

How to shift a system organized around profit at the expense of health.
Solution pathways for the commercial determinants of health derived from
systems archetypes

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Abstract

Background: Commercial Determinants of Health (CDoH) research increasingly documents health-harming products and practices, with costs externalized to individuals, governments, and society. Moving beyond individual industries, we applied system dynamics to explore the structural drivers of the CDoH and potential pathways.

Methods: We analyzed *The Lancet* 2023 CDoH series through the lens of systems archetypes, cataloguing recurrent feedback patterns that plausibly generate undesirable outcomes. Solution pathways were derived from system dynamics theory.

Findings: We identified six archetypes: drifting goals, fixes that fail, shifting the burden, success to the successful, accidental adversaries, and tragedy of the commons. Together, these reinforce the health-harming incentives of commercial entities while channeling countervailing powers in governments and civil society into downstream symptom management. As these structures institutionalized, the financial drivers of commercial health harms grew stronger and became more obscured, and countervailing forces weakened. This led to increasingly remove from policy agendas recognition that CDoH inaction represents a tragedy of the commons, while obscuring narratives of genuine public-private win-wins.

Interpretation: Our analysis confirms that addressing the CDoH requires rebalancing power asymmetries through multi-level governance and strengthened regulatory frameworks, corroborating *The Lancet* 2023 CDoH series. Our analysis adds an inconvenient truth: those same power asymmetries can block the governance needed to fix them. Overcoming this gridlock requires the business community to recognize that CDoH inaction harms health and economic prosperity. When that recognition spreads, the business community would have reason to demand that governments become liberated from health-harming commercial enablement, creating space for competition and regulatory policies to level the playing field and protect access to health commons. Only then, our analysis suggests, can progressive business models less likely to externalize costs flourish, and only then may upstream public health approaches be prioritized.

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