy Responses

Commercial determinants have long been known to have an impact on health, but governments have had mixed success in prioritizing public health given the power of industry to use the tactics listed above to influence government policy.

Tobacco control is the most successful example of controlling the negative impact of commercial interest - 'Big Tobacco' - dramatically reducing smoking rates and related deaths, particularly in high income countries. This 'healthy public policy' approach has been accelerated by the adoption and implementation of the global treaty, the WHO Framework Convention on Tobacco Control (FCTC) (WHO, 2003). Even so smoking rates are high in many low- and middle-income countries where tobacco companies have turned their attention (Gilmore et al., 2015) and the multisectoral governance approaches required to achieve policy coherence and address pressure from multinational actors face many challenges including centralization of authority, vulnerability as developing states and funding research where data may be skewed in favour of commercial interests (Patay et al., 2022; WHO, 2021).

Other examples where commercial interests were managed through policy and legislative responses include legislation on road safety measures (e.g., seat belts, drink driving measures and airbags) and occupational health and safety (e.g., asbestos and lead controls) (Gruszin et al., 2012).

For over a decade Australia has adopted a partnership approach between government policy-makers, food scientists and the food industry to address food related issues including food reformulation and food labelling. This partnership has had limited impact on diet related disease and lacked government commitment, leadership and funding, measurable targets, monitoring and reporting structures and mechanisms for enforcement for the intended reforms (Jones et al., 2016, Obesity Policy Coalition 2018). Pleasingly, the National Obesity Strategy and the National Preventive Health Strategy released in Australia in 2021 both include reference to CDoH, suggesting this may be changing.

Policy responses continued

Worryingly, action on the biggest threat to health, climate change, is impacted by the commercial interests of the fossil fuel sector through strategies including intensive lobbying, donations, election campaigning and employment of former politicians and advisors (Human Rights Law Centre 2022).

The past five years has seen a burgeoning of literature pointing to the impact of commercial determinants on health and equity and research providing real world examples (see for example Maanii 2020, Freudenberg 2021, McKee and Stuckler 2018). It is fundamental to fully understand the operation and impact of the CDOH to develop and implement interventions that protect and promote health. We need research that documents the behaviour of commercial interests and effective action that challenges the unhealthy behaviour of commercial entities.

'Health is a political choice' requiring government decisions for the collective, and choosing actions that favour population health and equity. (Kirton and Kickbusch 2018) Public health actors and communities also have power, including through coalitions, social mobilization and organized campaigns. (Friel 2021) The Doha Declaration on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) Agreement and Public Health is one such example of a coalition of actors working together for the broader public good. (Friel, 2021)

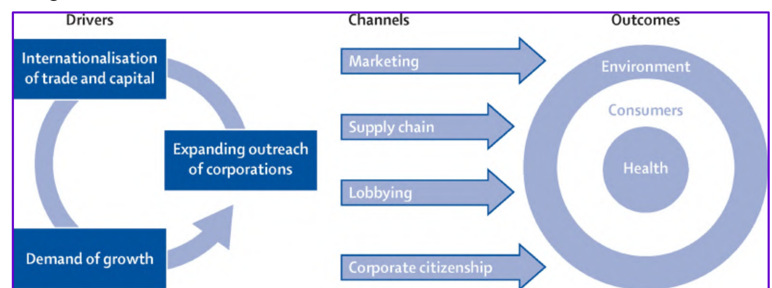
Despite the powerful interests associated with the commercial drivers of unhealthy and harmful commodities, there are a range of options available to governments, including regulation, legislation, taxation and policies.
Examples include:

* Strengthening regulatory tools including strong and enforced consumer protection laws for product safety; regulation of marketing based on a deep understanding of the way in which marketing influences behaviour; increased taxation of harmful, unhealthy commercial activities and products; increased controls on foreign investors; and appropriate limitations on private intellectual property protections where they do not serve the public interests. Activities to monitor and enforce compliance with regulation must be carried out independently and protected from industry influence.
* Identifying where international treaties could be developed as has been the case for tobacco control.
* Ensuring compliance with the UN Guiding Principles (UNGP) on business and human rights which apply to the obligations of both states and businesses and the need for appropriate and effective remedies when principles are breached (United Nations, 2011). The UNGPs encompass three pillars outlining how states and businesses should implement the framework:
    - The state duty to protect human rights
    - The corporate responsibility to respect human rights
    - Access to remedy for victims of business-related abuses.

If these principles were implemented, they would make a big difference to health. So far, the civil society movement lobbying for a Binding Treaty on Business and Human Rights (The Left 2017) has not been successful. This binding treaty would bring more power to governments over corporations and has been resisted. The campaign to stop corporate power and impunity is strongly urging the adoption of the binding treaty (Dismantle Corporate Power 2022). The FCTC has been one of the examples that is motivating civil society to push for a broader binding treaty.

* Reforms to redress problematic corporate influence over politicians including '*big, corrupting donations*' and lack of transparency regarding financial contributions to politicians; and the establishment of integrity commissions and laws requiring registration of lobbyists (e.g., gambling, fossil fuels, food industry). (Human Rights Law Centre 2022)
* Embedding Health in All Policies approaches can assist in progressing action on determinants including commercial determinants. A collaboration between health and labour, for example, would go a long way to improving working conditions in corporations and be good for health. Freudenburg argues that many problems are interconnected and bringing together people who work in similar streams of work, for example, food, agriculture, health and climate change, to articulate a common vision and implement a coordinated strategy will be important (Freudenburg 2021).

Figure: Dynamics that constitute the Commercial Determinants of Health



(Kickbusch, I., Allen, L. and Franz, C., 2016)

Join the movement/next steps/the way forward.

Lacy-Nichols and Marten note that advancing the health promotion sector's knowledge and understanding of the myriad sources and forms of power and strategies used by commercial actors will assist in advocacy, research and partnerships (Lacy-Nichols et al. 2022). This must be a priority for capacity building in the health promotion sector including a focus on the sector's capacity for action on CDoH.

Building partnerships with colleagues in sectors including finance, law, and economics will assist in implementing policy reforms (Freeman and Sindall 2019) and sharing examples of practice will assist. Partnerships and coalitions, including with civil society, are fundamental to health promotion and the expertise and experience of Health in All Policies specialists in making political and policy sense of the complexity of determinants of health and required action should prove useful in this regard.

It remains problematic however that CDoH are 'frequently understated, not made explicit, or simply missing' from common social determinants of health frameworks (Maani et al., 2020). This risks leading policymakers, practitioners, and researchers to ignore or misunderstand the role of such determinants and the need for regulatory interventions.

The increasing attention given to the wellbeing economy of health could also work in favour of measuring the impact of commercial activities. This is a vital area in which the health promotion community must engage, with considerable potential to make a difference to health and inequity.

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