



# Policy recommendations on commercial determinants of health evident during the COVID-19 pandemic

Stretton Health Equity, University of Adelaide, in collaboration with 18 researchers from around the world, put together 16 case studies of countries' experiences during the COVID-19 pandemic including the influence of commercial determinants of health.

## What are the 'commercial determinants of health'?

The 'commercial determinants of health' are the activities of for-profit actors that contribute to shaping the health of populations, and the social and economic structures that they act within. Commercial actors can influence health positively through the creation of employment, paying taxes, and developing health supporting products such as vaccines and medicines. However, their activities can also harm health.

## Commercial determinants and COVID-19

- **We found evidence of the influence of commercial determinants of health in the origin and spread of COVID-19**, through;
  - shaping working conditions that influenced workers' risk of contracting and spreading the SARS-CoV-2 virus;
  - affecting the procurement of personal protective equipment (PPE), rapid antigen tests, and other goods and services that help protect against spread of the virus; and
  - commercial actors lobbying against public health regulations that have the potential to reduce transmission, when those public health regulations threatened profit.
- The pandemic revealed weaknesses in health systems, including underfunding, corruption, and privatisation. Countries with more privatised health systems in general did worse than countries with a

stronger on a public health system. In some countries, the private health sector failed to engage in the public response to COVID-19, and in some cases instead used it as an opportunity to refuse care to people with COVID-19, and to engage in price gouging for care for COVID-19.

- Risk of infection in foreign-born workers, and for certain occupations and workplaces in some instances reflected private actors shifting responsibility and risk for the health of their employees. Overcrowded and poor quality accommodation for foreign workers, for example, can be seen as at least partly a result of the private sector being driven to maximise profits and reduce costs.
- In this way, the private sector has externalised costs of their working practices to society and to governments, in terms of COVID-19 infections, and government responsibility to support the private sector during the pandemic.
- There was mixed evidence on the effects of privatisation of aged care and prisons on the spread of COVID-19. What is known raises important questions about how the pursuit of profit by the companies that run these facilities can be balanced with the health and wellbeing of the residents. If adequate regulation is not put in place, private facilities will remain difficult to mobilise for public health goals, and it will remain a governance challenge to ensure the health and wellbeing of residents, workers, and the broader community are not compromised in the pursuit of profit.

## Recommendations

Public systems are stronger than private systems. A strong public health system is more valuable in a pandemic than privatised health systems. Moves to strengthen the public health system, rather than encouraging and subsidising private health is likely to lead to stronger responses to future pandemics.

Less policy support for privatisation in sectors such as aged care and prisons, and greater regulation of private services to better safeguard the health and wellbeing of the service users.

1. Strong public oversight over procurement of goods and services for pandemic responses (such as in the South African case for ventilators, and the Taiwan case for masks) is essential to maximise public benefits, and ensure these are not reduced in the pursuit of private profit.
2. Encourage global health equity through supporting international efforts for more equitable vaccine distribution, including addressing the profits private companies have made off vaccinations at the expense of more comprehensive and equitable availability.
3. Stronger regulation of private sector business practices to ensure healthy and just employment practices, including greater requirements on companies to take reasonable actions to reduce the infectious disease risk.
4. Fostering industrial relations that supports healthier employment conditions (e.g. reducing casualisation and 'gig economy' work) can help reduce virus transmission and risk among workers in the most vulnerable circumstances.
5. Pandemic planning requires an assessment of the impact on and reactions from private sector organisations.

## For more information

The free to access article can be found at:

**Freeman, T.,** Baum, F., Musolino, C., Flavel, J., McKee, M., Chi, C., Giugliani, C., Falcão, M.Z., De Ceukelaire, W., Howden-Chapman, P., Nguyen, T.H., Serag, H., Kim, S., Alvarez-Dardet, C., Gesesew,

H.A., London, L., Popay, J., Paremoer, L., Tangcharoensathien, V., Sundararaman, T., Nandi, S., & Villar, E. (2023). Illustrating the impact of commercial determinants of health on the global COVID-19 pandemic: Thematic analysis of 16 country case studies. *Health Policy*, 134, 104860.

Croakey also reported on this research: <https://www.croakey.org/critical-pandemic-lessons-prioritise-public-good-over-private-profits/>

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