

Editorial

Acting on the Commercial Determinants of Health

‘Our world won’t be here if you continue to devastate the lands. There will be no more money to make.’ 19-year-old Australian (Arnot *et al.*, 2023b)

In 1986, when *Health Promotion International* was launched, the founding Chair of the Editorial Board, Professor Ilona Kickbusch, stressed that promoting health is not easy in the face of the well planned strategies of ‘powerful interest groups’ and the ‘wheelings and dealings of power politics’ [(Kickbusch, 1986), p. 3]. Thirty years later, Kickbusch and colleagues called for efforts to unite the critical public health analysis of the corporate sector and its tactics, arguing that the Commercial Determinants of Health (CDoH) enabled researchers to systemize efforts to confront the commercial drivers of disease and inequalities (Kickbusch *et al.*, 2016).

HOW HAS THE FIELD EVOLVED SINCE THEN?

A decade on from this call to action, we continue to need urgent coordinated approaches at this critical and precarious time for people and planet (Thomas and Daube, 2023). However, we are also reminded that despite powerful opposition, important advances can be made in exposing and addressing the predatory tactics of health harming industries at global, national and local levels (World Health Organization, 2003). Tobacco control advocates have shown us the art of the possible—that health protecting policies that once seemed unthinkable (such as bans on advertising and plain packaging) could be achieved with robust independent evidence, coordinated advocacy and political will (Daube and Maddox, 2021). Once shown to be possible in one country, these achievements could be replicated elsewhere.

However, tobacco control advocates also emphasized that we should never sit back and assume that we have ‘won’ our fight to protect health from the predatory and aggressive tactics of powerful industries and their allies. Rather, we must continue to work together to protect what has been achieved—and go further. We must always be aware that health harming industries will be innovative in maintaining and diversifying their markets and in protecting their profits (Arno *et al.*, 1996; Jernigan and Babor, 2015; Mehrotra *et al.*, 2019; Dewhurst, 2023). New, often unforeseen products, industries or political threats will emerge—exemplified by Big Tech and its role in enabling the creation and rapid spread of mis- and disinformation (Thomas and Daube, 2023; Zenone *et al.*, 2023).

Coordinated efforts have also shown the importance of working together across industries. This entails recognizing the similarities in the ‘corporate playbook’ that multiple commercial actors use to promote and market products, influence public and political norms, manipulate and deny science, and delay regulatory reform (Bond *et al.*, 2009; Brownell and Warner, 2009; Moodie *et al.*, 2013; Petticrew *et al.*, 2017). There are also well founded concerns about the impact of corruption (The Lancet, 2024). While scholarship initially focused on the tobacco, alcohol and ultra-processed food industries as core drivers of noncommunicable diseases (Gilmore *et al.*, 2023; Lee, 2023), new areas of focus such as gambling (Thomas *et al.*, 2023) and Big Pharma (Marks, 2020) have demonstrated the broader impacts of powerful industries on health and social harms. We have seen continued warnings about the role of extractive industries on the perilous health of the planet (Ripple *et al.*, 2024)—the pollution of our water, soil and air, the destruction of natural habitats and ecosystems, and the disconnection between communities and their food sources (Sula-Raxhimi *et al.*, 2019; van Schalkwyk *et al.*, 2023). Most recently, researchers have revealed how commercial determinants influenced access to vaccines and other health system responses to COVID-19 (Freeman *et al.*, 2023).

THE BROADER CDoH ECOSYSTEM

Conceptual and theoretical frameworks also show us that we must look beyond specific commercial actors to consider the broader ‘systems, practices, and pathways’ which influence health and social inequities [(Gilmore *et al.*, 2023), p. 1195]. This involves acknowledging the ecosystem that supports and protects the activities of industries and political systems that prioritize private wealth of a few over public health for all, and neoliberal policies that have favoured decreased regulations. This ecosystem includes roles played by sporting organizations (Kickbusch, 2012), mainstream and social media (Even *et al.*, 2024), industry-funded lobbying groups (Aravena-Rivas *et al.*, 2024), management consultancy companies (Even *et al.*, 2024), academics and institutions (Proctor, 2012; McDonald *et al.*, 2023), and the revolving door between harmful industries and government (Watts *et al.*, 2023). However, these frameworks also remind us that while there is an important focus on those that contribute to harm, other commercial actors and investment in health can have a positive impact on population wellbeing and equity.

As with the social determinants of health, some population subgroups are more vulnerable to the negative impacts of predatory corporate practices than others. These include children and young people (Soraghan *et al.*, 2023; Pitt *et al.*, 2024), women (McCarthy *et al.*, 2023; Thomas *et al.*, 2024), and First Nations people (Crocetti *et al.*, 2022; Eisenkraft Klein and Shawanda, 2024). Inequitable exposure to harms is created by the broader pathways and systems through which products are promoted to these groups, but also how they are exploited within production processes, and in industry public relations and corporate social responsibility strategies (McCarthy *et al.*, 2023).

TRANSLATING EVIDENCE TO MEANINGFUL IMPACT

The growing collaboration, activity and global focus on the CDoH holds great promise. As the contributions in this special issue show, new scholarship is emerging and novel ideas and ways of thinking are being generated—particularly from our graduate students, early career researchers and new interdisciplinary global partnerships. With this growing momentum, it is important to reflect on the values that unify us, the challenges that we face and how we overcome these (Thomas and Daube, 2023). What is the future that we envisage for the CDoH field, and what role does this play in improving health and wellbeing for all?

The first challenge is to acknowledge that the multiple theoretical and conceptual frameworks developed to study the CDoH have largely originated from Global North academics and organizations. Frameworks are, of course, important in providing a foundation for action and may be appropriate for local contexts. They have helped to show that health harming industries increasingly target Lower- and Middle-Income Countries (LMICs) and Small Island Developing States (SIDS) which may not yet have the robust policy or regulatory infrastructure needed to respond to powerful vested interests (Dumbili, 2019; Mialon and Gomes, 2019). Decolonizing the CDoH must be an important part of our discussions, ensuring that power, knowledge systems and expectations about ‘action’ are not solely shaped by academics and organizations in the Global North. To move forward at a global level, we must not only acknowledge our privilege but also engage with LMICs and SIDS, and discuss where power is held (and withheld) in the CDoH, as well as seeking to address any power asymmetries more broadly in global health (Abimbola *et al.*, 2021).

Second is our responsibility to help create the necessary structures to catalyse work in this area. This includes a commitment to educating and training the public health workforce about the CDoH. We must also protect the wellbeing, safety, and credibility of those who research and challenge powerful vested interests. Many of us will know all too well that a key part of the corporate playbook entails strategies designed to dispute and discredit the work and character of independent researchers and their research (Daube, 2015). While there are an increasing number of global reports drawing attention to and encouraging work in the CDoH, there is still very limited focus on workforce development and providing the structures that are needed to support our colleagues working in this area. This is a significant omission, and we must invest in mechanisms to protect and empower the CDoH workforce as advocates for health and equity.

The third challenge is establishing a united approach to engagement with commercial actors, based on a recognition of the cross-industry playbook and a need to scrutinize an industry’s *practices* and not just the inherent *harmfulness* of their products. While industries often seek to frame themselves as being an important part of the solution to the very problems that they cause, we must always remember that the fundamental purpose of any big business is to turn maximum profit for investors, regardless of environmental or social impact. Article 5.3 of the WHO Framework Convention on Tobacco Control, which is widely seen as a model for approaches to health harming industries, requires Parties to protect public health policies ‘*from the commercial and other vested interests of the tobacco industry*’ (World Health Organization, 2003). However, this standard is very poorly applied to other industries. Some researchers and organizations have framed contact with commercial actors such as the gambling, pharma and ultra-processed food industries as inevitable and even inherently beneficial. Others may bolster the legitimacy of involvement with harmful industries by accepting sponsorship or industry participation at scientific or related forums (Dun-Campbell *et al.*, 2022). If we agree that these industries pose a threat to the health and equity of communities, that their primary motive is profit rather than community wellbeing, and that they oppose or undermine measures that will reduce their harms, we must take all forms of engagement with harmful commercial actors seriously. We must be led by the evidence on the risk to public health goals such engagement poses.

We also may need to think carefully about how we define and broaden the concept of ‘harm’ and consider the inequity that a range of different actors may cause for different communities (van Schalkwyk *et al.*, 2022). This includes recognizing that some harms are disproportionately concentrated in LMICs and SIDS. Some commercial actors may cause harms that are more overt (e.g. the tobacco or alcohol industries), while others may be more insidious (e.g. pharma or gambling), or play significant roles in developing harmful industry strategies (such as through advertising and public relations agencies and management consultancy companies). These discussions are challenging, but they are important as they will create a foundation of trustworthiness in the CDoH community.

Finally, and perhaps most importantly, we should consider how we engage a diverse range of communities and stakeholders in the discussions and decisions that are made about the CDoH. We must recognize the urgent need for an inter-generational lens on the CDoH in order to strengthen the workforce and foster future leaders. This includes developing meaningful strategies to engage young people in discussions about areas of focus that are important to them (Arnot *et al.*, 2023a). Young people face a precarious future. It is understandable that they feel frustrated, powerless, hopeless and angry at the decisions that will affect their futures based on the profit-based motivations and priorities of commercial and political actors. We must also acknowledge that young people may have different priorities about the issues that have an immediate impact on their health and wellbeing. These include access to secure housing, increasingly casualized and unstable workforces, affordable and accessible education, continued global conflicts, the rise of mis- and disinformation, and the need for urgent action on the climate crisis. Young people are innovative, powerful and insightful. We

must work with and learn from them in setting agendas and priority areas for the CDoH, be champions for their right to take part in decision-making, and embrace and support new ways of communicating and engaging.

WHAT DOES THE FUTURE HOLD?

As this special edition of the journal shows, there is a strong and growing interest among researchers in both exploring and exposing different aspects of the CDoH and identifying approaches that may assist in countering and reducing their negative impacts. We will continue to highlight this area as a fundamentally important aspect of health promotion at all levels, and to invite and support further discussion so that over time we can focus not only on the challenges we face, but on the progress that has been made, in part as a result of the work of our contributors and colleagues, and those we seek to support.

CONFLICT OF INTEREST

S.T.: Has received funding for gambling research from the Victorian Responsible Gambling Foundation, Healthway, the Australian Research Council, Department of Social Services and the Office of Gaming and Racing NSW. She has received funding for research on the CDoH from VicHealth. She has received funding for alcohol, vaping and tobacco research from Deakin University. She is a member of the Board of the International Confederation of Alcohol and other Drug Research Associations. She is currently Editor-in-Chief of Health Promotion International.

M.D.: Has received funding for gambling research from the Victorian Responsible Gambling Foundation, Healthway and the Australian Research Council. He has received travel funding from the World Health Organization. He is currently Chair of the Boards of Health Promotion International.

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O.A.-Y.: Has funding from the Africa Capacity Building Foundation for building capacity in tobacco industry monitoring for effective policy advocacy in Africa. He is currently a member of the Editorial Advisory Board of Health Promotion International.

B.F.: Has received consultancy funding from the NSW Ministry of Health (2022) and WHO (2024), and travel reimbursement from the PHAA, VinFuture Foundation, Australian Association for Adolescent Health, Health and Wellbeing Queensland and the Department of Health, and Hong Kong SAR to present on e-cigarettes at forums/conferences. She is a named investigator on research projects funded by: NHMRC,

MRFF, NSW Health, Cancer Institute NSW, Healthway, Ian Potter Foundation, Heart Foundation, Minderoo Foundation, and the Australian Department of Health and Aged Care. She was a member of the Australian National Health and Medical Research Council [NHMRC] Electronic Cigarettes Working Committee (2020–2023) and an unpaid advisor to the Cancer Council Australia on tobacco control research, Cancer Institute NSW on vaping messaging and the NSW Chief Health Officer e-cigarette expert panel. She is a member of the Editorial Advisory Board for Health Promotion International.

T.A.S.: Has received funding from the World Obesity Federation, NCD Child, Healthy Caribbean Coalition, International Development Research Centre, Canada and Caribbean Public Health Agency, Ministry of Health and Wellness, Jamaica. She is currently an editor at BMC Public Health.

E.V.: None to declare.

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REFERENCES

- Aravena-Rivas, Y., Heilmann, A., Watt, R. G., Broomhead, T. and Tsakos, G. (2024) Analysis of public records of lobbying practices of the ultra-processed sugary food and drink industries in Chile: qualitative study. *The Lancet Regional Health – Americas*, 35, 100794.
- Arno, P. S., Brandt, A. M., Gostin, L. O. and Morgan, J. (1996) Tobacco industry strategies to oppose federal regulation. *Journal of the American Medical Association*, 275, 1258–1262.
- Arnot, G., Pitt, H., McCarthy, S., Collin, P. & Thomas, S. (2023a) Supporting Young People As Genuine Political Actors in Climate Decision-Making. *Health Promotion International*, 38.
- Arnot, G., Thomas, S., Pitt, H. and Warner, E. (2023b) Australian young people's perceptions of the commercial determinants of the climate crisis. *Health Promotion International*, 38.
- Bond, L., Daube, M. and Chikritzhs, T. (2009) Access to confidential alcohol industry documents: from 'Big Tobacco' to 'Big Booze'. *Australasian Medical Journal*, 1, 1–26.
- Brownell, K. D. and Warner, K. E. (2009) The perils of ignoring history: big tobacco played dirty and millions died. How similar is big food? *The Milbank Quarterly*, 87, 259–294.
- Crocetti, A. C., Cubillo, B., Lock, M., Walker, T., Hill, K., Mitchell, F. et al. (2022) The commercial determinants of Indigenous health and well-being: a systematic scoping review. *BMJ Global Health*, 7, e010366.
- Daube, M. & Maddox, R. 2021. Impossible Until Implemented: New Zealand Shows the Way. *Tobacco Control*, 30, 361–362.
- Dewhirst, T. (2023) 'Beyond nicotine' marketing strategies: Big Tobacco diversification into the vaping and cannabis product sectors. *Tobacco Control*, 32, 402–404.

- Dumbili, E. W. (2019) Heightened hypocrisy: a critical analysis of how the alcohol industry-sponsored 'Nigerian Beer Symposium' jeopardises public health. *Drugs: Education, Prevention and Policy*, **26**, 287–291.
- Dun-Campbell, K., Van Schalkwyk, M. C. I., Petticrew, M., Maani, N. and McGill, E. (2022) How do industry-funded alcohol and gambling conferences frame the issues? An analysis of conference agendas. *Journal of Studies on Alcohol and Drugs*, **84**, 309–317.
- Eisenkraft Klein, D. and Shawanda, A. (2024) Bridging the commercial determinants of Indigenous health and the legacies of colonization: a critical analysis. *Global Health Promotion*, **31**, 15–22.
- Even, D., Abdalla, S. M., Maani, N. and Galea, S. (2024) News media as a commercial determinant of health. *The Lancet Global Health*, **12**, e1365–e1369.
- Freeman, T., Baum, F., Musolino, C., Flavel, J., Mckee, M., Chi, C. et al. (2023) Illustrating the impact of commercial determinants of health on the global COVID-19 pandemic: thematic analysis of 16 country case studies. *Health Policy*, **134**, 104860.
- Gilmore, A. B., Fabbri, A., Baum, F., Bertscher, A., Bondy, K., Chang, H. -J. et al. (2023) Defining and conceptualising the commercial determinants of health. *Lancet*, **401**, 1194–1213.
- Jernigan, D. H. and Babor, T. F. (2015) The concentration of the global alcohol industry and its penetration in the African region. *Addiction*, **110**, 551–560.
- Kickbusch, I. 1986. Introduction to the Journal. *Health Promotion International*, **1**.
- Kickbusch, I. (2012) Addressing the interface of the political and commercial determinants of health. *Health Promotion International*, **27**, 427–428.
- Kickbusch, I., Allen, L. and Franz, C. (2016) The commercial determinants of health. *The Lancet Global Health*, **4**, e895–e896.
- The Lancet. (2024) Corruption: possibly the biggest threat to health care. *The Lancet Regional Health – Americas*, **32**, 100744.
- Lee, K. (2023) Advancing the commercial determinants of health agenda. *The Lancet*, **401**, 16–17.
- Marks, J. H. (2020) Lessons from corporate influence in the opioid epidemic: toward a norm of separation. *Journal of Bioethical Inquiry*, **17**, 173–189.
- McCarthy, S., Pitt, H., Hennessy, M., Njiro, B. J. and Thomas, S. (2023) Women and the commercial determinants of health. *Health Promotion International*, **38**.
- McDonald, A., McCausland, K., Thomas, L., Daube, M. and Jancey, J. (2023) Smoke and mirrors? Conflict of interest declarations in tobacco and e-cigarette-related academic publications. *Australian and New Zealand Journal of Public Health*, **47**, 100055.
- Mehrotra, R., Yadav, A., Sinha, D. N., Parascandola, M., John, R. M., Ayo-Yusuf, O. et al. (2019) Smokeless tobacco control in 180 countries across the globe: call to action for full implementation of WHO FCTC measures. *The Lancet Oncology*, **20**, e208–e217.
- Mialon, M. and Gomes, F. D. S. (2019) Public health and the ultra-processed food and drink products industry: corporate political activity of major transnationals in Latin America and the Caribbean. *Public Health Nutrition*, **22**, 1898–1908.
- Moodie, R., Stuckler, D., Monteiro, C., Sheron, N., Neal, B., Thamarangsi, T. et al.; Lancet NCD Action Group. (2013) Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet (London, England)*, **381**, 670–679.
- Petticrew, M., Katikireddi, S. V., Knai, C., Cassidy, R., Hessari, N. M., Thomas, J. et al. (2017) 'Nothing can be done until everything is done': the use of complexity arguments by food, beverage, alcohol and gambling industries. *Journal of Epidemiology and Community Health*, **71**, 1078–1083.
- Pitt, H., McCarthy, S. and Arnot, G. (2024) Children, young people and the commercial determinants of health. *Health Promotion International*, **39**.
- Proctor, R. N. 2012. *Golden Holocaust: Origins of the Cigarette Catastrophe and the Case for Abolition*, University of California Press.
- Ripple, W. J., Wolf, C., Gregg, J. W., Rockström, J., Mann, M. E., Oreskes, N. et al. (2024) The 2024 state of the climate report: perilous times on planet earth. *BioScience*. biae087.
- Soraghan, M., Abdulkareem, T. O., Jennings, B., Boateng, J. A., Chavira García, J., Chopra, V. et al. (2023) Harmful marketing by commercial actors and policy ideas from youth. *Health Promotion International*, **38**, daad149.
- Sula-Raxhimi, E., Butzbach, C. and Brousselle, A. (2019) Planetary health: countering commercial and corporate power. *The Lancet Planetary Health*, **3**, e12–e13.
- Thomas, S., Cowlshaw, S., Francis, J., Van Schalkwyk, M. C. I., Daube, M., Pitt, H. et al. (2023) Global public health action is needed to counter the commercial gambling industry. *Health Promotion International*, **38**, daad110.
- Thomas, S. and Daube, M. (2023) New times, new challenges for health promotion. *Health Promotion International*, **38**, daad012.
- Thomas, S. L., Randle, M. and White, S. L. (2024) (Re)framing menopause: a comprehensive public health approach. *Health Promotion International*, **39**, daae052.
- Van Schalkwyk, M. C., Maani, N. & Petticrew, M. (2023) The fossil fuel industry: fuelling doubt and navigating contradiction. In Maani, N., Petticrew, M. & Galea, S. (eds.) *The Commercial Determinants of Health*. Oxford University Press.
- Van Schalkwyk, M. C. I., Zenone, M., Maani, N., Petticrew, M. and Mckee, M. (2022) Back to our roots or sowing new seeds: thinking anew on the paradigms of health, harm and disease. *Journal of Public Health*, **44**, i28–i33.
- Watts, C., Jones, M., Lindorff, K. and Freeman, B. (2023) How tobacco companies use the revolving door between government and industry to influence policymaking: an Australian case study. *Public Health Research & Practice*, **33**, e33122305.
- World Health Organization. (2003) *WHO Framework Convention on Tobacco Control*. WHO Press.
- Zenone, M., Kenworthy, N. and Maani, N. (2023) The social media industry as a commercial determinant of health. *International Journal of Health Policy and Management*, **12**, 6840.