THE ROLE OF GOVERNMENTS AND INTERNATIONAL AGENCIES IN ADDRESSING THE COMMERCIAL DETERMINANTS OF CANCER

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Summary: The role of governments and supra-national organisations is crucial when it comes to cancer prevention and control. They provide regulations that shape the activity of businesses on the national and global level. The Framework Convention on Tobacco Control is taken as an example of a global regulation that addresses the commercial determinants of health. Cancer is very high on the European political agenda, as such there are elements in the new Europe’s Beating Cancer Plan which may positively encourage commercial drivers. There is a need for an effective system of checks and balances on the market forces which are present at all levels.

Keywords: FCTC, Cancer Prevention, European Code Against Cancer, Political Determinants, Commercial Determinants

Introduction

Cancer shares the characteristics of several chronic diseases, in such a way that they cover the whole pathway through the health and the social system. This implies that at all points of the pathway – from prevention and early detection to palliative care – the journey is subject to influencing factors, such as social and commercial determinants of health. Commercial determinants of health are private sector activities that affect people’s health positively or negatively. In national and multilateral governance systems, these actions may be at different levels. From a potential cause of disease perspective, the respective action may focus on one or more parts of the disease pathway. Proven effective measures include raising the price (mainly by taxation), smoke free policies in public places, as well as restrictions on marketing possibilities of the tobacco industry. Less effective, but politically easier to introduce methods are mass media anti-smoking campaigns and curricula in schools. The value of these interventions in terms of effectiveness and feasibility is well researched and may help with other industries as well.
Figure 1: Governments are identified for good or bad behaviours by NGOs at global WHO tobacco control conference

**Action at the prevention level is key – The case of tobacco**

For the prevention part, Galea and Castro in their article in this issue point out that tobacco control is the “litmus test for the credibility of any program that purports to prevent cancer” and argue for the role of regulators at all levels. The positive example of such strong international leadership is the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). The FCTC, adopted in 2005, clearly asks for structural and individual measures to prevent tobacco consumption. FCTC and is one of the global leaders in addressing tobacco industry interference. Both the FCTC and Uruguay show that important public health leadership is necessary. The momentum of the tobacco control programme in Uruguay is an excellent model of inspiration for other countries. It was not until 1999 that actual negotiations began, one year after the WHO Director General (1998–2003) Gro Harlem Brundtland, had made global tobacco control a priority for WHO.

On the other end of the spectrum is Switzerland where the FCTC is not yet ratified. The presence of the tobacco industry in the country is strong, both as part of the productive economy and as lobbyists in the political arena. The 2021 edition of the Global Tobacco Industry Interference Index ranked this country as the second highest with industry interference.

One only needs to attend an FCTC Conference of the Parties (COP) to witness first-hand how the tobacco industry lobbies government representatives to vote in favour of industry objectives. Anti-tobacco NGOs have created awards to demonstrate how stakeholders have participated in meetings – with the ‘Dirty Ashtray’ award to call out unhelpful contributions or the ‘Orchid Award’ for those who encourage anti-tobacco progress (see Figure 1).

During the last COP in 2018, the Foundation for a Smoke Free World funded by Philip Morris International organised an event in Geneva at the same time as the FCTC COP8 to attract the media and governmental delegates away from the conference.

**Responses at the European level to combat commercial determinants of cancer**

The European Union’s (EU) efforts in cancer control date back more than three decades from the first Europe Against Cancer programme in the mid-1980s. It was during this era that the European Commission provided funding to WHO’s International Agency on Research for Cancer (IARC) to develop and update the European Code Against Cancer (ECAC), designed as a set of easy-to-understand messages by the general public on the primary and secondary prevention of cancer. The most recent 4th edition was published in 2014. For each message, commercial determinants can be mapped. For example, the recommendations to limit red meat and alcohol, prompted renewed push back from these industries after the Code's revision in 2014, via the media.

In support of Europe’s Beating Cancer Plan as a “key pillar of a strong European Health Union”, the European Commission stepped up its support on the promotion of the Code by including it in its funding envelopes for applicants as part of the EU4Health Programme and thus making it part of the system based on competition in which anyone can apply, since both NGOs and industry fit the eligibility criteria.

The Beating Cancer Plan now provides the basis for many of the EU4Health’s funding areas. A system based on competition will inevitably include commercial competition throughout the whole field and among all stakeholders. Although the tobacco industry is not eligible, due to Article 5.3 of the FCTC, we can expect to see more interference from the for-profit sector. It is important to protect the public health and overall public interest.

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* The Conference of the Parties (COP) is the governing body of the WHO FCTC and is comprised of all the Parties to the Convention, see [https://www.who.int/fctc/cop/governance/cop-sessions/en/](https://www.who.int/fctc/cop/governance/cop-sessions/en/)

† See article in The Local from 27 October 2015. Available at: [https://www.thelocal.fr/20151027/i-survived-the-war-ii-not-giving-up-saucisson/](https://www.thelocal.fr/20151027/i-survived-the-war-ii-not-giving-up-saucisson/)
in future research projects, which will be funded within the Horizon Europe programme, based on strong support and recommendations of the Mission on Cancer.

Actions as part of the Plan’s Flagship initiatives are reiterating or revamping past efforts by the European Commission to address areas such as alcohol consumption and unhealthy diets. The European Commission, in its efforts to guarantee transparency in advertising by companies, and to encourage multi-stakeholder collaboration, addressed at least two areas related to the ECAC with two multi-stakeholder networks, one on alcohol and one on diet and physical activity. By sharing activities as “commitments”, all sides were able to see what others were doing to encourage healthy diets, such as removing junk food from school cafeteria vending machines. Both issues are laden with commercial interests, which had previously prevented key stakeholders from introducing stricter approaches. Evidence is mounting on alcohol as a causal agent or a contributor to many cancers (and other NCDs). In terms of nutrition, we now have evidence from several EU Member States on how taxes on sugar or schemes on reducing salt in production processes were effective in terms of reducing intake of sugar and salt (e.g. Portugal and Lithuania, to name just two).

Commercial will in these industries to advance health may have been overestimated. NGOs were continuously deceived by the alcohol industry in the Alcohol and Health Forum established in 2007. NGOs felt that the alcohol companies sat around the table with health NGOs committing words but not actions to reduce alcohol-related harm, resulting in NGOs walking out en-masse. Without the NGOs, the European Commission had difficulty continuing to call it the Alcohol and Health Forum and all activities ceased. The Platform on Diet and Physical Activity and Health started in 2005, where health NGOs sat around the table with snacks, fast food, and sugar-sweetened beverage industries, but went dormant after 2018 and was officially discontinued in 2021.

Commercial drivers can also serve as necessary drivers for cancer control and prevention. The encouragement of commercial drivers is seen throughout Europe’s Beating Cancer Plan. One of the main aims is to boost digitalisation and computerised tools. The plan wants to boost funding for cloud computing, another incentive for tech. The plan includes Flagships that encourage Member States to extend HPV vaccination to both girls and boys and to develop new technology for cancer diagnostics.

In addition to the Beating Cancer Plan, the technology sectors are actively contributing to the proposal of a European Health Data Space (EHDS) to support the primary and secondary use of data. The eHealth Stakeholders Group, for example, has been given a mandate to provide input into the EHDS. Because they are working alongside trade associations and health NGOs, it is expected that their commercial incentives will be checked. On the other hand, because they have more resources, they may be determining and leading others in the directions to be taken.

### New drugs and technologies: the promised solution?

Other aspects of cancer control other than prevention are also subject to the interplay between economy and health. Cancer particularly attracts rapid development in terms of new drugs and technologies, as cancer is seen as the most lucrative part of health care. Due to the potential life-limiting nature of the disease and the despair of patients and their families, the willingness to pay – even out of pocket – is very high. In Europe, where cancer is predominantly covered by national and social health insurance schemes, more pressure by the commercial sector is put on ‘motivating’ decision makers to demand public funding for the ‘new’ and ‘more efficient’ treatments. This is very visible in the treatment part of cancer where new “promising” drugs can be put on the market with very high prices but with little or no evidence of success. Such companies often use patient and cancer control organisations to boost their products, by, for example, being a major ‘contributor’ both as a financier and hence an influencer to the activities of the organisation, and/or by sponsoring events on a specific cancer that is related to a drug about to be launched. However, sometimes rewarding sales and commercially-driven incentives should be welcomed, such as for rare cancers, where incentives may be lacking for companies, and access can be especially complicated. Public authorities’ response to the challenges described above could involve a mixed solution – e.g. strong and scientifically sound authoritative regulatory mechanisms, including consideration for health technology assessment, coupled with an enhanced public funding of research but independent of lobby influence.

Treatment, diagnostics and screening of cancer are also a big “market”. Here the possibilities of “new” technologies are invoked on a regular basis. Some of the techniques are still at a research level, but they are already sold as a product to professionals and consumers at that stage. It has been shown that screening of certain cancers can reduce the cancer specific mortality (see the article by Hogarth on the commercial drivers of screening in this issue). This has to be done with a properly managed public health guided and research- and evidence-based program. The so-called “opportunistic” screenings that exist in all European countries, escape analysis, quality assurance and evaluation since no data are systematically collected. Even worse, selected populations (e.g. high-income, self-selected, more prevention aware) are ‘studied’ as if they had been selected according to strict epidemiological standards and serve as nominal ‘proof’ of effectiveness. With the more novel technologies, such as artificial intelligence, there is still much to sort out in the areas of ethics and regulations.
These areas must be addressed in a multisectoral manner, with input from clinicians, lawyers and even philosophers. Cancer control evolves where market forces are in place. Our economies are built on competition and assets. A free and insufficiently regulated market in cancer control will deepen the already existing inequities within and between countries. Health as a common public good has to be protected so that it is accessible to all citizens. In the quandary between conflicting forces the role of regulatory bodies and political leadership is key. It would be useful for an international norm setting body such as the WHO to come up with a framework (such as the FCTC), and the European Commission (such as the EU’s Tobacco Products Directive), but in general, health is a Member State competence, and national political will is mandatory to implement cancer control strategies.

An example for a national regulatory body is NICE, the National Institute for Health and Care Excellence in the United Kingdom. This institution also evaluates the clinical benefit and financial cost of health and care measures in an independent manner. For the EU, the European Commission’s Initiative on Breast Cancer (ECIBC) makes the case to offer health care providers and women clear guidance on screening and care. This is based on the latest scientific evidence available, according to a GRADE protocol and regularly updated. Enhanced activities extending to colorectal and cervical cancer are underway and will be supported by the EBCP.

**Action at the regulatory level – The case of sunbeds**

Governments may not always be aware of the role they have in addressing commercial determinants, unlike in the area of tobacco control. In Europe, national governments have a role in regulating sunbeds (“tanning devices”) at the European Commission level. Sunbeds are carcinogenic to humans and avoiding use is among the core messages in the European Code Against Cancer. The European Commission further emphasised their risk in a 2016 scientific report concluding that “there is no safe limit for exposure to UV radiation from sunbeds”. Addressing measures to prevent their use is also part of the Implementation Roadmap for Europe’s Beating Cancer Plan. One would therefore expect that the responsibility of regulating sunbeds falls under the health directorate (DG SANTE) of the European Commission. However, while this was the case years ago, it is currently with the Commission’s DG GROW for internal market and industry, specifically under the Low Voltage Directive (LVD). Member States “authorities, standardisers, and industry stakeholders” make up the groups taking part in LVD Working Party meetings to agree on the harmonisation of laws and making available (or not available) devices in the market.

Member States can in principle vote to remove sunbeds from national markets, but there are at least two barriers to this possibility. Firstly, due to the nature of LVD’s mandate being concerned with health and safety only as related to the input or output voltage, there is no legislative mandate to remove sunbeds from countries. As long as sunbeds fall under the acceptable electrical limits, they are regarded as safe and its classification as a carcinogen does not come into consideration. Secondly, governments can, and sometimes do, appoint trade or industry representatives to represent them at LVD meetings for their expertise on agenda items such as assessing electrical requirements for kitchen appliances and whirlpool baths to ensure they are safe to the consumer. This is logical, but certainly not for sunbeds which are intrinsically carcinogenic, and therefore no amount of regulation can make them safe. Either unwittingly or not, governments invite sunbed industry representatives to the discussions when sunbeds is an agenda item, who of course ignore this fact, deflecting the discussions to focus only on voltage requirements. Hence, the Association of European Cancer Leagues (ECL) and other skin cancer prevention organisations (EUROSKIN and EUROMELANOMA) have been lobbying Member States in the LVD working party for the sunbeds dossier to be moved back to DG SANTE to ensure that a proper discussion on regulating sunbeds – as a carcinogen – takes place.

The strength of such regulations and institutions is dependent on the respective political will. We can observe these political determinants of health at play very clearly during the ongoing COVID-19 pandemic. Society as a whole is subject to opposing forces and civil society is not exempt from it. So, as well as governments, civil society organisations have to be scrutinised too for any conflict of interest that may occur. Systems for checks and balances must be in place. The above-mentioned initiatives by the European Commission, with stakeholders from the private and non-profit sectors, can be seen as an example of a system with such checks and balances. Particularly as the health care sector – including preventing and treating cancer – represents a big part of countries public spending.

**Going forward, balancing health and the economy remains a priority**

During the COVID-19 pandemic the discourse that protecting health is detrimental to the economy has been a commonly heard myth. In the strategies post-COVID this framing has to be opposed by different stakeholders including the voice of civil society, political leaders, academia as well as the private sector including the financing industry in addition to several others. It is important to make the case for a healthy population creating healthy economies. This needs a broad societal discussion and consensus. Cancer is one of the landmark cases to illustrate the argument. But as for tobacco, other fields such as Big Food, Big Alcohol and soon Big Tech call for joined and coordinated actions but, as we see from the European examples, effective collaboration will not be easy and will require will and determination.

Governmental and civil society action is needed, as well as the coordination of international bodies. But for there to be any successful and sustainable collaboration, the “Big Ones” must demonstrate that they are worthy of our trust. They have to do much better than they have, to convince all that they genuinely have an interest to advance health for all, and this commitment for a healthier world will not be overshadowed by their incentives for profits. The case...
of cancer helps to push the agenda as it is prevalent, well researched and of personal concern to many.

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