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The Commercial Determinants of Health: Global power asymmetry and human and planetary health

" Public health cannot and will not improve without action on the commercial determinants of health, from the local to global level. New forms of public health governance are needed." Dr.Tedros Adhanom Ghebreyesus"

Commercial entities wield a multifaceted impact on health, playing a pivotal role in both the development and delivery of essential health goods and services. However, alongside these beneficial contributions, certain products and practices propagated by the private sector contribute to the exacerbation of ill health and health disparities on a global scale. There is a mounting body of evidence suggesting that certain products and practices, particularly those of the largest transnational corporations, are driving up rates of preventable illnesses, environmental degradation, and disparities in health and social well-being. The urgency of addressing the challenges posed by the commercial determinants is highlighted by the climate crisis and the evidence that the global epidemic of non-communicable diseases and one-third of the NCD-related deaths are being driven by just four industry sectors—tobacco, ultra-processed food, fossil fuel, and alcohol which serve as substantial revenue sources for some of the largest corporations globally.

The struggle between prioritizing profits and ensuring health equity is nothing new. Numerous commercial entities have consistently sought to sway national and international policies, cast doubt on scientific findings, or even target individuals who expose their dubious practices and profit-driven interests can derail crucial health initiatives, undermining the well-being of populations worldwide. A few recent striking examples include; the Lancet series on breastfeeding, which revealed the extensive lobbying efforts of formula milk companies that have impeded advancements in breastfeeding education. Medscape a major medical education provider in the United States receiving sponsorship for its smoking cessation education programs, is a broader initiative by tobacco companies to sponsor ongoing professional development courses for medical practitioners globally on smoking cessation and harm reduction. The Time magazine recently published an investigation conducted jointly by the Zurich-based watchdog Public Eye and the International Baby Food Action Network (IBFAN), which tested popular baby food samples sold by a global food and beverages corporation, to contain sugar and honey in infant milk and cereal products sold in developing countries but not in European markets, while pharmaceutical companies were accused of prioritizing extraordinary profits over humanity's needs, selling publicly funded vaccines, treatments, and tests to the highest bidders during the COVID-19 pandemic.

The commercial determinants of health (CDoH) are defined as "systems, practices and pathways through which commercial actors drive human health and health inequity" The Lancet series on CDoH describes how over several decades, a cycle of behaviour by commercial actors and policymakers has gradually shifted the balance of power in favour of commercial profits, often at the expense of human and planetary health and discusses how, while some commercial entities can positively contribute to society,

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the actions of certain actors have led to worsening health outcomes, environmental degradation, and social inequities. According to this framework, the imbalance is caused by the commercial actors leveraging their wealth and influence to shape regulations and policies in ways that serve their interests and favourable policies that result in increased sales and consumption of harmful products, exacerbating negative impacts on health and the environment. Furthermore, the said policies allow commercial entities to shift the costs of harm caused by their products onto society, where the costs of treating health issues, are primarily borne by affected individuals and governments, reducing resources available for essential services like healthcare, food, and housing. Meanwhile, commercial entities continue to generate excessive profits, widening the power gap between them and the governments tasked with regulating them.

The Lancet series further proposes that to significantly enhance human and planetary health by rebalancing global power asymmetries, it's crucial to acknowledge that the commercial landscape is varied, and not all commercial entities pose the same level or type of threat to health. The initial stride towards recalibrating power dynamics away from commercial interests involves recognizing this diversity. Based on their impact on health, meaningful distinctions among commercial entities can be established by considering five key factors; **Portfolios**: Does the entity sell harmful products or provide essential services? **Resources**: What are its profit margins, and how extensively does it operate across countries? **Transparency**: What is the quality of information provided by the entity? **Organization**: Is the entity publicly traded or privately owned, and what is its funding structure? **Practices**: What is the nature of its interactions with governments? This framework enables policymakers and other stakeholders to directly compare commercial actors, aiding in informed decisions regarding whether and how to engage with them.

According to the Lancet series, addressing the commercial determinants of health and health inequities necessitates a global shift in power dynamics, placing public interests above commercial profit and challenging contemporary capitalism to align more closely with health and equity priorities. Achieving this rebalancing of power requires concerted efforts from various stakeholder groups: **States and international organizations** to reform policy frameworks and promote investments in business models essential for health equity and sustainability; **Civil society groups** to amplify their collective voice, advocating for alternative visions and hold both commercial actors and governments accountable; **Commercial entities** to cease opposition to new public health regulations, adhere to existing regulations, and adopt regenerative business models; **Academia and researchers** to produce evidence that is relevant, timely, and effectively communicated to the appropriate audiences; **Health actors** to challenge the dominance of the biomedical model of health and engage more broadly, including with influential trade and finance entities.

WHO has launched a new action program on the Economic and Commercial Determinants of Health, guided by four objectives: to bolster the evidence base, to develop tools and capabilities to tackle commercial determinants, to facilitate partnerships and dialogues and to increase awareness and advocacy efforts. Additionally, WHO advocates for the utilization of fiscal measures, including taxation policies, implementing "best buy" strategies, enacting conflict of interest policies, and facilitating safe dialogue spaces with industry, while collaborating with civil society. It is also essential to address governance considerations, including transparency, accountability, and the capacity of states to prevent corruption.

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 20th – 26th Apr 2024 (17th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poisoning		Leptospirosis		Typhus F.		Viral Hep.		H. Rabiies		Chickenpox		Meningitis		Leishmania-		Tuberculosis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	111	4437	1	8	0	4	2	27	0	5	7	156	2	8	1	5	0	0	10	172	0	12	0	0	38	711	**95**	**100**
Gampaha	43	1923	1	9	0	6	2	5	1	2	13	228	1	3	0	1	0	0	4	110	2	39	0	8	23	400	**86**	**100**
Kalutara	24	1269	2	14	0	1	1	21	6	11	13	261	0	5	1	6	0	0	24	253	1	26	0	0	14	215	**87**	**100**
Kandy	64	1745	0	7	0	0	1	5	0	3	3	98	1	11	0	4	0	0	10	204	1	6	0	17	18	231	**100**	**100**
Matale	7	336	0	1	0	0	0	1	0	8	1	43	0	1	0	4	0	0	3	36	1	6	9	98	7	48	**92**	**100**
Nuwara Eliya	3	183	0	30	0	3	0	3	1	134	3	78	5	24	0	3	0	0	8	85	0	3	0	0	3	98	**92**	**100**
Galle	23	1053	2	19	0	8	0	5	6	27	8	290	0	47	0	5	0	1	14	243	2	31	0	3	6	150	**100**	**100**
Hambantota	12	472	3	12	0	1	0	3	0	33	8	252	0	17	0	2	0	0	6	120	1	13	10	178	0	38	**100**	**100**
Matara	10	384	1	4	0	3	0	2	0	4	7	130	0	9	0	2	0	0	13	134	0	38	3	38	7	44	**94**	**100**
Jaffna	35	4921	1	27	0	1	0	4	6	22	0	12	6	357	0	3	0	1	6	112	0	6	0	0	0	76	**100**	**93**
Kilinochchi	0	268	0	5	0	0	0	2	1	2	0	13	0	7	0	0	0	0	0	4	0	4	0	0	1	8	**100**	**100**
Mannar	9	182	0	0	0	0	0	1	0	0	0	16	0	6	1	1	0	0	0	4	0	3	0	1	0	23	**100**	**100**
Vavuniya	0	125	0	0	0	0	0	0	0	7	1	55	0	2	0	4	0	0	1	15	0	6	0	5	2	10	**100**	**100**
Mullaitivu	1	177	0	4	0	0	0	0	0	2	0	50	0	10	0	0	0	0	0	2	0	0	0	5	2	13	**83**	**100**
Batticaloa	10	1039	5	58	0	6	0	4	0	12	5	31	0	1	0	8	0	0	3	48	2	22	0	1	11	52	**100**	**100**
Ampara	2	144	0	14	1	2	0	0	0	8	8	117	0	1	0	3	0	0	1	53	1	20	0	6	0	71	**86**	**100**
Trincomalee	9	431	2	10	0	0	0	2	0	1	3	95	0	9	0	0	0	0	3	26	1	4	0	8	4	28	**100**	**100**
Kurunegala	20	1232	1	14	1	13	0	1	0	339	10	253	0	15	0	2	0	2	11	174	5	94	13	200	9	187	**85**	**97**
Puttalam	7	621	0	1	0	1	0	3	0	0	3	126	0	5	0	1	0	0	4	57	3	25	2	11	1	63	**54**	**99**
Anuradhapura	3	477	0	4	0	2	0	0	0	4	7	206	0	23	0	6	0	0	9	87	0	20	22	308	4	92	**100**	**100**
Polonnaruwa	5	190	1	11	0	0	0	1	0	2	7	128	0	1	0	2	0	0	1	66	2	14	5	169	2	34	**100**	**100**
Badulla	5	498	1	11	0	4	0	0	0	19	3	227	1	11	2	10	0	0	5	115	1	12	1	11	2	74	**100**	**100**
Monaragala	15	387	0	5	0	1	0	1	0	68	19	435	0	16	0	12	0	0	11	49	3	46	4	85	0	31	**73**	**100**
Ratnapura	67	1007	8	42	0	3	0	3	2	7	60	638	0	10	0	12	0	2	9	124	3	50	0	69	32	105	**90**	**100**
Kegalle	42	998	2	5	0	4	0	5	0	4	9	237	0	8	0	5	0	0	12	297	0	25	0	12	5	109	**82**	**100**
Kalmunai	10	512	0	9	0	0	0	0	3	5	2	39	0	1	0	1	0	0	8	83	1	7	0	0	5	49	**77**	**100**
SRILANKA	**537**	**25011**	**31**	**324**	**2**	**63**	**6**	**99**	**26**	**729**	**200**	**4214**	**16**	**608**	**5**	**102**	**0**	**6**	**176**	**2673**	**30**	**532**	**69**	**1233**	**196**	**2960**	**91**	**99**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 26th April, 2024 Total number of reporting units 358 Number of reporting units data provided for the current week: 354 **C****-Completeness

A = Cases reported during the current week. B = Cumulative cases for the year.

Table 2: Vaccine-Preventable Diseases & AFP

20th – 26th Apr 2024 (17th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2024	Number of cases during same week in 2023	Total number of cases to date in 2024	Total number of cases to date in 2023	Difference between the number of cases to date in 2024 & 2023
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	01	28	26	7.7 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	01	00	02	00	00	02	00	00	05	02	93	73	27.4 %
Measles	01	00	04	02	02	00	00	00	00	09	00	201	00	0 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	01	01	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	02	01	100 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Enceph-alitis	00	00	00	00	00	00	00	00	00	00	00	01	02	-50 %
Whooping Cough	01	00	00	00	00	00	00	00	00	01	00	04	03	33.3 %

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS =**Congenital Rubella Syndrome

NA = Not Available

Take prophylaxis medications for leptospirosis during the paddy cultivation and harvesting seasons.

It is provided free by the MOH office / Public Health Inspectors.

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ON STATE SERVICE

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