

PL2

**GEOPOLITICAL PUPPETEERS: IDENTIFYING THE ROLES OF HIDDEN ACTORS
SHAPING THE COMMERCIAL DETERMINANTS OF GLOBAL HEALTH**

| BACKGROUND

Commercial determinants of health (CDoH) refers to “strategies and approaches used by the private sector to promote products and choices that are detrimental to health” (Kickbusch, 2016). It is also “the systems, practices, and pathways through which commercial actors drive health and equity” (Gilmore et al., 2023; Mialon, 2020). The health impacts of CDoH are shaped by the ways in which the global economic and trade systems, global institutions and powerful countries enable adverse commercial activity, undermining “public health policies, including WHO guidance, through lobbying, legal threats, ineffective self-regulation, distorting evidence, concealing their practices, and other actions” (Ghebreyesus, 2023). While there are commercial organizations that have a positive impact on health and society, specific commercial goods and behaviors are directly linked to preventable health issues, environmental degradation, and disparities in health and social aspects. The main culprits behind these issues are typically large, multinational corporations. Development and implementation of policies to counter CDoH to reduce their harmful human health and environmental impacts is therefore an important task for nations and global health actors and institutions (Ghebreyesus, 2023; Friel et al., 2023). Addressing commercial determinants of health is vital in light of climate change, promising dual benefits for the environment and health. According to the EAT- Lancet Commission report, shifts towards consuming less sugar, salt, and saturated fat, and more plant-based foods can combat climate change and enhance health (Willett et al., 2019). Advocating for sustainable, healthy food systems can mitigate climate impacts and contribute to a more sustainable future. The increasing climate damage as presented in the recent synthesis IPCC report (IPCC AR6 SYR from March 2023) accentuates the urgency of this action.

There is an urgent need for action on countering the CDoH at the global level and within countries to ensure health and health equity. These actions should include rebalancing power asymmetries, strengthening multi-level governance that puts people before profits, transformative change in economic and political systems, international and domestic policy and frameworks and strong civil society mobilisation (Friel et al., 2023).

| OBJECTIVES

Sub-theme 2 aims to discuss a way forward by exploring strategies and approaches that mitigate the harmful effects of CDoH on health and instead channel their influence towards promoting fairness, equality, and the overall well-being of individuals and the planet. This requires considering geopolitical considerations and developing policies and interventions that reshape the commercial sector's practices to prioritize health and social equity. The future directions should emphasize the need for a multi-faceted approach that addresses the complex and interconnected factors that contribute to commercial determinants of health. The governments should regulate and limit commercial practices that harm public health, support practices that promote health, and promote health literacy and consumer awareness. Additionally, the need to address commercial determinants of health in conjunction with social determinants of health and promote health equity is crucial (Maani, 2018).

Plenary 2 will identify hidden entities influencing global health, such as multinational corporation and lobbyists. The parallel sessions will subsequently explore these for four specific themes/industries - 1) food, beverage and agricultural industry; 2) energy producing industries; 3) “new” technologies; and 4) the pharmaceutical and medical devices industry. This discussion also highlights the ethical implications of these actors' influence, including health disparities and environmental harm. It will pinpoint gaps in current legislation, suggesting improvements for regulatory frameworks. By fostering public discourse, this dialogue enhances accountability, motivates responsible practices among these hidden actors, and raises public awareness about CDoH. Key actions are as follows:

- **To investigate the covert actors and forces** shaping the impact of commercial determinants on global health
- **To explore the interconnectedness** between geopolitical dynamics and the influences of hidden actors on global health through commercial determinants
- **To discuss the ethical implications of hidden actors' involvement** in shaping commercial determinants and their impact on vulnerable populations.
- **To assess the role of regulatory frameworks in monitoring and addressing the influence of hidden actors**

on global health through commercial determinants.

- **To propose policy recommendations and interventions to increase transparency and accountability in relation to hidden actors' influence** on global health via commercial determinants.

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Moderator

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Monika Kosinska is global Cross-Cutting Lead on Economic and Commercial Determinants for the World Health Organization. Previously she was Programme Manager, Governance for Health for the WHO Regional Office for Europe which included leadership of the WHO European Healthy Cities Network, encompassing 1500 municipalities in the WHO European Region.

Before joining the WHO she held senior positions in Brussels-based civil society, including as Secretary General of the European Public Health Alliance (2008-2014); Chair of the EU Health Policy Forum (2008-2014), Chair of the Action for Global Health Network (2008-2010) and Chair of the Civil Society Contact Group (2010-2014), which is the largest umbrella network of civil society globally.

She was appointed to the High-Level Group on Administrative Burdens in 2012 advising the European Commission on public health impacts of revisions to EU law, and appointed public health representative in the Expert group to advise the European Commission on EU-US trade talks during the Trans-Atlantic Trade and Investment Partnership (TTIP) in 2013.

Previously she worked in the private sector internationally, as well as for the UK Department of Health and UK National Health Service. She started her career in local government, working for the metropolitan municipality of Liverpool in the United Kingdom.