

Commercial Determinants of Health

Policy Position Statement

Key messages:

The Commercial Determinants of Health (CDoH), understood as the systems, practices and pathways through which commercial actors drive health and equity, need to be rigorously managed to optimise health outcomes and health equity. Appropriate legislation and regulations are required to protect and promote public health and health equity by limiting health-harming activities of commercial actors and incentivising health-enhancing behaviour. Redressing harms from commercial practices requires political and civil action.

PHAA is committed to work with governments, non-government organisations, consumer and civil groups, and other relevant parties to advocate for action to manage commercial determinants of health.

Key policy positions:

1. Regulation of commercial actors and their practices – particularly those that produce products and services with well-documented health harms – is essential to protect and promote public health and health equity.
2. Transparency on inputs to and influences on political decision making is critical for holding commercial interests and parliamentarians to account.
3. Engagement or potential engagement by public health organisations and professionals with commercial or quasi-commercial entities should consider conflicts of interest and apply robust mechanisms to prevent and/or manage these.

Audience:

Federal, State and Territory Governments, policymakers and program managers, PHAA members, media, and the public.

Responsibility:

PHAA Health Promotion Special Interest Group, PHAA Political Economy of Health Special Interest Group

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This policy position statement should be read in conjunction with other PHAA policy position statements, for example, Good Governance for the Public's Health, Involvement of the Food Industry in Nutrition Policy and Health Promotion and Prevention.

PHAA affirms the following principles:

1. The Commercial Determinants of Health (CDoH), understood as the systems, practices and pathways through which commercial actors drive health and equity outcomes,¹ need to be rigorously managed to optimise health outcomes and health equity.
2. Health, wellbeing, equity, and sustainability (including ecological and social sustainability) should be prioritised over profit-seeking and the accumulation of wealth (both individual and commercial).*
3. Regulation of commercial actors and their practices is essential to protect and promote public health and health equity. While all commercial practices should be scrutinised for their potential impacts on health, industries and companies that produce products and services with well-documented health harms should be treated with elevated concern.
4. Transparency and accountability on inputs to, and influences on, political decision making are critical for holding commercial interests and parliamentarians to account.
5. Any engagement or potential engagement by public health organisations and professionals with commercial or quasi-commercial entities should consider conflicts of interest and apply robust mechanisms to prevent and/or manage these.
6. Effectively managing CDoH requires interdisciplinary collaboration beyond the health sector alone.

* Profits are not the only pathway through which money, wealth and resources are accumulated and concentrated amongst a small group of individuals and organisations. At the heart of CDoH is the idea that profit/wealth-seeking (whether or not 'profits' in a legal, financial sense are involved) should not be at the expense of health, well-being, equity, and sustainability.

PHAA notes the following evidence:

7. Businesses and financial markets are essential for the wellbeing and health of functioning societies, yet in many cases current global economic systems incentivise excessive, short-term profits as well as unsustainable resource usage. These systems have their roots in European colonisation and are reinforced by neoliberal globalisation at the expense of governments' abilities to protect and promote the public and the planet.²
8. Modern CDoH systems, and the economic and political systems that underpin global systems, shape public health and wellbeing at every level, within and between nations.³
9. Large commercial entities, which are a core element of capitalist societies, exert undue influence over political, social and economic systems.¹ Their dynamic relationships with governments may involve using economic power, lobbying, and other forms of influence to shape policies in ways that prioritise commercial over public interest.⁴
10. Unfettered capitalism damages human health and wellbeing on multiple levels, from chronic disease prevalence to ecosystem destruction.⁵ For example, many products are associated with CDoH harms, including alcohol, tobacco, gambling, ultra-processed foods, and weapons.¹ These harms are heightened

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when these products are made cheaply, and are easily accessible, marketed to be appealing, and un(der)regulated.¹ These products deserve focused attention, but are not the only products and commercial behaviours that shape health outcomes.⁶ For instance, industries that intersect with human rights issues, privatisation of essential services and others, including social media platforms, have particular implications for CDoH.⁷

11. Commercial entities use a range of practices to shape health outcomes, often in ways that prioritise profit over public health. These include:^{1, 8, 9}
 - Marketing, including the pricing, placement, and promotion of products such as ultra-processed foods, alcohol, tobacco, and gambling;
 - Influence on science, through funding, shaping research agendas, suppressing unfavourable findings, and influencing how evidence is communicated;
 - Political practices, such as lobbying, political donations, and regulatory capture to influence policymaking in their favour;
 - Labour and employment practices, including precarious working conditions, wage suppression, and exploitation through gig economy models;
 - Supply chain and environmental practices where production and distribution activities may damage ecosystems, violate human rights, or harm community health;
 - Financial strategies, such as tax avoidance, private equity takeovers, and financialisation of essential services, which can undermine public resources; and
 - Reputation management, including greenwashing and corporate social responsibility initiatives designed to distract from harmful core practices.
12. Commercial practices can be health promoting but are often health harming .¹ Harms that arise from commercial practices are detailed in Friel et al (2023).¹⁰
13. Prominent dimensions of commercial entities that can influence the harms arising from commercial practices include: the industry sector, the nature of the organisation, the resources (including revenue, market share, geographic distribution), and the transparency practices.¹¹
14. Efforts to rebalance CDoH requires a systems focus¹² consistent with ‘Health in All Policies’ thinking, as CDoH span all sectors of society and governance that include amongst many others; treasury, trade, housing, environment, industry, education, social services, health, and international development.¹³
15. Any approach to redress CDoH needs political action. Public health practitioners have a key role to address the CDoH, and encourage citizens to exercise their collective power to ensure governments act in the public interest, and regulate commercial entities.^{14, 15} As commercial practices have undue negative impacts on specific cohorts,¹⁶ particularly Indigenous people,¹⁷ approaches to rebalance CDoH should be informed by First Nations people leadership and engagement.¹⁷
16. Avoiding, reducing or minimising actual or potential harms arising from CDoH requires actions by government and intergovernmental bodies, researchers and research funders, commercial entities and civil society. “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” are needed for change to reduce harms from CDoH.¹⁰

PHAA seeks the following actions:

17. Governments at all levels should take action, in all sectors, to:

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a) develop, enact, enforce and regularly review laws and regulations to shape the practices of commercial entities in the interests of public health, including to:

- protect populations from the marketing of products and services that damage health, including (but not limited to) tobacco, alcohol, ultra-processed foods, and gambling services;
- regulate sectors more deeply embedded in the economy, such as pharmaceuticals, privatised healthcare, and green energy, where people's livelihoods and wellbeing depend on employment in businesses and industries that may engage in health-harming practices;
- ensure 'polluter-pays' policies and just transitions;
- impose anti-monopoly competition policies (e.g. strengthen and broaden powers for independent regulators, such as the ACCC, to investigate and dismantle monopolistic industry sectors, and foster improved competition);
- ensure accountability for people at the highest levels of companies for the harms knowingly caused by their activities; and
- safeguard working and employment conditions to ensure employment is supportive of health and wellbeing.

b) Effectively mitigate conflicts of interest and ensure transparency, due diligence and probity in engagement with commercial entities:

- develop and enact enforceable conflict/s of interest, lobbying, and transparency policies to govern governments' engagement with commercial or quasi-commercial actors (e.g., on grants, tenders, consultations, contracts, post-employment/revolving door);
- enact strong legislation and regulation governing corporate lobbying and other efforts to influence elected and public sector officials, including lobbyist registers, open diaries, registers of meetings, campaign finance, etc. (see PHAA's Good Governance for the Public's Health Policy Position Statement);
- restrict financial and other donations/gifts from commercial entities, industry associations and third parties to parliamentarians, political parties and public sector officials. Legal donations to parliamentarians and political parties should require disclosure within short timeframes;
- regulate the practice of government ministers, members of parliament, senior public officials and advisory staff taking employment in corporate sectors for which they have held official responsibilities, with a strict cooling off period to be monitored by an independent or integrity oversight body; and
- implement an effective whistleblower protection system to ensure public reporting of commercial activities that harm human and planetary health.

c) Implement wellbeing economy frameworks and budgets that prioritise human and planetary health over commercial harm, and incentivise health-promoting activity by commercial entities.

18. Public and private research funding organisations should adequately fund research and ensure funding systems for science are based on public interest (e.g., create a public registry of trials and training for users of science evidence [including journalists]) to prevent corruption of science by commercial entities.

19. All public health practitioners should avoid, reduce or minimise actual or potential harms that arise from CDoH by:

- building the capacity of health professionals to understand the implications of, and engage with, power dynamics (e.g., the influence of trade, tax, or finance for health outcomes), by embedding key CDoH topics (e.g., power, conflicts of interest, harmful business practices) in education, training and research;
- strengthening conflict of interest and transparency governance in research organisations and scientific journals;

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- Supporting non-corporate, public interest journalism to hold commercial entities to account; and
 - encouraging medical and other health professionals to use their legitimacy and authority to influence action on CDoH and emphasise the importance of prevention.
20. Businesses across all sectors should identify and avoid or reduce impacts specific to CDoH (e.g., divestment in financial sector, progressive business models, transparency, pay full tax).
 21. Civil society and consumer groups should actively promote and strengthen community participation and engagement in policymaking and at all levels of government (e.g. engage in public consultation and activities; raise objections with local and Federal MPs to address adverse effects of commercial actors).

PHAA resolves to:

22. Educate PHAA members, parliaments, public servants, other organisations and the general public about the principles and actions set out in this policy.
23. Advocate for the above steps to be taken based on the principles in this position statement.
24. Collaborate with other organisations pursuing similar public good outcomes.
25. Support organisations and movements that seek to make the political system more democratic in order to balance the power of commercial entities and support governments to act for the public good.

Adopted 2025

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