Countering the commercial determinants of health: strategic challenges for public health

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Private enterprise is widely seen as making a positive contribution to societal wellbeing. In 2018, more than 80% of Australians were employed in the private sector.\textsuperscript{1} Commerce and industry – from small business to large corporations – generate wealth, drive technological innovation, and provide products and services that the community values. However, when the regulation of commercial practices is weak – particularly in the case of large corporations – chasing profits can trump public welfare. The findings of the Royal Commission into Misconduct in the Banking, Superannuation and Financial Services Industry aptly illustrate this conflict, concluding that “much if not all of the conduct identified in the first round of hearings can be traced to entities preferring pursuit of profit to pursuit of any other purpose.”\textsuperscript{2}

The focus of this special issue on the ‘commercial determinants of health’ is on the corporations which produce and market unhealthy commodities such as tobacco, alcohol, soft drinks and processed food. The limited regulatory control of these industries has contributed to their role in driving the growing global epidemic of noncommunicable disease. The papers commissioned for this issue help to further illuminate how the behaviour of these companies serves to undermine advances in chronic disease prevention.

In this, we have been guided by Kickbusch et al’s widely cited definition of the commercial determinants of health as “strategies and approaches used by the private sector to promote products and choices that are detrimental to health”.\textsuperscript{3} This terminology reflects the increasing global understanding of how unhealthy commodity industries affect health, and is the term favoured by the World Health Organization (WHO) and other United Nations agencies.

In using the commercial determinants of health framework, we also acknowledge the discussion in the literature of the ‘corporate determinants of health’ and the recent body of research on transnational corporations.\textsuperscript{4-9} This work recognises the wider impact of major corporations on health and wellbeing, beyond the manufacture and marketing of commodities. This framing considers both the direct and indirect effects of corporate operations, including through the production process, environmental footprint, employment and remuneration practices, financial practices (such as meeting tax obligations) and political behaviour.\textsuperscript{10}

Kickbusch et al proposed that there would be value in using the commercial determinants of health banner as a multidisciplinary field to
conceptually unite all critical public health analysis
cerned with corporate power and the role of
corporations in propagating the noncommunicable
diseases pandemic. This was a welcome and timely call.
Systematising efforts – in research, theory and practice –
in confronting the producers of unhealthy commodities is
crucial. But in sharpening a focus on the corporation as a
’disease vector’, the public health community will need
to forge stronger links with colleagues in areas such as
law, economics, corporate finance and political science,
and with civil society organisations.
To date, perspectives on the role of the private sector
in shaping public health reforms have been mixed, with
some critical voices urging caution and exclusion of
vested corporate interests in policy making, while others
have urged close partnerships to create mutually
beneficial solutions. The rise of smoking and the role the
tobacco industry played in not only selling cigarettes, but
in actively deceiving the public about the true
harmfulness of cigarettes, laid a clear path
for excluding the tobacco industry from public health
policy making. This exclusion is enshrined in the WHO
Framework Convention on Tobacco Control (Article 5.3),
which requires all convention parties to protect public
health from tobacco industry interference.12 These same
protections are not afforded from other harmful industries
and this is reflected in the slow progress of other
prevention efforts when compared to the success story of
tobacco control.
As the food and beverage industries have
aggressively expanded the promotion and sale of
their unhealthy products globally, a sharper focus has
developed on the operations and practices of the
 corporations driving these processes. Although the
severity of the health impact of tobacco is unique, the
tactics used by other industries to block, divert, and delay
health reforms are near identical to those embraced by
the tobacco industry. The structural linkages and
interlocking directorates across industries mean that
differentiating ‘Big Tobacco’ from other global corporate
interests in ‘Big Food’, ‘Big Soda’ or ‘Big Alcohol
becomes increasingly challenging.13 The case for
‘tobacco industry exceptionalism’ is further weakened when
there is little evidence to suggest that the strategies
deployed by the food and beverage companies are any
more likely to produce positive health outcomes.14
Kickbusch et al propose a number of key pathways
through which health-damaging corporations exert
strategic influence on consumption patterns and public
policy.3 These include:
• Marketing, which enhances the desirability and
  acceptability of unhealthy commodities
• Lobbying, which can impede policy barriers such as
  plain packaging and minimum drinking ages
• Corporate social responsibility strategies, which can
deflect attention and whitewash tarnished reputations
• Extensive supply chains, which amplify company
influence around the globe.

Responses to these strategies are challenging as
they inevitably require a stronger role for the state in
regulating corporate behaviour. While often touted as
effective solutions by industry, self-regulation, public
health education and policy-making partnerships have
had minimal impact on improving the commercial
determinants of health. This is unsurprising when
voluntary regulations lack any meaningful enforcement,
education is drowned out by omnipresent product
marketing and policy-making partnerships often result
in regulations that heavily favour industry rather than
consumer health.15
Yet public health voices calling for regulation or
use of fiscal measures often gain limited traction,
notwithstanding the available evidence. Challenges for
public health in this regard include the value placed
by governments on the economic contribution of major
companies and the jobs provided, industry lobbying
power and the dominant media narrative, shared by
many politicians, that regulation or taxation applied to
specific industries or products constitutes unnecessary
‘nanny state’ interference in market dynamics or
consumer choice.
The papers in this special issue provide important
new insights on a number of these areas, in regard
to corporate behaviour16 and relationships with
government17,18, media framing of issues19 and strategies
to bring about change.20,21
We believe these papers can help inform how we
move forward on these issues. We welcome the debates
and new thinking that the commercial determinants
framework provides. But ultimately these ideas need
to translate into concrete political action as we have
seen with tobacco control. How to achieve this is
a question to which we hope our readers will give
serious consideration.
We hope readers enjoy these themed papers and all
the articles in this special issue. We sincerely thank all
the authors for their insightful and excellent contributions.
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References


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