Commercial Determinants of Health 3

Commercial determinants of health: future directions

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This paper is about the future role of the commercial sector in global health and health equity. The discussion is not about the overthrow of capitalism nor a full-throated embrace of corporate partnerships. No single solution can eradicate the harms from the commercial determinants of health—the business models, practices, and products of market actors that damage health equity and human and planetary health and wellbeing. But evidence shows that progressive economic models, international frameworks, government regulation, compliance mechanisms for commercial entities, regenerative business types and models that incorporate health, social, and environmental goals, and strategic civil society mobilisation together offer possibilities of systemic, transformative change, reduce those harms arising from commercial forces, and foster human and planetary wellbeing. In our view, the most basic public health question is not whether the world has the resources or will to take such actions, but whether humanity can survive if society fails to make this effort.

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This is the third in a **Series** of three papers about commercial determinants of health. All papers in the Series are available at thelancet.com/series/commercial-determinants-health

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Introduction

The COVID-19 pandemic, the climate emergency, the rising burden of non-communicable diseases (NCDs), and growing health inequities within and between countries make a business-as-usual approach to public and planetary health increasingly untenable. As described previously in this Series,[1,2] powerful commercial interests and their activities have played key roles in exacerbating these crises.

This is the third paper in this Series and looks towards the future. As societies strive to build forward fairer, questions of how to thrive in a world dominated by powerful commercial interests, and what role this sector should play in shaping this world, loom large. To improve health and health equity, current political, economic, and social structures and systems need to change. Fundamentally, global society as a whole must ask which political and economic arrangements will contribute most to 21st century health and health equity; what the role is of markets in a society that privileges public interests; which institutional arrangements and enforcement practices can effectively regulate harmful business practices, products, and problems that transcend national boundaries; how progressive and regenerative business models can be incentivised; and how citizens and civil society can promote the necessary public policy and business changes and ensure accountability.

We examine these questions and offer a vision for a system that advances public interests, where public and planetary health and health equity are priority goals for collective actions. We lay out an immediate and long-term transformational agenda through the lens of multilevel governance, analysing the potential for change from global to local policies and regulatory powers and progressive business approaches, and recognising the agency of local and transnational networks of citizens and civil society organisations that are independent of industry interests.

Offering an alternative

The model in the first paper in this Series[1] highlights the many ways in which health and health equity harms can arise from commercial forces. Fundamentally, the model suggests a need to change how societies define and measure progress, and the role of commercial actors in achieving that progress. It makes clear that both policies focused on commercial determinants of health (CDOH) practices and transformation of the systems that build harmful commercial power is key to sustainable social progress.

In a call to rethink social progress, contemporary capitalism, and the role of the commercial sector within it, we imagine societies in which public and private actors prioritise environmental sustainability, human rights, basic needs, health and wellbeing, and a normative shift away from harmful consumptogenic systems. Imagine progressive business models that embed health, equity, and environmental goals, for which businesses are held accountable: macroeconomic policies designed to ensure a fair social foundation and economic environments operating within the ecological ceiling.[3] Imagine public policies free from commercial interference; employment, education, transport, housing, and health care policies and systems that support people to live with dignity, in good health, and with a full sense of wellbeing; and a governance model that privileges the public over private interests.

Achieving societal progress as suggested here entails multiple actions by diverse actors including governments, international organisations, businesses, civil society groups, and researchers.[4] This will require progressive and regenerative commercial entities, and market actors to change their profit at-any-cost models to embrace more socially and environmentally conscious business models, respect regulations to prevent harmful practices and products, and end opposition to public health policies that jeopardise their power or profits.

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Key messages

- There is no single solution to eradicate harms from the business models, practices, and products of market actors that affect patterns of human and planetary health
- Growing evidence highlights the need for action both on specific industries and the broader systemic roles of commercial actors
- Fundamentally, addressing the commercial determinants of health and health inequities requires rebalancing power asymmetries
- The world needs a multilevel governance system that privileges public interests over profits and challenges contemporary capitalism to increase compatibility with health and health equity
- An action agenda for progressive economic and political systems, international frameworks, domestic policy and regulations, regenerative business models, and strategic civil society mobilisation together offer possibilities for transformative systemic change
- This vision requires:
  - States and international organisations to use their structural power to change policy systems and incentivise investment in business models that are essential for health, equity, and sustainability
  - Commercial actors to end opposition to health regulatory policies, respect regulations to reduce harmful practices and products, and implement regenerative business models
  - Civil society groups to raise their collective voices, articulate alternative visions, and hold commercial actors and governments accountable
  - Academia and researchers, in collaboration with policy actors, to provide evidence that is fit for purpose and presented in the right way, at the right time, to the right audiences
  - Health actors to break with the hegemony of a biomedical model of health and engage more broadly, for example, with influential trade, finance, and business actors
- This moment of COVID-19 and the growing global climate emergency provides a context that requires the advancement of bold conceptualisations of social progress to make public interests and human and planetary health and wellbeing higher priorities than profit

Given what is known about the CDOH, this will require government actors to harness their structural power, as some have done during the COVID-19 pandemic, through norm setting and regulation of markets, to mitigate harms from economic activity and promote human and planetary wellbeing. Central to reimagining social progress will be the embrace of new economic ideas such as the degrowth, circular economy, wellbeing economy, and doughnut economy approaches.[3] The role of governments in protecting, promoting, and assuring the health of their citizens is operationalised through national legislation, policies, and legally or morally binding international conventions. Accountability will require the development of intersectoral public policies that privilege equity and sustainability, without being influenced by commercial interference, recognising and implementing what can be referred to as policy coherence and health equity-in-all policies. Achieving societal progress will also require citizens and civil society organisations to demand progressive change and action by businesses and governments and to hold these organisations to account. For health actors specifically, it will require breaking with the hegemony of a biomedical model of health[5] and addressing the influence of the CDOH.

Realising the alternative: governing for public interests

Fundamentally, achieving such social progress requires changing the status quo and challenging power imbalances. However, commercial actors and some public institutions benefit from, and work to maintain, the status quo. All actors use diverse strategies to advance interests, exercise rights, influence norms and other actors, make decisions, and meet obligations; these are expressions of power.

Commercial actors exert their structural power and influence via practices including investment, production, marketing, and employment. They also exert significant influence through ideational power that shapes narratives, norms, and ideologies.[1] By aligning government norms and decisions with their interests, the ideas they use to frame issues, and the extent to which such portrayals resonate with existing ideologies, commercial actors create policy and regulatory environments conducive to their interests. Scholars have shown how these different forms of power are used effectively across industries (including tobacco,[6] soft drinks,[7] alcohol,[8,9] palm oil,[10] sugar,[11] gambling,[12] fossil fuels,[13,14] and social media[15]), resulting in restrained public health action.[16–18]

However, a power lens not only illuminates the ways in which commercial actors exert power, it also identifies public policies and public health advocacy strategies that can counteract these exercises of power.[19,20] For example, analyses of power dynamics across multisectoral policies revealed the institutional processes and persuasive frames used by public-interested actors to recalibrate structural power inequities, including among the CDOH, in favour of health and health equity.[21] The creation of alternative spaces enables power to be claimed. When people feel that they are not getting their fair share of economic and social gains, the rise of their political consciousness can find expression outside of traditional arrangements in social movements, subcultures, and countercultures. Harnessing that political consciousness around a shared vision and organised action can lead to transformative change, as observed in the Access to

Medicines Campaign, Via Campesina, and the Divestment movement.[22,23] In these ways, evidence-informed advocacy by citizens and civil society organisations plays a key role in challenging commercial power.[24] The power of mobilised populations must never be underestimated.

The involvement of a diverse array of governments, international organisations, commercial entities, and civil society actors in shaping health equity, along with these actors' various power dynamics, points to governance models that privilege public interests over profits as being key to curtailing the excessive power of commercial actors and to creating health and health equity.[25] What could a suite of approaches by these actors look like to rebalance the spectrum of commercial activities (which range from illegal; legal but harmful; legal and neutral but influential; to legal and healthy) in ways that advance human and planetary health and health equity? We describe four key areas for action, ranging from economic and political systems; international frameworks and domestic policy and regulations; revised business types and models; to social and political campaigns, that together offer possibilities for systemic transformative change from the status quo.[26]

Rethinking the political and economic system

It has long been recognised that a singular focus on gross domestic product growth is inadequate and has enabled unsustainable economic growth that does not account for environmental or health harms.[27] It is promising, therefore, that national governments (eg, in Bhutan, Ecuador, New Zealand, Scotland, Wales, and Norway) and subnational governments (eg, in Brazil) are challenging this economic growth discourse.[28–30] By adopting wellbeing economy principles and frameworks and budgets that put the wellbeing of people and the planet first, some governments are now engaging with new policy norms and directions, with the potential to reshape the dominant power of capitalism.[31,32] The implementation of doughnut economic models, which are based on regenerative and distributive principles to meet the needs of all people within the means of the living planet, is gaining momentum worldwide. Similarly, circular economy models, based on the reduction, reuse, recycle, and repair of materials and products, are also increasing in popularity, reflecting sociocultural shifts away from hyperconsumerism.[33] Over time, such approaches might incentivise better types of commerce at scale.

Rethinking structural and sectoral policies

Some key multilevel public policy and regulatory approaches could help to advance public interest and incentivise and repurpose commercial practices, including those that are illegal; legal but harmful; legal and neutral but influential; and legal and healthy.

Harnessing global public policy landscapes

The agenda of the Sustainable Development Goals has been critiqued as neglecting commercial determinants,[34] yet it provides a pathway forward. Sustainable Development Goal 17 reflects neoliberal ideology by making commitments to trade liberalisation and to multistakeholder approaches that privilege the private sector; however, there are also pledges to ensure policy coherence and protect public policy space.[35] These tensions illustrate a division in global governance for health,[36] visible but not limited to NCD policies. On one side lies the WHO Framework Convention on Tobacco Control, a legally binding agreement that requires the protection of policy making from the tobacco industry.[37] On the other side, the UN Political Declaration on NCDs[38] suggests tackling obesity and alcohol harms via ineffective regulatory approaches including voluntarism, self-regulation, and corporate social responsibility, and a reliance on discredited partnership approaches.[39–42]

A new opportunity to ensure greater and more cohesive global attention to the commercial influences on health could emerge from WHO's new focus on the CDOH within their Department of the Social Determinants of Health. In setting direction for action on the CDOH, WHO should support national governments to implement effective regulatory approaches across the full range of commercial influences on health beyond the long-recognised harmful commodity industries (ie, tobacco, alcohol, firearms, and ultra-processed food) to include, for example, mining, fossil fuels, gambling, technology and social media, and automobile industries, and commercial practices that can lead to health inequity. A prerequisite for effective governance for health is the establishment of rules for engagement, or non-engagement, with commercial entities and conflicts of interest.[43,44] There are a number of tools to build on what WHO has developed to support countries in managing conflicts of interest in the food, pharmaceutical, and tobacco industries.[36,45–47]

International regulatory frameworks

The WHO Framework Convention on Tobacco Control[48] is cited as a model for an overarching treaty approach to both addressing a global pandemic and curbing the effects of commercial interests.[18] Article 5.3 of the Framework Convention on Tobacco Control states that "in setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law".

Amid enthusiasm to replicate the Framework Convention on Tobacco Control approach in other spheres,[49,50] the limitations of that experience must be acknowledged. These limitations include inequitable implementation across countries, barriers to effective participation by low-income and middle-income countries (LMICs), thus further exacerbating global inequities, and challenges in generating resources for

For more on the **implementation of doughnut economics** see https://doughnuteconomics.org/

full implementation.[51–53] Article 5.3 is far from universally implemented, whereas the tobacco industry has invested heavily in using reputation management, public relations activities, and front groups as more indirect and difficult to expose influence strategies.[54,55]

In expanding the scope of actions, some governments have shifted priority from product-specific regulations to building effective governance that encompasses multisectoral strategies, national coordination mechanisms, and international collaboration.[56,57] A possible foundation for a comprehensive suite of policy responses is the development of a broader convention to control the CDOH, focusing on the practices, political processes, and norms discussed in paper 1 of this Series.[1] Such a convention would require strong, continuing support from WHO and its member states, and other UN agencies, and would be fiercely opposed by the commercial entities that benefit from the status quo, the organisations they fund, and from political leaders that align with them, whether for ideological, financial, or corrupt reasons. It could, however, provide national governments, especially from LMICs, with a legal defence and framework for action on the CDOH,[58] and would provide civil society organisations with a platform from which to press for stronger action.

Macro-economic policy

National governments advance their macroeconomic policy objectives via instruments such as international trade and investment agreements. These agreements are frequently influenced by commercial actors to promote free market ideas and rules to liberalise or deregulate.[59] As a result, such agreements favour private sector interests, often at the expense of health.[60–63]

Some successes in trade policy governance provide useful counter examples. For example, Thailand's experience of institutionalising links across ministries of trade and health; building capacity among health officials and advocates; and selecting health issues that resonate with policy makers and the public provides important lessons.[64] In Ghana, following increasing imports of low quality and high fat meats, the Government implemented food standards that applied to all domestic and imported meats, ensuring compliance with World Trade Organisation commitments to be non-discriminatory and evidence based.[65] When the Australian parliament introduced laws that required the plain packaging of cigarettes, it was in the interest of public health.[66] Having lost their case at the Australian High Court, Philip Morris lodged a dispute to be determined at international arbitration, including through the use of an investment dispute clause in an investment treaty signed by Australia and Hong Kong. Philip Morris lost; public health won.[67] This empowerment of the public sector snowballed throughout the negotiations of the Trans-Pacific Partnership agreement. The tobacco carve-out in the text of the final agreement is by no means perfect, but it reflects the potential for protections that could be extended to other areas of public health.[68]

Public health professionals can increase influence on trade and investment policies by building the capacity of health actors to understand the implications of these policies for health outcomes and promoting transparency to enable effective engagement in negotiations.[61] Civil society groups, including those with transnational linkages, can play an important role in widening public engagement and demanding government action for health and health equity within trade and other macroeconomic policies.[69]

Taxation

Adequate public finance to fund action across all determinants of health is fundamental to improved health and health equity.[70] Key to domestic revenues are effective tax systems, which can also help curb commercial harms. Taxation influences health by providing revenues for health care, providing revenues for public health and public interest civil society organisations, discouraging consumption or production of harmful products, and reducing income and wealth inequality.[71–73]

An essential element of a tax system includes the effective taxation of transnational corporations.[74] For the past 50 years at least, reducing taxes and opposing corporate and other tax increases has been a top priority for transnational corporations: they invest in offshore tax havens, evade taxes, and lobby for and use tax exemptions for core activities. Transnational corporations short-change countries out of at least US$245 billion in tax every year just through the use of tax havens.[75]

Successful implementation of national taxation rules requires improved cooperation at the international level and there are signs of a shift in thinking about how to do this.[76] In July, 2021, the G20 finance ministers endorsed an attempt brokered by the Organisation for Economic Co-operation and Development to make transnational corporations pay more tax. 130 countries have agreed to a two-part global tax reform that would require transnational corporations to pay more tax in the countries in which they sell products or services, and establish a global minimum corporate tax rate of 15%.[77] However, the difficulty will be in the details, still under negotiation, including which companies will be covered and what tax changes will result.[78] Some LMICs have criticised the agreement for a narrow focus on sales, ignoring company presence in countries for production or extraction purposes. These LMICs argue that this model would continue to transfer wealth from LMICs to high-income countries.[79]

Notably, externalities remain largely absent from taxation discussions. If health, social, and environmental externalities were costed into taxation formulas, commercial actors would have less incentive to manufacture and sell harmful products and lower profits would reduce their structural power. Incorporating a polluter-pays principle and true-cost accounting into fiscal policy could both enhance sustainable financing for health and development and help address the CDOH.

Public procurement

Public procurement involves the purchase by governments of goods, services, and works, and provides a mechanism to control the CDOH across key settings.[80,81] The Brazilian School Food Program is an example of a public procurement policy that has several benefits: it improves the health of children of school age through the promotion of adequate diets; it promotes local economy and livelihoods of local workers, family farmers, Indigenous groups, and other disadvantaged groups; and protects environmental services of smaller rural settlements and protected areas. Brazilian School Food Program is the largest school meal programme in the world, and it is mandated to purchase 30% of its supply for meals from family farmers. School feeding in Brazil is a universal right of students enrolled in public basic education and a duty of the state granted by the constitution. Brazilian School Food Program regulates and guarantees school feeding as a right for schoolchildren. Integrated into Brazilian School Food Program is the regulation of the sale and marketing of food within and outside school premises.[82]

Rethinking the commercial sector and addressing its practices

This Series paper has focused on public sector policy and regulatory tools. In this section, we discuss actions that can be taken by commercial actors, including those mandated by regulation.

Alternative types of business and business models

Growing evidence shows that the dominant types of businesses and business models impose high costs on social progress and human and planetary wellbeing.[83] Alternative business models can make positive social and environmental outcomes higher priorities and can shift the focus from shareholder to stakeholder needs.[84] The sustainable business model,[85] for example, identifies profits as a means rather than an end in itself, and seeks to create value not only for the business, its customers, and business partners but also for diverse stakeholders, including environmental groups and local communities.

Benefit Corporations (also known as B Corps) have emerged as new types of business that embed social and environmental issues into their business models, with a dominant objective of creating positive societal effects rather than maximising profit.[86] Questions remain about whether only a few, small, privately owned companies will use this approach or, if it is scalable, how it will avoid becoming an updated version of corporate social responsibility and can be adopted by large, publicly listed companies to catalyse a shift in the current economic order.

With less focus on the pursuit of profit, commercial entities such as cooperatives are collectively owned by members empowered in making decisions.[85,87] Cooperatives are often driven by mutual aid, responsibility, democracy, equality, equity, and solidarity. In 2017, almost 10% of the world's employed population, mainly in agriculture, worked for cooperatives.[88] As member-owned, member-run and member-serving businesses, cooperatives offer the potential to empower people to shape decisions that affect their lives.

Alternative forms of investment

One option for investment is public investment. Investment and regulatory mechanisms are needed to incentivise the growth of alternative types of commerce and business models so that the relative dominance of large corporations and their health-harming practices is reduced. Internationally, the concept of Global Public Investment[89] was developed in recognition of international public finance (global aid) needing to evolve a new framework for fiscal policy that fits with the current and future global challenges. At the domestic level, across The Organisation for Economic Co-operation and Development countries, governments are currently investing in agrifood technology, with the objectives of creating climate-resilient food systems and increasing food security. Embedding social equity and health considerations into these investment strategies is crucial.

With new forms of social financing, a number of social enterprises are aiming to create social value, including disease prevention.[90] For example, a social procurement financing model is used in the Australian Victorian Government's Partnerships Addressing Disadvantage where investment is directed towards social enterprises in delivery agencies or service providers.[91] Other finance formulations include social impact investment, indirect equity, debt financing, crowdfunding, credit support, grants, and concessional tax finance. Blended forms of financing can enable a broader range of investors to support locally driven initiatives to complement state investments. For example, Indian municipalities with social enterprises that received local venture philanthropic investment had a decrease in income inequality, and the effect was stronger in social enterprises with strong collectivistic organisational identities.[92]

The other option for investment is private investment. Fundamentally, 21st century capitalism is no longer dominated by businesses making profit from products and services; key players in the commercial system include financial investors operating in pension funds, hedge funds, and asset management firms.[93] Financial investors, therefore, are key players in the necessary reforms related to the type and size of investments.

The development of indicators, including environmental, social, and governance indicators[94] enables investors to make more informed decisions, and more than a third of large asset owners have signed up to the UN's Principles for Responsible Investment.[95] The inclusion of health indicators should be encouraged to create environmental, social, health, and governance company measures (as discussed in the second paper in this Series).[2] It will,

however, be important to ensure that industries do not use environmental, social, and governance indicators simply as a form of reputation management, promoting misleading perspectives, to gain inappropriate credibility, and as a means of distracting attention from their harmful activities (see the first paper in this Series).[1]

Another potentially useful private sector governance mechanism that could inform investment decisions is the Task Force on Climate Related Financial Disclosures. Established in 2015, the taskforce includes major companies and investors, banks, insurers, and credit rating agencies. The Task Force on Climate Related Financial Disclosures uses a mix of reporting metrics, including disclosure of governance, strategy and risk management, and scenario analyses that can consider the potential effects of a transition to a low carbon economy. Although the reporting is currently voluntary, there are precedents for making such approaches mandatory—eg, the EU Non-Financial Reporting Directive.[96]

There are grounds for optimism that ethical investment can gain momentum. The Initial Public Offering of the company Deliveroo failed on the basis of concerns about employee working conditions. Tobacco Free Portfolios has attracted high rates of support and divestment in the tobacco industry by pension funds and banks. To date, divestment largely reflects the success of tobacco control in increasing the financial and ethical risks for investors. But closer collaboration between public health and divestment communities could offer further opportunities: investors will better understand emerging risks and the public health community will be better able to access the financial sector. Given the COVID-19 pandemic, prudent prospective investors should consider a company's resilience to future health threats.

For more on **Tobacco Free Portfolios** see https://tobaccofreeportfolios.org

Whether ethical investment strategies can lead to substantive and symbolic improvements in the business effects on wellbeing will depend on the political power that can be mobilised to require businesses to maintain and expand such changes.

Addressing the diverse commercial practices that underpin the sector's ability to harm health (panel) will be key to addressing the CDOH, with interventions that curb the power of the commercial sector playing an important role. A first step is to better understand these practices. Taxonomies of commercial practices have thus far been developed to explain political and scientific practices[97,98] and can and have been used to predict and counter industry interference.

For example, controlling the worst aspects of the commercial sector's political and scientific practices can reduce the power of commercial actors.[104] Examples include excluding conflicted industries from playing a role in policy formulation, improving transparency through obligatory lobbying registers and commercial sector reporting, changing the way science is funded, and regulating to reduce monopoly concentration across the economy.

Governments can also implement comprehensive policy measures that counter commercial forces. Public authorities can restrict the ability of businesses to make inappropriate health claims for their products and market unhealthy products, disincentivise consumption of unhealthy products (through taxes and tariffs), and ensure that public procurements favour healthy options. In this regard, much attention has been given to food environment policies in the past 10 years,[105,106] although only a handful of countries are implementing them. The 2020 WHO Global NCD Progress Monitor, for example, reported little government effort in implementing these policies in Africa.[107] South Africa (in 2013) and Morocco (in 2019) adopted mandatory targets for salt reduction in several food categories. Morocco is implementing marketing restrictions and saturated fatty acids and trans-fats policies.[107] South Africa was the first African country to enact and implement a sugar-sweetened beverage tax in 2016. Morocco repealed its sugar-sweetened beverage tax in 2018 before its implementation in 2019—in response to pressures from the agrifood industry.[108] In this regard, the peculiar heterogeneity of the African food environments and their variegated political economies should be recognised during promulgation and implementation of these policies—a lesson for many regions globally.[105]

Social mobilisation

Civil society constitutes a fourth and key element of the CDOH governance system, working on different scales, with different strategies, and articulating different visions and values.[109] Health organisations and other civil society organisations independent of vested commercial interests, grassroots groups, journalists, activist academics, and citizens play a major role in mobilising action on the CDOH, creating a body of knowledge and practice that can inform the development of effective strategies to address the CDOH.[110,111] In the past century, social movements of workers, environmentalists, women, Indigenous people, and others have played a crucial role in limiting the harmful CDOH.

Civil society uses its organisational, structural, and ideological power to influence the CDOH.[23] Civil society exerts power by mobilising evidence; advocating for conventional policy tools such as legislation; through electoral campaigning, litigation, public education, lobbying and other forms of advocacy; and via political strategies intended to disrupt the status quo such as boycotts, strikes, demonstrations, and sit-ins. Proponents recognise that these strategies, like any advocacy strategies, should be carefully considered to avoid unintended counterproductive effects.[112] Civil society seeks to bring about changes in five domains that influence health and health equity. First, with evidence, civil society draws attention to the magnitude of the health and equity harms caused by the CDOH. Second, civil society increases

Panel: **Commercial sector practices and example solutions**

Political[44,97]
- Minimise industry engagement in policy formulation
- Create enforceable conflict of interest, lobbying, and transparency policies (including funding for think thanks, lobby groups, civil society organisations, and lawyer firms)
- Implement enforceable bribery and corruption legislation
- Protect whistleblowers
- Ensure transparency in policy consultations (eg, public disclosure and details of funding)

Scientific[98]
- Ensure funding systems based on public interest that reduce industry ability to shape science
- Create a public registry of trials
- Stop industry-sponsored science education
- Train users of science, including journalists
- Strengthen conflict of interest and transparency governance in research organisations and scientific journals
- Promote scholar activism

Marketing[99]
- Enforce comprehensive controls on the marketing of products damaging to health (including via social media, labelling, and predatory marketing methods—eg, automated marketing and robot calls)
- Create and enforce regulations on predatory marketing strategies by industry

Supply chain[100]
- Include externalities—full cost accounting and tax increases
- Improve data on supply chain health and environmental risks and harms
- Ensure minimum price rates in supply contracts
- Implement excise duties to increase price of and discourage use of harmful products

Labour and employment[101]
- Enforce rules on decent work conditions and health and safety standards
- Enable and support unionisation
- Protect whistleblowers
- Institute rules on pay gaps within organisations (including caps on Chief Executive Officer salaries and bonuses)
- Hold commercial organisations responsible for supply chain labour conditions

Financial[102]
- Prevent tax deductible expenditures for marketing or promotional practices that are posing as corporate social responsibility
- Effectively address tax avoidance and transfer pricing
- Incorporate the polluter pays principle to provide sustainable finance to address the commercial determinants of health
- Implement anti-monopoly competition policies
- Create registers of beneficial owners to help improve transparency of international financial flows

Reputational management[44,103]
- Denormalise harmful commodity industry practices to expose real practices
- Expose and denormalise fraudulent corporate social responsibility and environmental, social, and governmental efforts and ensure sufficient oversight of others. Classify health harming industry corporate social responsibility efforts as marketing and restrict their use
- Prohibit government or intergovernmental partnerships with health-harming commercial sector organisations

transparency and exposes and socialises the extent and role of commercial actors in creating health and health equity problems, enabling it to denormalise harmful practices.[113] Third, civil society seeks to modify government policies that harm health and expose and counter industry interference during policy debates. By advocating for regulatory, tax, employment, and trade policies that encourage businesses to reduce harm to health or the environment and pressing for better (independent of industry) education and information, civil society uses its power to persuade public officials to take action. Fourth, civil society promotes ideational change in contesting the commercial status quo; it challenges ideas that constrain stronger public health protections such as the concept of the nanny state or corporate emphases on individual responsibility. By reframing these debates, civil society can make it easier to win public policy battles.[114,115] Finally, civil society participates in changing governance structures to amplify the voices of people harmed by commercial actors, make it more difficult to distort science to advance commercial interests, or improve the transparency of corporate political activity.

In the past two decades, civil society actors have used these and other strategies to achieve their goals.

First, civil society actors have built coalitions. To amplify their power, widen their appeal to diverse constituencies, and convince policy makers to act, civil society organisations have created coalitions and alliances, sometimes with unusual partners, whose presence together changes public thinking about an issue and provides an opportunity for action.[116] The Framework Convention on Tobacco Control process stimulated civil society groups to create the Framework Convention Alliance in the early 2000s.[117] Now a network of nearly 300 organisations from more than 100 countries, the Alliance monitors government adherence to the Framework Convention on Tobacco Control, exchanges best practices, and strengthens national and international

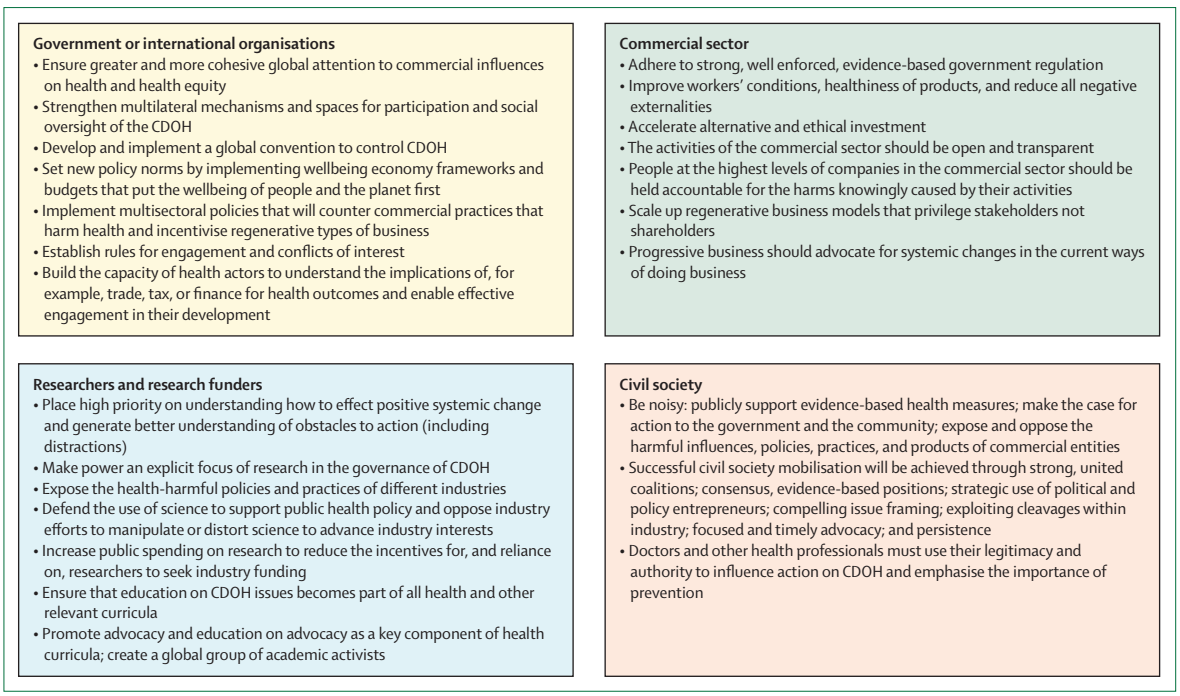

Figure: **Actors and the actions they can take to prevent health harms from commercial actors across the current governance system**
CDOH=commercial determinants of health.

implementation of the treaty. However, insufficient funding remains a barrier to effective coalitions.[118]

Second, civil society actors have used advocacy and campaigns. Public health campaigns enable opponents of a particular business practice to target a specific corporation, industry, or government agency; mobilise a broad cross-section of partners at multiple levels; and change tactics and messages in response to changing conditions. The success of this strategy is exemplified by South Africa's Treatment Action Campaign, which forced global pharmaceutical companies to improve access to antiretroviral medications.[119] Scholar activism has often been an important force for social change. Morton et al discuss how radical sociological scholarship affected the anti-war and anti-poverty movements and campaigns.[120]

Third, actors have employed an ethical argument strategy. Diverse national and global civil society groups have made strategic use of the ethical argument, employing discursive and network power to persuade investors to disinvest from companies.[121–123] Compelling issue framing can shame investors, highlight the financial risks of investment in harmful industries, and promote alternative socially responsible investments. Such initiatives have led to the disinvestment of hundreds of billions of dollars from the tobacco, fossil fuel, and firearms industries.[23]

Fourth, civil society actors have used strategic litigation. Law can be a powerful determinant of health.[124,125] Laws can empower individuals and communities and authorise governments to act to advance public interests. Court settlements against opioid manufacturers, tobacco companies, pesticide producers, automobile makers, and other industries have shown that public health litigation can win compensation for victims of corporate harm, reimburse governments for repairing corporate harms, promote effective regulation, deter future wrong doing, and change social norms towards industry.[126,127] Climate litigation has effectively linked threats to human health to the effect of dangerous climate change. Groundbreaking climate change-related court decisions in Australia and the Netherlands shed light on the scope for claims based on duties to individuals to modify the emissions trajectories of fossil fuel companies.[128]

A key issue remains that public interest organisations often struggle for funding compared with industry-established and funded think tanks, front groups, and fake grassroots (astroturf) organisations. Requirements for full disclosure of both current and historical funding as a prerequisite for lobbying through obligatory and comprehensive transparency registers for third-party and industry-specific lobbyists can help address this issue. Allocating public funding to support community organisations that monitor corporate compliance with the law is a promising strategy for increasing the power and resources of civil society.[129]

Calling the global health community to action

The global health community concerned with health and health equity must move beyond observation to action. This requires breaking from the hegemony of a

biomedical model of health and acting on the influence of the CDOH. All actors can take meaningful action (figure). State actors can use their regulatory power to change policy systems essential for health, equity, and sustainability. Civil society groups and social movements can raise collective voices, articulate alternative visions, and hold commercial actors and governments to account. Researchers provide important evidence, which must be fit for purpose and be presented in the right way, at the right time, to the right recipients. Specifically, health actors must understand the language of, and engage with, influential government and business actors such as finance and trade ministers and financial investors.

The task of tackling the CDOH is daunting but that should not be reason not to proceed. Progress is almost always incremental and sequential, but with persistent advocacy, transformative change can be achieved in areas where it would once have been unthinkable. The urgency of COVID-19 and the growing global climate emergency provide a context that requires bold conceptualisations of social progress in ways that privilege public interests and human and planetary health and wellbeing.

This Series paper has laid out key components of, and steps towards, a future fit-for-purpose governance system that challenges contemporary capitalism to increase the compatibility with health and health equity. This paper shows that there is no easy solution to curb the harms from the CDOH. The growing evidence on the CDOH highlights the need for immediate action on both specific industries and the broader systemic roles of commercial actors. Organisational policies are needed that require action at all levels and across all sectors, moving beyond silos to build coalitions capable of advancing innovative broader policies to control the CDOH. Success will depend on networked combinations of different approaches rather than grabbing at one lever of influence.[130]

However, the health community should not be naive—this is about reducing the power of harmful commercial actors that have been restrategising and learning from industries whose activities have been constrained by successful health advocacy and government intervention. Far from accepting the constraints, companies have sought to delay, undermine, and circumvent them. They co-opt opponents, claim that they have changed and seek possession of the moral high ground, seek to be part of the policy process, and counter-attack with new forms of lobbying, marketing and promotion, and funding (including of researchers and front groups). To rally support, some commercial actors will promulgate misleading narratives about loss of jobs and reduced economic growth that the public health community must counter. Progressive commercial entities must show initiative and advance regenerative business models and do the right thing by adhering to government regulation. Health professionals and other civil society groups must take a leadership role in ensuring that they do so. The health of humans and the planet are at stake.

> "The end of growth, does not mean the end of social progress"
>
> *Tim Jackson (2021)*[27]

Contributors

SF, JC, MD, NF, ABG, RM, and MMi contributed to the conceptualisation of the paper and its aims. SF, JC, MD, AD, NF, ABG, PJ, AL, RM, MMc, and MMi contributed to the design of the project. SF, JC, MD, AD, NF, ABG, PJ, AL, RM, MMc, MMi synthesised literature. SF was responsible for project administration. All authors contributed to multiple drafts, including substantive commentary and revision.

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SF has received research grants from the Australian Research Council and the National Health and Medical Research Council. AL has received grant funding from the International Development Research Centre, Canada, for research to support the Ghanian Government's efforts to regulate the marketing of unhealthy foods to children. ABG is European editor of Tobacco Control and a member of the Royal College of Physicians Tobacco Advisory Group, the Council of Action on Smoking and Health, WHO International Expert Groups on Commercial Determinants of Health and on Smoking and COVID-19, the European Respiratory Society Executive Committee, and the Framework Convention Alliance Strategy Development Working Group; she has received travel support from WHO, the Prince Mahidol Award, the UK Prevention Partnership, and the European Health Forum Gastein; she has received research grants from Bloomberg Philanthropies, the UK Prevention Research Partnership, WHO Europe, the Dutch Lung Fund, the Heart Foundation, the Dutch Cancer Society, the Thrombosis Foundation, the Diabetes Fund, The National Institute for Health Research, Cancer Research UK, UK Research and Innovation, and the Global Challenges Research Fund; and she has consulted for the World Bank for a UK case study on illicit tobacco. MD has received travel support from WHO and research grants from Heathway, the Victorian Responsible Gambling Foundation, the Australian Research Council, and the National Health and Medical Research Council. All other authors declare no competing interests.

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