

Managing Conflict of Interest to Improve Governance in the Multi-sectoral Response to NCDs

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UKCTAS

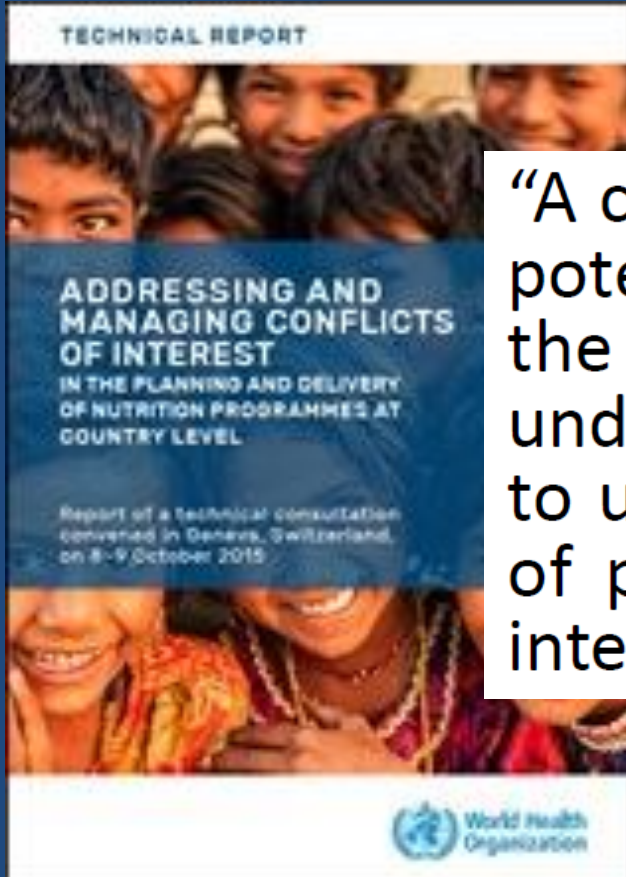
UK Centre for Tobacco & Alcohol Studies



Overview

- Understanding the challenge of conflict of interest
 - multi-sectoral approaches, NCDs & sustainable development
- Contrasting approaches across policy spheres
- Ways forward: towards managing conflict of interest
 - Starting points & key issues
 - Tests, criteria and tools
- Conflict of interest & good health governance:
 - (re)position as constructive; major opportunity

Defining conflict of interest



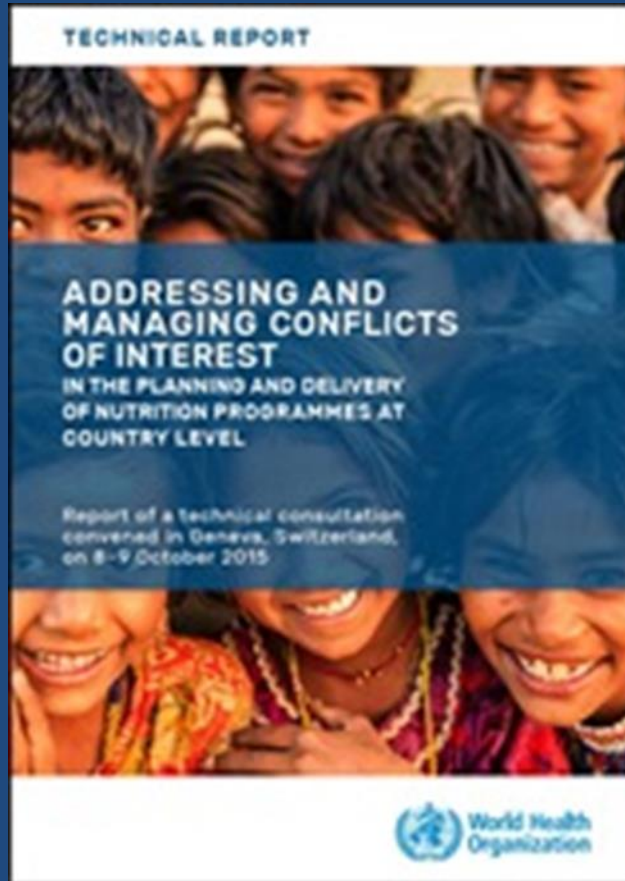
“A conflict of interest arises in circumstances where there is potential for a secondary interest (e.g. a vested interest in the outcome of government’s work in a given area) to unduly influence, or where it may be reasonably perceived to unduly influence, either the independence or objectivity of professional judgement or actions regarding a primary interest (e.g. government’s work).”

Branca 2016

Contested scope and significance

- Focus on individual level or institutional?
- Actual, potential or perceived?
- Emphasis on financial interests?
- Diverse forms across multiple actors, including civil society organisations
 - access, resources
 - *Ideological* or commitment-based interests?

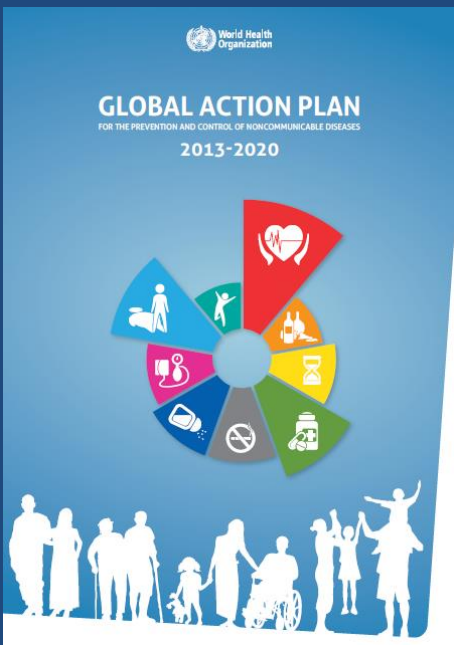
Primary focus on commercial sector



“conflicts of interest that arise from for-profit private sector interests require tighter management than those that arise purely from other non-State actors”

Key question: “whether the private interest is pursuing outcomes inconsistent with those that are widely held to be in the public health interest”?

- Tensions across unhealthy commodity industries



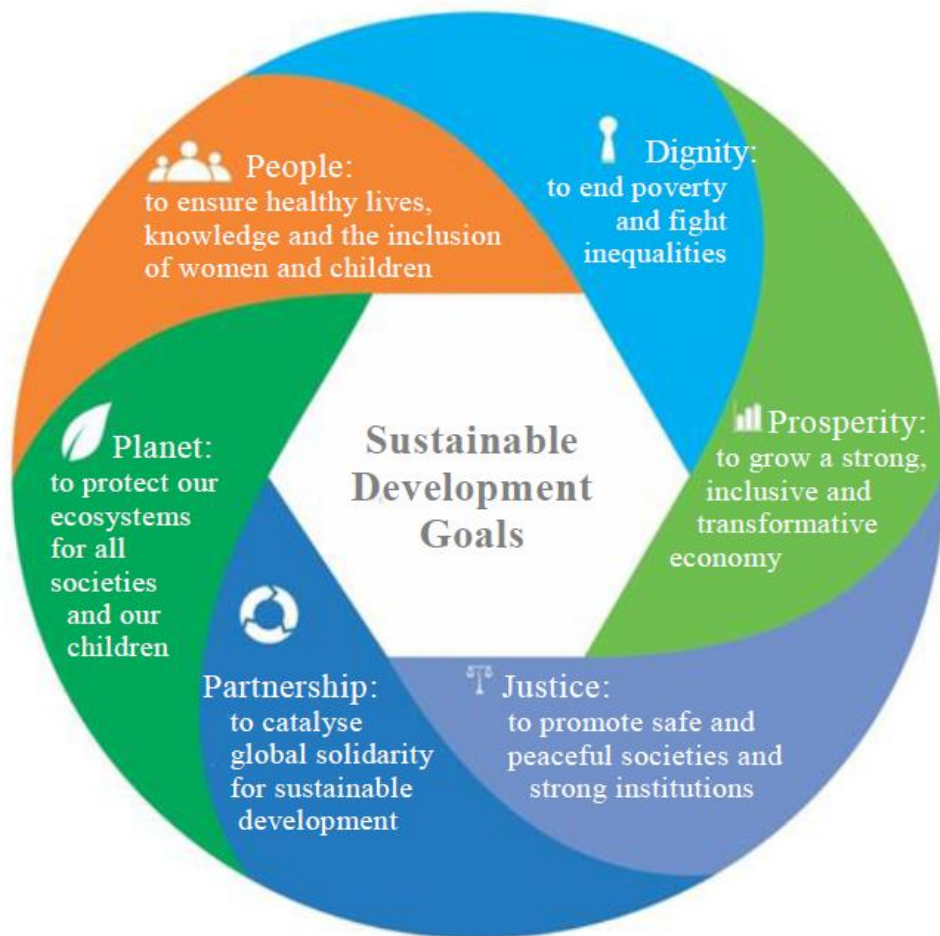
NCDs: risk factors & unhealthy commodity industries

- Substantially preventable by addressing leading risk factors, mainly **tobacco use**, **unhealthy diet**, physical inactivity and the **harmful use of alcohol**.
- NCDs best understood as ‘industrial epidemics’ “driven at least in part by corporations and their allies who promote a product that is also a disease agent” - Jahiel & Babor 2008
- Inevitable tensions between economic interests of key actors and global health objectives
- Policy significance of managing conflict of interest



Partnership & the Sustainable Development Goals

Six essential elements for delivering the sustainable development goals



“The sustainable development goals provide a **platform for aligning private action and public policies**. Transformative partnerships are built upon principles and values (and) include the participation of all relevant stakeholders (in) **responsible public-private-people partnerships**.”



IARD
INTERNATIONAL ALLIANCE FOR
RESPONSIBLE DRINKING

TOOLKIT

Guide to Building Partnerships

I. A CASE FOR PARTNERSHIP

- Strategic alliances between business, government, and civil society are a growing feature of social and policy development internationally.
- Multi-sector partnerships are necessary because it is increasingly clear that no one sector in society can address the complexities surrounding these issues on its own.

Limited policy coherence in NCDs and global health



Strategic divide

“the extent to which conflicts between policy agendas are minimized and synergies maximized” – Blouin 2007.

Stark contrasts across NCD policies:

- Strong endorsement of statutory approaches to tobacco control in FCTC
- emphasis on partnership & voluntary approaches to alcohol & obesity
- Participation of alcohol & food industries in WHO reform & Global Coordination Mechanism on NCDs

Conflict of interest & tobacco control



- policies centre on recognition of a fundamental conflict of interest
- explicit rejection of partnership approaches
- no scope for collaboration, voluntary regulation or corporate social responsibility (CSR) programmes
- WHO FCTC, **Art. 5.3**: “in setting and implementing their public health policies **Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry**”

Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control

RECOMMENDATIONS

17. The following important activities are recommended for addressing tobacco industry interference in public health policies:

- (1) Raise awareness about the addictive and harmful nature of tobacco products and about tobacco industry interference with Parties' tobacco control policies.
- (2) Establish measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur.
- (3) Reject partnerships and non-binding or non-enforceable agreements with the tobacco industry.
- (4) Avoid conflicts of interest for government officials and employees.
- (5) Require that information provided by the tobacco industry be transparent and accurate.
- (6) Denormalize and, to the extent possible, regulate activities described as “socially responsible” by the tobacco industry, including but not limited to activities described as “corporate social responsibility”.
- (7) Do not give preferential treatment to the tobacco industry.
- (8) Treat State-owned tobacco industry in the same way as any other tobacco industry.



Strategic inconsistency re: alcohol & food industries

“it is not just Big Tobacco anymore. Public health must also contend with **Big Food, Big Soda, and Big Alcohol. All of these industries fear regulation, and protect themselves by using the same tactics...**

When industry is involved in policy-making, rest assured that the most effective control measures will be downplayed or left out entirely... In the view of WHO, **the formulation of health policies must be protected from distortion by commercial or vested interests.**” – Helsinki, June 2013

“WHO will never be on speaking terms with the tobacco industry. At the same time, **I do not exclude cooperation with other industries that have a role to play in reducing the risks for NCDs.** There are no safe tobacco products. There is no safe level of tobacco consumption. But **there are healthier foods and beverages, and in some cultures, alcohol can be consumed at levels that do not harm health.**”

– World Health Assembly, May 2013

One unhealthy commodities industry?



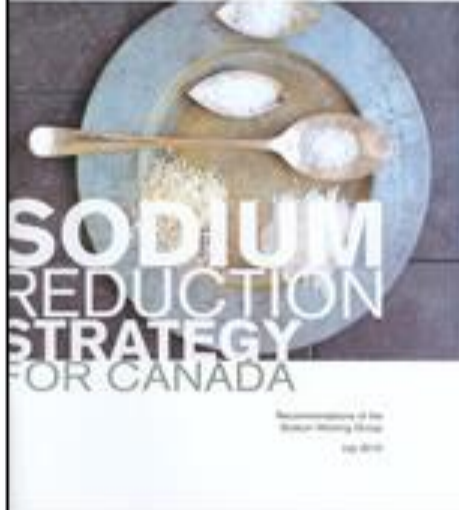


Positive cases: Brazil

- Key to Brazil's approach to preventing conflicts of interest in nutrition is social participation
- Right to food is part of right to education
- 70% of core foods in school food programme have to be local agro-foods
- 30% of food served in schools must come from local small or family farms
- >5000 school food councils have been established Brazil and local producers from Tech report



(2) Canada



Role of Non-state Actors - Moving from Knowledge to Action

a) Need to engage key players effectively

- ❑ Integrating food industry with the health NGOs, consumer groups, health professionals, other government departments (agriculture ...
 - Who/which groups are the key players?
 - Need decision-makers – CEO's, VPs, Directors ...
- ❑ Need for “champions” – ideally 1 or 2 in each sector
- ❑ Role - Advice to government on implementation, decision making still rested with government

(3) Philanthropy & Tobacco Control

Bloomberg Philanthropies

BILL & MELINDA
GATES *foundation*

sport football opinion culture economy lifestyle fashion environment tech money travel

≡ bro

Bloomberg and Gates launch legal fund to help countries fight big tobacco

Philanthropists donate initial \$4m towards legal advice for nations whose health measures are challenged by tobacco industry, as in Uruguay and Australia

health editor

2015 17.06 GMT



<http://www.theguardian.com/society/2015/mar/18/bloomberg-gates-foundation-fund-nations-legal-fight-big-tobacco-courts>

Starting point: 'Red Line' issues and actors

4. The World Health Assembly and the Executive Board in previous discussions also highlighted some clear boundaries for the engagement with non-State actors, including:
- Decision-making in governing bodies is the exclusive prerogative of Member States, which means that drafting and approval of resolutions do not include non-State actors
 - WHO's processes in norms and standard-setting must be protected from any undue influence
 - WHO does not engage with industries that make products that directly harm human health, such as tobacco or arms
 - Engagement with non-State actors must not compromise WHO's reputation.

World Obesity Forum:

“For ethical reasons and in compliance with UK charity regulations, World Obesity does not consider entering into financial relationships with organisations closely links to the active promotion of: tobacco products, armaments, gambling, alcohol products or political parties”

Ways forward: (i) Tests of governance

- screening may be undertaken on the basis of key tests of partnerships
- examining commercial sector actors to determine whether:
 1. Are core products and services damaging to health?
 2. Are workplace practices appropriate?
 3. Are CSR practices independently audited?
 4. Do they make positive contributions to health beyond the partnership?
 5. Is the role of commercial sector partners restricted to implementation?

Galea, G. and McKee, M., 2014. Public–private partnerships with large corporations: Setting the ground rules for better health. *Health policy*, 115(2), pp.138-140.

(ii) Criteria: 3Ps approach

- **Products** manufactured by the company concerned that may be damaging to health
- **Practices** “adopted by the company to increase the demand, offer or availability of non-recommended products” or to encourage harmful behaviours
- **Policies** “objectives, principles, visions, missions and/or goals that reinforce the expansion of the referred products and practices” (Gomes 2015), including for example increased consumption of harmful products among populations or groups.

(iii) Tools: World Obesity Federation Financial Engagement Policy

Engagement type

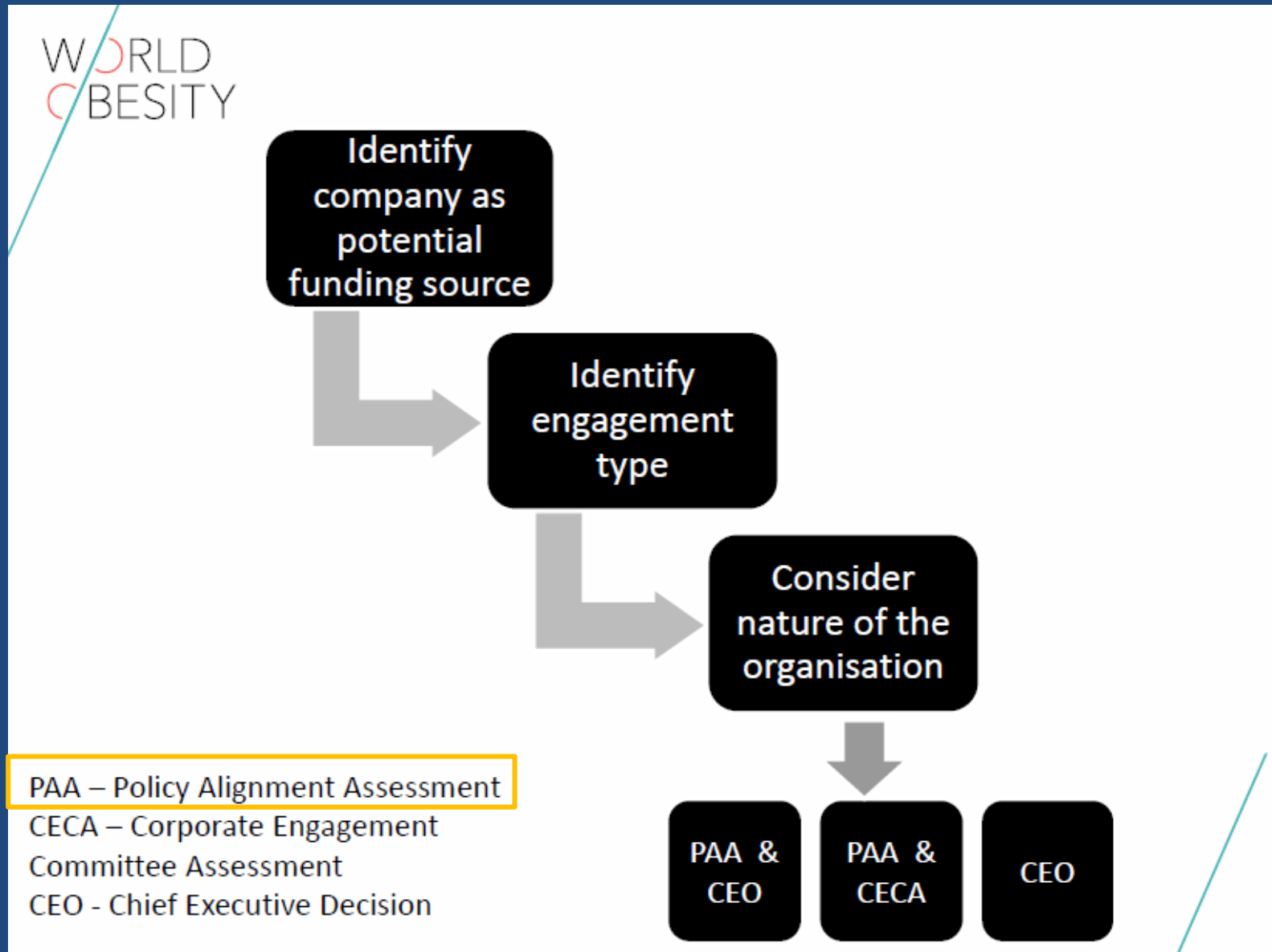
The potential opportunities for World Obesity's engagement with private sector companies are listed in table 1. These are grouped by risk into three categories:

- High risk (generally an engagement for an extended period of time or involving a significant level of core activities)
- Medium risk (less extended duration or smaller contribution to core activities)
- Low risk (short term or minor contribution to core activities)

Accepted funding / in kind / event sponsorship from: pharmaceutical, medical device, medical equipment, academic publications, weight loss programmes, weight-loss products/supplements, PR, IT, Design agency, European Commission, NGOs

Rejected funding from: food companies, weight loss programmes, weight loss products/ supplements, infant food/complementary food

Emphasis on *process* (& transparency)



Policy Alignment Assessment

Is there reasonable evidence that the company has **marketing/advertising strategies or undertakes lobbying or attempts political influence** which may be deemed **inconsistent or contradictory to WOF's advocacy positions** or the positions of international bodies with which WOF is in official relations (E.g. WHO)

Are there any **known organizations, bodies, or campaigns being funded by the company** which might be deemed inconsistent with or contradictory to World Obesity's advocacy positions or the positions of international bodies with which World Obesity is in official relations (e.g. WHO)

Does the company have a **close business relationship with other commercial interests** (e.g. subsidiary or parent company, or peak organisation, federation, or council) which should be taken into account in the assessment of risk for tier 1 or tier 2?

Are there **other matters which might cause reputational damage or a conflict of interest**? Are there any known concerns about the company's probity or reputation or political activities?

<http://www.worldobesity.org/who-we-are/what-we-stand-for/financial-engagement-policy/sponsors/>

Categorising conflicts

Fundamental: precluding partnership, minimal necessary interactions

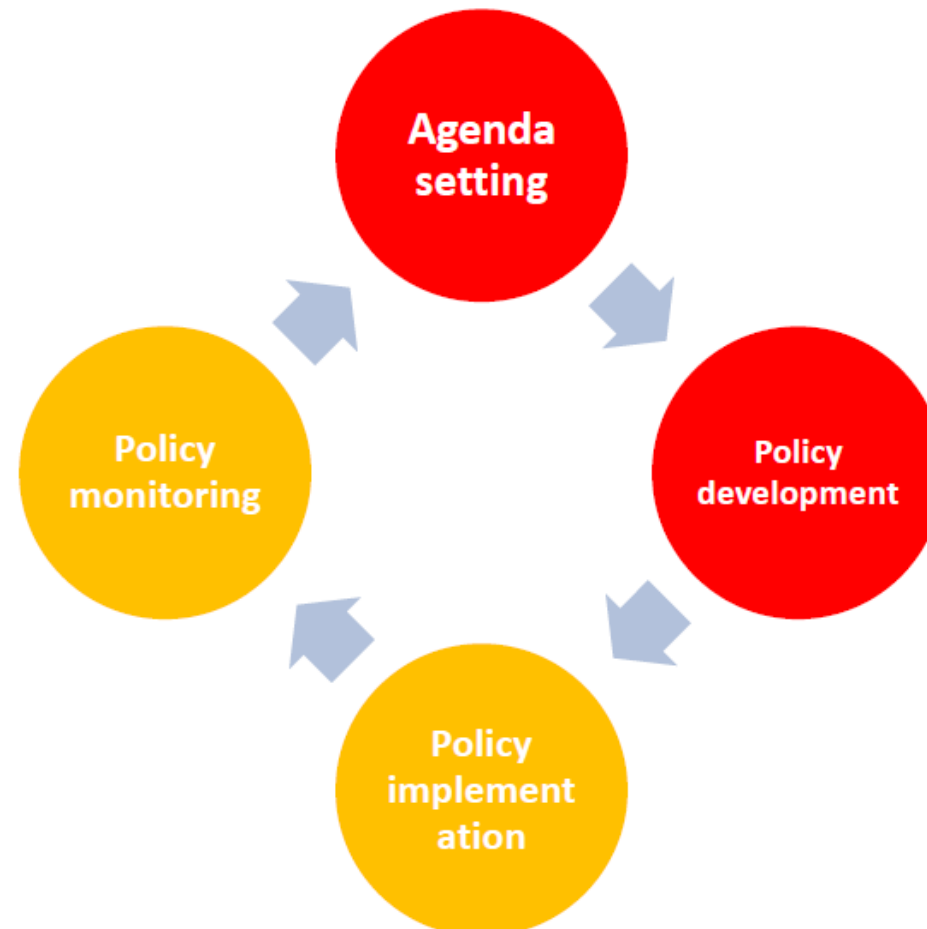
Intrinsic: inherent to work undertaken or proposed for a given initiative

Directly relevant: both to mission / objectives of partner organisations and to the country context in which the initiative is undertaken

External: tensions with broader health objectives outside the partnership, external either by geography (eg corporate conduct in other countries) or relating to issues beyond those in which partner organisations engage.

Policy engagement & the policy cycle

private sector should
not be present at the
agenda setting and
policy development
phase



Sustainable Development Goals & the commercial determinants of health



Ensure healthy lives and promote well-being for all at all ages

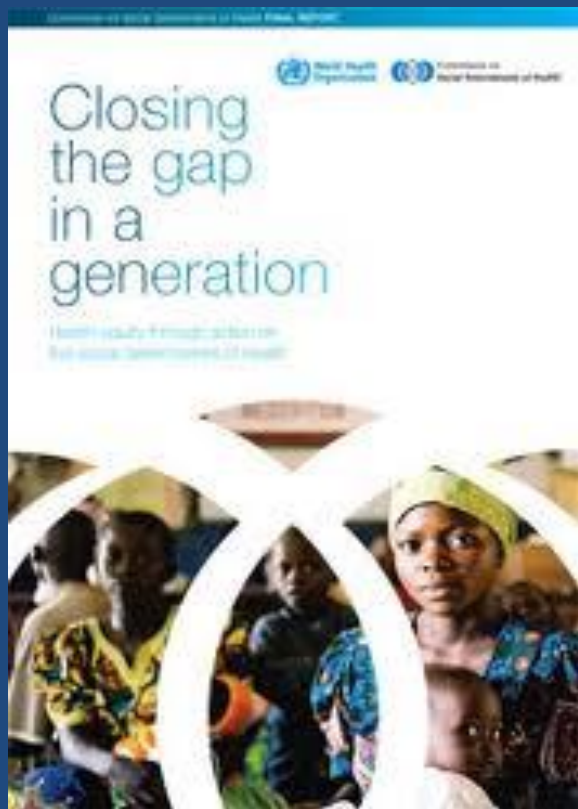
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks



Strengthen the means of implementation and revitalize the global partnership for sustainable development

17.14 Enhance policy coherence for sustainable development

Tackling conflict of interest: major opportunity



- Key attribute of good health governance
- Promote coherent approach across NCDs (Collin 2012)
- Redress “reluctance to tackle the more structural drivers of change” (Hawkes 2006)
- Unhealthy commodity producers as “modifiable social determinants of health”: regulation key to reducing inequalities (Freudenberg & Galea 2008)
- Opportunity to develop effective upstream interventions, shifting focus towards prevention