

Point of View

**Commercial Determinants of Health (CDoH): a new frosting for a known cake?****Nadeeka Chandraratne**

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Background

Addressing wider determinants of health for better outcomes has not been a new phenomenon in the Sri Lankan context. The irrigation systems in Sri Lanka dating back to 300 BC depicts that the ancient kings built the lakes and reservoirs simply to keep the citizens healthy and productive. Stemming from the philosophy “Health for All” through primary health care is not just to address immediate health needs but also for coordination of other sectors such as food, education, housing, public work and others. The term “Social Determinants of Health (SDH)” has come to the forefront, following the Report of the Commission on Macroeconomics and Health of World Health Organisation (WHO) in 2002 led by Sir Michael Marmot (1). The SDH are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. The SDH have an important influence on health inequities - the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient:

the lower the socioeconomic position, the worse the health.

Commercial Determinants of Health (CDoH) are a key social determinant, and refer to the conditions, actions and omissions by commercial actors that affect health. Commercial determinants arise in the context of providing goods or services for payment, thus include commercial activities, as well as the environment in which commerce takes place. They can have beneficial or detrimental impacts on health (2).

The global perspective

Recognizing the importance of the commercial factors in health, the WHO has initiated a new programme of action, “the Economic and Commercial Determinants of Health”, which has four goals: to strengthen the evidence base; develop tools and capacity to address the CDoH; convene partnerships and dialogue; and raise awareness and advocacy. In 2023, the Lancet published a series of articles on the CDoH, explaining how the shift towards market fundamentalism and increasingly powerful transnational corporations create a pathological system in which commercial actors are increasingly enabled to cause harm and externalise

the costs of doing so. As the Lancet describes, these harms to human and planetary health increase while the commercial sector wealth and power increase, whereas the countervailing forces are challenged to meet these costs (notably individuals, governments and civil society organisations). This in result make these organisations more impoverished and disempowered or captured by commercial interests. This power imbalance leads to policy inertia; although many policy solutions are available, they are not being implemented. Health harms will keep on escalating, leaving health-care systems increasingly unable to cope. This series of publications urge the Governments act to improve, rather than continue to threaten, the wellbeing of future generations, development and economic growth (3).

Sri Lankan scenario

Lall and Bibile in a paper published in 1978 describe the experience of Sri Lanka in reforming the structure of production, importation and distribution of pharmaceuticals in the period 1972–1976 (4). It highlights the actions and reactions of transnational pharmaceutical corporations to these reforms and traces the achievements and problems of the State Pharmaceuticals Corporation (SPC) which was set up to implement the reforms. Sri Lanka's drug policy, founded by Professor Senaka Bibile was used as a model for the development of policies based on rational pharmaceutical use in other countries as well by the WHO, the United Nations Conference on Trade and Development (UNCTAD) and the Non-Aligned Movement.

In a context where the milk food industry was governing the educational and professional needs of Sri Lankan clinicians, the Sri Lankan Code for Promotion of Breast Feeding and Marketing Breast Milk Substitutes and Products was issued in 1981 leading Sri Lanka to become one of the champions in breast feeding in the world.

Understanding and addressing determinants of alcohol and tobacco through individual and community interventions are among the leading activities of the present national level institutions such as the Department of Health Promotion, Rajarata University of Sri Lanka (5), Alcohol and Drug Information Centre (ADIC) and the Centre for Combating Tobacco (CCT) of Faculty of Medicine, University of Colombo.

Way forward

As highlighted, commercial and industrial influence on health is not an alien concept to the practising public health professionals and clinicians in Sri Lanka. We had been tackling the CDoH from the grass root level in our community setups and curative settings as well as at policy and advocacy levels, a long time before the sophisticated terms were introduced. However, the growing interest and increased funding over the newly coined term should be welcomed with open arms. In the gloom of an economic crisis, Sri Lanka is struggling with widening health inequalities. In this context, more ground level work on understanding the influence of commercial players on our health and wellbeing and developing interventions from policy to grass root level would provide us with an opportunity for a healthier nation.

The impact of non-communicable diseases (NCD) in the rapidly ageing society of ours is always underscored as a factor hindering the development. The commercial and industrial demons related to the major risk factors of NCDs, namely alcohol, tobacco and food (e.g. sugar sweetened beverages, milk food, fast food) operate in modes that are quite hidden and secretive. In a world where most of the relationships and propaganda are becoming virtual, we as the public health professionals are vested with the responsibility of unveiling these secret demons. Research and discussions on CDoH should therefore, not only be an academic task, but also a social responsibility.

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