COMMITTEE A5
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GLOBAL MODEL UN WHO 2026

ANNOTATED BIBLIOGRAPHY

COMMITTEE A5: ADDRESSING THE COMMERCIAL DETERMINANTS OF HEALTH

Simulation: Committee A5

Welcome to Global Model WHO 2026,

We are very pleased to introduce you to the most authentic simulation of the World Health Organization in the world; and hope to contribute to your understanding of the organization, its mandate, and its critical role in global affairs.

Through a series of pre-conference webinars that will be offered and documents – like this resource guide – we aim to educate you not only about the global issues on the UN agenda, but also about the ways and means through which those topics are discussed, debated and negotiated by real UN diplomats.

This resource guide will provide you with a head start in doing research to gain a deeper understanding of the global issue that you will be discussing and the actions that the government you have been assigned recommends that the international community should take to address this issue. To make the research process a bit easier, the resource guide has been divided into sections and sub-sections to assist you in researching these two components. We strongly recommend you to give a careful look through the sources listed below so that the interaction with your peers is as exciting as possible.

We wish you all the very best in this journey of learning!

TOPIC DESCRIPTION

Commercial activity can improve health by providing medicines, technologies, food, employment and other valuable products and services, but it can also contribute to disease and health inequalities. WHO defines the commercial determinants of health as private-sector activities that affect public health, positively or negatively, together with the political and economic systems and norms that enable them. These determinants include products and services, marketing practices, working conditions, environmental effects and activities such as lobbying, donations and misinformation. The challenge for governments is therefore not simply whether to engage business, but how to encourage health-promoting commercial activity while preventing commercial practices that harm health.

Key Points and Main Issues

1. COMMERCIAL ACTIVITY CAN IMPROVE HEALTH AS WELL AS HARM IT

Commercial determinants of health (CDoH) include both the benefits and the harms that can result from commercial activity. Businesses can improve health and living conditions by providing medicines, vaccines, food, technology, jobs, infrastructure and health services. At the same time, some products or business practices can contribute to disease, injury, pollution or unfair differences in health. The policy challenge is therefore not to treat all business activity as harmful, but to identify which products and practices benefit health, which create health risks, and what governments should do when the same activity produces both benefits and harms.

Key issues include:

- Commercial actors differ greatly in what they produce and how they operate. A company selling essential medicines raises different health issues from a company selling tobacco, and policies should reflect those differences.
- The same commercial activity can produce economic benefits and health or environmental harms. For example, a company may create jobs and pay taxes that provide revenue for the government, while the products it sells may contribute to disease and increased health-care costs, or its production and packaging may cause environmental damage.
- Governments must decide whether companies can adequately address a health problem through voluntary changes, or whether enforceable rules are needed because voluntary action has been insufficient or the health risk is too serious.

Recommended Actions

- Examine the health effects of products separately from the effects of business practices. For products, consider whether they improve health or increase the risk of disease or injury. For business practices, consider how companies manufacture, price, market and distribute their products, including whether these practices expose workers or communities to harm or make essential goods and services easier or harder to obtain.
- Match the government response to the seriousness of the health risk and the evidence available. For a limited or uncertain risk, providing information or seeking voluntary changes from companies may be appropriate. For serious or well-established harms, governments may consider enforceable measures such as product standards, marketing restrictions, taxes or warning-label requirements.

Key Points and Main Issues (cont.)

- Use government spending and financial policies to encourage healthier products and business practices. For example, governments can require food purchased for schools or hospitals to meet nutrition standards, require companies receiving certain forms of public funding to meet health, workplace-safety or environmental standards, or provide financial incentives for companies to develop healthier products or adopt production methods that reduce risks to workers and communities.

2. PRODUCTS ARE ONLY ONE PART OF THE ISSUE

CDoH is concerned not only with what companies sell, but also with how they conduct their business. A product itself may affect health, but health can also be affected by how the product is designed, manufactured, priced, advertised and distributed; how workers are treated; how much pollution or waste is produced; and how companies try to influence government policy or scientific evidence. Delegates therefore need to examine both the product and the business practices surrounding it.

Key issues include:

- A product may meet legal safety standards, but other company practices can still create health concerns. For example, aggressive advertising can encourage excessive consumption, high prices can make an essential medicine difficult to afford, or limited distribution can prevent people in rural areas from obtaining it.
- The way a company produces and disposes of goods can harm people who never use the product. Workers may be exposed to dangerous substances during production, communities may be affected by factory pollution, and waste may create health or environmental risks after a product is discarded.
- Companies can also affect the rules and evidence used to protect health—for example, by lobbying governments, financing political activity, funding research or providing information to policymakers. Governments must decide how to receive legitimate input without allowing financial interests to distort health policy or evidence.

Key Points and Main Issues (cont.)

Recommended Actions

- Examine where health risks arise throughout a product's life. Consider how it is designed and manufactured, whether workers or nearby communities are exposed to hazards, how it is priced, marketed and sold, what happens when people use it, and what pollution or waste remains when it is discarded.
- Require companies to provide the information governments need to identify important health risks. Depending on the issue, this could include product ingredients, who paid for advertising, funding of research, lobbying activities, or releases of pollutants. Rules should state clearly which companies must report, what information they must provide and whether that information will be made public.
- When addressing a harmful product, look at the business practices that may contribute to the harm as well. For example, a government regulating a chemical in a product may also need rules protecting factory workers from exposure and communities from pollution; a government regulating an unhealthy food may also need to examine advertising, labelling or sales in schools.

3. INDIVIDUAL CHOICE IS SHAPED BY THE ENVIRONMENT IN WHICH CHOICES ARE MADE

People make choices about food, alcohol, tobacco and other products, but those choices are affected by the conditions around them. Price influences what people can afford; availability determines what they can easily buy; advertising and product placement can make some products more attractive or visible; and income affects the range of choices people have. The policy debate is therefore not simply about individual responsibility. Governments must also decide whether the commercial environment makes healthier choices reasonably available and affordable.

Key Points and Main Issues (cont.)

Key issues include:

- Consumers do not choose among products under equal conditions. A heavily advertised, inexpensive and widely available product may be much easier to choose than a healthier product that costs more or is difficult to find.
- Education and health warnings can help people make informed choices, but information alone may have limited effect when unhealthy products remain cheaper, more heavily promoted or more readily available than healthier alternatives.
- Policies that change prices, advertising, availability or where products may be sold can make healthier choices easier, but they also raise questions about how far governments should intervene in the sale and use of legal products.

Recommended Actions

- Give consumers clear information about important health risks before they buy or use a product. Depending on the product, this could include health warnings, nutrition labels or information about ingredients, displayed prominently enough for consumers to see and understand.
- If information and education do not adequately reduce a serious, well-established health risk, consider measures that change the conditions in which choices are made. Governments might raise the price of harmful products through taxes, restrict sales to certain ages or places, limit advertising, or regulate how products are displayed in stores.
- Before imposing taxes or restrictions, examine whether healthier alternatives are available and affordable, especially for lower-income households. If they are not, governments can combine restrictions with measures such as subsidies, school or community programmes, or changes in public purchasing that make healthier alternatives easier to obtain.

Key Points and Main Issues (cont.)

4. MARKETING AND DIGITAL TARGETING CAN INCREASE EXPOSURE TO HEALTH RISKS

Advertising can increase demand for products that carry health risks. Digital marketing creates additional concerns because companies can use information about a person's age, interests, location or online behaviour to direct advertisements to particular users. Children and adolescents are an important concern because marketing can shape preferences and habits while they are still developing. Governments therefore must decide which products and audiences require special protection and how marketing rules can be applied when advertisements appear on platforms operating across national borders.

Key issues include:

- Digital advertising can be difficult to monitor because different users may see different advertisements, advertisements can disappear quickly, and the company paying for an advertisement may be located in another country.
- Children and adolescents may have difficulty recognizing that influencer posts, games, sponsored videos or other online content are advertising, making it harder for them to judge the message as a commercial attempt to influence their choices.
- A marketing restriction must specify exactly what it covers: which products, which age groups, which media or platforms, and which techniques such as influencer marketing, sponsorship, product placement or targeted advertising.

Recommended Actions

- Where evidence and WHO guidance support restrictions, limit marketing of products that harm health when it is directed at children. Rules should specify the products covered, the age group protected and the forms of marketing restricted—for example television advertising, school sponsorship, social-media advertising, games or paid influencer promotions.
- Require companies and influencers to identify paid advertisements and sponsored content clearly so that users can tell when a commercial interest is behind a recommendation, video, post or other online content.
- When online advertising crosses national borders, establish procedures for regulators in different countries to exchange information about the advertisement, identify the company that paid for or authorized it, and contact the relevant platform or regulator when the advertisement violates national rules.

Key Points and Main Issues (cont.)

5. COMMERCIAL ACTORS CAN INFLUENCE PUBLIC POLICY AND EVIDENCE

Companies may provide governments with useful technical and economic information about proposed policies, but they may also have a financial interest in weakening, delaying or shaping those policies. Similar concerns arise when companies fund research that governments use as evidence. The policy challenge is to allow legitimate consultation and research while making financial interests visible and preventing them from having inappropriate influence over public-health decisions.

Key issues include:

- Governments may need information from companies about products, markets, costs or technical feasibility, but the same companies may benefit financially from the policy decision. Policymakers therefore need ways to obtain useful information without allowing the interested party to control the decision.
- Industry-funded research is not automatically unreliable. The concern is that a funder's financial interests may affect which questions are studied, how a study is designed, which results are emphasized or whether unfavourable findings are published.
- The degree of conflict differs by sector. In tobacco control, for example, the WHO Framework Convention on Tobacco Control requires Parties to protect tobacco-control policies from the commercial and other vested interests of the tobacco industry.

Key Points and Main Issues (cont.)

Recommended Actions

- Require people or organizations seeking to influence health policy to disclose relevant information, where national law allows it. This can include whom they represent, which policy they are trying to influence, relevant political contributions and financial relationships that could affect the advice or evidence they provide.
- Before inviting a company or industry group into a health-policy process, identify how it could benefit from the decision and decide what kind of participation is appropriate. A government might allow a company to provide technical information without allowing it to help set the policy, require disclosure of financial interests, or exclude participation where the conflict with the public-health objective is especially serious.
- When research submitted to policymakers is funded by a company with a financial interest in the outcome, require disclosure of the funding and relevant financial ties. Compare the findings with independent studies or ask independent experts to review the evidence before relying on it for policy decisions.

6. HEALTH HARMS CAN CREATE COSTS THAT ARE PAID BY OTHERS

The market price of a product may not reflect all of the costs created by producing, using or disposing of it. For example, the price of cigarettes does not by itself pay all of the costs of treating smoking-related disease, and the price of a packaged product may not cover the public cost of collecting or disposing of its waste. Families, health systems, local communities or governments may therefore pay costs that are not included in the purchase price. Governments must decide whether and how some of those costs should be reflected in taxes, fees, product requirements or responsibilities placed on producers.

Key issues include:

- When a product contributes to disease or injury, public health systems and families may pay treatment and care costs that are not included in the price paid by the producer or consumer.
- Taxes can make harmful products more expensive, which may reduce consumption and can raise government revenue. However, governments also need to examine whether the financial burden falls disproportionately on lower-income households and whether alternatives are available.
- Producer-responsibility policies can require companies to pay for or organize collection, recycling or disposal of products and packaging, rather than leaving all of those costs to taxpayers or local communities.

Key Points and Main Issues (cont.)

Recommended Actions

- Where evidence supports it, consider taxes on products such as tobacco, alcohol or sugar-sweetened beverages. The purpose may be to raise prices enough to reduce consumption and related health harms, while governments also decide the tax rate, how it will be collected and how its effects on different income groups will be addressed.
- If national budget rules permit, consider using some revenue from health-related taxes to fund health services or prevention programmes, or to help lower-income households obtain healthier alternatives. Governments should state clearly how any dedicated revenue would be used and monitored.
- When a company's products or production create costs that otherwise fall on governments or communities, consider requiring the company to reduce or help pay those costs. Examples include paying for collection or recycling of packaging, installing equipment that reduces harmful emissions, cleaning up pollution, or meeting product standards that reduce health risks.

7. COMMERCIAL DETERMINANTS CAN WIDEN UNFAIR DIFFERENCES IN HEALTH

Commercial activity does not affect everyone equally. Some groups may be exposed more often to harmful products, unsafe work or pollution, while others have more resources to avoid or respond to those risks. Countries also differ in their ability to regulate large companies. Delegates should therefore ask who receives the benefits of commercial activity, who bears the health risks and costs, and whether some groups or countries have less power to protect themselves.

Key issues include:

- Harmful commercial practices may affect some groups more than others. Children may be targeted by advertising, low-income neighbourhoods may have a high concentration of outlets selling harmful products, workers may face unsafe conditions, and communities near industrial sites may experience greater pollution.
- Small countries or governments with limited staff and technical resources may find it harder to negotiate with, monitor or enforce rules against large companies that operate in many countries.
- The same policy can affect countries differently. A rule that is relatively easy for a well-resourced regulator to enforce may be difficult for a country with few inspectors, laboratories or data systems, and the economic effects may also differ between countries.

Key Points and Main Issues (cont.)

Recommended Actions

- Before adopting a policy, identify who is likely to benefit and who may bear new costs. For example, ask whether a tax will place a significant burden on low-income households, whether a new product rule could affect jobs, and whether the policy will reduce pollution or disease in the communities facing the greatest risks. Modify the policy or add support measures when burdens fall disproportionately on already disadvantaged groups.
- Identify the particular risk faced by groups with high exposure and design the response around that risk. This could mean restricting advertising aimed at children, strengthening workplace protections for employees exposed to hazardous substances, or reducing emissions affecting communities near industrial sites.
- Help governments with limited regulatory resources carry out specific tasks needed to enforce health protections—for example, training inspectors, testing products in laboratories, monitoring advertising, collecting health data, drafting regulations and sharing information with neighbouring countries when the same company or product operates across borders.

8. REGULATION MUST CROSS SECTORS OF GOVERNMENT

Many decisions that affect CDoH are made outside ministries of health. Finance ministries set taxes; labour authorities set workplace-safety rules; environmental agencies regulate pollution and waste; education authorities make rules for schools; and consumer-protection bodies oversee advertising and product claims. A health ministry may identify a health problem but lack the legal authority to act on the main cause. Governments therefore need ways for these agencies to consider health effects and coordinate decisions when responsibility is divided among them.

Key issues include:

- A health ministry may identify a problem but another agency may control the relevant policy tool. For example, the finance ministry may control a health tax, the labour authority may control workplace protections, or an advertising regulator may control marketing rules.
- A policy adopted for economic, trade or other reasons can unintentionally increase health risks. For example, a decision that makes a harmful product cheaper or easier to market could work against a health ministry's efforts to reduce consumption.
- One commercial activity can create several kinds of risk at once—for example, worker exposure, consumer harm and pollution—so separate agencies may each hold only part of the authority needed to address the problem.

Key Points and Main Issues (cont.)

Recommended Actions

- When a major decision by a finance, trade, labour, education or environmental authority could significantly affect health, require that health evidence be considered before the decision is finalized. Give the health ministry or other public-health experts a defined opportunity to explain the likely health effects and propose changes.
- For major economic or regulatory proposals with possible health effects, examine specific outcomes such as changes in disease or injury, exposure to harmful products or pollution, and access to beneficial goods and services. If the assessment identifies serious avoidable harm, revise the proposal or add measures to reduce that harm.
- Decide in advance which agency is responsible for each part of a commercial health problem and how agencies will work together. For example, specify who monitors advertising, who inspects workplaces or pollution, what information each agency must share, and which agency coordinates the response when a problem crosses several areas of government.

9. GOVERNMENTS MUST DECIDE HOW TO ENGAGE WITH THE PRIVATE SECTOR

Governments interact with companies in different ways: they may buy goods from them, contract with them to provide services, ask them for technical information, regulate them, or work with them on a programme. These relationships can provide expertise, products, funding or innovation, but they can also create conflicts of interest if a company is able to influence a policy from which it could profit. The key question is therefore not simply whether government should engage with business, but what kind of engagement is appropriate, what role the company should have and what limits are needed to keep public-health decisions under government control.

Key issues include:

- Different forms of engagement give companies different roles. Providing factual information to a regulator is different from helping design a government policy, receiving a public contract or jointly running a health programme.
- The risk depends on what the company wants from the decision, what role it is being offered and whether the government can prevent the company from influencing decisions that should remain independent.
- Governments may lose useful expertise, products or resources if they refuse all contact with commercial actors, but they can also lose public trust or policy independence if companies are given roles that conflict with their financial interests.

Key Points and Main Issues (cont.)

Recommended Actions

- Before consulting or partnering with a company or industry group, identify what it could gain from the policy or programme, review relevant past conduct and financial relationships, and decide whether the conflict can be managed. If the company's financial interest directly conflicts with the public-health purpose, a more limited form of engagement—or no engagement—may be appropriate.
- Put the terms of an engagement in writing. State what information, funding or services the company may provide; which decisions remain solely with government; which financial interests must be disclosed; what information about the relationship will be public; and what the government can do if the company breaks the agreed rules.
- Review an ongoing partnership or consultation to determine whether it is delivering the promised public-health benefit and whether the company is gaining inappropriate influence over decisions. If problems arise, change the company's role, impose additional conditions or end the arrangement.

10. INTERNATIONAL COOPERATION MATTERS BECAUSE COMMERCIAL ACTIVITY CROSSES BORDERS

Many companies, supply chains and digital platforms operate in several countries, while most health laws are enforced within national borders. This can create gaps when a company markets a product from another country, moves production to a place with weaker rules, or sells the same product under different standards in different markets. International cooperation is useful when one government cannot obtain the information or control the activity on its own, but countries still need to decide which rules should be common and which should remain national.

Key issues include:

- A company may move advertising, production or sales between countries with different rules, making it harder for one government acting alone to address the health risk.
- A country's policy can affect others. Online advertising can reach users abroad, pollution can cross borders, unsafe products can enter regional markets, and rules in a large market can influence what companies sell in smaller markets.
- Common international standards can make cooperation and enforcement easier, but countries differ in their laws, administrative resources, economies and health priorities, so they may disagree about how detailed or binding those standards should be.

Key Points and Main Issues (cont.)

Recommended Actions

- Share specific information that helps governments compare problems and responses—for example, data on how a product is marketed and sold, reported health effects, company practices and the results of policies already tried in other countries. This allows governments to see whether an approach has worked elsewhere before deciding whether it fits their own circumstances.
- When a commercial practice crosses borders, identify what countries need to do together. This could include exchanging information about online advertisements and the companies behind them, agreeing on common labelling or product requirements where useful, tracing illicit products across borders, or sharing information about health and worker-safety risks in international supply chains.
- Ask WHO and other relevant UN bodies to provide practical assistance where countries need it—for example, analysing health risks, comparing policy options, drafting regulations, training regulators or evaluating whether a policy reduced harm. Governments would still decide which measures to adopt under their own laws and circumstances.

Central Questions for Delegates

- Which products create important health benefits in your country, and which products contribute significantly to disease, injury or environmental harm?
- Which business practices—such as pricing, marketing, working conditions, pollution or lobbying—have the greatest effect on health in your country?
- When is information or voluntary action by companies sufficient, and when should governments use enforceable measures such as taxes, product standards, marketing restrictions or sales rules?
- Which groups in your country are especially exposed to harmful marketing, unsafe work, pollution or other commercial risks, and what specific protections would address those risks?
- When government or WHO consults or works with a company, what information should the company disclose, what role should it be allowed to play, and which decisions should remain solely with public authorities?
- How can governments obtain useful information from companies and industry-funded research without allowing financial interests to distort public-health decisions?

Key Points and Main Issues (cont.)

- When a product or business practice creates health or environmental costs that are paid by families, communities or governments, should producers or consumers be required to bear more of those costs, and through what measures?
- What practical assistance do countries with limited regulatory staff, laboratories, data systems or enforcement resources need in order to implement health protections?
- Which CDoH problems can countries address effectively through national laws, and which problems require WHO, other UN bodies or governments to act together across borders?
- When a health measure may also affect employment, trade, tax revenue, prices or consumer choice, how should governments weigh those effects when deciding what action to take?

General Resources

Political Declaration of the Fourth High-Level Meeting on the Prevention and Control of NCDs and the Promotion of Mental Health and Well-Being (A/80/L.34) — 2025

This UN General Assembly declaration, taken up following the September 2025 High-Level Meeting, commits Member States to address the "economic, commercial and market factors" driving noncommunicable diseases and mental health conditions. It calls for action on poverty, education, working conditions and social protection as upstream determinants, and reaffirms targets on tobacco, hypertension and mental-health access through 2030, situating commercial determinants within the UN's core NCD framework.

WHA78: Key Decisions Advancing the Global NCD and Mental Health Agenda Ahead of HLM4 — 2025

This WHO news item summarises decisions taken at the 78th World Health Assembly ahead of the Fourth UN High-Level Meeting on NCDs, including a technical paper on the economic and commercial determinants of health in Small Island Developing States and side-event discussions on how commercial determinants intersect with climate change and accountability gaps in the global NCD response.

Global Report on the Commercial Determinants of Health — 2025

This WHO webpage describes preparatory work on the Organization's first Global Report on the Commercial Determinants of Health, a follow-up to the World Report on Social Determinants of Health Equity. The forthcoming report aims to clarify CDoH concepts and terminology, synthesise global evidence, and give Member States evidence-based policy recommendations for protecting public health while engaging responsibly with the private sector.

General Resources (cont.)

WHO Tobacco Trends Report: 1 in 5 Adults Still Addicted to Tobacco — 2025

This October 2025 WHO report tracks global tobacco use from 2000 to 2024, finding steady declines overall but warning that e-cigarette marketing is fuelling a new wave of nicotine addiction among young people. WHO urges governments to close regulatory loopholes exploited by the tobacco and nicotine industries, illustrating how commercial actors adapt marketing strategies faster than policy can respond.

Economic and Commercial Determinants of Health in Small Island Developing States: Noncommunicable Diseases, Mental Health Conditions, Injuries and Violence — 2025

Unveiled at a WHO78 side event, this technical paper builds on the 2023 Bridgetown Declaration to examine how economic and commercial forces drive NCDs, mental-health conditions, injuries and violence in Small Island Developing States. Co-authored with WHO's South-East Asia and Europe regional teams, it sets out SIDS-specific policy options ahead of the 2025 UN High-Level Meeting on NCDs.

Supporting Member States in Reaching Informed Decision-making on Engaging with Private Sector Entities for the Prevention and Control of NCDs: A Practical Tool — 2024

WHO provides a 10-step, principles-based method for governments considering engagement with private-sector entities on NCD prevention and control. It focuses on checks on an organization before working with it, conflicts of interest, risk identification and mitigation, and monitoring. This fills an important governance gap in the draft because CDoH policy is not only about regulating business; governments also need rules for deciding when and how to work with commercial actors.

General Resources (cont.)

Restricting Digital Marketing in the Context of Tobacco, Alcohol, Food and Beverages, and Breast-milk Substitutes: Existing Approaches and Policy Options — 2024

This WHO technical publication examines how countries regulate digital marketing of products associated with health harms. It explains challenges created by targeted advertising, online platforms and cross-border digital media and presents policy options for strengthening restrictions. It is especially useful for delegates considering children, adolescents and the difficulty of applying national rules to global digital markets.

Commercial Determinants of Health (Fact Sheet) — 2023

WHO's core reference fact sheet defines commercial determinants of health and explains how private-sector supply chains, labour conditions, product design, research funding and lobbying shape risk factors such as smoking, alcohol use and obesity. It highlights that young people and populations in Small Island Developing States and low- and middle-income countries face disproportionate pressure from transnational commercial actors.

Experts Call for Action on the Commercial Determinants of Health and Health Equity — 2023

Reporting on the global launch of the Lancet Series on the Commercial Determinants of Health, this PAHO/WHO article conveys WHO Director-General Tedros Adhanom Ghebreyesus's call for a paradigm shift in public health toward addressing commercial determinants. It outlines WHO's commitment to develop new metrics, governance tools and an evidence base to reorient harmful commercial practices toward health and equity.

General Resources (cont.)

Policies to Protect Children from the Harmful Impact of Food Marketing: WHO Guideline — 2023

WHO recommends policies to protect children from marketing of foods high in saturated fat, trans fat, free sugars or sodium. The guideline connects commercial marketing directly to children's food choices, dietary intake and norms about food consumption, providing a concrete example of how CDoH can be addressed through public policy.

Taking Action to Protect Children from the Harmful Impact of Food Marketing: A Child Rights-based Approach — 2023

This UNICEF–WHO toolkit helps governments design legal measures restricting harmful food marketing to children. It adds a child-rights perspective to the bibliography and shows why UNICEF has a direct interest in CDoH when commercial practices affect children's nutrition, development and rights.

WHO Framework Convention on Tobacco Control — 2003

Adopted by the World Health Assembly on 21 May 2003 and in force since 2005, the WHO FCTC is the first treaty negotiated under WHO auspices and remains the most developed multilateral response to a single commercial determinant of health. With 180+ Parties, it protects public-health policy from tobacco-industry interference (Article 5.3) and mandates tax, marketing and product-content measures widely cited as a model for regulating other harmful commodities. Included here as the important treaty underpinning the modern CDoH policy agenda.

General Resources (cont.)

Strengthening Private Sector Engagement for Universal Health Coverage

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WHO explains why governments must govern mixed health systems in which public and private providers both deliver health goods and services. This resource is useful for the positive side of CDoH: private actors can contribute to universal health coverage, but governments need information, incentives and regulatory tools to align private activity with public health goals.

Organised by WHO Region

Healthier Populations (Regional Director's Annual Report 2025–2026) 2026

This chapter of the WHO African Region's annual report describes the largest coordinated tobacco-tax reform cycle in the Region in a decade, with fifteen Member States adopting changes to excise taxes between 2025 and 2026 to move closer to the WHO benchmark of a 75% tax share of retail price. It frames tobacco taxation as a direct response to commercial determinants that simultaneously protects health and strengthens public finances.

PAHO, HCC and GHAI Convene Stakeholders to Address the Commercial Determinants of NCDs in Caribbean SIDS 2025

This PAHO release covers an October 2025 regional meeting in Barbados, convened with the Healthy Caribbean Coalition and the Global Health Advocacy Incubator, that brought together delegations from twelve CARICOM countries to build regional capacity to protect NCD policymaking from conflicts of interest and undue industry influence, a direct, practical response to commercial determinants in the Americas.

Mapping the Commercial Determinants of Health in Countries of the WHO South-East Asia Region: Conceptualizations, Impacts and Actions 2025

This WHO South-East Asia Regional Office publication maps how commercial determinants are understood and addressed across the Region's Member States, applying the Dahlgren and Whitehead "rainbow model" to show how economic, social and political conditions affect how commercial activity influences health, and cataloguing national actions already under way.

Organised by WHO Region (cont.)

WHO Results Report 2024–2025: Eastern Mediterranean Region — 2025

This WHO accountability report summarises Regional Office progress in the Eastern Mediterranean, including advances in noncommunicable disease control such as cancer screening and HPV vaccination expansion. It provides the clearest recent official account of how the Regionn, marked by conflict, displacement and constrained health financing — is confronting the risk factors most closely tied to commercial determinants.

World No Tobacco Day 2025: Unmasking the Appeal – Exposing Industry Tactics on Tobacco and Nicotine Products — 2025

Marking the international day most directly tied to commercial determinants, this WHO Western Pacific feature exposes how the tobacco and nicotine industry uses appealing product design, flavours and glamorized marketing to target young people. It reports that only six countries in the Region have comprehensive advertising bans and calls for flavour bans, plain packaging and higher taxes.

Commercial Determinants of Noncommunicable Diseases in the WHO European Region — 2024

This 156-page WHO Europe report finds that tobacco, alcohol, processed food, fossil fuels and harmful occupational practices are linked to nearly 7,500 deaths per day in the Region, about a quarter of all deaths. It documents industry strategies used to influence NCD policy, including manipulation of scientific evidence, and calls for cooperation among governments and other groups, transparency and stronger regulation across Member States.

Organised by WHO Region (cont.)

Economic and Commercial Determinants of Health in South-East Asia (Regional Consultation Report) 2023

Summarising an October 2023 Bangkok consultation, this report documents how commercial systems shape behaviours long framed as "lifestyle diseases," and highlights that in South-East Asia the commercial determinants of child, adolescent, women's and worker's health lie not only in unhealthy products but in entire supply chains that make them cheap and widespread.

Africa

South Africa – Health Promotion Levy on Sugary Beverages

2018–2025

South Africa's revenue authority explains the Health Promotion Levy on sugary beverages, introduced to help reduce obesity, diabetes and related diseases. The levy is calculated according to sugar content above a threshold. It gives delegates a concrete example of a government using fiscal policy to change the price incentives surrounding a product associated with NCD risk.

Americas

Brazil – Selective Tax under the Consumption Tax Reform

2025–2026

Brazil's Federal Revenue Service explains the new Selective Tax created to discourage consumption of goods and services considered harmful to health or the environment. This provides a current example from an assigned country of how tax policy can be used to address negative health or environmental effects associated with commercial consumption.

Highlights from the 4th UN High-Level Meeting on NCDs and Mental Health

2025

This Healthy Caribbean Coalition summary records CARICOM Member State interventions at the September 2025 HLM4, including Barbados's Minister of Health, Senator Dr Jerome Walcott, stating that "regulation of harmful commercial practices is not a luxury, it is protection of our citizens," and describing Barbados's sugar-sweetened-beverage taxation and upcoming trans-fat legislation as direct responses to commercial determinants of health.

South Africa – Health Promotion Levy on Sugary Beverages

2018–2025

South Africa's revenue authority explains the Health Promotion Levy on sugary beverages, introduced to help reduce obesity, diabetes and related diseases. The levy is calculated according to sugar content above a threshold. It gives delegates a concrete example of a government using fiscal policy to change the price incentives surrounding a product associated with NCD risk.

Europe

Ireland – Healthy Ireland Alcohol Policy / Public Health (Alcohol) Act 2018

2018–2025

Ireland's Department of Health describes legislation designed to reduce alcohol consumption and related harms. Measures include minimum unit pricing, health labelling, advertising and sponsorship controls and restrictions on how alcohol is displayed and sold. It illustrates how governments can regulate several commercial practices surrounding one legal product rather than relying on a single intervention.

Western Pacific

Fiji Hikes Health Taxes and Adopts Guidelines to Tackle NCDs, Which Consume 40% of Healthcare Costs

2025

This account of Fiji's national budget documents the Government raising excise taxes on tobacco and alcohol by 5% and increasing duties on sugary snacks and juices, explicitly framed as action against the commercial determinants of health and climate change identified as the main drivers of NCDs in Small Island Developing States under the Bridgetown Declaration.

Australia – Tobacco Product and Packaging Requirements

2024–2025

Australia's current tobacco rules restrict product ingredients and design features and require standardized retail packaging, health warnings and limits on branding. The resource provides a clear national example of government regulation aimed at reducing product appeal and preventing packaging from misleading consumers.

EU Statement – UN General Assembly: High-Level Dialogue on the Social, Economic and Environmental Determinants of Health

2025

Delivered on behalf of the European Union and its Member States (with several EU candidate countries aligning themselves), this July 2025 statement to the UN General Assembly stresses that tackling NCDs and mental health requires comprehensively addressing underlying social, economic and environmental determinants alongside "the impact of economic, commercial and market factors," ahead of the Fourth High-Level Meeting on NCDs.

UNDP – Universal Health Coverage for Sustainable Development: Issue Brief

2025

UNDP links financing for universal health coverage with action on commercial determinants, including evidence on taxes on sugar, alcohol and tobacco. The resource shows why CDoH is also a development and public-finance issue, not only a health-sector issue.

UNICEF – Building Blocks for Lifelong Health: Prioritize Children

2025

UNICEF identifies commercial determinants—including marketing of tobacco, alcohol, unhealthy foods and beverages, formula milk and fossil fuels—as factors shaping children's health and NCD risks. It is especially useful for examining why children may require stronger protections from commercial practices and how early-life exposures can affect lifelong health.

Joint Statement of the ASEAN–U.S. Special Session Health Ministerial Meeting

2024

This joint statement commits ASEAN Member States and the United States to strengthen public-health cooperation under the ASEAN Post-2015 Health Development Agenda, including work on healthy-lifestyle promotion, a cluster of ASEAN health programming that increasingly incorporates commercial-determinant-related risk factors such as tobacco, alcohol and unhealthy diets across South-East Asia and the Western Pacific.

2023 Bridgetown Declaration on NCDs and Mental Health — 2023

Adopted by Small Island Developing States (SIDS) at the SIDS Ministerial Conference in Barbados and co-chaired by the Ambassadors of Barbados and Fiji, this landmark political declaration contains 47 recommendations explicitly naming "adverse commercial influence" and climate change as the twin drivers of the NCD and mental-health burden in SIDS. Included as a important SIDS-group agreement that other resources in this bibliography repeatedly reference and build upon.

World Bank – Health Taxes — n.d.

The World Bank explains the economic case and practical design of excise taxes on tobacco, alcohol and sugar-sweetened beverages. It treats health taxes as tools for reducing health-related costs and harmful consumption while also raising revenue. This is useful for delegates weighing public-health objectives against fiscal, effects on different income groups and economic concerns.

Commercial Determinants of Health; Accentuating Positive, Curtailing Negative Impacts: Call for Papers — 2026

Published in the Bulletin of the World Health Organization, this call for papers by WHO and academic authors synthesises current thinking on CDoH, noting more than 133,000 academic items on the subject since 2016, and identifies remaining gaps in understanding how to harness private-sector potential for health while managing conflicts of interest and protecting equity.

Confronting Corporate Power: Addressing Commercial Determinants of Health and the Rising Non-Communicable Disease Epidemic in South-East Asia — 2025

This peer-reviewed analysis examines how aggressive marketing, policy interference and addictive product design by the tobacco, alcohol and ultra-processed food industries are driving the NCD epidemic across South-East Asia's rapidly urbanising, digitally connected populations, and recommends marketing restrictions, sugar-sweetened-beverage taxes and stronger safeguards against industry interference.

Sugary Drinks, Processed Foods, Alcohol and Tobacco Are Big Killers: Why the G20 Should Add Its Weight to Health Taxes — 2025

Writing ahead of the 2025 UN High-Level Meeting on NCDs, this popular-press analysis argues that G20 leaders should acknowledge commercial determinants of health as a "pathological system" driving preventable disease and use their platform to revive stalled progress on health taxes for tobacco, alcohol, sugary drinks and ultra-processed food.

Reducing Risk Factors, Advancing NCD Prevention — 2025

This NCD Alliance advocacy hub documents the organisation's sustained campaign against the policy influence of tobacco, alcohol, ultra-processed food and fossil-fuel industries, including its 2023 reports Selling a Sick Future and Warning Against Harm and a factsheet exposing common industry tactics used to delay or dilute NCD-prevention policy ahead of the 2025 UN High-Level Meeting.

The Lancet Series on the Commercial Determinants of Health — 2023

This landmark three-paper Series — defining CDoH, classifying commercial entities, and charting future directions — reframed global understanding of the field around power and equity rather than individual behaviour, and found that just four industry sectors (tobacco, ultra-processed food, fossil fuels and alcohol) account for at least a third of global deaths. Included as the important academic text underpinning nearly every subsequent official document in this bibliography.

An Overview of the Commercial Determinants of Health — 2020

One of the earliest comprehensive literature reviews to consolidate the concept, this article in Globalization and Health organises the commercial determinants of health into three areas — unhealthy commodities, harmful business and political practices, and global drivers such as market-driven economies — that remain the field's standard framework. Included as a important scholarly text pre-dating the Lancet Series.