

Commercial determinants of health

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Commercial determinants of health

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Key facts

- Commercial determinants of health are the private sector activities that affect people's health, directly or indirectly, positively or negatively.
- The private sector influences the social, physical and cultural environments through business actions and societal engagements; for example, supply chains, labour conditions, product design and packaging, research funding, lobbying, preference shaping and others.
- Commercial determinants of health impact a wide range of risk factors, including smoking, air pollution, alcohol use, obesity and physical inactivity, and health outcomes, such as noncommunicable diseases, communicable diseases and epidemics, injuries on roads and from weapons, violence, and mental health conditions.
- Commercial determinants of health affect everyone, but young people are especially at risk, and unhealthy commodities worsen pre-existing economic, social and racial inequities. Certain countries and regions, such as Small Island Developing States and low- and middle-income countries, face greater pressure from transnational actors.
- There are effective public health actions to respond to these determinants, which are key to building back better after COVID-19.

Related

Related health topics:

- Commercial determinants of health
- Addictive behaviours
- Common goods for health
- Social determinants of health
- Tobacco
- Sustainable development goals
- Obesity
- Noncommunicable diseases
- Intellectual property and trade
- Health law

Fact sheets



Five main risk factors for NCDs

- Tobacco
- Alcohol
- Physical inactivity
- Unhealthy diets
- Air pollution

Unhealthy commodity industries include:

- Tobacco
- Alcohol
- Ultra-processed food
- Gambling
- Fossil fuels
- Cars
- Guns
- Social media

West and Marteau 2013

“Factors that influence health which stem from the profit motive”

Kickbusch et al 2016

“Strategies and approaches used by the private sector to promote products and choices that are detrimental to health”

Gilmore et al 2023

“The systems, practices, and pathways through which commercial actors drive health and equity”

The Lancet Commission on improving population health post-COVID-19



Harry Rutter, Katharina Wabnitz, Devaki Nambiar, Amandine Garde, Tim G Benton, David L Heymann, Robert Yates, Sharon Friel, Gareth J Hollands, Wenjia Cai, Nick Chater, David E Bloom, Renzo R Guinto, Omnia El Omrani, James Wilsdon, John H Amuasi, Creon Butler, Sheila Tlou, Theresa M Marteau

Executive summary

An increasing number of national and international commitments have failed to reduce three intimately interconnected major global threats to population health: non-communicable diseases, outbreaks of infectious diseases, and environmental degradation.

Non-communicable diseases cause more than 43 million deaths globally every year, of which 18 million are of people younger than 70 years. More than 70% of these deaths occur in low-income and middle-income countries (LMICs). To date, the official number of COVID-19 cases globally is more than 775 million, with more than 7 million deaths, although the absolute figures are likely to be far higher due to under-reporting. Environmental degradation is unravelling complex ecosystems, setting the world on a path to mass extinction, with the climate crisis creating an existential threat to human survival.

environment and transport, agriculture and land use, and energy.

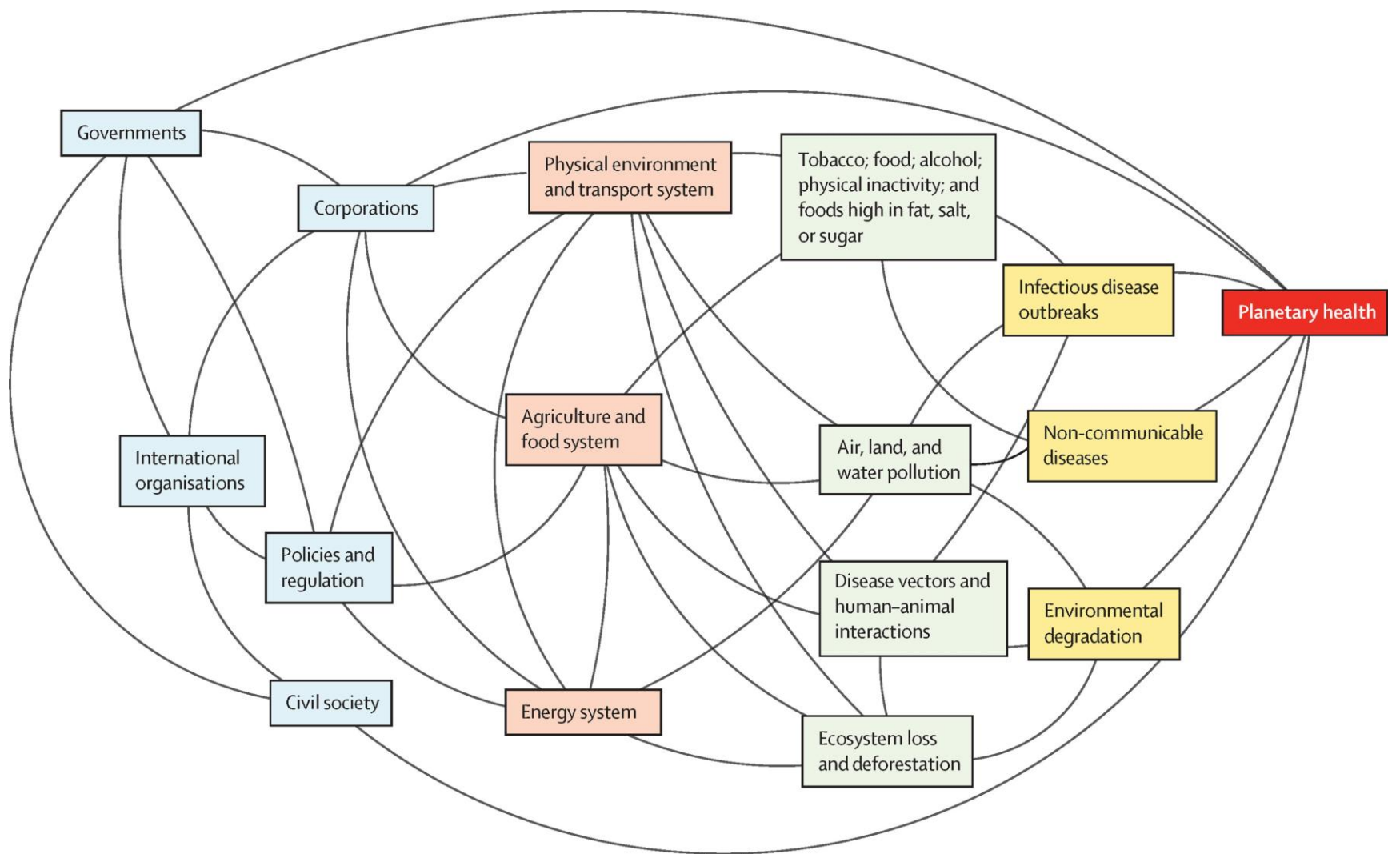
Equity is a central concern of our Commission, and all actions were considered in terms of their potential effects on inequalities, as well as risks of other harmful unintended consequences. Where this was the case, we identified potential ways in which any such harms could be mitigated.

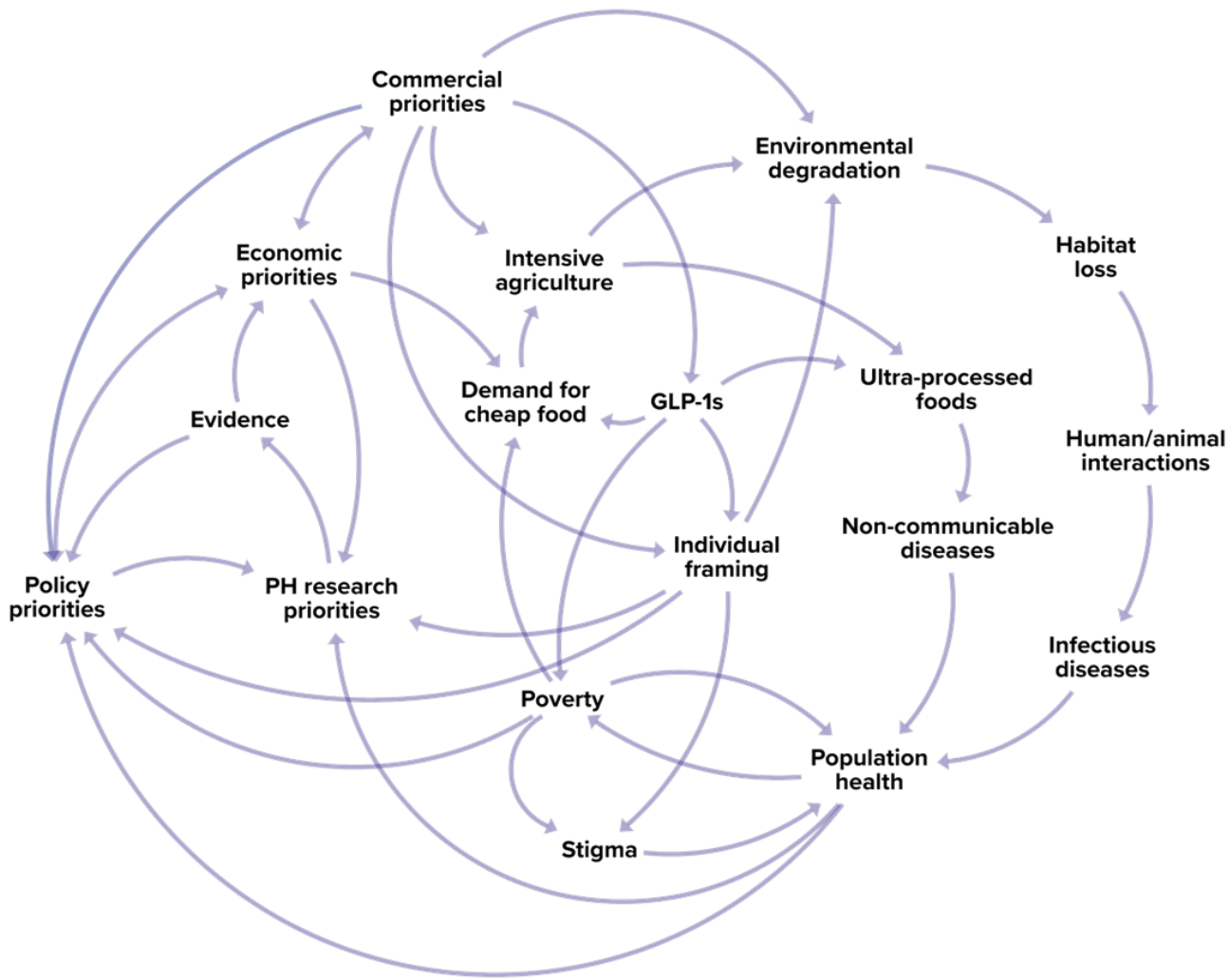
We identified that these three threats to population health are caused by many shared and interacting factors. For example, the clearance of vast areas of land globally to support high levels of palm oil production reduces the capacity of the land to retain carbon, and excessive consumption of ultraprocessed foods containing palm oil contributes to non-communicable diseases (such as obesity and type 2 diabetes), which are major risk factors for morbidity and mortality from infectious diseases, including COVID-19. Simultaneously, the destruction of

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Implementing sustainable liver health in Europe: a second EASL–Lancet Commission



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Executive summary

In December 2021, the European Association for the Study of the Liver (EASL)–Lancet Commission on liver disease in Europe launched its first report, which highlighted an alarming increase in liver-related mortality in many European countries. The Commission proposed a roadmap for addressing the documented negative trends. However, quoting one of the accompanying Comment articles, “gaining consensus on what needs to be done is perhaps the easiest step. Implementing change will be much harder, with many vested interests, both professional and commercial, to overcome.” This Commission aimed to evaluate and advance the enactment of the previously proposed recommendations.

We evaluated a range of evidence to update and refine the current burden and future projections of liver disease in Europe. This evidence included the 2023 update to the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD), a dedicated modelling framework developed by the Organisation for Economic Co-operation and Development (OECD), and data from both public (eg, UN and WHO) and modelling-based research databases (eg, Polaris Observatory). Cirrhosis and liver cancer cause almost 780 deaths per day in the WHO European Region, accounting for 3% of all deaths. Between 2000 and 2023, rates of liver cancer mortality have increased by more than 50%, and mortality from cirrhosis has remained persistently high. Liver disease burden has a pronounced negative effect on population-level health and life expectancy, and in the absence of liver diseases, the combined economies of the

(such as cardiovascular diseases and type 2 diabetes), and cancers, average life expectancy would increase by 10–8 months (range 2–7 to 25–6 months across countries). Using GBD estimates for 2023, we show that three-quarters of the alcohol-attributable disability-adjusted life years lost in the WHO European region relate to non-liver-related causes such as other non-communicable diseases (47%), cancers (13%), and injuries (12%), reinforcing that addressing liver-related risk factors also

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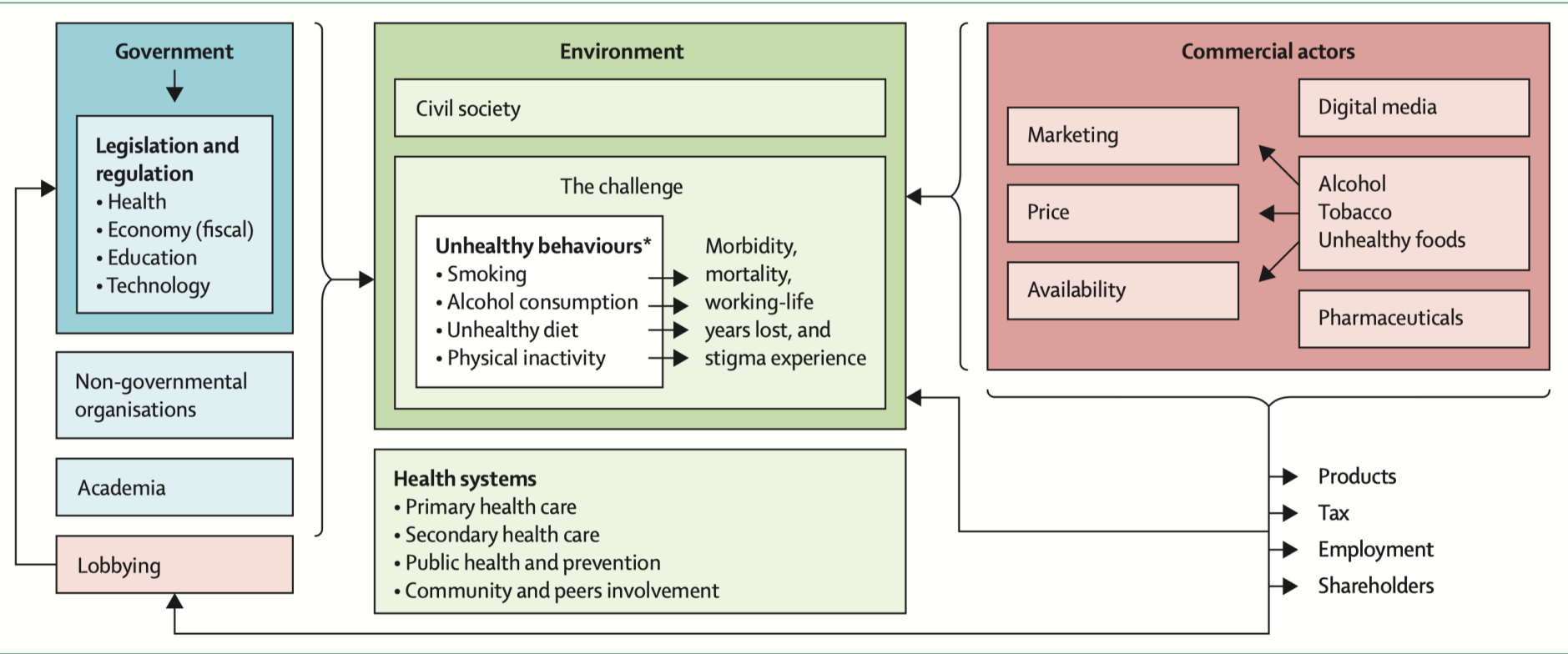
Second report of the EASL–Lancet

Commission on liver health in

Europe

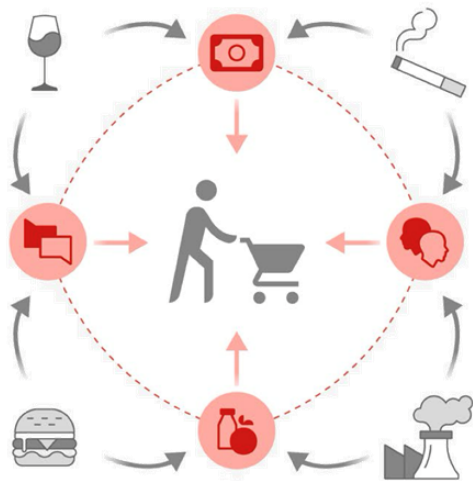
Key messages

- Mortality from cirrhosis has remained persistently high in the WHO European region since 2000, with liver cancer mortality increasing by more than 50%, and the cost of liver disease to the combined economies of the EU27+4 (EU member states, plus Norway, Iceland, the UK, and Switzerland) being now estimated at €55 billion per year
- Consumption of alcohol and unhealthy foods are key drivers for liver-related mortality in Europe, and eliminating risk factors related to health behaviour would almost halve the burden of liver diseases in the EU27+4
- Liver disease is closely linked to broader health and longevity harms, which is exemplified by the fact that, in the WHO European region, three-quarters of the alcohol-attributable disability-adjusted life-years lost are due to non-liver-related primary causes, particularly other non-communicable diseases
- Our modelling of viral hepatitis shows that 25% of migrants with chronic hepatitis B and 44% with chronic hepatitis C come from low endemicity countries and would therefore be excluded from testing under current international guidelines
- The European Beating Cancer Plan emphasises the importance of early detection and prevention, yet has overlooked surveillance strategies specific to liver cancer
- The current digital marketing ecosystem and social media algorithms amplify structural determinants of liver health and promote behaviours related to alcohol and unhealthy food consumption in children and adolescents



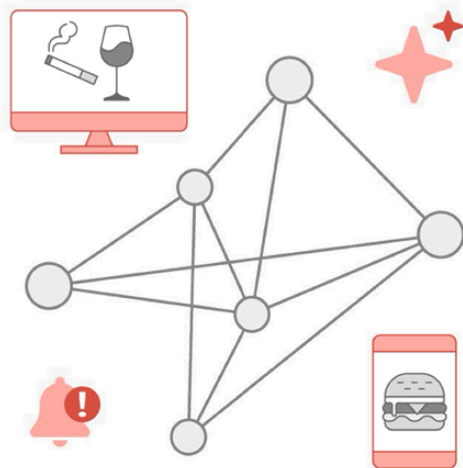
Europe's decision makers must meet the influence commercial actors have on liver health head-on.

When implementing strategies to improve public health, policy makers often attempt to change behaviour by targeting individuals. This tends to be at best only weakly effective as people's options are determined by factors that are largely beyond their control:



1

The physical, social, cultural, and economic environments are shaped by the alcohol, tobacco, ultra-processed food, and fossil fuel industries, in pursuit of profit.



2

Digital environments shape children's and adolescents' behaviour using social media algorithms and AI to create personalised content and persuasive imagery that promote unhealthy dietary and alcohol behaviours.



3

The language of 'choice' is heavily promoted by these industries, but the choices that people make are made from a set of options that are heavily constrained by the influence of these powerful commercial actors.

Tackling the corporate playbook

The Commission report describes how to address actions by industries relevant to liver health, based on lessons from controlling tobacco and other unhealthy products



Physical environment

- » **Pricing strategies** influence consumption through affordability.
- » **Availability and access** embed unhealthy products everywhere.
- » **Advertising** and marketing normalise consumption.
- » **Packaging** attracts or misleads consumers.
- » **Labelling** uses warnings that are small and hard to read.
- » **Product design and branding** influence appeal.



Social environment

- » **Marketing** targeted at groups at high risk of liver disease.
- » **Shaping social norms** to normalise consumption.
- » **Digital amplification via social media** normalises consumption.
- » **Marketing** surrounds children and families in everyday spaces.



Cultural environment

- » **Promoting obfuscated science** to emphasise minor harms, minimise major risks.
- » **Downplaying health risks** and emphasising pleasure and belonging.
- » **Child-focused branding** with bright colours, and friendly characters.
- » **Corporate social responsibility** narratives divert public attention from harmful practices.
- » **Dark nudges and sludge** designed to confuse consumers and promote unhealthy behaviours.



Economic environment

- » **Lobbying** and political influence to steer policy makers in industry-friendly directions.
- » **Investment** to consolidate control over markets.
- » **Self-regulation** and voluntary approaches weaken public health impact.
- » **Shape media and public dialogue** through corporate expenditure.

“The profits of alcohol consumption are capitalised to benefit shareholders, while the health, social, and justice costs, estimated at approximately 2% of GDP in high-income countries, are socialised and borne by the state and taxpayers. The alcohol industry makes no direct contribution to offset these harms, effectively creating a societal subsidy of its profits.”



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WE'RE LISTENING TO CONSUMERS AND TAKING ACTION TO REDUCE SUGAR - A TAX WON'T HELP

26 May 2016

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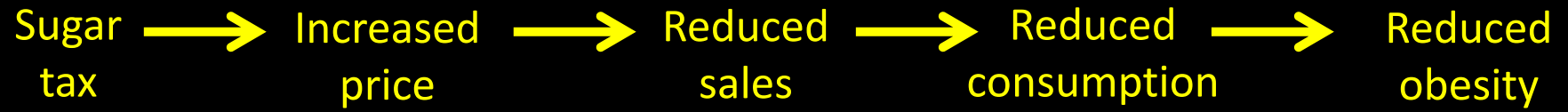
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Sugar tax

↑
Minimise magnitude

Price restructuring
Reformulation



Increased price

↑
Minimise changes

Advertising
Marketing
Promotions



Reduced sales

↑
Minimise impact

Divert attention



Reduced consumption

↑
Obfuscate

Undermine the evidence



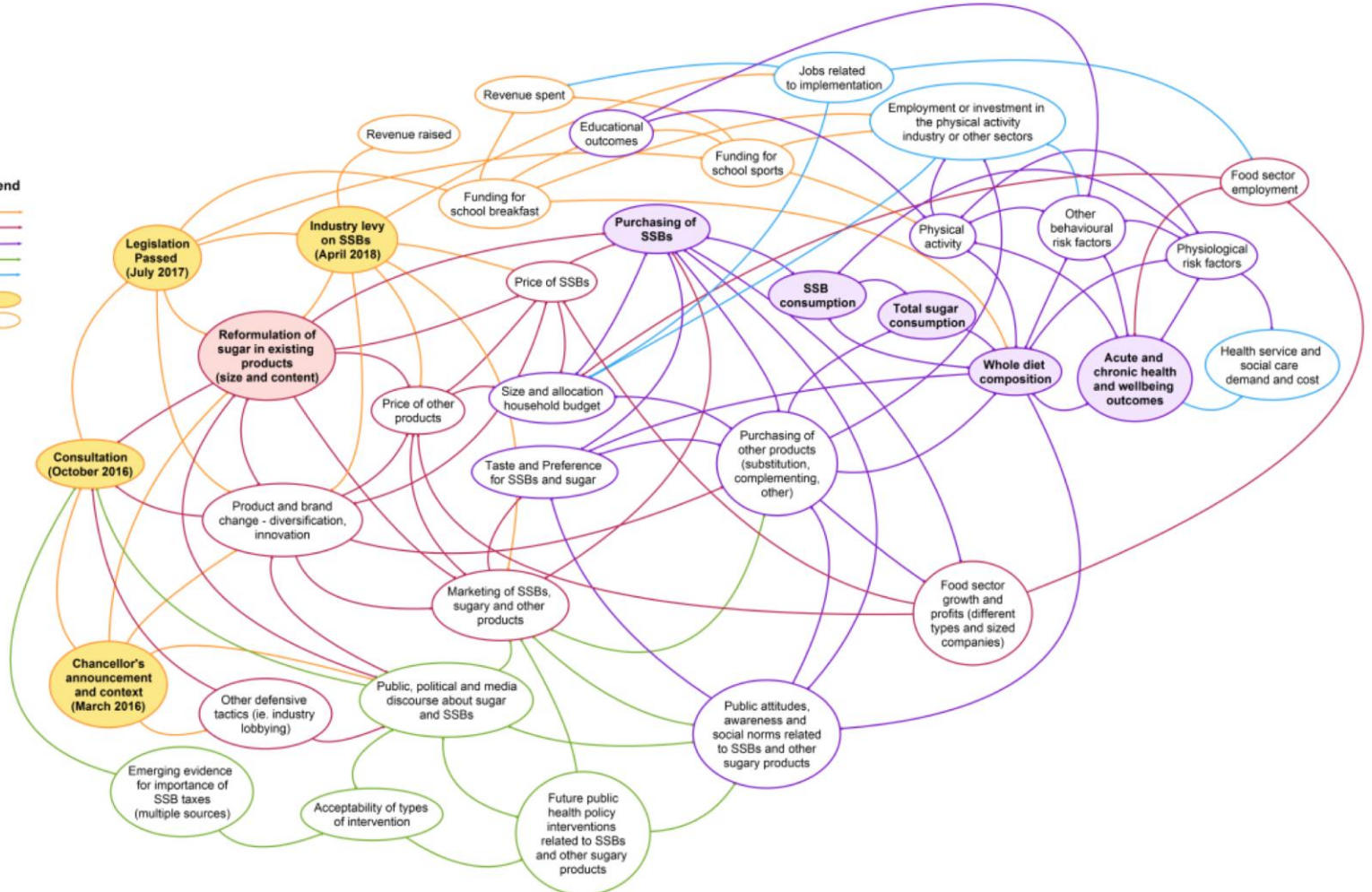
Reduced obesity

↑
Manipulate the discourse



System Legend

- Government Actions (orange line)
 - Food Industry Actions (red line)
 - Consumer Behaviour (purple line)
 - Public Acceptability and Discourse (green line)
 - Other Sector Actions (blue line)
- Shaded - Concepts on primary pathway (yellow oval)
Non-shaded - Concepts beyond the primary pathway (white oval)





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An analysis of the stock market reaction to the announcements of the UK Soft Drinks Industry Levy



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ABSTRACT

On 16th March 2016, the government of the United Kingdom announced the Soft Drinks Industry Levy (SDIL), under which UK soft-drink manufacturers were to be taxed according to the volume of products with added sugar they produced or imported. We use 'event study' methodology to assess the likely financial effect of the SDIL on parts of the soft drinks industry, using stock returns of four UK-operating soft-drink firms listed on the London Stock Exchange. We found that three of the four firms experienced negative abnormal stock returns on the day of announcement. A cross-sectional analysis revealed that the cumulative abnormal returns of soft drink stocks were not significantly less than that of other food and drinks-related stocks beyond the day of the SDIL announcement. Our findings suggest that the SDIL announcement was initially perceived as detrimental news by the market but negative stock returns were short-lived, indicating a lack of major concerns for industry. There was limited evidence of a negative stock market reaction to the two subsequent announcements: release of draft legislation on 5th December 2016, and confirmation of the tax rates on 8th March 2017.

The Effectiveness of Partnerships With Commercial Actors to Improve Food Environments: A Systematic Review

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Keywords: food environment | policy | public-private partnership | systematic review

ABSTRACT

Partnerships with commercial actors have been proposed as a policy approach to create healthier food environments. We conducted a systematic review to assess their effectiveness for improving food environments and population health at state, national, or international levels. We searched in 14 databases and two websites for real-world evaluations published between 2010 and 2020. Study quality was appraised using a modified Newcastle-Ottawa Scale. Data were synthesized narratively by outcome (human, food environment, policy content, and implementation progress), considering their effect direction. Seventeen studies reporting on seven PPPs in four countries were included. Most studies ($n=14$) involved food reformulation, especially salt reduction. Three focused on specific settings (the eating out-of-home sector, schools, and convenience stores). There was mixed evidence that partnerships make people buy fewer calories or more school meals ($n=3$ studies) or reduce product sodium content ($n=6$). Some positive effects were described in one uncontrolled study each for decreasing trans-fatty acid intake and for making healthier options more available in school cafeterias, but these studies had important limitations. Five document analyses highlighted shortcomings in the partnerships, including their limited scope, failure to add value to ongoing actions, varying participation levels, and lack of implementation, monitoring, and reporting. Alternative policy approaches should be considered. This systematic review is registered on PROSPERO as CRD42020170963.

Industry influence on public health policy formulation in the UK: a complex systems approach

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Abstract

Unhealthy commodity industries (UCIs) such as tobacco, alcohol, gambling, ultra-processed food and beverage producers are known to influence policy-making to advance their interests, often to the detriment of public health goals. This study mapped the complex system underpinning UCI's influence on public health policy formulation in the UK and identified potential interventions to shift the system towards being able to better attain public health goals. We conducted a participatory systems mapping workshop with ten experts to build a causal loop diagram (CLD) and identify potential interventions to address UCI's influence on public health policy development. The resulting CLD depicts a highly interconnected and reinforcing system driving UCI's involvement in public health policy formulation across five thematic areas. Among the most connected elements were the 'dominance of market mechanisms', 'perception of partnership as good governance principle', 'industry involvement lending perceived legitimacy to the policy formulation process', 'industry is seen as part of the solution' and 'industry ties to policy-makers'. Participants identified a total of 22 interventions within this system. Analysis of the CLD and interventions identified the potential for two key paradigmatic changes in this complex system: de-normalizing the perception of unhealthy commodity industry actors as legitimate stakeholders in policy formulation; and prioritizing public health and wellbeing objectives over profit and economic gain. In order to shift the system towards better attaining public health goals, interventions should reinforce each other and be supportive of these two key paradigmatic shifts.

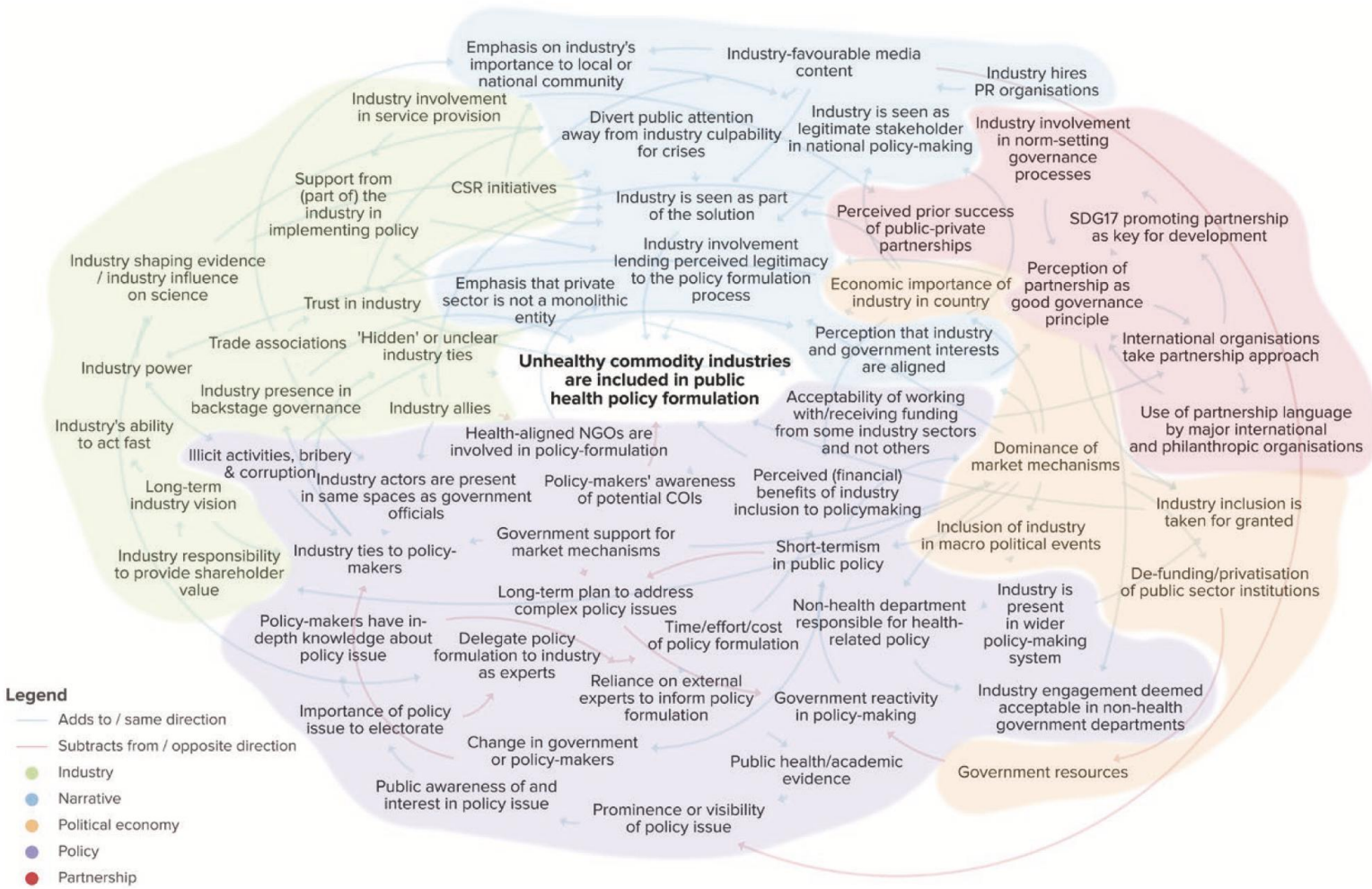


Fig. 1: Overall systems map of the drivers of UCI influence on public health policy formulation in the UK.

Conclusions

- Non-communicable diseases underpin the majority of premature mortality globally
- Commercial actors exert powerful influences on science, policy, framing, public discourse
- These influences can create benefit as well as harm...
- ...but the activities of many commercial actors are a major driver of NCDs, as well as climate change, biodiversity loss, pandemic risks, and more
- Action requires recognising these threats, and engaging public, professionals and policymakers in the responses