

Health Executives in Asia Leaders (HEAL)

Commercial Determinants of Health



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Report Writer: Tan Zher Min

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Introduction to the HEAL Programme

The Healthcare Executive in Asia Leaders (HEAL) Programme was a series of four webinars and four workshops hosted by the Saw Swee Hock School of Public Health at the National University of Singapore from March to August 2021. The programme was supported by Temasek Foundation, in partnership with The American Chamber of Commerce in Singapore.

The importance for managers and leaders, including those in non-health professions, to understand how health issues impact society and business and vice versa is increasingly becoming apparent, particularly in light of the COVID-19 experience. The HEAL programme aimed to equip managers and executives in leadership capacities in all sectors to effectively understand and navigate modern health challenges and to develop an ability to integrate health considerations into their decision making. It is timely to address some aspects of this complex interrelation, and each of the four webinars/workshops examined one specific topic under this lens with a focus on the experience in Southeast Asia, and Asia more broadly.

Throughout this series, and in particular through the workshops, participants discussed topics of relevance within the broad areas of precision public health, food and nutrition, healthy cities, and commercial determinants of health, and related the discussion to their own countries and professional sectors. Guest speakers also shared their expertise and provided their perspectives. One of the outcomes of the series was to build a multi-sectoral cohort of like-minded professionals who can support each other in developing their understanding of public and global health.

Commercial Determinants of Health

Participants were introduced to the concept of commercial determinants of health (CDoH) and how the private sector affects an individual's ability to lead a healthy life. The event details and speakers were as follows:

Webinar

Wed, 19 May 2021
2:00-3:30pm (SGT)

Speakers

- **Dr Jenn Lacy-Nichols**
Research Fellow, *Centre for Health Policy, Melbourne School of Population and Global Health, The University of Melbourne*
- **Assoc Prof Renzo Guinto**
Associate Professor of Global Public Health
Inaugural Director, Planetary and Global Health Program,
St Luke's Medical Center College of Medicine
- **Mr Yee Ping Yi**
Deputy Secretary (Planning), *Ministry of Finance, Singapore*

Moderated by

- **Assoc Prof Jason Yap**
Vice Dean, Practice
Director, Public Health Translation,
NUS Saw Swee Hock School of Public Health

Workshop

Thu, 5 Aug 2021
2:00-4:00pm (SGT)

Speaker

- **Dr Charles Alessi**
Chief Clinical Officer, *HIMSS*
Senior Advisor, *Public Health England*

Facilitated by

- **Assoc Prof Jeremy Lin**
Director, Leadership Institute for Global Health Transformation (LIGHT), *NUS Saw Swee Hock School of Public Health*

Executive Summary

This report will highlight some of the key learnings from these discussions, which centred on three broad takeaways:

1. **What are the Commercial Determinants of Health?** Commercial entities are vastly heterogeneous and affect health at different levels, therefore making it a challenging area to tackle.
2. **Addressing the Commercial Determinants of Health.** Existing policies are often downstream and target the individual consumers. There is a need to move upstream to target systemic issues such as food environment concerns or unethical business practices.
3. **Potential Solutions.** Participants explored the ways different stakeholders – including governments, industries and academia – can address the commercial determinants of health. Across all stakeholders, there is a need for transparency, willpower, and the bravery to try innovative ideas.

Introduction to the Commercial Determinants of Health

While attention has always been focused on the biological and genetic determinants of health, much less effort has been exerted in understanding the role of business and the economy in shaping the health of the population. The Lancet defines the commercial determinants of health as “strategies and approaches used by the private sector to promote products and choices that are detrimental to health” (Kickbusch et al, 2016).

Efforts to promote and advance population health often go against the interests of profit-making companies. Marketing and selling processed foods, sugary beverages, tobacco, and alcohol; using chemicals, pesticides and disposal processes that contribute to climate change; and following unethical employment practices that give rise to occupational hazards are all examples of corporate activity negatively affecting health. Corporate activities influence the environment in which people live, thereby ultimately determining personal, population and planet health.

Non-communicable diseases (NCDs) - such as cancer, cardiovascular disease, diabetes, and respiratory illness – are the leading cause of death globally and are majorly caused by unhealthy lifestyles and diets. The NCD pandemic is said to be partially driven by the commercial for-profit sector which has the power to influence government, society, and consumer behaviour. All of this is a result of the war between profits versus pandemics and the global economy that we live in which prioritises wealth creation over health creation.

Acronyms and Abbreviations

CDoH	Commercial determinants of Health
ESG	Environment, social, governance
NCD	Non-communicable diseases

1. What are the Commercial Determinants of Health?

The discourse around commercial determinants of health (CDoH) typically revolves around the commercial determinants of *ill health*. This is illustrated by Kickbusch, Allen and Franz (2016)'s definition of CDoH as "strategies and approaches used by the private sector to promote products and choices that are detrimental to health". However, these commercial determinants also impact health-promoting products, and key stakeholders go beyond private sectors to include governments and civil society as well. More generally, the CDoH are the "structures, rules, norms and practices by which business activities designed to generate wealth and profits influence patterns of health and disease across populations" (Freudenberg, 2020).

The private sector affects health at different levels:

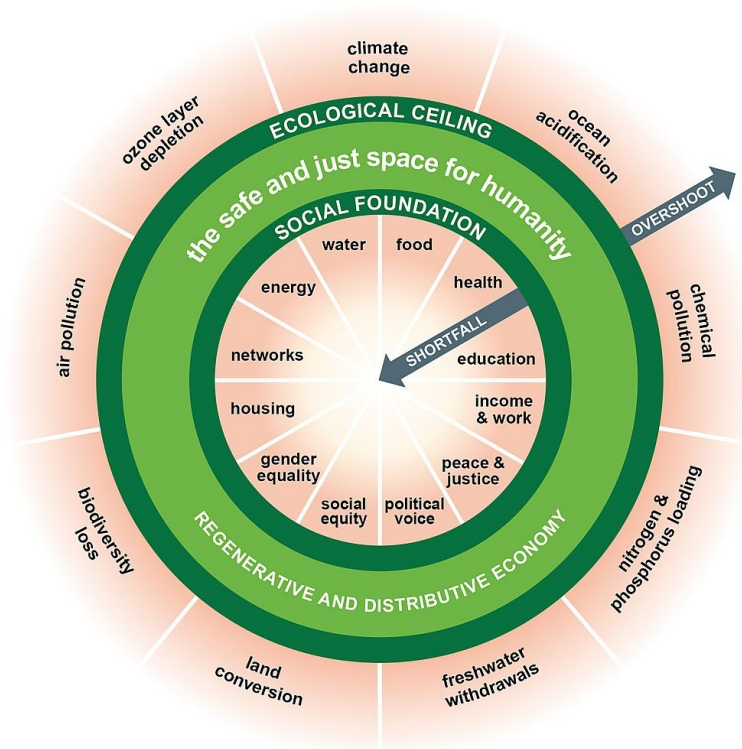
- **Products** like tobacco and cigarettes lead to lung disease
- **Production practices** leading to pollution affect human and planetary health
- **Employment practices** could give rise to occupational hazards, or indirectly lead to poorer health when low wages affect consumers' behaviour
- Businesses impact the **political** world by lobbying and campaign contributions, potentially influencing policies that may harm their business
- Businesses may impact how **research** is conducted and how issues are framed
- Businesses also shape the **business contexts** and **economic systems** they operate in (e.g. capitalism, neoliberalism)

It is worth noting the large heterogeneity in the private sector. Companies vary in size (revenue or employees) and market concentration, the goods and services they provide, their business models including public-private partnerships and state-owned enterprises, or whether they are for-profit or non-profit. More often, large corporations have more power and therefore a larger political influence. Compared to small businesses, these are the players in the industry we should focus our efforts on.

Commercial determinants not only impact the health of humans, but also the health of the environment, which poses further risks on human health. Climate change could lead to malnutrition, infectious diseases, NCDs or mental health disorders. There are often conflicts between the economy, public health, and planetary health, for example:

- Soft drink companies drive obesity and compete with local communities for access to clean water
- Pharmaceutical companies that 'save lives', albeit often in an inequitable manner, emit more greenhouse gases than the automotive industry
- Green spaces are destroyed for urban development, including to build hospitals or vaccination centers
- Oil and gas companies provide financial support and scholarships for health research

Due to the complex interplay between competing priorities and conflicting interests, addressing CDoH remains extremely challenging. A starting point would be to shift our focus to the doughnut economic model, which promotes sustainable and equitable development.



The Doughnut Economic Model (Raworth, 2012)

2. Addressing the Commercial Determinants of Health

While it is conceptually easy to understand regulations on harmful products such as tobacco, there needs to be more nuance when dealing with other products like food. To address the more complex issues, we must first decide what the problem is, what we want to focus on changing, and why we are doing this. It could be targeting the products, means of production, the market, or even political systems. Ethics also come into the question: is it justifiable for public health organisations to introduce products or practices that cause harm to human health if they are less harmful than the status quo (e.g., electronic cigarettes which may also cause lung injury)?

There is no single 'magic bullet' that will lead to better health behaviour or outcomes. For instance, the decline in tobacco usage is not due to a single policy, but due to the accumulated effects of a range of policies implemented over 20 years. Many existing policies focus on the 'downstream' by targeting products or persuading individual consumers to change their behaviour via education and health campaigns. While there is more government and business support in promoting behavioural change in consumers, these tend to exacerbate inequities. There needs to be a joined-up approach with more 'upstream' policies that change the environment to reduce risks; for example, changing food environments to make healthy foods more accessible, affordable, and desirable. While these policies tend to be more impactful and equitable, they are harder to get across the line politically.

We can also segment CDoH into demand- and supply-side factors. How do governments work with industries to influence the supply of goods and services? The success of various government initiatives depends on the market size and the power governments have over providers. Singapore as a small market may not have a large impact on retailers. On the demand side, how do governments then work on consumer education (e.g. healthcare or financial literacy, financing mechanisms)? The Singapore government has seen some successes in motivating its people to buy healthier products or participate in physical activity via gamification of healthful behaviours. Demand- and supply-side initiatives must work in concert across the value chain to solve the issues we currently face.

Moving forward, we could also change the narrative to influence the industry to align to the government's goal to promote health. This gives corporations more ownership in tackling the issue at hand and potentially leads to more sustainable solutions.

3. Potential Solutions

Issues that we face today, including climate change and the rise of NCDs, are highly complex and require the cooperation of whole-of-government and the private sector to be addressed. Speakers and participants discussed the ways in which different stakeholders can address CDoH:

Governments

- Ensure sufficient regulation by setting up robust regulatory frameworks centred around public health. Incorporate health and/or healthcare in all policies
- Mandate the use of health impact assessment, social impact assessment and environmental impact assessment tools in projects. Ensure that future investments, especially in healthcare, are climate-smart and do not harm the environment
- Set up systems and capabilities to exercise the framework, such as penalties or incentives to deliver results or at least measure the intended outcomes
- Consistency in messaging, e.g., stop working with coal plants if the government is pushing for renewable energy
- Encourage community participation in conversations by providing a voice to communities that will be impacted by commercial activity
- Be more open to working with non-traditional partners to tap into more innovative solutions
- Deliver personalised approaches for different consumer groups: gamification works for some, but not for those with lower socioeconomic status who are more sensitive to money instead. Interventions such as sugar taxes that disproportionately affect low socioeconomic groups may not be ethical but seem to have worked
- For this, there needs to be strong governance in countries and vigorous civil societies which can hold governments accountable
- Countries with the greatest wealth who divest in anti-health companies can act as role models for other countries to follow suit

Industry

- Introduce global best practices (e.g. ESG reporting), benchmarking schemes, public-private partnerships, and other voluntary pledges or initiatives
- Set up global governing bodies for environmental and health standards
- Build Planetary Health-Oriented Businesses that are interested in the health of employees, consumers, communities, and the environment
- Transparency and proper documentation
- However, there is often a conflict of interest by having the industry in the conversation

Academia

- Divest in harmful industries (e.g. fossil fuel) like what some prominent universities in the UK have done
- Set clear goals and transparent governance structures when working with industry players to improve health, while being mindful of any potential risks, especially financial conflict of interests and public perception
- The focus of public health research and curricula should also shift from a focus on behavioural change and health promotion at the individual level to include how to deal with corporations (e.g. business and legal literacy)

Civil Society

- Provide communities (including minorities and indigenous communities) a voice during discussions with governments and industries
- Leverage on celebrity endorsement to promote healthful behaviour

For all stakeholders, being brave enough to try innovative ideas could well be beneficial. When there is buy-in from the 'top cover', we can take bolder calculated risks to try different things. To achieve this, public health professionals need to learn how to navigate the corridors of power and negotiate with the private sector to make decisions in health promotion.

References

Freudenberg, N. (2020, July 29). *The commercial determinants of COVID-19: implications for public health practice and policy* [Webinar]. CUNY Urban Food Policy Institute. <https://www.cunyurbanfoodpolicy.org/events/2020/7/29/the-commercial-determinants-of-covid-19-implications-for-public-health-practice-and-policy>

Kickbusch, I., Allen, L., & Franz, C. (2016). The commercial determinants of health. *The Lancet Global Health*, 4(12), e895-e896.

Raworth, K. (2012). *A safe and just space for humanity: can we live within the doughnut?* Oxfam.

Other Resources

Watch the HEAL webinar on “Commercial Determinants of Health” here:

https://www.youtube.com/watch?v=ECwoy2yIV_8&ab_channel=SawSweeHockSchoolofPublicHealth

Books by John Quelch, recommended by Dr Guinto:

- Consumers, Corporations, and Public Health: A Case-Based Approach to Sustainable Business (2016)
<https://oxfordmedicine.com/mobile/view/10.1093/med/9780190235123.001.001/med-9780190235123>
- Building a Culture of Health (2016)
<https://www.springer.com/gp/book/9783319437224>

Global Road Map for Health Care Decarbonization

<https://healthcareclimateaction.org/>

Speakers



Webinar Speaker

Dr Jenn Lacy-Nichols

Research Fellow, Centre for Health Policy, Melbourne School of Population and Global Health, The University of Melbourne

Jenn is a postdoc researcher at the University of Melbourne. She is part of the team coordinating a new Lancet Series (chaired by Rob Moodie and co-convened by the University of Melbourne and VicHealth) and is also working with VicHealth to monitor and mitigate the harmful practices of “unhealthy industries.”

Jenn’s research examines the political and market strategies of powerful corporations. She is especially interested in questions of power: who has it? How do they acquire and exercise it? And, (crucially) what are potential “cracks” in power that can help to challenge the status quo and generate transformative change?

Her research explores how the food industry is seeking to reposition itself as “part of the solution” to NCDs, climate change and other wicked problems, and the political consequences of this appeasement strategy. In 2019 she completed her PhD, which analysed the soft drink industry’s political strategy to position itself as “part of the solution” to obesity. Currently, Jenn is working on the Hallmark Future Food Initiative to analyse the health, commercial and political drivers of “alternative protein” production and consumption (aka lab meat, plant burgers). She is also working on a project to map out the so-called “Commercial Determinants of Health.” Recently, Jenn attended WHO’s 2020 Executive Board meeting in Geneva as a representative of the People’s Health Movement, where she advocated for improving WHO engagement with civil society and for addressing the conflicts of interest arising from the commercial sector’s influence in the WHO.



Webinar Speaker

Assoc Prof Renzo Guinto

Associate Professor of Global Public Health

Inaugural Director, Planetary and Global Health Program, *St Luke's Medical Center College of Medicine*

Renzo Guinto, MD DrPH is Associate Professor of the Practice of Global Public Health and Inaugural Director of the Planetary and Global Health Program of the St. Luke's Medical Center College of Medicine in the Philippines. He is also Chief Planetary Doctor of PH Lab – a “glo-cal think-and-do tank” for advancing the health of both people and the planet. An Obama Foundation Asia-Pacific Leader and Aspen Institute New Voices Fellow, Renzo is member of several high-level international groups including: Lancet–Chatham House Commission on Improving Population Health post COVID-19 (University of Cambridge); Lancet One Health Commission (University of Oslo); Advisory Council of Global Health 50/50 (University College London); and Editorial Advisory Board of The Lancet Planetary Health. He has served as consultant for various organizations including: World Health Organization; World Bank; USAID; International Organization for Migration; Health Care Without Harm; and Philippine Department of Health. Renzo obtained his Doctor of Public Health from Harvard University and Doctor of Medicine from the University of the Philippines Manila. In 2020, he was included by Tatler Magazine in its Gen.T List of 400 leaders of tomorrow who are shaping Asia's future. Renzo has traveled to and lectured in nearly 50 countries; published more than 100 articles in scientific journals, books, and popular media; and directed and produced short films that communicate the message of planetary healing to the world.



Webinar Speaker

Mr Yee Ping Yi

Deputy Secretary (Planning), *Ministry of Finance, Singapore*

Mr Yee Ping Yi was appointed as Deputy Secretary in the Ministry of Finance in April 2015, and is responsible for planning, financing and programmes.

Prior to the Ministry of Finance, Mr Yee worked at the Central Provident Fund Board as its Chief Executive from January 2011 to March 2015. He had previously served at the Public Service Division, the Ministry of Health and the Ministry of Trade and Industry.



Webinar Moderator

Assoc Prof Jason Yap

Vice Dean, Practice

Director, Public Health Translation, *NUS Saw Swee Hock School of Public Health*

A public health physician with over 33 years of experience in the public and private healthcare sectors with diverse responsibilities covering public policy, informatics, marketing and education, Assoc Prof Jason Yap is now a practice track Associate Professor and Vice Dean (Practice) in the Saw Swee Hock School of Public Health in the National University of Singapore. He supports undergraduate, postgraduate, executive and continuing professional education in the School and other organisations, and is the Programme Director for the National Preventive Medicine Residency Programme of the National University Health System.

His key academic interests are in Integrated Care, Healthcare Management and Health Professionals Education. He has also taught on a wide range of other topics including health policy and systems, research and evaluation, strategic planning, systems thinking, healthcare marketing and medical tourism/travel, information security, and medical ethics and professionalism. He is on the teaching faculty of the Centre for Medical Ethics & Professionalism since 2004.

He is a Fellow in the College of Public Health & Occupational Physicians and the College of Clinician Educators of the Academy of Medicine (Singapore), and the Royal Society for Public Health (United Kingdom). He is Deputy Chairman of Enterprise Singapore's Coordinating Committee for the Silver Industry (Standards), and chairs the Advisory Board of SingHealth's Post-Graduate Allied Health Institute, and a member of the Board of Directors of SATA CommHealth, the Board of the International Foundation for Integrated Care (IFIC), the Medical Advisory Committee of St Luke's Hospital, and the International Advisory Committee of the Central Coast Research Institute (CCRI) in Australia. He is also a member of several institutional review boards, and serves on the Council of the Biblical Graduate School of Theology. In 2008, he stepped down as Commanding Officer of 6th Direct Support Medical Battalion in the Singapore Armed Forces.



Workshop Speaker

Dr Charles Alessi

Chief Clinical Officer, *HIMSS*

Senior Advisor, *Public Health England*

Charles Alessi, MD is Chief Clinical Officer for HIMSS, a global advisor and thought leader supporting the transformation of the health ecosystem through information and technology. In this role, Alessi travels the world assisting governments, large corporations, improve the health and wellbeing of citizens.

A globally recognised and trusted leader in health information and technology, Alessi brings a wealth of experience around health systems and the interface between healthcare, social care and the personalization of wellness. He is a physician in London with more than 40 years of experience in all aspects of clinical practice in the UK National Health Service.

Alessi is also senior advisor to Public Health England, leading thought leadership around productive, healthy aging—including dementia and targeting risk reduction. He has extensive experience in military medicine, being a past medical director and director of clinical governance for the British forces in Germany. He was a past chairman of the National Association of Primary Care.

Alessi holds a variety of international academic positions both in Europe and the Americas and has published widely in the media and journals. He is an adjunct research professor in clinical neurosciences at the Schulich School of Medicine at the University of Western Ontario, Canada and Visiting Scholar at the Odette School of Business in Windsor, Ontario, Canada.



Course Facilitator

Assoc Prof Jeremy Lim

Director, Leadership Institute for Global Health Transformation (LIGHT),
NUS Saw Swee Hock School of Public Health

Associate Professor Jeremy Lim is the Director of LIGHT, a global health initiative in the NUS School of Public Health, where he leads projects primarily in health systems strengthening and universal health coverage. He brings diverse and unique perspectives having spent substantial time in public and private healthcare across Asia as well as in policy formulation with Singapore's Ministry of Health.

Outside academia, Jeremy serves on the boards of various for-profit and not-for-profit organisations in different aspects of healthcare including migrant worker health, end of life care and digital health interventions. He is trained in surgery and public health, attaining post-graduate qualifications from both the United Kingdom and the United States.

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