The Political Determinants of Health and the European Union

Eleanor Brooks[1], Charlotte Godziewski[2], Thibaud Deruelle[3]

[1] The University of Edinburgh
[2] City, University of London
[3] University of Geneva

Models of the determinants of health have gained significant traction since the publication of the 'Rainbow model' of health inequalities (Dahlgren and Whitehead (1991)). Researchers have developed conceptions of the social, economic, political, commercial, environmental and behavioural determinants of health, and policy-makers have enshrined elements of these in the strategies and agendas that guide health and wider policy activity. Some of the resulting approaches have become mainstream pillars of public health and health policy. Following a 2008 World Health Organization (WHO) Commission and a wealth of research activity, the social determinants of health (SDoH) model, which encompasses economic, political and environmental factors, is now well established (World Health Organization 2008; Marmot and Wilkinson 2006; Navarro 2009). More recently, attention to the commercial determinants of health (CDoH) has increased markedly and this field has become a frontier in global health research and practice (Maani, Petticrew, and Galea 2022; De Lacy-Vawdon and Livingstone 2020; Gilmore et al. 2023; Freudenberg et al. 2021; Mialon 2020). Though conforming to a biomedical paradigm of "health determination", which presents its own set of concerns when applied to social processes and phenomena, these models have contributed to a more holistic understanding of health in both academic and policy circles.

In this context, embarking upon a project to elaborate yet another health determinant, let alone one that is already implicit within existing models, might seem ill-advised. The term political determinants of health (PDoH) is not new. Moreover, the idea that it embodies – that health is political – is already embedded in the more structural aspects of the SDoH, CDoH and other health determinants models, and is widely recognised by researchers and practitioners. So why put this term at the centre of analysis? In what follows, we make a case for the value of the PDoH as a unifying concept and label, and its particular relevance to health in the EU, as the empirical focus of the special issue. We then draw from the issue's contributions and conceptualisations to explore how multi-level governance and power, as key themes permeating PDoH work, provide a distinct core of the field. They do this, we argue, by addressing two key challenges in the existing scholarship: the black-boxing of politics and power, and the hierarchical conceptual structure of health determinism. We conclude by discussing some considerations when using the term PDoH, and reflect on its (potential) value in elaborating a distinct sub-discipline with this label.

Why Pursue a Political Determinants of Health Model?

The Limitations of "The Political" within Existing Determinants Models

Whilst our understanding of the political determinants has advanced via their inclusion within the related SDoH, CDoH and legal determinants (LDoH) frameworks, politics is a periphery concern of these fields. It is implicit but underdeveloped, and often addressed simply as the context that might explain why other health determinants vary across time and space. As outlined elsewhere, too little SDoH scholarship addresses politics and power (Bambra, Fox, and Scott-Samuel 2005), while CDoH research is predisposed to "black box" the relationship between agency and structure, situating the behaviours and strategies of corporate actors within macrolevel structures of globalising (neoliberal) capitalism, without interrogating their interconnection (Ralston, Godziewski, and Brooks 2023). As such, and despite seeming consensus on the political nature of health, we argue that more targeted, explicit, and coherent PDoH research would enable us to better understand the political determinants, not as another discreet category situated *next to* the other determinants, but as a *cross-cutting* dimension of any macrosocial driver of health. Since the discipline of public health currently lacks the appropriate toolbox – of established and contested theories of power – to conceive and address the determinants of health effectively, this will necessarily involve bridging insights from disciplines like sociology, international relations, geography, science and technology studies, and numerous others.

Using PDoH to Bridge (Sub)Disciplines

From a research perspective, there remains a space for a label that might usefully link sub-fields, identify a collective endeavour, and raise this endeavour's profile within wider fields that we might not otherwise engage. At the most immediate level, the term PDoH connects those aspects of (critical) public health, health policy, global health governance, political epidemiology, sociology of health, and similar research fields that speak to political factors: public policy-making, racism and wealth inequity; taxation regimes, public-private partnerships and trade agreements; regulation, government agencies and legislative power. This research uses a wide variety of theories, methods, and approaches to explain interrelated phenomena, but the potential benefits from bringing together insights from these different theoretical and methodological orientations are under-exploited. A label that makes explicit the shared, political focus of this work provides it with an additional home and supports a supplementary scholarly community. We see this already with initiatives such as the Collective for the Political Determinants of Health, borne out of the Lancet-University of Oslo Commission on Global Governance for Health, which mobilises resources and raises awareness.

For example, the PDoH are understood to encompass different levels of governance, systems, institutions, and political decisions (Leimbigler et al. 2022); norms, policies and practices (Ottersen et al. 2014); power disparities, institutional environment, interests, political culture and ideology (Kickbusch 2015). These conceptualisations direct public health research to the role that neoliberalism, globalisation, geopolitics, commodification and trade play in determining health (Barlow and Thow 2021; Blouin 2017; Goodman 2016; Kentikelenis and Rochford 2019; Schofield et al. 2021; Viens 2019). They also stimulate studies of "political epidemiology," concerned with the impact of politics on population health (Mackenbach 2013;

Muntaner et al. 2011; Barnish, Tørnes, and Nelson-Horne 2018). Existing work explores the link between government political party and infant mortality (Alexiou and Trachanas 2021), voting and health outcomes (Brown, Raza, and Pinto 2020), local political elites and child and infant mortality (Mershon 2020), political ideology in government and COVID-19 response (McKee et al. 2021) and regime type, participation, and conflict and progress towards the millennium development goals for health (Atti and Gulis 2017). These clusters of work are rooted in different methodological traditions and offer complementary insights.

More broadly, such a community – identifiable by the PDoH label – provides a point of reference for those outside of these immediate sub-fields of public health and epidemiology. It clearly signals shared interests with, for instance, those studying the role of party politics in shaping environmental outcomes, or the geopolitics of development assistance. This is important to support the development of understandings of power and politics, as noted above. Furthermore, in the face of complex, interrelated polycrises (environmental, socioeconomic, health…), it is useful to develop common languages to study health (and its politics) in an interdisciplinary and epistemically inclusive way.

PDoH as a Way to Reach Policy and Practitioner Audiences

Finally, and whilst acknowledging its shortcomings, we recognise the success of the "determinants" model and its value as a heuristic, particularly when engaging policy and practitioner audiences. Like all good models, it simplifies and makes visually compelling a series of complex relationships, facilitating the engagement of non-expert audiences and the structuring of action. Similarly, terms like SDoH, CDoH and LDoH are accessible and recognisable labels. In the context of extensive policy engagement with the existing determinants of health, use of the PDoH label immediately situates relevant work and makes it visible to those audiences.

The practitioner context is one in which the concept of PDoH has been used frequently, as part of a wider effort to engage public health actors in politics and advocacy. It appears alongside calls for greater application of political science theories and methods in public health research, and the embedding of better political science training for public health professionals (Bernier and Clavier 2011; Kickbusch 2015; Bekker et al. 2018). Pointing to the impact of social injustice and inequality on population health, and the importance of public trust in government for the effective functioning of the health system, the term PDoH is used to argue for greater political engagement by public health professionals (McKee 2017, 2022; Peate 2022). As such, it provides a point of contact between research on the political drivers of health, and practice committed not only to promoting public health, but also recognising the inseparability of health and social justice.

Whilst acknowledging the risk of proliferating models of health determinants and "health silo-ing," we therefore argue that a more consistently utilised PDoH label could serve to cohere relevant research, support introspection, provide a reference point for dialogue with related disciplines, and position relevant research alongside the existing lenses being adopted by policymakers and advocates.

The Political Determinants of Health and the European Union

The aim of this special issue is not to propose a single analytical framework, nor to make an exhaustive census of specific PDoH. Rather, it is to explore the potential scope and value of the concept, as a label for a common research and practice agenda. The project was designed to generate a bottom-up delineation – a call for papers invited scholars who consider their work to address PDoH in the EU, regardless of their disciplinary home and whether and how they might define this term, to propose contributions. No single definition or framework was supplied, and the editors did not evaluate submissions against any particular understanding of the PDoH. Instead, we sought to gather a group of papers focusing empirically on health at the national and supranational levels in the EU, covering both quantitative and qualitative methodologies and representing a broad range of disciplinary traditions. The only requirement was that authors demonstrate explicit engagement with how their paper conceptualises PDoH, and explain what they mean by "political."

We chose to focus on the EU, in part, because our own work explores how the EU, as a political entity, shapes health. This work is part of a growing sub-field that seeks to understand how an additional, regional, layer of health governance, and particularly one with such circumscribed legal competence, has come to influence health so profoundly (Mossialos et al. 2010; Greer 2014; de Ruijter 2019; Steffen 2005). The EU's explicit health mandate is limited but its wider powers – in regulating the internal market, setting standards for occupational, consumer and environmental safety, and negotiating trade agreements, for instance – are strong. Its patchwork competence has forced it to utilise creative combinations of regulatory and discursive power, and to foster policy networks that span the local, national and supranational levels (for an overview, see Greer et al. 2022). As such, the EU is a unique site for studying power and multi-level governance – two core themes of PDoH work – and how these shape health systems and outcomes. The focus of the special issue is framed as political determinants *and* (rather than *in*) the EU, so as to capture work across political levels and beyond the EU's borders, and the links between EU-focused PDoH and those in other empirical sites.

The result is a series of articles that address dynamics within member states, EU regions, and the EU as a whole. Individually, they adopt a wide range of approaches and explore a diverse set of research questions. Addressing questions familiar to studies of political epidemiology, Popic and Moise examine the link between reforms that privatise healthcare provision and inequality in population health outcomes, whilst Fox, Scruggs and Reynolds study how policy decisions on redistribution, poverty reduction and risk protection affect long term population health. In a similar vein, Ceron explores associations between national austerity policies and response to COVID-19, and the role of EU fiscal governance in promoting austerity and the consolidation of national healthcare spending. Fischer, Tille and Mauer focus a little further up the causal pathway and develop an analytical framework for assessing how the European Health Union is shaping EU health policy, and thus stands to influence health outcomes. Taking a more institutional approach, Riedel and Szyszkowska explore how party politics, legal-institutional structures, interest groups and public opinion might explain poor performance in the Polish healthcare system. Both Ewert, and Perehudoff

and Ippel, focus on the EU's legislative process and how policy outputs – specifically nutritional labelling and pharmaceutical policy, respectively – are shaped by decision-making procedures and the relative power of political actors. Brooks and Lauber turn attention to the meta-regulatory framework that underpins these procedures, and its wider effect on health policy-making, whilst Guy examines how the principle of solidarity, as the foundational value underpinning European health systems, is framed and shaped at EU level. Adopting a discursive approach, Roos examines how the EU is framed in national debates on access to healthcare for forced migrants, whilst Godziewski and Rushton show how the EU has legitimised the creation of its latest health body, the Health Emergencies Preparedness and Response Authority (HERA), using a health security narrative.

Collectively, the papers raise a number of keys points. Building on understanding of how paradigms and frames shape (global) health policy outcomes, they highlight the role of institutions – and how they assign responsibility, power and value – in determining the success of some frames over others. Perehudoff and Ippel show that the assignment of market-focused directorate-generals as the leads of pharmaceutical and biotechnology legislation, for instance, shaped the viability and effectiveness of an economic frame. Similarly, Godziewski and Ruston illustrate how strategies of discursive legitimation are shaped by legal competences, pushing the EU to engage a security-based narrative in order to underpin further health integration. Reflecting the logic that underpins the Health in All Policies principle, the articles by Roos, Brooks and Lauber, Ceron, and Guy show the value of a PDoH lens in recognising how adjacent fields – migration and asylum, regulatory governance, economic governance and competition policy – shape health policy and outcomes. Exposition of how corporate actors seek to shape the institutional context of health policy-making (Brooks and Lauber) and exploit prevailing structures to obstruct the adoption of public health legislation (Ewert) contributes to existing work in the CDoH field by highlighting the role of institutions. Exposition of how national governments make strategic use of EU action, as well as responding to its requirements (Roos), draws attention to politicisation and dynamics of instrumentalisation within multilevel governance systems.

The PDoH Contribution: Conceptualising Power and Addressing Multi-level Governance

This section elaborates on two main points of contribution, which speak to the core of PDoH research: a more nuanced conceptualisation of power, and a more direct approach to multi-level governance.

Multifaceted Engagement with Power, as an Alternative to Black-boxing Politics

There are many ways to define politics and political. While these terms are often used as a shorthand for government and other decision-making institutions and practices, they are also used to refer more broadly as pertaining to power relations. Conceptualising power and understanding how it operates are key drivers of the study of "the political." While public health increasingly recognises the need to engage with power, the ways in which this is done does not, generally, reflect the breadth, depth, and richness of ways to conceptualise power. Perhaps the

most common conceptualisation of the PDoH is that which understands political determinants to exist upstream of, or prior to, the social (and perhaps also other) determinants of health. Here, the PDoH are understood as "the determinants of the determinants" (Dawes 2020) and the "causes of the causes of the causes" (Bambra 2016). They are the factors which determine the distribution of the SDoH – of healthy living, working and ageing environments – and of political and economic power. This conceptualisation faces the same limitations outlined above and explained by Krieger (2008) regarding the assumption of linear causality and conflation of levels.

Other approaches focus on government decision-making, and link the PDoH to government efforts in addressing the SDoH (Hiam, Dorling, and McKee 2020; Lee 2017; McKee et al. 2021), via policy on education, unemployment, urban development etc. The risk inherent in these approaches is that the concept of PDoH is used to invoke political will as the analytical endpoint and, in the process, black-boxes the latter as something that cannot be explored or factored into analysis. Centring, refining, and opening up the term to a wider range of conceptualisations of power provides a language with which to characterise and interrogate political (in)action as a driver of health, as well as interacting with health determinants that have been categorised under other headings (CDoH, SDoH, etc).

This special issue includes papers putting forward different – and not necessarily reconcilable – conceptualisations of power. Perhaps even more importantly, they show how the study of PDoH can eschew a focus on population health and explore the relevance of "the political" to health systems (healthcare, public health systems), across different levels of governance. The contributions by Ceron, Popic and Moise, and Fox, Scruggs, and Reynolds analyse the health impacts of particular political processes or decisions, examining power dynamics playing out at national but also EU level. Others identify power as substantiated within institutions and rules, delving into the political structures and processes that determine the regulatory space for public health and/or healthcare (Ewert, Brooks and Lauber, Riedel and Szyszkowska). Further contributions (Godziewski and Rushton, Guy, Perehudoff and Ippel), use constructivist conceptualisations of power as relationally and/or discursively constructed, investigating social interactions and language as forms of power that shape how health issues and institutional actors become understood. Through this diversity, the special issue seeks to demonstrate how the PDoH approach might promote debate between different conceptualisations of power, with different philosophical underpinnings, to unpack the black box of politics.

Directly Addressing Multi-Level Governance, as an Alternative to Adding Layers to the Rainbow

PDoH research generally focuses on the transnational political dimension. This contrasts with SDoH frameworks, which tend to draw attention to national public policy (in the areas of education, welfare, transport and healthcare). The final report of the *Commission on Global Governance for Health* goes as far as to exclude national level factors, defining the PDoH as "norms, policies, and practices that arise from *transnational* interaction" (Ottersen et al. 2014, emphasis added). A focus on the EU is helpful precisely to problematise the implication of

linear causality between levels inherent to the rainbow model, encouraging us to explore the connections between levels in a way that better recognises the "complex systemicity" of multi-level governance (Hooghe and Marks 2001). The contributions in this special issue analyse different governance levels, covering the EU (Brooks and Lauber; Godziewski and Rushton; Guy; Perehudoff and Ippel), specific or comparisons across member states (Fox, Scruggs and Reynolds; Popic and Moise; Riedel and Szyszkowska), and the dynamics between the two levels (Ceron; Ewert; Fischer, Tille and Mauer; Roos).

When read together, they highlight the value – and necessity – studying political determinants in a way that treats the relationships between levels as mutually reinforcing and producing effects greater than the sum of their parts. Guy, for instance, shows how the concept of solidarity is constructed at EU level, framing a particular approach to redistribution and access to care; in studying how the healthcare arrangements that result from or reflect different conceptions of solidarity (i.e. the public-private mix in the healthcare system) are associated with population health outcomes, Popic and Moise illustrate implications of solidarity, as a PDoH, in the national sphere. Similarly, the instruments and practices of the Better Regulation agenda, as detailed by Brooks and Lauber and including provisions on stakeholder consultation, shape lobbying and interest group pressure, as illustrated in Ewert's review of the nutritional labelling debate. Looking at these papers in conjunction illuminates the mutually reinforcing causal relations between national and supranational governance spaces which affect population health.

An important outcome of adopting a multilevel governance approach, and eschewing a specific definition of what governance level the PDoH are limited to (i.e. not limiting our analyses to transnational interactions), then, is that it provides conceptual freedom from hierarchising causes and determinants of health. It thus avoids the tendency found within public health research to conceptualise health determinants in ascending/descending orders based on (flawed) conflations of time, space, and causal strength (Krieger 2008). The PDoH, rather than representing "the new top layer" in the famous Dahlgren-Whitehead (1991) rainbow model, is instead a promising conceptual tool to transcend "rainbow-style" thinking about the (politics of) drivers of health. In this sense, the PDoH might be developed in a way that intentionally resists being confined to a single governance level, and instead recognises that power and politics pervade, collapse, and construct those very levels.

The Limits of a Determinants Model

One source of hesitation in advocating for a more substantiated PDoH sub-field concerns the limitations of the health determinants model. While models of the structural forces shaping health seek to account for multiple, interconnected causes of health and disease, they generally fail to move beyond causal determinism. Such a paradigm encourages a sense that an identified driver has a direct link, all else being equal, to a health outcome, and that outcomes can be predicted if all information is known (Acolin and Fishman 2023). This paradigm has shaped approaches to social, commercial, and other risk factors, but is not necessarily compatible with population health research, and certainly not compatible with a research enquiry that seeks to understand the politics of the drivers of health. On balance, the value of the PDoH concept –

in drawing together relevant research, providing a reference point for other disciplines, and engaging policy and practitioner audiences – outweighs the potential cost, yet we are mindful of these limitations and argue for proceeding with caution, in this regard.

One consideration raised is the choice of terminology. The PDoH is one option but not the only label to have been suggested. Having made the case for health as a political issue, Bambra, Fox, and Scott-Samuel (2005), for instance, call for a political science of health, or health politics, field. Revisiting this issue, Mykhalovskiy et al. (2019) draw on earlier debates from the field of sociology to explore the epistemological and ontological challenges of bringing these disciplines together. They identify the development of a "social science *in* public health," where social scientific ideas are drawn upon by public health but in a way that remains superficial and instrumental, and describe an alternative "social science *of* public health," which applies critical social scientific lenses to public health, so as to highlight the limitations and problems of public health as a field of research and practice. They conclude that neither group engages with the other in a meaningful, Habermassian "communicative" sense, with genuine openness and desire to learn. Drawing on Chantal Mouffe's concept of agonistic pluralism, the authors therefore call for critical social science *with* public health, a space for meaningful engagement across irreconcilable research paradigms that does not seek convergence or consensus, but rather pursues mutual listening and learning. Whatever the terminology or label, the value of a PDoH approach, we argue, is in accepting the incompatibilities between different disciplinary theory, practice and critique, and working to embed productive tensions.

Building a PDoH Bridge

When compared to models of the social or commercial determinants of health, for instance, it is clear that the PDoH has not developed in the same way. It does not have a distinct body of literature, nor specific typologies and models that map its dimensions. By contrast to policy interest in the SDoH and CDoH, the PDoH are not priorities of the WHO and few civil society organisations utilise this term. Moreover, where there has been engagement with the term at an institutional level, the outcomes have been contested. The work and critique of the *Lancet-University of Oslo Commission on Global Governance for Health* is a case in point. The Commission was established in 2014 to address "the political origins of health inequity" and its final report examines a number of policy fields where improved global governance is necessary in order to promote health – including economic crises and austerity measures, knowledge and intellectual property, foreign investment treaties, food security, transnational corporate activity, irregular migration, and violent conflict (Ottersen et al. 2014). However, its recommendations – which included, inter alia, the creation of a UN multistakeholder platform and use of health equity impact assessments – were criticised as "tame," "old and tired," and as reflecting a sense that, somewhat ironically, "the Commission wasn't prepared to "speak truth to power"' (McCoy 2014). Others found that it, "failed to engage with questions about power or make recommendations that would challenge the ways [that] dominant neoliberalism restricts health governance options" (Smith 2020; Gill and Benatar 2016). To some extent, these critiques reflect a challenge, found also in the CDoH sphere, of engaging in genuine

political analysis that addresses agency as well as structure, and not only structure but the political interests, institutions and ideas that sustain it. Put bluntly, political determinants are politically sensitive, which both explains the patterns of use to date and makes it all the more important.

Limitations are similarly found within the academic literature on political determinants. Use of the term is relatively rare and, where it is used, it is often mentioned in an introduction, or even listed as a keyword, but without explicit definition or conceptualisation. More commonly, the specific term is not used but the drivers or phenomena to which it might refer - political institutions, governance arrangements, structuring norms – are elaborated within existing models of the SDoH, CDoH and other determinants. Politics is, logically, a periphery concern of these models and, as such, the value of a PDoH sub-field is in making the political the core. Those studying the PDoH take the political nature of health – and the rejection of the individualised and biomedical paradigms – as a given, turning immediate attention to politics, ideology, and power. They make "the political" the direct object of analysis, whether the values underpinning the welfare state (Guy), the involvement of civil society (Riedel and Szyszkowska), or the paradigms defining pharmaceutical policy (Perehudoff and Ippel). As a concept and as a platform for transdisciplinary agonistic dialogue, the PDoH thus provides a space where those addressing the underlying politics of the SDoH and the overarching structures of the CDoH can explore overlapping interests. As a bridge for agonistic engagement between critical social sciences (a family of social scientific approaches that produced rich debates and insights into how to conceptualise and study power, over decades even centuries) *with* public health (a discipline that offers detailed, meticulously operationalised assessments of population health), without the need for one to subsume the other, we think that the PDoH offers important ways forward for studying power and public health.

Whilst the concept of PDoH faces practical challenges and conceptual limitations, the contributions to the special issue highlight the breadth, depth and value of work that speaks to "the political" in health. We are grateful to all of our authors, as well as the editorial team at JHPPL, for their stimulating and enthusiastic engagement with the project and hope that it underpins sustained development of PDoH research in the coming years.

REFERENCES

Acolin, Jessica, and Paul Fishman. 2023. "Beyond The Biomedical, Towards The Agentic: A Paradigm Shift For Population Health Science." *Social Science and Medicine* 326: 115950.

Alexiou, Constantinos, and Emmanouil Trachanas. 2021. "Politics, Government Health Expenditure And Infant Mortality: Does Political Party Orientation Matter?" *International Journal of Social Economics* 48 (12): 1810-1825.

Atti, Emma, and Gabriel Gulis. 2017. "Political Determinants Of Progress In The Mdgs In Sub-Saharan Africa." *Global Public Health* 12 (11): 1351-1368.

Bambra, Clare. 2016. *Health Divides: Where You Live Can Kill You*. Bristol: Policy Press.

Bambra, Clare, Debbie Fox, and Alex Scott-Samuel. 2005. "Towards A Politics Of Health." *Health Promotion International* 20 (2): 187-93.
Barlow, Pepita, and Anne Marie Thow. 2021. "Neoliberal Discourse, Actor Power, And The Politics Of Nutrition Policy: A Qualitative Analysis Of Informal Challenges To Nutrition Labelling Regulations At The World Trade Organization, 2007–2019." *Social Science and Medicine* 273: 113761.
Barnish, Max, Michelle Tørnes, and Becky Nelson-Horne. 2018. "How Much Evidence Is There That Political Factors Are Related To Population Health Outcomes? An Internationally Comparative Systematic Review." *BMJ Open* 8 (10): e020886.
Bekker, Marleen P. M., Scott L. Greer, Natasha Azzopardi-Muscat, and Martin McKee. 2018. "Public Health And Politics: How Political Science Can Help Us Move Forward." *European Journal of Public Health* 28 (suppl_3): 1-2.
Bernier, Nicole F., and Carole Clavier. 2011. "Public Health Policy Research: Making The Case For A Political Science Approach." *Health Promotion International* 26 (1): 109-116.
Blouin, Chantal. 2017. "Trade Policy and Health: Adding Retrospective Studies to the Research Agenda Comment on "The Trans-Pacific Partnership: Is It Everything We Feared for Health?"." *International Journal of Health Policy and Management* 6 (4): 243-244.
Brown, Chloe L., Danyaal Raza, and Andrew D. Pinto. 2020. "Voting, Health And Interventions In Healthcare Settings: A Scoping Review." *Public Health Reviews* 41: 1-21.
Dahlgren, Göran, and Margaret Whitehead. 1991. *Policies and Strategies to Promote Social Equity in Health.* Institute for Futures Studies (Stockholm).
Dawes, Daniel E. 2020. *The Political Determinants of Health*. New Jesrsey, US: Johns Hopkins University Press.
De Lacy-Vawdon, Cassandra, and Charles Livingstone. 2020. "Defining The Commercial Determinants Of Health: A Systematic Review." *BMC Public Health* 20 (1): 1-1022.
de Ruijter, Anniek. 2019. *EU Health Law & Policy: The Expansion of EU Power in Public Health and Health Care*. Oxford: Oxford: Oxford University Press.
Freudenberg, Nick, Kelley Lee, Kent Buse, Jeff Collin, Eric Crosbie, Sharon Friel, Daniel Eisenkraft Klein, Joana Madureira Lima, Robert Marten, Melissa Mialon, and Marco Zenone. 2021. "Defining Priorities for Action and Research on the Commercial Determinants of Health: A Conceptual Review." *American Journal of Public Health* 111 (12): 2202-2211.
Gill, Stephen, and Solomon Benatar. 2016. "Global Health Governance and Global Power: A Critical Commentary on the Lancet-University of Oslo Commission Report." *International Journal of Health Services* 46 (2): 346-365.
Gilmore, Anna B., Alice Fabbri, Fran Baum, Adam Bertscher, Krista Bondy, Ha-Joon Chang, Sandro Demaio, Agnes Erzse, Nicholas Freudenberg, Sharon Friel, Karen J. Hofman, Paula Johns, Safura Abdool Karim, Jennifer Lacy-Nichols, Camila Maranha Paes de Carvalho, Robert Marten, Martin McKee, Mark Petticrew, Lindsay Robertson, Viroj Tangcharoensathien, and Anne Marie Thow. 2023. "Defining And Conceptualising The Commercial Determinants Of Health." *The Lancet* 401 (10383): 1194-1213.
Goodman, Benny. 2016. "Developing The Concept Of Sustainability In Nursing." *Nursing Philosophy* 17 (4): 298-306.
Greer, Scott L. 2014. "The Three Faces Of European Union Health Policy: Policy, Markets, And Austerity." *Policy and Society* 33 (1): 13-24.
Greer, Scott L., Sarah Rozenblum, Nick Fahy, Eleanor Brooks, Holly Jarman, Anniek de Ruijter, Willy Palm, and Matthias Wismar. 2022. *Everything You Always Wanted to*

Know About European Union Health Policies But Were Afraid to Ask. Third ed. Copenhagen: WHO Regional Office for Europe.
Hiam, Lucinda, Danny Dorling, and Martin McKee. 2020. "Things Fall Apart: The British Health Crisis 2010-2020." *British Medical Bulletin* 133 (1): 4-15.
Hooghe, Liesbet, and Gary Marks. 2001. *Multi-Level Governance and European Integration*. Lanham, Maryland: Rowman & Littlefield.
Kentikelenis, Alexander, and Connor Rochford. 2019. "Power Asymmetries In Global Governance For Health: A Conceptual Framework For Analyzing The Political-Economic Determinants Of Health Inequities." *Globalization and Health* 15 (Suppl. 1).
Kickbusch, Ilona. 2015. "The Political Determinants Of Health - 10 Years On: Public Health Professionals Need To Become More Politically Astute To Achieve Their Goals." *BMJ* 350: h81.
Krieger, Nancy. 2008. "Proximal, Distal, and the Politics of Causation: What's Level Got to Do With It?" *American Journal of Public Health* 98 (2): 221-230.
Lee, Vanessa S. 2017. "Political determinants and Aboriginal and Torres Strait Islander Women: Don't Leave Your Integrity At The Political Gate." *Journal of Public Health Policy* 38 (3): 387-393.
Leimbigler, Betsy, Eric Ping Hung Li, Kathy L. Rush, and Cherisse Lynn Seaton. 2022. "Social, Political, Commercial, And Corporate Determinants Of Rural Health Equity In Canada: An Integrated Framework." *Canadian Journal of Public Health* 113 (5): 749-754.
Maani, Nason, Mark Petticrew, and Sandro Galea. 2022. *The Commercial Determinants of Health*. Oxford: Oxford University Press.
Mackenbach, Johan P. 2013. "Political Determinants Of Health." *European Journal of Public Health* 24 (1): 2.
Marmot, Michael, and Richard G. Wilkinson, eds. 2006. *Social Determinants Of Health*. 2nd edition. Oxford: Oxford University Press.
McCoy, David. 2014. "The Lancet-UiO Commission on Global Governance For Health Commissioners Should Withdraw Their Recommendations And Come Up With Better Ones." *MedAct* (blog). 22.4.2014. https://www.medact.org/2014/blogs/lancet-commission-on-global-governance/.
McKee, Martin. 2017. "Grenfell Tower Fire: Why We Cannot Ignore The Political Determinants Of Health." *BMJ* 357: 2.
---. 2022. "It Was Good While It Lasted: Politics Is At The Heart Of Public Health But Are We Willing To Engage?" *Journal of Public Health* 44 (Suppl 1): i66-i72.
McKee, Martin, Alexi Gugushvili, Jonathan Koltai, and David Stuckler. 2021. "Are Populist Leaders Creating The Conditions For The Spread Of Covid-19? Comment On "A Scoping Review Of Populist Radical Right Parties' Influence On Welfare Policy And Its Implications For Population Health In Europe"." *International Journal of Health Policy and Management* 10 (8): 511-515.
Mershon, Carol. 2020. "What Effect Do Local Political Elites Have On Infant And Child Death? Elected And Chiefly Authority In South Africa." *Social Science and Medicine* 251: 1-10.
Mialon, Melissa. 2020. "An Overview Of The Commercial Determinants Of Health." *Globalization and Health* 16 (1): 74.
Mossialos, Elias, Govin Permanand, Rita Baeten, and Tamara K. Hervey, eds. 2010. *Health Systems Governance in Europe: The Role of European Union Law and Policy*. Cambridge: Cambridge University Press.

Muntaner, Carles, Carme Borrell, Edwin Ng, Haejoo Chung, Albert Espelt, Maica Rodriguez-Sanz, Joan Benach, and Patricia O'Campo. 2011. "Review Article: Politics, Welfare Regimes, And Population Health: Controversies And Evidence." *Sociology Of Health and Illness* 33 (6): 946-964.

Mykhalovskiy, Eric, Katherine L. Frohlich, Blake Poland, Erica Di Ruggiero, Melanie J. Rock, and Leigha Comer. 2019. "Critical Social Science With Public Health: Agonism, Critique And Engagement." *Critical Public Health* 29 (5): 522-533.

Navarro, Vicente. 2009. "What We Mean by Social Determinants of Health." *International Journal of Health Services* 39 (3): 423-441.

Ottersen, O. P., J. Dasgupta, C. Blouin, P. Buss, V. Chongsuvivatwong, J. Frenk, S. Fukuda-Parr, B. P. Gawanas, R. Giacaman, J. Gyapong, J. Leaning, M. Marmot, D. McNeill, G. I. Mongella, N. Moyo, S. Møgedal, A. Ntsaluba, G. Ooms, E. Bjertness, A. L. Lie, S. Moon, S. Roalkvam, K. I. Sandberg, and I. B. Scheel. 2014. "The Political Origins Of Health Inequity: Prospects For Change." *The Lancet* 383 (9917): 630-667.

Peate, Ian. 2022. "Political Determinants Of Health." *British Journal Of Nursing* 31 (22): 1133-1133.

Ralston, Rob, Charlotte Godziewski, and Eleanor Brooks. 2023. "Reconceptualising The Commercial Determinants Of Health: Bringing Institutions In." *BMJ Global Health* 8 (11): e013698.

Schofield, Lauren, David Walsh, Neil Bendel, and Roberta Piroddi. 2021. "Excess Mortality In Glasgow: Further Evidence Of 'Political Effects' On Population Health." *Public Health* 201: 61-68.

Smith, Julia. 2020. "Towards Critical Analysis of the Political Determinants of Health Comment on "How Neoliberalism Is Shaping the Supply of Unhealthy Commodities and What This Means for NCD Prevention"." *International Journal of Health Policy and Management* 9 (3): 121-123.

Steffen, Monika, ed. 2005. *Health Governance In Europe: Issues, Challenges And Theories*. Abingdon: Routledge.

Viens, A. M. 2019. "Neo-Liberalism, Austerity and the Political Determinants of Health." *Health Care Analysis* 27 (3): 147-152.

World Health Organization. 2008. *Closing The Gap In A Generation: Health Equity Through Action On The Social Determinants Of Health*. Geneva.