Understanding Structure and Agency as Commercial Determinants of Health
Comment on “How Neoliberalism Is Shaping the Supply of Unhealthy Commodities and What This Means for NCD Prevention”

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Abstract
The limited success to date, by the public health community, to address the dramatic rise in non-communicable diseases (NCDs) has prompted growing attention to the commercial determinants of health. This has led to a much needed shift in attention, from metabolic and behavioural risk factors, to the production and consumption of health-harming products by the commercial sector. Building on Lencucha and Thow’s analysis of neoliberalism, in shaping the underlying policy environment favouring commercial interests, we argue for fuller engagement with structure and agency interaction when conceptualising, assessing, and identifying public health measures to address the commercial determinants of health.

Keywords: Commercial Determinants of Health, Non-communicable Diseases, Corporations, Risk Factors, Structure-Agency

Introduction
Since the late 19th century, the public health community has made substantial progress in understanding the causal role of bacteria, viruses, protozoa and other pathogens in communicable disease morbidity and mortality. Commensurate advances in prevention, control and treatment strategies, along with broader socioeconomic changes, have given rise to the so-called epidemiological transition in many societies. Fast forward to the early twenty-first century and we are witnessing a dramatic shift in recorded causes of death, from communicable to non-communicable diseases (NCDs). The latter – led by cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases – now account for approximately 41 million deaths each year (71% of all deaths annually).1

While there is growing evidence that infections have a causal role in many chronic conditions,2 two-thirds of NCD deaths worldwide are related to tobacco use, alcohol misuse, unhealthy diets and physical inactivity.1 Alongside metabolic risk factors (eg, hypertension), therefore, public health efforts to date have focused on addressing these modifiable behavioural risk factors. Success at stemming the global NCD epidemic has so far been limited. As Horton describes, “progress has been inadequate and disappointingly slow….An advocacy strategy based on four diseases and four risk factors seems increasingly out of touch….And so they [public health community] are paralysed. We need a different approach.”3

The concept of the commercial determinants of health offers an important alternative perspective, notably by pushing against the notion that NCDs are primarily self-inflicted, and that people must simply be convinced of the error of their unhealthy ways. Broadly defined as “strategies and approaches used by the private sector to promote products and choices that are detrimental to health,”4 this emerging body of work shifts attention, from metabolic and behavioural risks, to the activities of the commercial sector. Of particular concern are the “ways corporations exert power” and the need to “align corporate behaviour more closely with the public good.”5 Kickbusch et al, for example, identify four channels through which corporations exert influence – marketing, lobbying, corporate social responsibility initiatives, and supply chain management.4 In this way, commercial determinants press for an overdue shift in the public health gaze to more effective regulation of health-harming activities by corporations.

As this approach gains more traction, public health efforts would benefit from fuller understanding of the dual importance of structure and agency when addressing commercial determinants. The relative influence of structure and agency is a longstanding debate in social research. In public health, for example, this debate has pervaded discourses concerning certain types of health promotion interventions.6

Briefly, agency concerns the individual and collective capacity...
to make decisions and act independently through free choice. Structure relates to "the framework within which human agency takes place," consisting of relationships, social forces, institutions and rules that shape choices. The interplay between agency and structure, and their relative importance for achieving social change, is an ongoing subject of debate. On the commercial determinants of health, it is essential that efforts to advance this promising approach do not limit the shift in focus, from the agency of individuals, to the agency of corporations.

It is in this respect that Lencucha and Thow's analysis, of the relationship between neoliberalism and NCDs, is an important advance. The authors address the question of "what underlying conditions have shaped a policy environment that is conducive to the influence of commercial interests?" and, in doing so, open up an expanded conversation about the production and consumption of unhealthy products. Alongside transnational corporations, which further their interests through a variety of business and political strategies, Lencucha and Thow argue that the neoliberal paradigm "has conditioned the policy environment in a way that promotes the supply of unhealthy commodities." Enshrined in the institutional fabric of contemporary societies, this dominant paradigm "has given rise to existing systems of governance of product environments, and how these systems create structural barriers to the introduction of meaningful policy action to prevent NCDs by fostering healthy product environments." The authors are specifically interested in expanding the explanation of policy incoherence, where economic policies may undermine, and yet are given precedence, over public health policies. Drawing on examples from southern Africa, Lencucha and Thow argue that priority may be given to the production of unhealthy commodities, over protection of public health, even when the former's contributions to economic development are limited. This is explained by "how the neoliberal paradigm has structured the institutional environment in economic, agricultural and other sectors that shapes the supply of unhealthy products."7

Defining and Regulating “Undue Influence” by Commercial Interests
While Lencucha and Thow shine important light on how "the influence of health-harming industries on public policy is real and deeply problematic for public health," what must then be done to effectively curb corporate agency merits further discussion. To deal with conflicts of interest and "outright corruption," Article 5.3 of the World Health Organization (WHO) Framework Convention on Tobacco Control is appropriately identified as an important example to follow. For example, lobbying policy-makers, giving gifts or donations, and industry involvement in policy consultations should be restricted. Article 5.3 requires States Parties to prevent industry interference in setting and implementing public health policies. Beyond public health policy, WHO guidelines "encourage" Parties to "implement measures in all branches of government that may have an interest in, or the capacity to, affect public health policies with respect to tobacco control." Efforts to improve policy coherence, and achieve a more integrated approach which spans the breadth of government, will be critical if the agency of health-harming industries is to be effectively regulated.

Importantly, the authors rightly describe how the problem of industry influence goes far beyond "state capture." Evidence from whistleblowers and internal industry documents have revealed political strategies which are far from visible and, in some cases, intentionally concealed from public view. The revolving door between government and industry; the covert funding of junk science by industry; and the undeclared payment of journalists, celebrities and think tanks to frame public discourse are patterns of behaviour that span many industries including tobacco, alcohol, food and beverage. These obscured, highly effective political strategies need to be better regulated through improved mechanisms of transparency and accountability. This includes appropriate enforcement and penalties for noncompliance in order to be effective.

More challenging, perhaps, is how undue influence is structurally enabled by the way governments have come to define their own raison d'être, and thus the policy instruments deemed appropriate and desirable. Industry influence is legitimized by a 'dominant paradigm' which goes to the heart of political philosophies underpinning liberal democracies. Pluralism, for instance, assumes that the role of political institutions is to mediate among diverse and competing interest groups. The common good, it is argued, is best achieved through market and civil society actors engaging in robust efforts to influence state actors. Pluralists thus accept industry influence as business as usual. Undue influence is seen as a problem arising from failings in the system of checks and balances, which then allows commercial actors to undermine the separation of powers underpinning liberal democracies. Public health debates about industry interference have yet to stray into deeper levels of political theory debate such as the potential limitations or design flaws in liberal democracies per se.

Policy Coherence and the Prioritization of Public Health
By offering a fuller explanation of policy incoherence, Lencucha and Thow appear to assume that public health goals merit priority over other policy goals such as economic growth. In reality, politics is about managing unlimited societal demands with limited public resources. Governing is a messy process of tradeoffs, compromises and mediation among many competing, sometimes incompatible, policy goals. For a variety of reasons, sometimes health policies prevail, but there are situations when they should not. Public interest, in other words, is not the same as public health interest. Economic growth, environmental protection, national security or key infrastructure projects might, for example, be prioritised over public health. As described above, undue influence by vested interests can indeed distort this process. But the fact that public health goals are not prioritised does not necessarily mean that this is the case.
Within which corporations exert their influence (ie, free markets), and how neoliberalism shapes where agency is seen to lie (ie, individual responsibility). Commercial determinants of health thus offer a promising way forward if we go beyond the activities of profit-seeking, health-harming corporations. As a next step, a fuller definition and accompanying metrics, to better define and measure the risks arising from the commercial determinants of health, would significantly enhance explanations of, and actions to address, the alarming rise in NCDs globally.

Ethical issues
Not applicable.

Competing interests
Authors declare that they have no competing interests.

Authors’ contributions
KL and EC conceived the analysis; KL drafted the paper; EC reviewed and provided additional text in response to reviewers’ comments; KL and EC reviewed and approved the final manuscript.

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