Exploring the influence of commercial determinants on public health: An overview in the context of social sciences

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Abstract Despite the increasing attention that is devoted to the social-economic determinants of public health (SDoH) factors that influence people’s health, the prevalence of non-communicable diseases (NCDs) is at an all-time high worldwide. Commercial determinants of public health (CDoPH), or the associated corporate and business environments, have garnered much interest. This study attempts to articulate the CDoPH to summarize key results, as stated in the literature and to assess the strengths and weaknesses of the body of available material. Review formal sources (Scopus, Global Health and Google Scholar). The search technique employed the terms commercial determination of public health, among others. Some major factors contributing to CDoPH dynamics are trade, social and economic power expression, corporate structures, regulatory frameworks, neoliberal and capitalist through. Corporate activities, including advertising, mutual social responsibility, corporate politics, vast supply chains, hazardous product development and accessibility problems are additional factors. These worsen the status of the results for global health. The use of CDoPH nomenclature in work examines how business operations and macro conditions affect health that can be beneficial. It would be helpful to facilitate an updated, operationalized definition of CDoPH. To enhance global health, systematic methods for recognizing, defining and avoiding these are needed.

Keywords: Socioeconomic Determinants of Health (SDoH), global health, Commercial Determinants of Public Health (CDoPH)

1. Introduction

The term Commercial Determinants of Public Health (CDoH) is used to refer the impacts of the social mechanisms that support the population’s health, as well as its actors, are impacted by for-profit entities. Several evaluations of this expanding topic outline definitions, conceptual frameworks and intellectual boundaries. Scholarly discussions regarding the historical setting and current relevance of CDoH are included in this topic (Rochford et al 2019). In the period known as the Industrial Revolution, especially in the first decade of the eighteenth century, worries about dangerous conditions at work, inadequate housing and sanitation, infectious disease outbreaks and other public health risks arose as a consequence of broad economic growth driven by for-profit goals (Tong and Ebi 2019). New public health worries centered on the expansion of transnational companies (TNCs) manufacturing health-harming products emerged in the late 20th century due to the market-driven reorganization of the global economy. In globalizing nations, an epidemiological shift in the disease burden from communicable to NCDs has drawn attention to the growing global impact of commercial entities (Gouda et al 2019). The term CDoH was first used in the second decade of the twenty-first century in response to mounting evidence of the wider effects of economic globalization on public health. The goal of CDoH research is to explore the link between evolving patterns of health and illness, a wider variety of commercial actors, activities and social structures (Rose et al 2022).

Researchers are attempting to understand how commercial considerations from many industries impact human, population and environmental health. Creating job opportunities, providing fundamental requirements for health and well-being like food, shelter and developing innovations like new technology and drugs are the ways that CDoH might promote health. Public health organizations, practitioners and activists try to lessen the negative effects of CDoH, while academics attempt to enhance the conceptual and empirical understanding of these conditions (Campbell 2020). Most current initiatives focus on lowering harmful commodity use, alcohol, tobacco and processed foods. By adopting CDoH as a unifying framework...
and acknowledging the obstacles common to these and other dangerous goods and activities, policymakers can learn from one another, share successful tactics and scale up public health initiatives (Elliott et al 2022). Using data from the CDoH, the optimal methods for resolving their harmful health effects and boosting their favorable outcomes can be found (Southwell et al 2023). By outlining five strategies and describing the data supporting their efficacy, it is accounting for gaps in the body of knowledge. To further understanding of CDoH, suggest additional tactics that public health organizations, professionals and advocates should employ. To conclude, efforts to address other goods and industries can be aided by practice-based evidence addressing particular products and sectors (Stellefson et al 2020). The most effective strategies, however, combine many interventions based on a larger knowledge of CDoH, considering the connections between various commercial actors, goods and the environments in which they operate.

Johnson et al (2023) reviewed recent literature on the individual, socio-cultural, environmental and commercial factors influencing older persons’ gambling. Logan et al (2023) suggest that an increasing hazard to societies impacts the rise of noncommunicable illnesses and premature death worldwide. Although the business determinants of health are receiving more attention, this attention is directed at the strategies used to sell and spread dangerous products, including attempts to influence public policy. Ryan et al. (2020) proposed a structure for selecting a plan of action. As a starting point, it considers requirements, regulations, recommendations, precipitants and application. To achieve community stabilization and sustainability during the COVID-19 epidemic, those hoping for a successful recovery must embrace an evidence-based approach. Naik et al (2019) suggested the widespread acceptance of the social determinants of health. It is unclear what factors affect the health on a macroeconomic scale and how to solve them. A comprehensive review of systematic reviews was undertaken to find evidence on the effects of population-level macroeconomic determinants, strategies, policies and interventions on health and health inequities. Friel et al (2023) provided at hand does not include a full-throated defense of business partnerships or the downfall of capitalism. A single remedy cannot eliminate the negative effects of market players' business models, behaviors and outputs that jeopardize health equality and the wellbeing of people and the earth. Freudenberg (2023) examined the usefulness of a structured framework that incorporates knowledge from prior research while considering the political, social and economic determined a health in this article. It offers the queries such that integration should address the procedures and jobs that might result in developing a blended framework. Figueroa et al (2019) use the heuristic to highlight significant research gaps, including the demand for fresh insights and information on CDoH from the Global South about what is useful in reducing adverse effects. It offers a timetable for dealing with CDoH and actions for different stakeholders. Although stopping individual business abuses is important, systems need much more attention and work since they can transform how power is distributed in society, improving health equity. Lee et al (2022), based on the CDoH defined the global burden of disease study as hazardous exposure that straddles agency and structural impacts. To categorize exposures as high, medium, or low, we outline six aspects of these outcomes and provide a preliminary set of indicators and datasets. CDoH utilizes three nations as examples for integrating all of these factors.

The rest of the paper contains the methodology for PRISMA Guidelines and the literature contribution is shown in section 3. The result and output performance are shown in section 4. The discussion about the entire study was conducted in section 5. The end of the paper was concluded in section 6.

2. Materials and Methods

This investigation was carried out in accordance with the “Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)” standard. There are no formalized, sanctioned methods. Both academic and non-academic sources were used to define and describe CDoPH’s. Other works, such as blog entries, speeches, presentations, articles from publications and postings on social media, were not included. Data can be mixed-method or quantitative. Articles that addressed CDoPH explicitly or that touched on related ideas, such as corporate drivers or companies, along with behaviors as social factors influencing disease, ill-health, or NCDs, were included in the collection. This review sought a more particular frame to concentrate on literature that self-identified as connected to CDoPH, despite the fact that a wide variety of literature including works that do not explicitly mention the CDoPH or related terminology, could be classified as CDoPH. Figure 1 shows the PRISMA guidelines.

2.1. Literature Selection

The search results were checked for titles and abstracts. The concept of CDoPH was defined and explained in the literature reviewed, either directly or by mentioning the underlying elements that impact health and sickness, as discussed. Entire texts were retrieved after screening. Literature without fundamental texts was excluded. Two reviewers examined whole texts and one reviewer tallied their findings. Disputes were settled by communication among reviewers. The exclusion of literature was based on its need to meet the requirements shown in Table 1.
Figure 1 Structure of PRISMA guidelines.

Table 1 Literature characteristics.

<table>
<thead>
<tr>
<th>Author (year)</th>
<th>Type of evidence</th>
<th>Commercial Determinants of Health term(s) used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leal Filho et al (2019)</td>
<td>A narrative and informative article summarizing the Sustainable Development Goals (SDGs) included in the Agenda document seeks to achieve many different things, such as decreasing global poverty and increasing global health.</td>
<td>Sustainable Development Goals for Health Improvement.</td>
</tr>
<tr>
<td>Rebs et al (2019)</td>
<td>A narrative and informative article summarizing the constructs associated with sustainable supply chain management (SSCM), model validation and the requirement for hybrid models that combine various models for simulation, optimization and weighing many factors while making a choice are covered.</td>
<td>CDoP term</td>
</tr>
<tr>
<td>Collins et al (2019)</td>
<td>Working with the business sector to modify policy was necessary due to the intricate interactions between noncommunicable diseases' social and economic determinants.</td>
<td>CDoP</td>
</tr>
<tr>
<td>Haigh et al (2019)</td>
<td>Lack of clarity has restricted the application of human rights wellness and the role of socioeconomic variables.</td>
<td>SDoH</td>
</tr>
<tr>
<td>Gostin et al (2019)</td>
<td>Public health and safety experts, as well as attorneys, can take the lead in promoting legislation supported by scientific data.</td>
<td>CDoP</td>
</tr>
<tr>
<td>Nutbeam (2019)</td>
<td>A narrative and informative article summarizes that society's most pressing health problems are tackled from an entirely new angle due to health promotion.</td>
<td>CDoP / Health issues</td>
</tr>
<tr>
<td>Anaf et al (2022)</td>
<td>Profit-making organization's business factors of health have an economic influence on population health and health equity.</td>
<td>CDoP</td>
</tr>
<tr>
<td>Cowie and Myers (2021)</td>
<td>That confinement affects young people’s psychological health and happiness.</td>
<td>CDoP</td>
</tr>
<tr>
<td>Source</td>
<td>Summary</td>
<td>Category</td>
</tr>
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<td>-----------------------------</td>
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</tr>
<tr>
<td>Townsend et al (2021)</td>
<td>The variety of variables that might facilitate or obstruct the discussion of health in trade talks.</td>
<td>CDoP</td>
</tr>
<tr>
<td>Mousa and Othman (2020)</td>
<td>The degree to which green human resource management techniques were used in Palestinian healthcare organizations.</td>
<td>CDoP</td>
</tr>
<tr>
<td>Lacy-Nichols et al (2023)</td>
<td>The success or failure of the SDGs' health-related goals depends on CDoH, which is why it's so important.</td>
<td>CDoP</td>
</tr>
<tr>
<td>Ireland et al (2019)</td>
<td>A large portion of the worldwide burden of NCD is caused by tobacco, alcohol and diets heavy in fat, salt and sugar.</td>
<td>CDoP /NCD</td>
</tr>
<tr>
<td>Garcia-Codina et al (2019)</td>
<td>The Healthcare plan was intended to create a person-centered system and lessen health-related societal inequities.</td>
<td>CDoP</td>
</tr>
<tr>
<td>Kadandale et al (2019)</td>
<td>Large-scale industries influence the well-being of people, the environment and health.</td>
<td>CDoP</td>
</tr>
<tr>
<td>de Lacy-Vawdon et al (2020)</td>
<td>NCDs were causing an unprecedented burden and CDoH, the corporate and business circumstances linked to these, have started to gain attention.</td>
<td>CDoP /NCD</td>
</tr>
</tbody>
</table>

### 2.2. Syntheses of findings

Meta-analysis wasn’t necessary. The study goals served as the framework for the thematic analysis, it created themes and sub-themes via an inductive process. This technique included classifying, summarizing and presenting stages of subject material to create a fresh synthesis of the most recent literature.

### 2.3. Quality assessment

The literature for CDoPH was expected to describe and make a point rather than overflowing with new information and analysis because CDoPH represents an emerging research subject. Therefore, it was improper to use the risk of bias assessment techniques. Instead, the evaluation focused on the publication's kind and source, the sort of evidence employed and any supporting ideas or frameworks. Detailed remarks on the caliber of the evidence are offered.

### 3. Results

Several databases, including Scopus, Global Health and Google Scholar, were searched. Database searching yielded 520 results. After removing 260 duplicates, the study 260 was included after screening by the title. The 150 duplicate studies were identified and eliminated. 110 studies were formed after the duplicate. Identifying and excluding 95 studies, 15 studies were chosen for the entire view.

#### 3.1. Characteristics and quality assessment

The selected literature lacked systematic analysis and unique data, with the majority consisting of narrative summaries of pertinent material. Only two comments included formal case studies, while several analyses utilized examples to illustrate CDoPH. Eight texts used theories and frameworks to frame their words. Two of them had elaborations on power theory. Investigating how power plays affect public health in contemporary culture. A new paradigm for examining the role of corporations and businesses in the spread of sickness and injury is offered by applying a three-dimensional power analysis to study marketing methods that encourage consumer spending. This served as the platform for examining the palm oil sector in a particular CDoPH framework. Based on this, a natural factors structure and outlining CDoPH could be understood using Meadows’ systems thinking methodology. A theoretical framework for the effects of business operations on health (Leal Filho et al 2019) classified commercial sector participation in global governance for health using an established method.

#### 3.2. Macro-level Circumstances Forming CDoPH Power

The most frequent way that CDoPH was described as the outcome of powerful economic operators’ large business entities exerting their influence over the economy and politics. Both companies (big, for-profit, frequently transnational enterprises) and governments with competing interests, as well as between corporations and specific individuals were regarded as having power imbalances that encouraged unhealthy behavior. According to (Rebs et al 2019), companies have been reported to sway over decision-making and participate in formulating public health policies.

Discussing how the political sway those multinational corporations have is underrated. Others countered that the foundation of CDoPH is an unregulated and covert corporate influence that shapes dominant health narratives and objectives (Collins et al 2019). This kind of authority was recognized as one of three potential dimensions of power, along with the capacity...
to create goals and make judgments, control conflict and set objectives. Overall, it was underlined that public health governance and accountability systems pave the way for strong private sector interests. According to reports, this power came from shifting worldwide business and consumption patterns brought on by increased demand, expanding market reach and the globalization of commerce and investment.

3.3. Additional macro-level factors that make CDoPH

Regarding health, corporations favor individual responsibility above government oversight. According to Hastings, public health professionals should encourage a disadvantageous to public health (Haigh et al 2019). Others stressed the significance of confronting neoliberal systems and their role in poor health. CDoPH refers to the outcomes of modern macroeconomics, which are enabled by corporate globalization and transnationalization. Increased business and investment inside low and medium-income nations is a direct result of globalization and has been cited by many as a factor in the damage that occurs and the difficulty in successfully addressing CDoPH. According to (Gostin et al 2019), the food and tobacco sectors are the most diversified industries in the total economy.

Many measures that can improve public health have been said to be hampered by corporate rights, especially intellectual property rights (Nutbeam 2019). While this was happening, it was claimed that giving businesses the same rights as people but with less guilt encouraged immoral behavior and harmed public health. According to reports, regulating businesses that support CDoPH is insufficient to stop continuous harm. The dominant paradigm of regulation was thought to be industry-specific self-regulation. According to reports, corporations use self-regulation and other strategies to evade public law.

3.4. Commercial determinants

The term health-related considerations driven by the desire for profit best describes CDoPH. Three more texts made mention of this definition. According to Anaf et al (2022), the concept does not distinguish between companies that sell healthy products and those that do not. Considering a service or product where there is a natural conflict between economic imperatives like expanding market share and public health imperatives like decreasing usage or consumption was a key component of a more comprehensive working definition of CDoPH. The first and second CDoPH definitions emphasize large-scale, systemic factors and dynamics that affect public health. The final concept, however, stresses the importance of consumables in triggering CDoPH. In a study on how to care for children and teenagers, the World Health Organization used this word (Cowie and Myers 2021).

3.5. The effects of CDoPH

Premature mortality as a result of CDoPH, industrialized epidemics and driven-by-profit epidemics, as well as a disability associated with NCDs and chronic diseases were mentioned as side consequences (Townsend et al 2021). Discussed how the development and cost of pharmaceuticals and other medications affect the results of infectious diseases. Environmental 'toxic' effects were referred to as harm to population health. Health outcomes are said to be affected by corporate activity in the social milieu in which people live and work, highlighting the importance of contextual factors such as the actions and decisions of individuals in such settings.

3.6. Groups that business operations

The WHO, the UN and lawmakers were among those targeted by business actions within CDoPH systems. These organizations have been accused of using their primary operations indirectly to achieve CDoPH and business objectives (Mousa and Othman 2020). Several writers expressed concern about handling this and other possible conflicts of interest.

3.7. Structures, relationships and actions in social, economic and commercial spheres that make CDoPH evident

Marketing, corporate political actions (CPAs), corporate social responsibility (CSR), broad and linked supply chains, unhealthy product creation and the availability of such items were among the fundamental relationships, structures and activities through which CDoPH manifested. Marketing and promoting harmful products have been accused of endangering consumer health and increasing the appeal and acceptance of bad effects. In (Lacy-Nichols et al 2023) marketing to children was a major source of concern. Corporate marketing was compared to a disease in one essay emphasized that businesses mislead the health effects of their products and target disadvantaged communities to increase consumer spending.

According to reports, businesses spend a lot on marketing, giving them unrestricted customer access. Some people say that marketing aims to pose as friends and portray business as an element of the answer while disguising corporations. The popularity and visibility of sports have been mentioned (Ireland et al 2019) as they are utilized to promote unhealthy brands and goods. Media networks' coverage of certain issues was allegedly under the direction of businesses and consequently, upon more general health and social narratives through media marketing agreements.
3.8. Proposals for damage reduction and a ranking of detrimental industries

The food business was mentioned in CDoPH literature. However, descriptions of the alcohol and tobacco industries were common. Table 2 shows that the pharmaceutical, automobile, the sectors related to gambling, mining and weaponry received less attention. Conversations in the tobacco industry contrasted it to other sectors, mentioned the WHO Framework Convention on Tobacco Control and emphasized how few nations have started regulating the effects of other harmful goodsfirms despite the Framework Convention on Tobacco Controls execution. The tobacco business is considered the worst among damaging sectors, with other industries that are less bad. Examples are the Federation International de Football Association (FIFA), a group that voted against cigarettes yet believes that alcohol is crucial to the World Cup. According to this hierarchy, certain industries benefit from promoting their goods, while government intervention is discouraged. In contrast to the tobacco industry, this was said of the food, drink and gambling sectors (Garcia-Codina et al 1999). Collaboration across sectors and beyond one area of health was considered (Kadandale et al 2019) and said it was necessary to tackle the disparity of power among countries and companies, who are both responsible to their public. Companies are accountable to their owners and investors. Others echoed similar ideas, arguing that corporate entities should be reorganized, corporation charters should be repealed, corporate personhood privileges should be eliminated, shareholder and official culpability should be reinstated. There can be a need to look for remedies outside of the corporate wealth logic systems, according to (de Lacy-Vawdon et al 2020).

Table 2 Companies and Organizations that were discussed in the Literature Review.

<table>
<thead>
<tr>
<th>Author</th>
<th>Pharmaceutical</th>
<th>Alcohol</th>
<th>Tobacco</th>
<th>Automotive</th>
<th>Gambling</th>
<th>Food</th>
<th>Mining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leal Filho et al (2019)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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<td>Rebs et al (2019)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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<td>Collins et al (2019)</td>
<td>Yes</td>
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<td>Haigh et al (2019)</td>
<td>No</td>
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<td>Yes</td>
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<tr>
<td>Gostin et al (2019)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
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<td>Nutbeam (2019)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Anaf et al (2022)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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<td>Yes</td>
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<td>Cowie and Myers (2021)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
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<td>Townsend et al (2021)</td>
<td>No</td>
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<td>Mousa and Othman (2020)</td>
<td>Yes</td>
<td>Yes</td>
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<td>Lacy-Nichols et al (2023)</td>
<td>No</td>
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<td>Ireland et al (2019)</td>
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<td>Garcia-Codina et al (2019)</td>
<td>No</td>
<td>Yes</td>
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<td>Kadandale et al (2019)</td>
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<tr>
<td>de Lacy-Vawdon et al (2020)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
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Results that examine the impact of lobbying efforts by commercial interests in influencing public health policies and outcomes are arranged chronologically on an output graph showing the timeline of published literature on lobbying for the CDoPH in Figure 2. This timeline would document the development of understanding, insights and discussions surrounding how various companies, including those in the food, drug, alcohol and tobacco sectors, utilize lobbying and advocacy to their interests and potentially hurt the public’s health (Lacy-Nichols et al 2023). In the intricate interplay between corporate commercial interests and public health agendas, it can highlight trends, important results, changes in policy and public awareness.

Depending on their demographics, persons have varying numbers of social determinants of health-related outcomes, as shown in Figure 3. Women had fewer social determinants of health outcomes than males when all other factors were considered. 'Other' race participants had fewer outcomes than white participants (Hill-Briggs et al 2021). Fewer results were present in people with personality or psychotic disabilities than those without such impairments.

Despite these differences, our studies revealed that organizational supports, independent of a person’s demographics, can improve the SDoH outcomes for those with disabilities, as shown in Figure 4. People with disabilities who have organizational support, for instance, had social determinants of health outcomes in place. People with disabilities who had administrative supports in place had social determinants of health outcomes in business.

https://www.malque.pub/ojs/index.php/mr
The general health and well-being of people and communities is known as mapping the impact of SDoH. To demonstrate how these socioeconomic factors interact and affect health outcomes, health inequalities and healthcare usage, spatial representations, charts, or other visual tools must be made. Figure 5 shows the mapping of the impact of SDoH.

![Figure 2 Timeline of published literature.](image2)

![Figure 3 SDoH of Present Outcomes.](image3)

4. Discussion

Many issues with global health are thought to have their roots in CDoPH. The CDoPH literature links macro-level elements, including political and economic systems, corporate operations, structures and lower-level relationships (Ortiz et al 2020). However, a majority of these claims turn out to be false. Any CDoPH definitions need to be consistently used in the literature. Many authors omit definitions because they could assume that readers are familiar with CDoPH. This might indicate how dynamic and reflective the connections that make up commercial effects on health care. Furthermore, the CDoPH word is sometimes used in different ways. According to certain literature, businesses are components of SDoH and economic interests are distal, structural and social causes that cause illness and harm (Marcelin et al 2019). These words and the conversations surrounding them strongly resemble CDoPH, hence, writings in this vein were added for examination. As shown by the CDoPH phrase, additional texts were left out because of a refusal to acknowledge the significance of macro-level conditions and related structures, connections and activities in determining health and sickness.
5. Final considerations

The CDoPH field is becoming important to promote public and social health. Despite the literary base's youth, it has begun to offer instances of the numerous components. That makes CDoPH the population most impacted and lowered public health outcomes ensue. In the CDoPH literature as a whole, more specificity is required. Since there isn't a CDoPH definition that is acknowledged, its development can be important. In conclusion, recognizing and addressing these commercial aspects is essential to preserving and promoting public health. Effectively doing this requires a multi-pronged approach combining stringent regulation, industry process transparency and informed customer decisions. To counteract the influence of commercial interests, healthcare professionals, legislators, academics and civil society must work together to promote evidence-based public health policies that prioritize the health of individuals and communities.

Ethical Considerations
Not Applicable.

Conflict of Interest
The authors declare no conflict of interest.
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