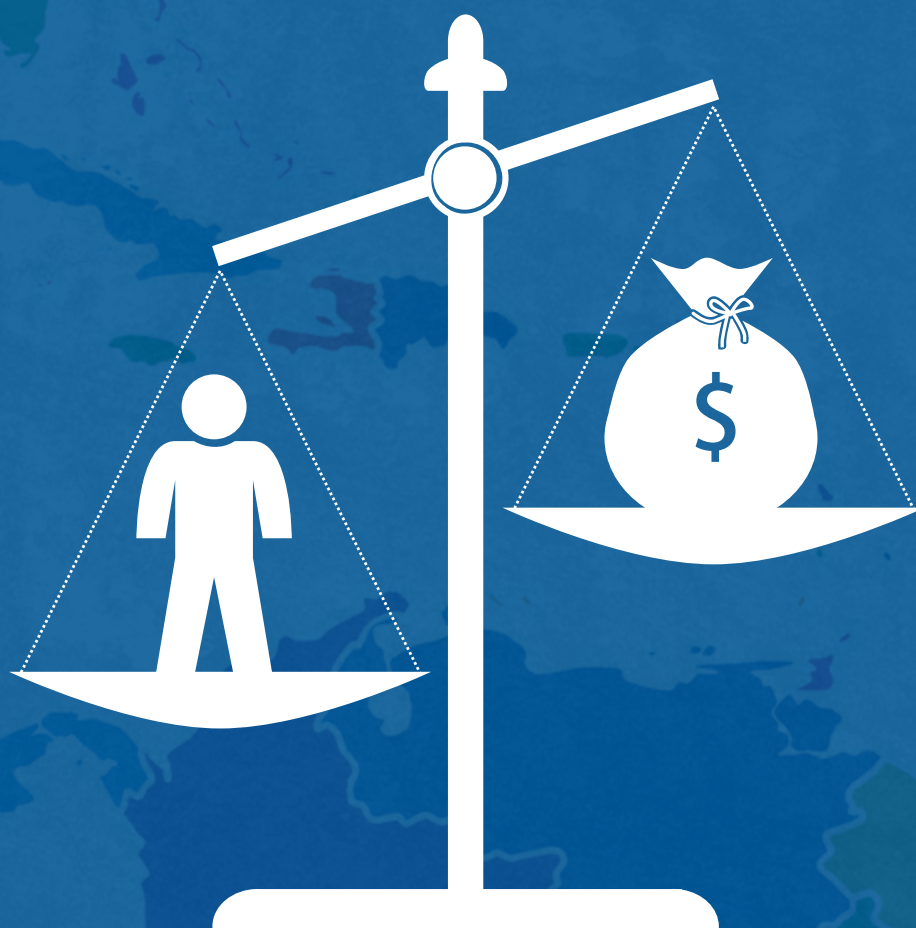


# MANAGING CONFLICT OF INTEREST FOR NCD PREVENTION AND CONTROL IN THE CARIBBEAN



March 26-27th, 2019 | Radisson Aquatica Hotel, St. Michael | Barbados

## MEETING REPORT





Additional resources and photos from the meeting can be found on the HCC website at

<http://bit.ly/hcc-coi>



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July 2019

Healthy Caribbean Coalition

Pan American Health Organisation/World Health Organisation

Peter Moores Foundation

Sagicor Life Inc.

CIBC/First Caribbean International Bank



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# LIST OF ACRONYMS AND ABBREVIATIONS

<b>AACol</b>	Advocacy, Accountability, and Conflict of Interest	<b>IAHF</b>	InterAmerican Heart Foundation
<b>ABTFI</b>	Antigua and Barbuda Tobacco Free Initiative	<b>LoA</b>	Letter of Agreement
<b>BARVEN</b>	Barbados Association of Retailers, Vendors and Entrepreneurs	<b>M&amp;E</b>	Monitoring and evaluation
<b>CARICOM</b>	Caribbean Community	<b>MoEYI</b>	Ministry of Education, Youth, and Information
<b>CARPHA</b>	Caribbean Public Health Agency	<b>MoH</b>	Ministry of Health
<b>Col</b>	Conflict of interest	<b>NCD</b>	Non-communicable disease
<b>COP</b>	Childhood obesity prevention	<b>NCDA</b>	NCD Alliance
<b>CPA</b>	Corporate political activity	<b>NFITF</b>	National Food Industry Task Force
<b>CSO</b>	Civil society organisation	<b>NGO</b>	Non-governmental organisation
<b>CSOB</b>	Cancer Society of The Bahamas	<b>NNCDC</b>	National Non-communicable Diseases Commission
<b>CSR</b>	Corporate social responsibility	<b>NSAs</b>	Non-State actors
<b>DoI</b>	Declaration of Interest	<b>PAHO</b>	Pan American Health Organisation
<b>FBI</b>	Food and beverage industry	<b>PHRD</b>	Public Health Responsibility Deal
<b>FCTC</b>	Framework Convention on Tobacco Control	<b>POSD</b>	Port of Spain Declaration
<b>FDA</b>	Food and Drug Administration	<b>PSE</b>	Private sector entity
<b>FENSA</b>	Framework for Engagement with Non-State Actors	<b>SSB</b>	Sugar-sweetened beverage
<b>FoPL</b>	Front-of-pack labelling	<b>ST</b>	Scoping Tool
<b>GHAi</b>	Global Health Advocacy Incubator	<b>UK</b>	United Kingdom
<b>HBC</b>	Healthy Bahamas Coalition	<b>UKHF</b>	United Kingdom Health Forum
<b>HCC</b>	Healthy Caribbean Coalition	<b>UN</b>	United Nations
<b>HFJ</b>	Heart Foundation of Jamaica	<b>UWI-OC</b>	University of the West Indies Open Campus
<b>HFSB</b>	Heart & Stroke Foundation of Barbados	<b>WHO</b>	World Health Organisation
<b>HoSG</b>	Heads of State and Government	<b>WoG</b>	Whole-of-government
		<b>WoS</b>	Whole-of-society

# INTRODUCTION

This report summarises the main issues and recommendations from a two-day Caribbean regional consultation and capacity-building workshop on conflict of interest (Col) hosted by the Healthy Caribbean Coalition ([HCC](#)) in March 2019. The workshop was a deliverable of a Letter of Agreement (LoA) between the HCC and the Pan American Health Organisation ([PAHO](#)), Regional Office for the Americas of the World Health Organisation ([WHO](#)) and was also supported by the [Peter Moores Foundation](#), [Sagicor Life Inc.](#), and [CIBC/First Caribbean](#). It was held in partnership with the Global Health Advocacy Incubator ([GHA](#)), the [University of Edinburgh, Scotland](#), and the University of the West Indies Open Campus ([UWI-OC](#)).

The HCC is a regional, not-for-profit, civil society network formed in 2008 to support and contribute to the prevention and control of non-communicable diseases (NCDs). Established in the wake of the 2007 Port of Spain Declaration ([POSD](#)) “Uniting to stop the epidemic of chronic NCDs” by Heads of State and Government (HoSG) of the Caribbean Community ([CARICOM](#)), HCC aims to harness the civil society response to these devastating diseases, and is the only umbrella organisation in the region for civil society organisations (CSOs) working in this area. HCC’s membership comprises over 60 health non-governmental organisations (NGOs), over 65 non-health NGOs, and 350 individual members in the Caribbean and across the globe. The Coalition has been widely recognised as a committed, legitimate, and reputable organisation, with key national, regional, and international partners, including not only CSOs, but also government agencies and private sector entities (PSEs).

The need for multisectoral, whole-of-government (WoG) and whole-of-society (WoS) approaches to the increasing burden of the priority NCDs—cardiovascular diseases, diabetes, cancer, chronic respiratory diseases, and mental health conditions—and their main risk factors—tobacco use, harmful use of alcohol, unhealthy diet, physical inactivity, and air pollution—has been well documented. Effective, equitable reduction in NCDs can only be achieved by addressing risk factors and underlying causes, the latter including the social and commercial determinants of health, in addition to providing universal health coverage and universal access to quality, comprehensive health services. These approaches will, of necessity, involve strategic partnerships with non-health sectors, civil society, and the private sector.<sup>1</sup>

PSEs play critical roles in the formulation, production, provision, and marketing of many products that impact health. PSEs may be allies or opponents of public health, and engaging with these entities may be beneficial for, or detrimental to, the achievement of public health goals. Given the for-profit nature of PSEs, the aims, objectives, and strategies of some are often in direct opposition to public health goals, and some PSEs may only be interested in partnerships with governments and civil society to boost their image, without making meaningful contributions to health. It behooves both governmental agencies and CSOs to be aware of, prevent, and manage Col in engaging with the private sector, but a quick review of public health government entities, CSOs, and many intergovernmental organisations in the Caribbean shows few or no documented Col policies related to multisectorality and NCD prevention and control.

<sup>1</sup> The WHO Framework of Engagement with Non-State Actors (FENSA) defines the private sector as “commercial enterprises....businesses that are intended to make a profit for their owners. The term also refers to entities that represent, or are governed or controlled by, private sector entities. This group includes (but is not limited to) business associations representing commercial enterprises, entities not “at arm’s length” from their commercial sponsors, and partially or fully State-owned commercial enterprises acting like private sector entities.”

FENSA defines an entity “at arm’s length” from another entity as one that is independent from the other entity; does not take instructions from the other entity; and is clearly not influenced or clearly not reasonably perceived to be influenced in its decisions and work by the other entity.



## BACKGROUND

The HCC has influenced and contributed to the regional and national multisectoral response to NCD prevention and control in the Caribbean, including through its work with National NCD Commissions (NNCDCs) or their equivalents; with the private sector and workplace wellness; and through hosting a series of annual multistakeholder, multisectoral regional meetings that address NCDs and related issues. In promoting multisectorality, real and complex regional issues around Col have come to the fore. The HCC's work to strengthen the capacity and functioning of NNCDs, and its collaboration with international entities—including the United Kingdom Health Forum ([UKHF](#)), the International Development Research Centre ([IDRC](#)), and the WHO Global Coordinating Mechanism ([GCM](#)) on NCDs—on navigating private sector partnerships, have highlighted many of the challenges faced in managing Col.

Globally, the issue of managing interactions with the private sector, while prioritizing the interests of public health, has received significant attention. The WHO Framework of Engagement with Non-State Actors ([FENSA](#)) provides an overarching framework for that organisation's engagement with non-State actors (NSAs). For countries, such engagement continues to challenge the NCD community, given the dearth of global guidance for partnering with PSEs other than the tobacco industry. The rules of engagement for working with the tobacco industry have been clear and unambiguous, due largely to the existence of the Framework Convention on Tobacco Control ([FCTC](#)), with Article 5.3 requiring States Parties to the Convention to protect their tobacco control and public health policies from commercial and other vested interests of the tobacco industry, and [guidelines for implementation of Article 5.3](#). However, no similar detailed guidance exists for countries' interactions with industries that produce, distribute, or market alcohol, and unhealthy foods and non-alcoholic beverages.

The lack of consensus on private sector partnerships to address NCD risk factors (outside of tobacco) is compounded in small island developing states ([SIDS](#)) where the traditional “red lines” around private sector collaborations are much harder to draw. In 2017,

WHO developed a [draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level](#), which describes the decision-making process and includes a tool. While the draft WHO tool is primarily intended for national ministries of health, it has potential relevance for civil society groups concerned with Col. In the Region of the Americas, PAHO has been working on testing the applicability of the tool and adapting it to the needs of its Member States, resulting in a summarised or ‘scoping’ version of the full WHO tool for use by ministries of health. This Scoping Tool (ST) offers a more user-friendly instrument for assessing Col in nutrition policy and programmes, complemented and supported by the more comprehensive WHO draft tool.

The HCC has sought to advance regional dialogue and action in this area through work focused on exploring and addressing Col in CARICOM Member States, the majority of which are SIDS. These efforts are presented in the context of good governance and may be seen as a contribution to overall efforts in the Caribbean region, and globally, to reduce corrupt practices and improve transparency and governance. The dialogue emphasises that a key element of good governance, applicable to both government and civil society, is managing the conflicts of interest that will almost certainly arise in embracing a true multisectoral response to NCDs.

### In 2017, the HCC:

- Signed an LoA with PAHO to strengthen civil society's contribution to NCD prevention and control in the Caribbean across three key areas: childhood obesity prevention (COP); reduction of the harmful use of alcohol; and addressing Col in the region;
- Released its [Strategic Plan 2017-2021](#), a key element of which is continued support for improved governance of Caribbean civil society to improve its effective functioning and ensure CSOs are “fit for purpose”;
- Hosted a meeting entitled Advocacy, Accountability, and Conflict of Interest ([AACoI](#)), in an effort to initiate the regional dialogue

and set the foundation for possible guidance on managing the increasingly important and complex issue of Col. The meeting, convened with funding from the NCD Alliance ([NCDA](#)) and PAHO, aimed to build capacity to identify and manage Col in order to enhance and achieve long-term sustainability of an effective, transparent, multi-sectoral, WoS approach to NCD prevention and control. A number of regional stakeholders from a variety of sectors including public, private, and civil society, shared their experiences in tackling this issue, within the Caribbean context. Dr. Jeff Collin, Professor of Global Health Policy at the University of Edinburgh and expert on the intersection of public health and the unhealthy commodities industries (tobacco, alcohol, and ultra-processed foods and drinks), provided insights on strategies to address Col in various settings, based on international experiences.

- Became heavily engaged in the promotion of policy for healthy nutrition in the region as a part of the [HCC Civil Society Action Plan 2017-2021: Preventing Childhood Obesity in the Caribbean](#), taking advantage of the growing public and political acceptance of the need to respond to the growing epidemic of obesity among adults and children. CARICOM HoSG have repeatedly acknowledged and committed themselves to action for COP, thereby creating a favourable political environment for nutrition and other obesity prevention policies.

#### In 2018, the HCC:

- Signed a second LoA with PAHO that allowed for continuation of the work on Col. Through this LoA, the HCC is working with Professor Jeff Collin and his team to prepare a report on Col issues in the Caribbean region. The report is based on an assessment of various case studies (those presented at the 2017 AACol meeting and more recent examples) that capture the issues

unique to small developing states. It highlights several contextual factors that operate in small countries and provide significant challenges to managing Col, including:<sup>2</sup>

- » The often small number of PSEs operating in these countries that are manufacturing, distributing, or marketing unhealthy products;
- » The fact that these same PSEs may also manufacture, distribute, and market healthy products;
- » The often significant contributions that the PSEs make to the small and vulnerable economies of the countries; and
- » The ramifications of the social interconnectedness that exists in small societies, where “everybody knows everybody”.
- Commissioned a mapping of the regional food and beverage sector, which provided a snapshot of the key actors in the processed food and beverage industry (FBI) in the region; a profile of their primary products; and a database of instances of corporate political activity (CPA)<sup>3</sup> or industry interference in public health and policy making. This mapping, supported through the HCC GHAI project, was carried out in order to guide a targeted civil society response to growing opposition from this industry to health-promoting nutrition interventions.

With funding from the GHAI, civil society-led advocacy for obesity prevention policies has created significant shifts in public awareness and policy maker readiness for nutrition policy, particularly in Jamaica and Barbados, through the work of, respectively, the Heart Foundation of Jamaica ([HFJ](#)) and the Heart and Stroke Foundation of Barbados ([HSFB](#)). The unhealthy foods industry has responded with force, coming out strongly against anti-sugar public health media campaigns, taxation of sugar-sweetened beverages (SSBs), SSB

<sup>1</sup> HCC. Managing conflict of interest for NCD prevention and control in the Caribbean: Challenges for small island developing states (in draft). Barbados: HCC, 2019

<sup>2</sup> Corporate political activity is defined as corporate attempts to shape government policy in ways favourable to the firm, and has the potential to negatively influence policy and public opinion. See <https://bit.ly/2LDCCDp>

restrictions in schools, and front-of-pack labelling (FoPL), using many of the same tactics employed by the tobacco industry at the height of the anti-tobacco advocacy movement. However, public opinion polls in both countries, commissioned by the HFJ and HSFJ as part of the GHAI project, have found strong public support for measures to combat obesity, including government policy and regulations.

In continuation of its efforts, and spurred by the [NCD Col policy \(July 2018\)](#) that directly focuses on NCD members and is aligned with the NCD's internal Col policy for its Board Members, expert advisors, and employees, the HCC, in early 2019, saw the need to convene a regional meeting on managing Col in NCD prevention and control in the Caribbean. The meeting was seen as a timely and much-needed mechanism to further the regional dialogue on the issue; build capacity; and promote, introduce, and obtain feedback on a draft HCC policy for managing Col for NCD prevention and control in the context of SIDS in the Caribbean.

The findings and recommendations from the draft HCC Case Study Report on Col issues in the Caribbean, as well as information and examples drawn from various sources, including WHO, PAHO, NCD, the [Singapore](#)

[Charity Portal](#), the not-for-profit interest areas of the American Institute of Certified Public Accountants ([AICPA](#)), and the International Life Sciences Institute ([ILSI](#)) Board of Trustees Col Policy and Disclosure Form, were used to inform the development of the draft HCC policy for managing conflict of interest in NCD prevention and control in the context of small island developing states in the Caribbean.

#### The HCC Col policy aims to provide a:

- Prescriptive framework for the HCC Board of Directors, Secretariat (full- and part-time staff), Advisors, Volunteers, Interns, and Consultants, thus contributing to HCC's effective functioning;
- General guide for CSOs working in NCD prevention and control regarding Col management within their respective organisations, thus contributing to, and supporting, capacity building; and
- Technical resource that government agencies and statutory bodies, the latter including National NCD Commissions (NNCDCs), may consult in strengthening their own multisectoral and WoS initiatives for NCD prevention and control.



# PARTICIPANT SUMMARY

There were 29 participants in the workshop, comprising representatives of:

## ● Regional entities

● CSOs	13 <sup>4</sup>
● Ministries of health	7
● Academia	2
● Political integration bodies	1 <sup>5</sup>

● PAHO 3

● GHAI 1<sup>6</sup>

● University of Edinburgh 2

Six (6) CARICOM countries were represented: The Bahamas, Barbados, Jamaica, St. Kitts and Nevis, St. Vincent and the Grenadines, and Trinidad and Tobago.<sup>7</sup>

The list of participants is in **Annex 1**.

<sup>4</sup> Including HCC Secretariat members, advisors, and consultants.

<sup>5</sup> Organisation of Eastern Caribbean States ([OECS](#)).

<sup>6</sup> Representatives from the PAHO Subregional Programme Coordination-Caribbean, based in Barbados (2), and PAHO headquarters in Washington, D.C. (1).

<sup>7</sup> St. Kitts and Nevis and St. Vincent and the Grenadines are also members of the OECS.





# MEETING GOAL, OBJECTIVES, AND EXPECTED OUTPUTS AND OUTCOMES

## THE GOAL

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To build regional capacity to identify and manage conflict of interest within the context of NCD prevention and control (tobacco, alcohol, and nutrition policies) in the Caribbean, with wider implications for other small island developing states.

## OBJECTIVES

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The objectives of the meeting were to:

1. Share and discuss conflict of interest in the Caribbean:
  - a. Review the HCC-led and -commissioned Col Case Study Report to improve understanding and capacity to identify conflict of interest in the Caribbean and the unique context within which Col exists in the region and other small communities.
  - b. Share recent examples of Col in the region.
2. Better understand nutrition-related Col issues in the Caribbean through a review of the findings of the HCC/HSFB food and beverage sector mapping, with a focus on:
  - a. The food and beverage industry landscape in the region, including key players and the scope of processed and ultra-processed foods manufactured in the region.
  - b. Instances of corporate political activity/industry interference in policy development.
  - c. Strategies to counter industry opposition, including a review of selected examples and discussion of strategies moving forward within the context of the GHAI projects in Barbados and Jamaica.

3. Explore strategies to manage/mitigate conflict of interest with three key sectors within the context of NCD prevention and control:
  - a. The tobacco industry
  - b. The alcoholic beverage sector
  - c. The food and non-alcoholic beverage sector
4. Pilot the WHO Scoping Tool for managing Col within the context of nutrition policy.
5. Build HCC's capacity to manage Col through the piloting of an HCC draft Col policy and provision of Col guidance for HCC members and key stakeholders.

## EXPECTED OUTPUTS

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1. HCC Col Case Study Report shared and discussed.
2. Regional examples of Col shared and discussed.
3. HCC GHAI Food Industry Mapping shared and discussed.
4. WHO Scoping Tool piloted.
5. HCC Col Policy (draft) piloted.

## EXPECTED OUTCOMES

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1. Improved understanding of Col in the Caribbean.
2. Increased capacity of civil society and the public sector to identify Col and more effectively manage and mitigate its impact.

# METHODOLOGY

The meeting, conducted in the framework of the Chatham House Rule,<sup>8</sup> used a mix of presentations; plenary discussions; reports of case studies; and group work, discussions, and presentations to achieve the objectives, outputs, and outcomes. PDF files of the PowerPoint presentations were shared only with participants, rather than posted on the HCC website

as is customary, due to the sensitive nature of some of the content. All presenters provided concurrence for their names to be used in reporting their presentations and comments, and in attributing quotes. Persons who made contributions to the plenary discussions are not identified. The meeting agenda is in **Annex 2**.



<sup>8</sup> The Chatham House Rule states that “When a meeting, or part thereof, is held under the Chatham House Rule, participants are free to use the information received, but neither the identity nor affiliation of the speaker(s), nor that of any other participant, may be revealed”. <https://www.chathamhouse.org/chatham-house-rule>.



# SESSION SUMMARIES - DAY 1

## Welcome and introductions

**Sir Trevor Hassell, HCC President** and moderator for the day, welcomed participants, especially those from the University of Edinburgh and PAHO. He expressed his hope for a constructive, enjoyable, and productive meeting.

**Ms. Maisha Hutton, HCC Executive Director**, summarised the background to the meeting, noting HCC's focus on Col as a critical issue for partnerships for NCD prevention and control. She highlighted the HCC AACol meeting in 2017 and promoted the draft HCC Col Case Study Report, which would be discussed at this workshop. Ms. Hutton thanked PAHO and other supporters of the workshop, categorised the entities represented, and invited participants to introduce themselves and briefly state their reasons for regarding Col as an important issue.

**Participants** gave varying perspectives on their expectations for the meeting and the importance of considering Col:

- Engagement with the private sector has become more intense, so there is need for a framework for engagement, while safeguarding ethical principles.
- The private sector is represented on NNCDs, and that situation has to be managed well.
- Legal and regulatory frameworks are important, and Col is a critical component.
- Some CSOs are exploring partnerships, possibly with the private sector, so they need to be aware of the challenges and the importance of due diligence.
- Ministries of Health are the focal points for effective policy making and need to be cautious regarding untoward influences on policy, especially where national transformation programmes are being implemented.
- In academic research, it is essential to identify funding sources and consider the impact of Col on funding and interventions.

- As resources shrink and collaboration gains traction, it is critical for health advocates to stay true to public health principles and standards.
- This is important for health governance; the meeting presents an exciting opportunity to learn more about the issue and will help to contextualise issues that may “look OK on paper”.
- In tobacco control, industry interference is almost a daily occurrence—the meeting will provide clarity on the issue and share best practices.
- In establishing coalitions to address issues such as childhood obesity prevention, it will be important to get a sense of potential membership, and the meeting will be helpful.
- It is important to speak about Col in order to properly address it, and many are fearful of doing so.
- The meeting will be helpful in framing engagement with the private sector and navigating Col.
- Col is important at government level in addressing legal issues and funding, and in exercising caution regarding the establishment of partnerships.
- In multisectoral partnerships Col cannot be avoided, so it must be addressed.

## Strategies to manage Col: Introduction of the draft HCC Col policy

**Ms. Maisha Hutton** provided an overview of the draft HCC Col policy.

- The aim of the policy is to guide HCC in identifying, preventing, avoiding, or managing situations that present potential conflicts of interest. This is especially important in small societies that have significant social and other interconnections, as well as limited options in implementing multisectoral actions to effectively address NCD risk factor reduction.
- Col may be defined as: “A situation in which the concerns or aims of two different parties are incompatible, resulting in competing priorities and interests, with undue influence that interferes

with performance, the decision-making process, or outcomes, putting objectivity and fairness at risk, often for institutional or personal gain". However, other definitions exist, such as those in FENSA and relevant PAHO documents.

- Currently, the policy targets mainly the HCC Secretariat and "inner circle" of functionaries, but should consider two forms of Col: internal/individual, from the perspective of HCC personnel, and external/institutional Col.
- The draft policy is a work in progress, and its further development will be influenced by the deliberations at this meeting. Questions to think about include:
  - » Who should the policy target? Is the current target group correct?
  - » How can the document be strengthened to broaden its utility, while responding to the needs of civil society as the priority audience?
  - » Is it user-friendly, and easy to understand and apply?
  - » Does it adequately capture the various types of Col?
  - » What are its weaknesses and strengths?
  - » How can it be improved?
  - » What is the best approach to link it to the HCC Case Study Report without making it overly long?

After Ms. Hutton's presentation, **Professor Jeff Collin** commented on the draft HCC Col policy. He stated that:

- It is an exciting document, with impressive components that illustrate issues with which he himself has struggled, including how to capture the distinction between individual Col and other Col issues, including institutional Col.
- There are several potential ways forward, but managing Col should not take up all of one's time, nor should it impose undue additional burdens.

- There is need to differentiate among the various components of Col, some of which are easily managed, some of which are more complex. There should be accessible tools to allow the easier situations to be dealt with quickly, with more detailed guidance reserved for managing the "grey", more complex cases, so that not everything becomes overwhelming.

## Regional experiences with Col

### Civil society examples

**Ms. Barbara McGaw, HFJ Tobacco Control Advisor**, described the HFJ GHAI project, noting:

- Objectives: Raise public awareness of the health impact of sugar consumption and build public support for policies; build support for policymakers and other key stakeholders to champion SSB taxation and other policy priorities;<sup>9</sup> counter industry opposition; improve the school environment; and develop and implement timely mass media campaigns.
- Mass media campaign implementation: The fourth phase was launched in February 2019, and successes include overwhelming public support and increased public awareness of the harms of SSB consumption; greater appreciation of obesity as a public health threat; support from the Minister of Health and NGOs for an SSB tax; journalism training, with subsequent improvement in the accuracy and quality of related articles; and provision of support to the Ministry of Education, Youth, and Information (MoEYI), and the Ministry of Health (MoH) for SSB restriction in schools.
- Challenges: Industry pushback, interference, and "scare tactics" aimed at delaying regulations and policy.
  - » HFJ was the target of a legal suit brought by a major industry player for placing an image of one of its products with the brand name visible on HFJ's Instagram page. The company requested an injunction against the posting of the image, even though it had been removed shortly after its posting, seven weeks before

<sup>9</sup>The policy priorities are SSB taxation; FoPL; marketing of SSBs to children; and healthy foods in schools.

the lawsuit was filed. There was overwhelming public support for HFJ, and the company eventually withdrew the suit.

- » Ongoing industry opposition during FoPL consultations, with industry citing challenges that small companies will face in implementing FoPL; overstating its impact on trade; presenting “alternative science”; and indicating a preference for the “softer” [United States Food and Drug Administration \(FDA\) model](#)<sup>10</sup> over the “harder” combination of the [PAHO Nutrient Profile Model](#) and the “high in” [warnings](#) approach pioneered by Chile.
- » A PSE organisation invited a consultant from outside the Caribbean to a meeting of its members in March 2019 to discuss the threat posed to industry by the promotion of, and the Minister of Health’s support for, a tax on SSBs. The PSE organisation pledged “to fight to the death” against implementation of an SSB tax in the country.
- » Participation of government officials in campaigns promoting SSBs, including the provision of branded paraphernalia to schools by a PSE.
- » Statements from prominent persons casting doubt on the need to restrict the consumption of sugary drinks, especially by children.
- **Mitigating factors:** Excellent rebuttals from the Minister of Health to industry efforts at obstruction; public outcry, including on social media, against statements that do not support health; and public support for HFJ and its health-promoting efforts. An unintended consequence of the legal action against HFJ was greater publicity for the Foundation and support for its advocacy for an SSB tax and obesity prevention.
- A “balancing act” regarding Col is important in small economies such as Caribbean SIDS, given the limited options for action in some areas, including procurement of services such as media monitoring. In the GHAI-funded HFJ project, a clause regarding Col that bans all relationships with agencies that have connections with tobacco

or processed food and beverage industries presented a challenge, since there is only one media monitoring agency, which also works for those industries. The HFJ was therefore obliged to engage with the media monitoring agency, managing the resulting Col.

- Next steps in the project: Continued public education and sensitisation meetings; maintenance of partnerships with key groups and stakeholders; political and food industry mapping; monitoring of political action; use of the evidence base; and working to obtain a balance between industry and non-industry representation on committees discussing or overseeing policy implementation.

**Sir Trevor Hassell, HCC President**, discussed Col in the context of alcohol harm reduction.

- HCC has been involved in alcohol harm reduction in the region for many years, including through participation in a PAHO/WHO meeting on the development of alcohol policy for English-speaking Caribbean countries in 2013 in Belize; appointment of a technical advisor on alcohol policy; observance of an annual Caribbean Alcohol Reduction Day, since 2016; and educational webinars.
- HCC received a proposal for its collaboration in a project on regional alcohol legislative reform, the objective of which was to identify and propose practical and relevant solutions to regional issues through legislative reform addressing under-age drinking; legal purchasing age of alcohol; and drunk driving. The goal was to reduce the harmful use of alcohol, particularly among young persons.
- Potential collaborators included health-oriented CSOs, but consultations with the alcohol industry were planned “with a view to obtaining their support and encouraging their compliance with their social responsibility in preventing and alleviating harmful consequences of alcohol consumption among children and young persons.”
- It was recognized that the project must be managed in accordance with internationally

<sup>10</sup> The FDA website states that “The Food Labelling Guide’s Chapter 7 about Nutrition Labeling is currently under revision and does not reflect all of the most up-to-date labelling requirements.”

recognized procedures to avert any risks of Col, and there was no intent to compromise the initiating entity's independence or integrity, or that of any public health or similar institution that collaborated on the project.

- The view of the initiating entity was that the participation of the alcohol industry in the project would not contravene global best practice, since the industry would not be involved in policy formulation, and would only be an invitee for the implementation process to support, financially and otherwise, evidence-based policies.
- There were many discussions with regional and international HCC partners, and arguments for and against HCC's involvement were advanced. The conclusion was that the collaboration was neither in HCC's best interest nor in the interest of the people of the Caribbean, in efforts to achieve alcohol harm reduction through appropriate policies and legislation.
- A key question arose: Did HCC miss an opportunity because of failure to manage Col? The consensus was that this was probably not the case, since, as an example of alternative strategies for achieving related objectives and avoiding reputational loss, PAHO, the Caribbean Academy for Law and Court Administration ([CALCA](#)),<sup>11</sup> and the United Nations (UN) Food and Agricultural Organisation (FAO) sponsored a [High-level Meeting on the Use of Law to Tackle NCDs: A Critical step to Accelerate Progress in the Caribbean](#). The meeting was held in Port of Spain, Trinidad and Tobago, in March 2018, and had the active participation of the HCC. In addition, a caucus of the CARICOM Council on Human and Social Development ([COHSOD](#)) and the Council on Trade and Economic Development (COTED) is planned for 2019 to discuss measures to reduce harmful use of alcohol; HCC is represented on the technical team that is involved in preparations for the caucus.

**“HCC will continue to err on the side of caution as far as interaction with the alcohol industry is concerned**

Healthy Caribbean Coalition Board of Directors

**Mr. Ronnie Bissessar, Trinidad and Tobago Heart Foundation President and InterAmerican Heart Foundation (IAHF) Representative**, made general comments and observations on the draft HCC Col policy.

- Though a considerable legal and regulatory framework for Col is available, many Caribbean countries do not have the financial resources to deal with the issue. All CSOs benefit from the support of the general public; claims from industry are unlikely to have public support and their resolution will give CSOs more exposure, as occurred in the case of the HFJ.
- CSOs need to be pragmatic; “enemies” will fight back, and industry has much deeper pockets than CSOs. However, the legal process is a part of addressing Col and should be anticipated and welcomed, where necessary.
- Based on IAHF experiences, there is usually a document that accompanies the receipt of resources from partners or collaborators, such as a memorandum of understanding or a sponsorship agreement. In managing Col, these documents need careful examination, as many have small print that often indicates that the sponsors/partners can acknowledge publicly that a donation has been made to, or that a relationship exists with, the particular CSO. CSOs therefore have to negotiate whether or not such clauses can be removed or altered, and try to find a balance that does not terminate the relationship.
- The HCC draft Col policy:
  - » Is styled as “managing Col”, and that is appropriate; it is alive to the fact that we have to live with Col. The small size of Caribbean countries and/or populations and the societal interlinkages characteristic of life in the region means that we know each other, and in working to improve the public's health, we will be in opposition to people who we know and respect.
  - » Needs to address creative ways to obtain financial and other support from opposing interests, where appropriate and needed. Such interests come in different forms, and absolutes do not apply; we have to live in “a

<sup>11</sup> CALCA is the educational arm of the Caribbean Court of Justice ([CCJ](#)).

world of grey". It is not possible to partner with tobacco interests, but all the other NCD risk factor private sector interests have to be approached in a nuanced fashion. The issue of avoiding absolutes speaks not only to those with whom we are fighting, but also to who we are.

- » Should be directed not only to the HCC membership, but also to relationships among its Board of Directors. IAHF members, for example, may include agencies competing for limited resources, and IAHF Col policies are being developed that are directed not only to those with whom the Foundation wishes to engage, but also to the Board of Directors.
- » Should include issues related to disclosure and recusal. The draft policy speaks to disclosure, but is not clear on what happens after disclosure. There must be decisions on actual versus potential Col, and a framework for necessary discussion on the degrees of interference that are permissible must be infused into, and embedded in, the policy.
- » Must include a disclosure form aligned with the policy, and the form must be "digestible", since the assessment done depends on the form and the responses. The disclosure document itself, such as a Declaration of Interest (DoI) form, must be examined and assessed to determine the need for further enquiry; if there is a "Yes" to any question, the sequence of subsequent events must be clear.
- » Must suggest mechanisms to check for deliberate misrepresentation on the part of the person completing the DoI form—social media is an important source of information to decide if "Yes", rather than "No" should have been the response. Relevant discussions should be professionally dealt with, and internal and external training in these matters is important.
- » Must strike a balance between a generic policy and one that addresses issues that are specific to the region. How "deep" are we prepared to go? We are not dealing with tobacco, but what are we dealing with? If we are dealing with alcohol, what types of alcohol? Beverages with 5% alcohol? 14%?



## Public sector examples

**Ms. Samantha Moitt, Chief Nutrition Officer and Tobacco Focal Point, Antigua and Barbuda Ministry of Health and the Environment**, noted that country's NCD Policy and Action Plan 2015-2019, which included an outcome addressing policies to reduce the prevalence of risk factors and strengthen protective factors. She described Col issues in the context of the Tobacco Control Act that was passed in Antigua and Barbuda in August 2018, and work being done towards an SSB tax.

- The Tobacco Control Act was championed by the Antigua and Barbuda Tobacco Free Initiative (ABTFI), comprising several ministries, with technical cooperation from PAHO/WHO. However, delays were encountered due to contributions from the private and public sectors, ranging from wholesalers' concern about the "cumbersome" size of the cigarette package labels, the cost of increasing the size, and their support for a tobacco industry consultant to make a presentation to the Parliament, to parliamentarians concerned about the effects on tourism and the tobacco business, as well as the political impact. In addition, some parliamentarians expressed concern about impingement on people's right to smoke, if they so wished.
- Though the Act was passed, some aspects were changed in the final version:
  - » The ABTFI could include a legal manufacturer or representative from the private sector, which contravenes FCTC Article 5.3 and guidelines for its implementation.
  - » The definition of the tobacco industry was adjusted to exclude wholesalers and distributors, and refer only to tobacco manufacturers, none of which is located in Antigua and Barbuda. It therefore implies a limitation for the implementation of this measure.
- The Act does not cover heated tobacco products and devices, making it difficult to legislate against

these aspects of tobacco use. In developing regulations to implement the Act, efforts are being made to mitigate the changes and gaps.

- Regarding the SSB tax, Col concerns include money made from SSB sales by school cafeterias, school personnel, and vendors; school-based sporting activities that are sponsored by SSB distributors; and officials who have shares in hotels, bars, and restaurants, and who receive support from SSB distributors for campaigns and other activities.
- Plans to advance to the SSB tax include further consultations with stakeholders; continued public education; and development of a National School Health Policy. This last is the purview of the Ministry of Education, and the MoH will advocate and partner with that ministry for policy development and implementation.

In a comment after the presentation, **Professor Trevor Hassell** noted that these experiences are common to many countries, and a regional approach to addressing them would be of value. For example, Barbados has experiences and lessons to share in addressing the issue of heated tobacco products.

**Dr. Phillip Swann, Registrar in the MoH, The Bahamas, and Chair of the Healthy Bahamas Coalition (HBC)** summarised experiences with Col from the perspectives of the MoH and the HBC.

- The thrust to enact tobacco legislation is fraught with challenges—The Bahamas has had draft legislation available for four years, pending final review. The country relies heavily on tourism and concerns have been expressed about the negative impact of the legislation on the concierge experience of procuring cigarettes and on smoking in casinos. The trade unions have to be involved and the dangers of second-hand smoke need to be publicised. Another factor is that smoking prevalence is relatively low—around 7%—and has been so for many years, leading some to question the need for legislation.





- Regarding SSBs:
  - » The MoH is working with schools on the issue of SSBs and with the Ministry of Finance on mechanisms to introduce an SSB tax in the fiscal period that starts in July 2019.
  - » There has been a policy limiting the availability of products high in fat, salt, and sugar (HFSS) in schools for about 12 years, but its implementation and enforcement are challenging, and it needs to be applied to both the private and public sectors. The policy seeks to control the sale of unhealthy foods on school campuses, at school tuck shops, and by food vendors. A separate policy calls for vendors to be no closer than 20 yards from the school gates and a ban on the sale of unhealthy products. However, the policy does not address vendors who set up shop near to school premises before school starts and after it ends, just outside the boundary.
  - » The work of the Healthy Lifestyle Team (HaLT) of the Cancer Society of The Bahamas (CSOB) is helping with advocacy to the Minister of Education for an SSB ban in schools, and this has been agreed in principle—implementation is the issue.
- There has also been Col in improving the rollout of the National Health Insurance Scheme. The introduction of a tax on products with trans fat was mooted, and within a few weeks industry leaders asked for discussions to allow them to put their position on the table, and the fast food industry formed a coalition exclusively to address the issue with the government.
- The regional body of an international private sector conglomerate called on the Minister of Health to discuss the Chilean model FoPL that PAHO is promoting. The PSE asked that a regional approach be taken to adopting models used by traditional CARICOM trading partners such as the United Kingdom, the United States of America, and Canada, rather than the “black labelling” being proposed, citing loss of business as a possible consequence of the approach being considered.
- The HBC has also had to deal with individual Col, given that one HBC official is also a civil servant in the MoH, and another is from the private sector.

**Dr. Simone Spence, Director, NCD Prevention, MoH, Jamaica** used the National Food Industry Task Force (NFITF) in that country to illustrate issues related to Col.

- The NFITF was officially launched in March 2017 to facilitate meaningful interaction between the MoH and the food industry. This was done as part of the multipronged approach needed to combat the rise in NCDs, and in fulfillment of [Resolution WHA65.6](#) from the 65th World Health Assembly in 2012, which adopted the WHO comprehensive implementation plan on maternal, infant, and young child nutrition.



*The Sixty-Fifth World Health Assembly... urges Member States to put into practice, as appropriate, the comprehensive implementation plan on maternal, infant, and young child nutrition, including... establishing a dialogue with relevant national and international parties and forming alliances and partnerships to expand nutrition actions, with the establishment of adequate mechanisms to safeguard against potential conflicts of interest*

Resolution WHA65.6, 2012

- The NFITF targets all stakeholders, including consumers, manufacturers, and the groups that represent them, and its structure includes a core decision-making group and subcommittees.
- Measures to manage Col include exclusion of food industry representatives from membership of the core group and their involvement on a consultative basis only. However, the Chairs of the subcommittees are all industry partners. The NFITF is discussing rebalancing representation at the subcommittee level, especially as the MoH has successfully implemented interim guidelines for SSB restrictions and will be moving to implement other guidelines.
- Recently, industry complained that its representatives are not integrated into the policy development process, and voiced expectations of involvement in writing policy or planning programmes, not only in consultative processes. Industry has the ability to communicate directly with the political directorate, and has lobbied for its own interests; notwithstanding, industry representatives have participated in sensitisation sessions, providing information verbally and through the distribution of educational materials.
- Lessons learned include the following:
  - » The structure of NFITF core group is satisfactory. However, the NFITF terms of reference are being revised to be more explicit regarding its structure and interaction with industry, aiming to emphasise the exclusion of industry from the policy development process, strengthen the implementation of WoG and WoS approaches, and reflect a broader understanding of partnerships involving multiple stakeholders.
  - » Engagement with the food industry has so far brought about the desired results of voluntary reduction, without having employed the “heavy stick” of mandatory measures.
  - » Despite some pushback from companies, Jamaica has managed to stay focused, and population is being sensitised through collaboration with civil society partners such as the HFJ.
  - » It is important to understand the rules of engagement with PSEs, as they depend on the nature of the engagement, such as donations, platforms for discussion, sponsorship, alliances, or partnerships.
- Given the limited pool of partners and resources in SIDS, non-health ministries may be embracing partners that the MoH has identified as possible sources of Col. The implementation of mechanisms to capitalise on these partnerships/ sponsorships, while at the same time mitigating the risks of Col, is critical.



## Plenary discussion

- There may be Col issues between the MoH and other ministries, since industry approaches other public sector entities, not only the MoH; the other ministries also need to understand Col better.
  - Perhaps this conference should be more correctly labelled “alignment of interest”, rather than “conflict of interest”. A theme implicit in the presentations is that “I’m the good guy, and everyone out there is the bad guy”, but this is not an accurate representation of the situation in real life.
  - It is not realistic to expect PSEs to demonstrate corporate social responsibility (CSR), provide financial and other resources, and always do so in the way that health sector wishes.
  - The idea of “alignment” is appealing, since “conflict” may imply a more adversarial approach, though there will still be need for critical thinking about how and when to partner. The same issues can be assessed with a change in language that implies analysis of not only areas of disagreement, but also areas of agreement.
  - There must be identification of partnership opportunities, but perception is important. Whether the language is that of “alignment” or of “conflict”, in the absence of explicit frameworks for engagement, there will be challenges in navigating the issues, including perceptions. The presence of ministers at product launches sponsored by unhealthy commodities industries may be seen as endorsing the unhealthy products, though in some instances the PSE produces both commodities that enable health, such as pharmaceuticals, and unhealthy products.
  - Col may also exist in the public health sector between policy makers and service providers, since the latter see the impact of unhealthy products that some policy makers endorse.
  - “Alignment” may be seen as opposite to “conflict”, and potentially strengthens industry positions.
- Are we not looking for partnerships and alignment with evidence-based health policy?
- If the tobacco industry is treated as an absolute exclusion in partnerships for NCD prevention and control, a position can be negotiated with everyone else—the Col policy has to speak to relevant philosophy.
  - It is clear that the approaches that government and CSOs have to take to Col are different. The government has to be more inclusive and participatory, position itself appropriately in terms of certain engagements, and demonstrate more “give-and-take” than civil society.
  - Civil society needs to have the strictest and strongest position on Col and should be a watchdog on Col, holding the government to account on this issue without being judgemental, confrontational, or adversarial.
  - A challenge is civil society’s management of partnerships with PSEs that make both healthy and unhealthy products—how will those decisions be made? The Col dialogue must always consider issues unique to small populations.
  - Countries can agree on what damages can be accepted in their societies, and decide what harms and damages they need to address. However, alignment and conflict imply proactive or reactive strategies, and government and civil society can be blinded by the unhealthy commodity industry and be forced to find a way to align with the specific actor(s). Both government and CSOs can find ways to make interactions with industry work, but must realise that the impact of conflicts affects their reputation and integrity. There might be ways for them to legally engage with PSEs, but their integrity and reputation depend on the perceptions of the whole of society, whereas industry gives primacy to the interests of the company.
  - Two examples of “real-life” conflicts are:
    - » An approach to the CSOB by a PSE to promote breast cancer prevention with a “pink party”

that promoted a 2% alcoholic beverage; after discussion, the CSOB Board accepted the offer.

- » Discontinuation two years ago of the HFJ's annual fundraising "wine and cheese party"—held since 2008—since the Foundation was not able to control the food provided by the sponsors.
- The discussions underscore Col as a governance issue, in that the CSOB Board discussed the possible Col and made a decision, whether

deemed correct or not by others. CSOs should—*theoretically*—be “above the fray” with strict observance of Col, but the purity of the concept is not practical.

- The situation faced by the CSOB is one many NGOs face. When the evidence shifts, discussions and decisions should change, and it is now known that there is no safe level of alcohol. However, “health imperialism” and categorisations of “good” and “bad” must be avoided.



*In addressing conflict of interest, ‘conflict’ must be kept in focus and in context; the idea is not pursuit of ‘clean hands’, it is pursuit of good governance*

Professor Jeff Collin, Global Health Policy, University of Edinburgh



## Findings from regional mapping of the food and beverage industry

### HCC

*Ms. Jenna Thompson, Advocacy Officer, HCC*, provided a summary of HCC's mapping of the food and beverage industry in selected Caribbean countries.

- The objectives of the study were to identify FBI actors and their main processed and ultra-processed products, and identify instances of industry engaging in CPA to influence policy and public opinion by considering their interactions with the public sector, civil society, and academia.
- The study was conducted in Barbados, Guyana, Jamaica, and Trinidad and Tobago by Dr. Mélissa Mialon of the Department of Nutrition, Faculty of Public Health, University of São Paulo, Brazil, on behalf of the HCC.
- FBI actors included manufacturers of processed foods, beverages or ultra-processed products, including SSBs; distributors/retailers selling processed food, beverages or ultra-processed products; fast food restaurants; trade associations; public relations firms that work on behalf of the FBI actors; and other individuals or groups affiliated with the FBI.
- The methodology involved an online search for public company information to identify industry actors and incidences of CPA, with data collected January-October 2018, inclusive, and interviews with public health nutrition experts from the participating countries.
- Study shortcomings included the following: the online search was limited to information from the industry actor websites and social media; companies operating outside of the Caribbean that target the Caribbean diaspora were not included; and only the linkages and CPA of the Board of Directors of a limited number of the identified food and beverage companies were explored, due to time constraints.
- Study findings showed that:
  - » Local and transnational companies, including fast food restaurant chains, are very active in the Caribbean; 146 FBI actors were identified across the countries with over four branches operating in each country: 39 in Barbados, 17 in Guyana, 38 in Jamaica, and 52 in Trinidad and Tobago. Of these, respectively, four, two, one, and eight had products and/or marketing specifically targeting children and adolescents.
  - » The industry actors sold a variety of processed products, including snacks, baked goods, ultra-processed food and drink products, and sauces and condiments.
  - » Board members of the industries had interactions with various other industries, universities, governments, charities, chambers of commerce, insurance companies, banks, and trade associations.
  - » There were over 110 instances of CPA by the FBI in the 4 countries, including establishment of relationships with health organisations, charities—some working in health—and communities, through corporate philanthropy; building relationships with school communities through supporting and funding a variety of school initiatives, including sports; building relationships with government ministries that may allow access for policy influence; and presenting industry as part of the solution by proposing industry-sponsored education and supporting industry's preferred arguments and solutions.
  - » Local experts consulted during the study suggested that CPA positions industry actors to delay, modify, and prevent the development and implementation of public health policies and programmes.

- Going forward, there will be:
  - » More in-depth review of past and present interactions among chief executive officers, board members, shareholders, and policymakers across the public and private sectors;
  - » Building on the databases developed through the mapping;
  - » Identification of additional instances where CPA has been used to directly influence adoption of specific policies; and
  - » Development of guidance that aids in identifying and limiting Col, and ensuring transparency and accountability when interacting with the FBI.





## HSFB

*Ms. Francine Charles, Programme Manager, HFSB*, summarised a mapping of the FBI in Barbados, also done by Dr. Mélissa Mialon of the University of São Paulo, to support the implementation of the HFSB GHAI project.

- The GHAI project objectives are to promote legislative change to ban the sale and promotion of unhealthy food and beverages in schools in Barbados; promote legislative reform to increase the SSB tax to achieve a price increase of no less than 20%; and develop communication strategies to create a supportive environment for COP and counter industry resistance.
- Research is being conducted as part of the project in order to provide an evidence base for action. The research includes the [Barbados COP Public Opinion Poll](#) conducted by Caribbean Development Research Services (CADRES) on behalf of the HFSB, the results of which were published in March 2019; the School Audit regarding advertising and marketing in schools, currently being carried out by the Caribbean Institute for Health Research (CAIHR); and the School Environment Survey Assessment currently being conducted by the George Alleyne Chronic Disease Research Centre (GA-CDRC).
- The methodology for the FBI study in Barbados involved mapping 240 brands of products from six major retail entities in November 2018. Non-alcoholic drinks and breast-milk substitutes were not included, and the classification of beverages was based on the PAHO Nutrient Profile Model.
- Findings:
  - » 40 products were classified as minimally processed – 11 brands of water, 5 coconut water, 12 milk products, 10 juice, 1 tea, and 1 club soda;
  - » 19 of these 40 provided no listing of ingredients;
  - » Only 8 of the 40 presented both the ingredients and the nutrient profile – 1 club soda, 3 milk products, 2 juices, and 2 water; and
  - » Within the context of healthy alternatives being promoted by FBI, 22 showed no Col, 3 showed Col, and 14 were unknown, since there was no

proper labelling regarding the manufacturer or distributor.

- Recommendations: Implement school policies to restrict the sale and marketing of SSBs in and around schools; work closely with principals, canteen operators, and vendors; and promote and enforce standardisation protocols for the beverage industry.
- HFSB's key project activities to address the recommendations include: Coordinate stakeholder meetings and community-based activities, working with the Barbados Association of Retailers, Vendors and Entrepreneurs (BARVEN), National Parents and Teachers Association, manufacturers (regarding reformulation), importers, and others; grow an effective active COP Coalition in Barbados to advocate for policy in schools and to strengthen outreach to, and relevant educational activities in, schools; develop six model schools which will restrict the sale of SSBs; and launch a mass media campaign to increase public education and support for COP.

## Plenary discussion

- Vendors, parents, and the general public are enquiring about substitutes for SSBs, and water, coconut water, unsweetened milk, and fresh fruit—rather than fruit juices—are being promoted.
- School administrators are supportive of the SSB ban, but are concerned about the availability and accessibility of alternatives. The placement of water coolers in schools, as opposed to provision of water in plastic bottles, must be considered—practical measures are important.
- This issue highlights the importance of logistics for the implementation of policies. Creating a supportive environment is important, but enabling mechanisms need to be in place. The latter will be more difficult with other nutrition interventions such as trans fat elimination and salt reduction—if frying is not recommended, what facilities for the use of alternative methods of cooking will there be in schools? Public health practitioners should work with partners to analyse logistics in detail.

## HCC Col Case Study Report

*Dr. Jeff Collin, Professor of [Global Health, Global Public Health Unit, School of Social & Political Science, University of Edinburgh](#)*, presented the draft HCC Case Study Report. Issues that arose and were discussed are summarised below.

- The Sustainable Development Goals ([SDGs](#)) and [Targets 17.16 and 17.17](#) highlight the importance of multistakeholder partnerships. However, the statement by the WHO Director-General that “partnerships are the only way” to achieve public health goals may not be applicable in all situations. There are partnerships that may not be in the best interest of health, as in the case of an international alliance that promotes “responsible drinking” and is supported by the leading global beer, wine, and spirits producers. There is also an alliance of entities reviewing issues in SIDS that includes UN organisations, NGOs, intergovernmental organisations, governments, academia/research organisations, and PSEs. Neither of these platforms addresses Col, which is a critical aspect of interventions for NCD reduction.
- The FCTC offers a completely different model than partnerships, and illustrates the need to consider appropriate principles and norms in interacting with the commercial sector; the Convention puts Col “front and centre”, which is an important factor in its success.
- The strategy of tackling the commercial determinants of health was discussed at the [WHO Global Conference on NCDs held in Montevideo](#), Uruguay, in 2017, but was omitted in the final version of the resulting Montevideo Roadmap 2018-2030 on NCDs as a Sustainable Development Priority, though only the private sector objected to its inclusion.<sup>12</sup> This illustrates

the continuing challenge of Col recognition in the international context.

- Reflective of that situation, NNCDs in the Caribbean have hardly considered Col, though it is recognised that international norms and practices in this area are not very well developed. WHO has made a commitment to address Col in nutrition, but the ultra-processed food and other industries are trying to shape the discussion about Col.
- There are three conceptions of Col – individual, institutional, and structural.
  - » **Individual:** “A set of conditions in which professional judgement concerning a primary interest (such as a patient’s welfare or the validity of research) tends to be unduly influenced by a secondary interest (such as financial gain, preference for family and friends, or the desire for prestige and power).”<sup>13</sup>
  - The secondary interest is usually not illegitimate in itself, and may even be necessary and desirable - only its relative weight in professional decisions is problematic.
  - The aim is not to eliminate or necessarily to reduce financial gain or other secondary interests; it is to prevent these secondary factors from dominating or appearing to dominate the relevant primary interest in making professional decisions.<sup>14</sup>
  - Many organisations take account of individual conflicts by requiring employees (or authors) to declare any potential conflicts, with some also recusing conflicted individuals from involvement in organisational decision-making where such a conflict exists.

<sup>12</sup> However, the Roadmap does state that “We encourage the WHO Global Coordinating Mechanism for NCDs (GCM/NCD) to explore the impact of economic, market, and commercial factors on the prevention and control of NCDs to better improve the understanding of their implications for health outcomes and opportunities to advance action in the global NCD agenda.”

<sup>13</sup> Thompson, DF. Understanding financial conflicts of interest. *New England Journal of Medicine* 1993; 329(8):573-576. <http://interessenkonflikte.de/x1993Thompson.pdf>.

<sup>14</sup> Friedberg E. Conflict of interest from the perspective of the sociology of organised action. Ch2, pp39-53 In Peters A, Handschin L. Eds. *Conflict of Interest in Global, Public and Corporate Governance*. Cambridge: Cambridge University Press 2012.

- » **Institutional:** A situation where an organisation's primary interest (such as the Ministry of Health's institutional mandate to protect and promote public health), may be compromised by the interests of another organisation with which it is engaged (such as a non-State agency working in partnership with government) in ways that affect, or may reasonably be perceived to affect, the independence and objectivity of the first organisation's work.
- A public health organisation may experience such conflicts internally where the imperative to secure much-needed resources—a secondary objective—conflicts with the organisation's primary purpose, such as the goal of promoting healthy nutrition.
  - Such conflicts are particularly relevant in the case of health coalitions or partnerships, where the interests of one coalition member—secondary objectives—may undermine the purpose of the joint endeavour, which constitutes the primary objective.
  - However, this may not be a good definition for actors, such as governments, that have a broader institutional mandate covering a range of primary interests, and—in the case of health partnerships—is potentially too narrow, if the emphasis is only on Col in relation to the specific focus of the partnership.
- » **Structural:** This conception goes beyond conflicts in the specific individual or narrow institutional context. It recognises that conflicts occur where actors have roles in more than one sphere of action, and that tensions may arise when the different spheres of action come into contact with each other.
- Rather than presenting this conflict in terms of primary and secondary objectives, a structural conceptualisation recognises that competing objectives may reflect legitimate interests on the part of the relevant actors, with no external or formal frame of reference in terms of which set of objectives takes precedence over the other.
- Existing practices tend to ignore inconvenient conflicts and exclude them from consideration, but there is a sociological understanding of conflicts as a collective action problem at "conflicting spheres of interaction".
  - A structural understanding may be useful when considering conflicts at a ministry of health or whole-of-government level, such as where a commitment to promoting healthy nutrition may come into tension with other public goals. Tools that work across the various spheres of action, such as health, agriculture, and finance, must be developed.
  - The 2017 HCC AACol meeting demonstrated that wider international tensions regarding Col manifest in local situations, such as tobacco industry CSR projects, and the possible interpretation of HCC's rejection of the above-mentioned alcohol reduction project as a random decision, since it was done without a structured framework. One government official in a Caribbean country countered discussions on possible alcohol taxes by emphasising the importance of alcohol to the national economy, including the tourism product, and characterised the country as "an alcohol country".
  - It is important to put the Col discussion in the context of wider policy coherence across government sectors and CSOs for the economic, social, and health development of SIDS. The multidimensional challenge of Col in SIDS includes the:
    - » **Political economy**, where there is structural reliance on food imports (that is, limited food sovereignty); governments that are protective of the few producers and exporters in the country, and distributors that play a significant role; and tensions between health and other ministries (such as finance, trade, and agriculture) regarding factors that may boost the economy, but which damage health.

- » **Social context**, where “everybody knows everybody”, and “things happen (or do not happen) because of who you know”. Political decision-making unavoidably interferes and intermingles with interpersonal relationships, which leads to confusion of public and private interests and roles.
- » **Institutional constraints**, due to small bureaucracies and limited human resources. There are officials “wearing multiple hats”, especially in NCD reduction; diverse pressures outside formal routes for engagement; difficulties of engaging with international organisations; and regional and international frameworks that are often insensitive to the priorities of SIDS.
- Ways forward include:
  - » Learning lessons from tobacco control, including the importance of consensus; Col as a fundamental issue; and the value of clear international norms and tools, though even when applicable, they may be challenging to implement.
  - » Appreciating the complex politics of food and nutrition, with not only the recognition of conflicts, but also the variation in understanding and responses. Tools are needed that can support complex and flexible decision-making, specific to the engagement, product, and other factors.
  - » Addressing alcohol policy, where the absence of international support mechanisms has led to ad hoc responses and highlighted the need for innovation.
  - » Acknowledgement of the distinctive political economy of SIDS, where thinking and actions must move beyond health imperialism—the idea that only health matters—to engage with other sectors, ministries, and agendas, promoting policy coherence for sustainable development.
  - » Realising the significance of social context and endeavouring to frame and manage Col

in ways that are constructive and conducive to good governance.

- » Recognising and addressing institutional constraints, avoiding excessive demands on already-overburdened officials, and solving—not creating—problems.
- » Creation of tools that are clear, accessible, and quick; this may create a demand for more detailed tools, but the initial ones should be simple.

## Plenary discussion

- There are interactions among the individual, institutional, and structural concepts of Col—they are not as separate as they may seem, and efforts are being made to develop a schematic that shows the interactions. Individual Col can be integrated into institutional Col, and institutional Col into each of the sectors in structural Col. Consideration may also need to be given to a political concept of Col, though this concept may be subsumed in the structural aspects.
- There can be a single framework for Col, but there is value in not requiring individuals to deal with all aspects simultaneously. Most instances of Col in the draft HCC policy address individual Col, but the institutional aspects should also be included.
- In this meeting, Col is being discussed in a particular context, but nothing exists in a vacuum, and the wider implications of Col should also be considered. Col management is linked to broader policies for good governance and the reduction of corruption, including processes governing transparency, ethics, campaign finance reform, and declaration of income.
- The formal sector is usually involved in discussions of Col, but the informal sector and “grass roots” persons, such as canteen owners and vendors in and around schools, are often left out, though they may be subject to Col through “kick-backs” that they may receive, for example, after political events.



- There must be a broader discussion about the governance of SIDS, given the interlinked relationships in the membership of various boards in these countries. The biggest challenge for the region is to determine where the Col lies, what it is, and what it is not. In one country, the head of a PSE is also the head of the Public Health Board; how will/can that be addressed, particularly if there are no qualified alternatives?
- The structure of the NFITF in Jamaica represents a significant step in managing Col within that entity, with separation of the decision-making core group from other sub-groups. It will be useful to produce a document that helps people to pose questions and identify issues relevant to the types of Col that are likely to exist. Policy formulation, monitoring, evaluation, and other functions may demand different Col policies.
- The aim for the region should be agreement on general principles for Col definition, structure, and guidance, since it is difficult to anticipate every single circumstance and permutation of conflict.
- General issues should not be personalised, but there should be recognition of linkages and potential collision of roles. This type of information is important, and there are more resources for this in relation into tobacco than for the other NCD risk reduction issues. It must also be remembered that for due diligence and monitoring, emphasis must be placed on the information that is needed to reach a decision, not on obtaining perfect information.
- Related issues are the limited access to the type of information needed, as demonstrated in the HCC's regional FBI mapping; the cost of ferreting out the information; and the capacity to gather the information. There may be challenges when not all the partners who will be involved in a particular endeavour are known to those seeking to identify and manage Col.
- If tobacco is responsible for two-thirds of the economy of a country, Col issues with the tobacco industry in that country will be very difficult, highlighting the need to find better ways to discuss these issues. A similar issue exists where certain alcohol products are strongly identified with specific countries; the development of mechanisms to interact with entities that represent national and international alcohol industries in those countries is critical.
- Greater thought has to be given to how "alcohol countries"—those with economies that depend heavily on alcohol sales—can be defined, given the global structure. There are countries where the economies are heavily oil-dependent, but that resource will not last forever, and there will have to be a shift to more sustainable substitutes. Are there lessons to be learned from previously oil-rich countries on how "alcohol countries" can shift away from that dependence?
- Given the economic and cultural importance of alcohol in the Caribbean context, and barriers that are likely to be put in the way of more comprehensive interventions for alcohol reduction, perhaps there should be focus on mitigating the harmful use of alcohol as an initial strategy. This may provide a stepping stone to further action, despite the liking that the alcohol industry has for the "harmful use of alcohol" phrasing, which shifts responsibility away from the industry to the "problem drinker", and recent studies showing that there are no safe levels of alcohol.
- The detailed discussion has led to confusion and lack of clarity regarding some issues. What is the question to be answered? Another question is "At what level does Col exist"? Are there significant difficulties in the political environment that are impacting other spheres? Would there be a policy for the MoH only, which would have to be approved by the Cabinet? Would other sectors have their own Col policies?
- Col management is an integral part of the process of advancing public health at the national level, with emphasis on NCD prevention and control. With these tenets, it would be desirable for

the MoH and other ministries to adopt the Col identification and management approach.

- One of the outcomes of this meeting should be the identification of questions that should be asked before engaging with potential partners/ collaborators, and the steps that follow a decision to engage with a partner where there is real or potential Col. It will be critical for civil society to monitor implementation of the decision after it is taken.
- There is concern about comments that HCC needs a comprehensive Col policy at this time. It is more feasible to go a step at a time and provide a resource that helps civil society—and others—think through issues fairly quickly, recognise core priorities for Col, and make a decision

regarding engagement. The resource should enable scoping decisions to be made quickly; if the decision is to engage, mechanisms to make the partnership work should then be put in place. In considering Col, the NCDA has adopted this phased approach and chosen to go through a suite of policies.

- Another issue to be considered in SIDS is whether their institutions, including CSOs, have the same level of freedom to engage with various entities, and the same standards governing with whom they will or will not work, as obtain in larger countries. CSOs in SIDS may not be sufficiently strong to withstand negative reaction to some partnerships.

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*Though conflict of interest management related to interactions with industry for NCD prevention and control should be seen as part of broader issues of governance, there should be no suggestion that ‘you can’t do anything until you can do everything’*

Professor Jeff Collin, Global Health Policy, University of Edinburgh

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*It must be borne in mind that this meeting is meant to provide a way forward [in managing conflict of interest], not a complete answer*

Ms. Nicole Foster, University of the West Indies Law Lecturer and HCC Policy Advisor

## Overview of the WHO draft tool for preventing and managing Col in nutrition

*Dr. Fabio Gomes, PAHO Regional Advisor, Nutrition, Physical Activity, and Risk Factors, and Professor Jeff Collin* introduced the WHO draft tool that addresses Col management in interventions for healthy nutrition, including the timeline and the process for its development. The algorithm that summarises the tool is in **Annex 3**.

- After the adoption of the comprehensive implementation plan on maternal, infant, and young child nutrition in 2012 by the 65th World Health Assembly, Resolution 65.6 requested that the WHO Director-General “develop risk assessment, disclosure, and management tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes consistent with WHO’s overall policy and practice.” The subsequent process included:
  - » Consultations with Member States; technical consultations; and the production, in 2016, of a [WHO technical report “Addressing and managing conflicts of interest in the planning and delivery of nutrition programmes at country level”](#);
  - » Convening of informal working groups, including at the University of Edinburgh in 2017, and the production, in that same year, of the “[Draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level](#)” with its [Introductory Paper](#) and [Decision-making Tool](#).
  - » Piloting of the draft approach and associated decision-making tool in 2018 at a PAHO regional workshop and at country level in Brazil, and now, in March 2019, at this meeting in Barbados. A WHO technical consultation on the tool was held in February 2019.

- The process is still evolving and work is ongoing to find ways to make the tool as relevant as possible in different contexts.

### Summary of the draft approach

- After setting out the overarching principles of engagement, the draft approach details the six steps summarised in the decision-making algorithm:
  1. Rationale for engagement
  2. Profiling, due diligence, and risk assessment
  3. Balancing risks and benefits
  4. Risk management
  5. Monitoring and evaluation (M&E), and accountability
  6. Transparency and communication
- In the presentation of the steps, the following comments were made:
  - » **Step 1** Should the very first step focus on the rationale for engagement, or should it focus on the external actor, that is, the potential partner/ collaborator? Perhaps Step 1 should ask whether or not there should be engagement with that particular actor.
  - » **Step 2** has six tasks, and assesses the profiles of both the external actor and the engagement, against exclusionary criteria.
    - The list of these criteria might need to be expanded.
    - Task 4 in this step characterises the actor’s risk profile—products, practices, and policies—which is the “3P’s” approach.<sup>15</sup>
    - Items from the World Obesity Federation’s Financial Engagement Policy and Policy Alignment Assessment may also be useful in assessing the actor’s profile.<sup>16</sup>
    - The 2017 HCC AACol meeting proposed four simple screening questions:

<sup>15</sup> Gomes, FDS. Conflicts of interest in food and nutrition. *Cadernos de saude publica* 2015; 31(10): 2039-2046.

<sup>16</sup> <http://www.worldobesity.org/who-we-are/what-we-stand-for/financial-engagement-policy/sponsors/>.

1. Are the external actor's core products and services damaging to public health?
2. Does the external actor undertake marketing, promotional, or lobbying campaigns that are inconsistent with HCC positions?
3. Does the external actor fund, support, or have close business relationships with organisations that campaign against HCC positions?
4. Are there any other aspects of the external actor's conduct or reputation which might damage HCC's reputation or undermine its objectives?

- The forms of engagement cited—charitable, transaction, and transformational—may not be as satisfactory and clear as desired, but there is need to think about the different types of engagement.
- In assessing the risks of engagement, it may be useful to combine the risk profiles of the actor and the engagement to guide decisions, as in **Table 1** below. However, this matrix gives equal weight to the profiles of the engagement and the external actor, and this is seldom the case in considering conflicts of interest.

**Table 1. Risk-based matrix to guide Col decision-making<sup>17</sup>**

Engagement risk profile	External actor profile	
	High-risk	Low-risk
High-risk	<b>Category A:</b> Combination of high/high Should not engage	<b>Category C:</b> Combination of high/low May go to Step 3: Balancing risks and benefits
Low-risk	<b>Category B:</b> Combination of high/low May go to Step 3: Balancing risks and benefits	<b>Category D:</b> Combination of low/low May go to Step 4: Risk management

» **Step 3** includes ethical and technical impact indicators. There are three of the former, addressing reputation, independence, and integrity, and three of the latter, which consider public health impacts on effectiveness, future interventions, and policy coherence across other areas.

» **Step 4** aims to safeguard against Col by confining activities “to safe areas of engagement”, through putting adequate mitigation measures in place, and developing clear terms of reference and workplans.

<sup>17</sup> WHO. Draft approach for the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level—Decision-making process and tool. Geneva: WHO, December 2017. <https://www.who.int/nutrition/consultation-doi/nutrition-tool.pdf>.

### **Risks and benefits:**

*In balancing the risks and benefits of an engagement, the ethical impacts should be given due consideration, since loss of reputation, independence, and integrity, or perceptions of same, may have a long-lasting effect on the credibility of the institution.*

- » **Step 5** needs clarification - who is accountable for what, in a partnership? The governance process should be transparent, credible, verifiable, trustworthy, responsive, timely, and fair, and have formal mechanisms to identify Col and settle disputes.
- » **Step 6** must include the adoption of principles of openness, transparency, responsiveness, and timeliness, and communicate both the rationale for engagement (or non-engagement) and the engagement activities and outcomes.
- As an example, in Canada's revision of its Food Guide, officials from Health Canada's Office of Nutrition Policy and Promotion did not meet with FBI representatives; however, the online public consultations on the Guide were open to all stakeholders, including industry.<sup>18</sup>
- In assessing the relevance of Col, categories of conflict should be considered:
  - » *Fundamental*: An irreconcilable conflict which precludes partnership approaches and suggests that regulation should circumscribe and minimise interactions.
  - » *Intrinsic*: Conflict is inherent to the specific policy objectives (for policymakers), but there might be cooperation in other contexts.
  - » *External*: Highlights potential tensions with wider health objectives, but collaboration may be relevant in other national contexts or other policy spheres, as exemplified by the Col inherent in partnering with a toothpaste manufacturer in interventions for oral health, but where such a partnership for mental health interventions may not provoke Col.
  - » *Negligible*: Sufficiently marginal in potential health impacts as to be of minimal relevance in considering terms of engagement.
- Identification of the types of interaction is also important, including *partnerships* that may be state-led, industry-led, or equal; *collaboration*, demonstrated by consultation with industry in policy formulation, or industry involvement in policy implementation; or *restricted engagement*, where exclusionary approaches are taken, or there is transparent, limited engagement.



*While the food and beverage industry has a role to play in improving the quality of the foods and beverages they manufacture and promote, it was important to ensure that the development of dietary guidance is free from conflict of interest*

Government of Canada, Revision process for Canada's Food Guide

<sup>18</sup> <https://www.canada.ca/en/health-canada/services/canada-food-guides/revision-process.html#a4>

## Piloting the draft tool

- In previous piloting of the proposed tool, civil society noted the following issues:
  - » No provision for testing the instrument in diverse country contexts;
  - » The sheer complexity of the tool;
  - » Absence of an introductory guide;
  - » Inadequate definitions of Col;
  - » The assumed primacy of public health;
  - » Narrow conception of institutional interest; and
  - » A decision tree that starts with the purpose of the specific initiative, rather than a broader appraisal of actors.
- In piloting the tool with the MoH in Brazil, feedback provided included the following:
  - » It is a necessary and very useful tool to guide and justify decision-making in nutrition policies, especially for complex cases, but it needs some adaptation to the countries' practical realities and capacities.
  - » It is overly complex and somewhat restrictive, with many detailed steps; it would be difficult to implement in real-life, given the many requests for partnerships and meetings, with limited resources to respond in a timely manner.
  - » The tool must include key questions and be able to provide justification for the decisions made.
  - » It could be adapted and developed for general use by public sector agencies, with utilisation as a tool for first screening, before implementing the complete tool; the screening tool would be used to identify and/or exclude from further consideration cases that are simple, obvious, or serious.
  - » Development of a simpler and shorter tool, based on the WHO tool, and integration of the recommendations made to produce an instrument that deals with real-life situations.
- In response to the feedback from the workshop, PAHO developed a draft short 'scoping tool' which included simple, but critical questions related to:
  - » *Actor alignment* to nutrition, health, and sustainable development recommendations and goals, and their policies and practices;
  - » *Engagement profile*; and
  - » *Risks and benefits*.
- A trial of the adapted screening/scoping tool was conducted across five teams from the Brazil MoH Food and Nutrition Coordination. Though they found it to be easier and more applicable to real-life cases than the complete tool, and helpful in excluding simpler and obvious cases, there were still some concerns and suggestions for both the short and complete tool.
  - » Some questions might not adequately filter potential engagements with researchers, NGOs, and international organisations with Col; in its current format the short tool could support partnerships with significant Col.
  - » A scoring system to indicate if engagement is recommended or not, and if there is higher risk of Col, might be useful. The scoring system might have different weights for each question.
  - » If PAHO/WHO agreed with using a scoring system, the detection of risks would not necessarily indicate that countries should avoid the engagement, but it could give a broad indication of how to approach interaction with the external actor and effectively manage any Col.
  - » Exclusion criteria should include actors that produce, or are related to, ultra-processed food and beverages.
- In summary, based on the country experience:
  - » The model used in Brazil was very useful and can be adapted to other countries.

- » The tool and its application can be very useful in assisting decision-making; understanding the actors and the potential interactions; defining possible engagements; and avoiding Col or providing options to manage Col.
- » The tool does not impede the establishment of public-private partnerships, but it provides ways to deal with Col, if the country concludes that the engagement is necessary.
- » A simpler tool, adapted to countries, could be used as a first step of assessment, before the complete tool is applied, and the short tool can be a filter for simpler cases.
- » It is important to continue this process in other countries, as agreed at the World Health Assembly, in order to contribute to real public interests and public health nutrition goals.

Dr. Gomes noted that if any PAHO Member States represented at the meeting were interested in piloting the tool in-country, they should be contact the PAHO/WHO Office in their respective countries.

## Working session: Piloting the PAHO/WHO Scoping Tool

**Dr. Sarah Hill, Senior Lecturer, Global Health Policy, University of Edinburgh**, coordinated review by participants, in groups, of the first case study: *Involvement of SSB company in public health efforts to address 'flu epidemic*, in preparation for application of the PAHO/WHO Col ST.

### Discussion

Discussion of the case study sparked many comments, as summarised below.

- Participants noted that:
  - » The future impact of the MoH's engagement with the PSE should be considered in terms of the MoH's reputation and the perception that the ministry endorsed the unhealthy product that was offered as a medium for dissemination of messages on 'flu prevention.
  - » The duration of the partnership, the number of SSB cans that would have the MoH logo, and the target of the campaign should inform the MoH's decision to engage, or not.





- » Public health practitioners see health communications through health lens, but branding is also important. The use of the MoH's logo has to be protected and discretionary, and the inclusion of the logo on the SSB gives implicit endorsement of the product, even if there is no explicit endorsement. That perception may persist, since this action will be long-term and the public will remember; the subliminal effect of branding will be detrimental.
  - » With consumption of this product, the obesity epidemic may become worse.
  - » The proportion of the messaging on the can (one-third of the can) may be negotiated.
  - » The MoH should ask the company to explore another way of supporting the 'flu prevention efforts, perhaps by providing funding. If the company's CSR must be tied to sponsorship, does the company produce water? That product could drive MoH collaboration in disseminating the message.
  - » The MoH should explore alternatives for message dissemination or collaborate with the PSE for a limited period, given the reality of a serious 'flu epidemic, the reputational risk, and the possibility of perception of long-term endorsement.
  - » Though the benefits may outweigh the risks in the short-term, other methods can be used to disseminate the health messages, as the MoH may be setting a precedent for engagement that may be damaging to its reputation the next time the PSE makes an offer of support.
- In some developing countries, the distribution system of some SSB manufacturers/distributors is excellent, and can reach areas without clean water. This is a powerful incentive for the health authorities to engage with such companies in improving access to health interventions.
  - If this were a low-income country with an outbreak of Ebola instead of 'flu, would the considerations be different?
  - It is important to look at the whole health scenario—addressing one disease should not make another health situation worse. However, the issue is not that simple, and the context and case fatality rate of the targeted disease are important. Communicable diseases are not the same as NCDs – the former can spread quickly and such a 'flu epidemic in the Caribbean would have serious implications for the tourism industry and the national economy. The epidemic would have to be contained as quickly as possible, and though one may take an academic view, in the actual situation the MoH may have to weigh Col and ethics, and see how best to address constraints.
  - In applying the ST, consideration has to be given to the conditional “yes” where engagement would be most worrying, such as in low-resource settings or where there is no bias toward NCDs. What if the leadership had been by the MoH, rather than the PSE? Should considerations about the 'flu epidemic be framed around this particular type of engagement?
  - It is evident that the issues are not “cut and dry” or “black and white”. In the case study, there may be scope to put the message on the product without using the MoH logo. In general, it may be prudent for ministries of health not to endorse any product, healthy or otherwise, especially since they may not have the capacity to determine whether the product is truly healthy, or not.
  - The case study illustrates the kind of desperate situation that companies may try to take advantage of; here, the goal of the CSR is to get credibility from the MoH. CSR initiatives and private sector relationships with governments are also aimed at stopping governments from going ahead with hard decisions and regulations.
- In closing the session, **Dr. Sarah Hill** noted that:
- Further discussions in the meeting will focus on how the PAHO/WHO draft ST can help in making decisions regarding engagement with industry. It is evident from the comments made that one cannot be too prescriptive about these issues, which fit well into the three categories of the ST—it would be too limiting.
  - Besides sponsorship or branding, important factors include building relationships and the expectations of actions after decisions are made; those considerations do not start from a position of “thou shalt not”.



## Review of Day 1, Preview of Day 2, Wrap-Up

In her succinct review, **Dr. Christine Chin, member of the HCC Board of Directors and the Cancer Society of The Bahamas**, summarised the presenters and topics addressed during the day, characterising them as “thought-provoking” and heralding the deeper discussions to be held on the second day of the meeting.

**Ms. Maisha Hutton** encouraged participants to review the draft HCC Col policy, and undertook to send it to them in Word format, so that suggestions and comments could be provided in tracked changes.



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*While the rules of engagement for working with the tobacco industry have been clear and unambiguous - due largely to the existence of the FCTC - global guidance for partnering with other industries, especially alcohol and food and beverage, has been much weaker. This lack of consensus on private sector partnerships (outside of tobacco) is compounded in small developing states where the traditional red lines around private sector collaborations are much harder to draw. The HCC is working to create guidance to assist the Secretariat and members in identifying and managing Col in these complex interactions*

Ms Maisha Hutton, Executive Director of the  
Healthy Caribbean Coalition

# SESSION SUMMARIES - DAY 2

## Working session: Piloting the PAHO/WHO Scoping Tool (continued)

**Dr. Sarah Hill** described the main features of the draft PAHO/WHO ST, which is in **Annex 4**.

- The ST tries to organise the principles that people use to make these decisions, and though the WHO tool sets these out in sequential fashion (Steps 1-3), the principles can almost be considered simultaneously. The ST does not provide specific guidance on how to manage Col if the MoH decides to go ahead with the engagement (Steps 4-6 of the WHO tool), but it helps with the collective decision for or against engagement, and provides a more formal way of considering the justification for engagement.
- Key questions in the three identified domains are:

### A. Actor alignment

1. Do the actor's core activities and values align with: Public health nutrition goals? Wider health and sustainable development goals?
2. Do the actor's wider policies and practices align with: Public health nutrition goals? Wider health and sustainable development goals?
3. Does the actor support, fund, or have close links with other organisations whose activities are inconsistent with the ministry's policy agenda and priorities?

### B. Engagement profile

1. Does the proposed engagement fit with the ministry's policy agenda and profile?
2. Is it consistent with the ministry's decision-making authority and leadership?
3. Does the engagement offer a clear benefit to public health nutrition?
4. Does the engagement make adequate provision for: transparency? Independent monitoring and evaluation? Accountability?

### C. Assessing risks and benefits

1. Does the proposed engagement pose significant risk to the ministry with respect to: Reputation? Independence? Integrity?
2. Is the proposed engagement likely to have a significant positive impact on: the effectiveness of the specific nutrition intervention? Parallel and/or future nutrition interventions? Wider health and development objectives?

In the brief discussion that followed the overview of the ST, the main points were as follows:

- HCC's aim is to have a tool that can be useful to the Coalition and the wider civil society, but in dealing with "shades of grey", decision-making will become more complex and there will be need for strategies to manage and mitigate Col if the decision is made to engage. There is a [Casebook](#) on interactions between public health and the FBI, put together by the UKHF, which can be helpful in illustrating some of the issues that countries face.<sup>19</sup>
- It will also be helpful to further define what is meant by collaboration—that is, the types of engagement, such as partnership, discussion, or provision of funding. The discussions so far have been based on more formal partnerships, but consideration should also be given to more limited or informal collaborations, such as meetings and contracting of services.
- "Fund" and "close links" in Question A3 in the "Actor alignment" domain need to be defined—"fund" should probably be replaced by "have financial relationships".

**Dr. Sarah Hill** introduced the second case study: *Collaborating with a private marketing company to design FoPL for a Caribbean country* and asked participants to discuss it at their tables and make a recommendation on whether or not the engagement should proceed, using the ST. She also noted that the ST is still open to revision, in anticipation of being able to provide guidance

<sup>19</sup> UKHF. Public health and the food and drinks industry: The governance and ethics of interaction. Lessons from research, policy, and practice. London: UKHF, 2018. <https://bit.ly/2YLXfpt>

for all types of interactions, and asked participants to comment on the tool itself.

## Plenary discussion

Comments made after discussion of the case study are summarised below.

- All groups made the decision to engage with the company. Participants noted that:
  - » As representatives of a CSO, they decided to engage with the PSE, having gone through the ST in parallel, rather than sequential, fashion and finding that weighing the risks and benefits were at the crux of the decision-making process. This was especially so since there are not many marketing firms in Caribbean countries.
  - » Firms may sub-contract to other firms in various countries, and there is need to conduct research to determine such details, and to ask for examples of the firm's previous market surveys and the methodology used. If the CSO is small, it may need assistance in conducting this research.
  - » The CSO should also work to understand the company – what is its culture? Its way of thinking may be very PSE-driven, though in this case study, it was felt that the company was more balanced in its culture.
  - » The engagement with the PSE would focus on contracting rather than collaborating, and in the former modality, the CSO (or MoH) has more control of the process.
  - » Inclusion of a confidentiality clause in the contract is important, since data collected by the company should be controlled and monitored, notwithstanding that there may still be a leak of relevant information.
  - » Specific tools are needed to manage certain areas of Col in order to mitigate leaks, including a privacy clause and the use of teams different from those that may have worked for industry. Small CSOs particularly need those tools to facilitate conduct of due diligence and risk-benefit analysis.
- » CSOs should keep the MoH informed of activities such as these in order to obtain governmental goodwill and support.
- » A complementary Col mitigation measure is the procurement process, which should be done according to international standards, with service contracts, terms of references, recusals, and other mechanisms for transparency.
- » In engaging with the PSE, there should be a review of existing relationships on both sides, including the relationships of the CSO representative(s) who proposed working with the company, since such relationships can influence outcomes.
- » Mechanisms should be put in place to ensure confidentiality and accountability, and it may be feasible to have someone from the CSO or a trusted partner working alongside the marketing firm.
- » If this the only marketing company in the country, it will be necessary to work with it, despite its engagement with the unhealthy commodity industry, and manage the resulting Col.
- » A possible benefit of this engagement is building health communication and social marketing capacity in the company.
- Public health is not the focus of other ministries or industries, and public health practitioners may be making assumptions about the partners with whom they need to collaborate.
- The ST is meant to facilitate decision-making, but it may not provide a strong enough basis for a decision to be made—is there any weighting to the domains or questions?
- WHO would not be prepared to put scores to this ST, given that it is a contested area. However, in adapting the tool, there may be scope to give more weight to particular aspects, such as

reputational risk. It is unlikely that there will be a sum score that indicates an absolute “yes” or “no” regarding an engagement; a score may indicate how to proceed, regarding transparency, M&E, and other factors.

- In the ST piloting in Brazil, the MoH wanted the tool to be as objective as possible and this is also PAHO/WHO’s aim, while leaving room for some subjectivity, as appropriate to the context. The idea of the ST is that those using the tool should be able to say why they took the decision to engage; the justification is very important, and needs to be given adequate time and consideration.
- Documenting how to get to the “yes” is going to be very important in the Caribbean context. Possible scenarios include:
  - » The external actor may not be aligned with public health goals, but the engagement profile is satisfactory.
  - » The decision may not be coherent with the answers provided, and may open the door for a more participatory decision to be made.
  - » The government may respond to the questions in a way that leads to a “no-engagement” decision, but may still wish to try to engage with the external actor, under certain conditions.
- The ST presented at this meeting indicates that it is a “Pilot tool—not for circulation”, but can it be used to guide ministries and CSOs at this point in time?
- Work is being done on taking the ST from paper to electronic format that will include definitions and explanations. At this stage, the ST can be used, but it should not be presented as the definitive tool.
- Arising from this meeting, the tool may be presented with specific exclusions, such as tobacco and arms, and then be generalised, as an adaptation of the PAHO/WHO ST, to encompass issues in the Caribbean in addition to nutrition.

- It is clear from the case study discussions that the analysis of risks and benefits is at the centre of the decision-making process, based on the actor profile and alignment, and the type of engagement. Consideration now needs to be given to steps to be taken if the decision is to engage with the PSE—that is, “If yes, then how?” and to the best way of presenting the decision-making process. The latter could be linked to the various tasks involved in carrying out Steps 4-6 in the WHO draft approach to managing Col in nutrition programmes.

## Working session: Piloting the PAHO/WHO Scoping Tool (continued)

*Dr. Fabio Gomes* summarised the WHO FENSA, noting that although the framework refers to the engagement of NSAs with WHO and does not apply to countries—as the nutrition ST does—the developers of the tool were asked to ensure that it aligned with FENSA.

- FENSA’s overall objective is to strengthen WHO’s engagement with NSAs in favour of public health objectives, especially context of the SDGs, while protecting the Organisation from any undue influence, in order to preserve WHO’s integrity, independence, and reputation.
- FENSA provides guidance for WHO’s engagement with four categories of NSAs—NGOs, PSEs, philanthropic foundations, and academic institutions. It defines the process for WHO to engage with each category, addressing due diligence, risk management, and risk mitigation for all the categories on a “per engagement” basis, and addresses five types of interaction: participation, resources, evidence, advocacy, and technical collaboration.
- The principles state that any WHO engagement with NSAs must:
  - » Demonstrate a clear benefit to public health;
  - » Conform with the Organisation’s Constitution, mandate, and general programme of work;
  - » Respect the intergovernmental nature of the Organisation and the decision-making

- authority of Member States, as set out in the Constitution;
- » Support and enhance, without compromising, the scientific and evidence-based approach that underpins the Organisation's work;
- » Protect the Organisation from any undue influence, in particular on the processes in setting and applying policies, norms, and standards;
- » Not compromise the Organisation's integrity, independence, credibility, and reputation;
- » Be effectively managed, including by avoiding Col and other forms of risks to the Organisation, where possible; and
- » Be conducted on the basis of transparency, openness, inclusiveness, accountability, integrity, and mutual respect.
- Benefits arising from engagement with NSAs include:
  - » NSAs' contribution to the work of the Organisation;
  - » Influence by the Organisation on NSAs to enhance their impact on global public health or to influence the social, economic, and environmental determinants of health;
  - » Influence by the Organisation on NSAs' compliance with the Organisation's policies, norms, and standards;
  - » NSAs' contribution of additional resources to the Organisation's work; and
  - » Wider dissemination of, and adherence by NSAs to, the Organisation's policies, norms, and standards.
- Risks of engagement with NSAs include:
  - » Col;
  - » Undue or improper influence exercised by a NSA on the Organisation's work, especially in—but not limited to—setting policies, norms, and standards;
  - » Negative impact on the Organisation's integrity, independence, credibility, reputation, and public health mandate;
  - » Primary use of the engagement to serve the interests of the NSA, including "whitewashing" the NSA's image; and
  - » Conferment of an endorsement of the NSA's name, brand, product, views, or activity, or of a competitive advantage for the NSA.
- Managing, and where appropriate avoiding, Col and other risks of engagement requires a series of steps that include the conduct of due diligence and risk assessment.
  - » Due diligence refers to the steps taken by the Organisation to find and verify relevant information on the NSA and to reach a clear understanding of its profile and interests, allowing the Organisation to know the NSA with which it is planning to engage and place it in one of the four NSA categories. The Organisation has to determine the NSA's:
    - *Nature and purpose*;
    - *Interests and objectives*;
    - *Affiliations*, including any interaction with the arms or tobacco industry, or with entities whose activities negatively affect health; and
    - *History*, including health, human and labour issues, ethical issues, financial stability, reputation, and image.
  - » Risk assessment refers to the assessment of a specific proposed engagement with the NSA, and includes not only assessment of the actor's profile and interests, but also the type of engagement.
    - Risk assessment identifies the specific risk associated with each engagement, such as Col.
    - Col arises in circumstances where there is potential for a secondary interest to unduly influence, or reasonably be perceived to unduly influence, the independence or

objectivity of professional judgement of a primary interest, that is, the Organisation's work.

- The existence of Col does not, as such, mean that improper action has occurred, but rather the risk of such improper action occurring.
- When engaging with NSAs there are often multiple interests, some converging and some conflicting. A risk management approach should be taken to engagement, only entering into an engagement with a NSA when the benefits, in terms of direct or indirect contributions to public health and the fulfilment of the Organisation's mandate, outweigh any residual risks of engagement, including reputational risk.

## Plenary discussion

- FENSA was developed, and is being implemented, in the context of other WHO frameworks and policies. It was widely criticised amid concerns that it did not make it easier for NSAs to navigate their relationships with WHO, but the Framework can be useful and can help organisations to manage partnerships in ways that they might not have envisaged.
- FENSA has blocked resource mobilisation from certain organisations and companies, and has impeded some collaborations that would have occurred. However, it has also helped in preventing engagements with health-damaging industries that could have jeopardised the integrity, reputation, and credibility of PAHO/WHO or derailed the evidence base of recommendations.
- From the CSO perspective, FENSA is a daunting initiative, and an important question is whether HCC and other CSOs need to have a framework such as this for their engagement with PSEs, rather than, more simply, applying the FENSA principles and approach. However, it is recognised that civil society is diverse, and that the issue is a work in progress, aimed at improving

governance, management, and mechanisms for engagement with PSEs.

**Professor Jeff Collin** continued to guide participants' review of the WHO Decision-making algorithm (Annex 3), building on the discussion of the PAHO/WHO ST (Annex 4). The ST covers Steps 1, 2, and 3 of the algorithm and the focus of the session was on "If Yes, how?"—that is, Steps 4, 5, and 6 of the algorithm, actions to be taken after a decision to engage with the external actor has been made.

- In addressing Step 4: Risk Management, mitigation measures include:
  - » Participation of NSAs in government meetings. Such meetings include:
    - *Consultations*: Although representation of different actors may not necessarily balance out Col, appropriate representation from both the private and not-for-profit sectors should be ensured, to provide the government with a wider range of views.
    - *Public hearings*: During public hearings, external actors may share their perspectives and comments about government policy or legislation, but government officials do not need to act upon such views, or to engage in a debate. All external actors with an interest in the topic of the public hearing should be allowed to participate on an equal footing.
  - » Engagement throughout the policy cycle—development, implementation, monitoring, and evaluation.
    - *Policy development*: PSEs or not-for-profit entities not at arm's length from PSEs can only be consulted at the policy development phase, which involves agenda setting, policy formulation, and decision-making. The consultations may be done through formal, public, or online mechanisms, and the national authority may consider setting clear rules and procedures in order to avoid Col.



- *Policy implementation:* Clear goals and processes of engagement must be included in terms of reference and work plans to mitigate the risk of Col.
- *Policy M&E:* The government may establish an independent process to collect, review, verify, monitor, and evaluate meaningful data and evidence to establish benchmarks and analyse the achievement of established targets.
- All forms of engagement demand the application of strong government leadership with good governance principles. The government should manage power imbalance when engaging with other stakeholders, stressing its leadership in all forms of engagement. Mechanisms should be put in place to ensure a favourable balance of power, such as ensuring that industry representatives are unable to outvote government and public interest representatives.
- In addressing Step 5: M&E and Accountability, independent processes should be put in place, based on clear goals, terms of reference, and agreed processes of engagement.
- Step 6: Transparency and communication demands the development, implementation, and use of various communication strategies, such as media relations; websites; printed publications; digital publications; meetings and workshops; public consultations; and partner/stakeholder networks.

**Professor Jeff Collin** then invited participants to review the third and final case study: *Public-private partnership in obesity policy: The United Kingdom (UK) Public Health Responsibility Deal (PHRD)*, referring to Steps 4, 5, and 6 of the decision-making algorithm. The [PHRD](#) began in 2011 and ended in 2013; it represented a hybrid mode of governance involving government and NSAs working in partnership to produce public health policies addressing food, alcohol, and behaviour change.

Comments made after discussion of the case study are summarised below.

- Participants expressed concern at the premise of the PHRD.
  - » Having industry actors involved in setting the policy agenda was not a good idea, especially given the desired focus on goal-setting and independent M&E.
  - » Self-regulation needs to be evidence-based, in order to provide justification for actions taken.
  - » There needs to be an exit strategy, through legal agreements and/or clauses, which would allow the government to leave the partnership if it proved unsatisfactory. The longer the partnership lasted, the greater the advantage to the FBI, since consumers probably thought that the industry was “doing something” for health, when the opposite may have been the case.
  - » A visit to the archived PHRD website revealed what seemed to have been good targets, but there was no accountability; the MoH should have stepped in and insisted on a workplan.
  - » The focus should have been on management of the partnership, with clear definition of roles and responsibilities. Was there a clear legislative framework, with systems, processes for decision-making, and mechanisms for evaluating information to be used as evidence? Was there consideration of Step 6, to determine the views of the public? Often decisions are made based on “who speaks the loudest”, and the MoH should have led on this, with citizen engagement.
  - » There should have been minimum standards for M&E, from the government’s perspective, and effective systems to monitor compliance. An objective general evaluation of the initiative and recommendations for restructuring of the committee(s) would have been useful, based on lessons learned from the NFITF in Jamaica.

- » The government relinquished decision-making to the private sector, and needed to reclaim that role. A remedy might have been to formulate new terms of reference and determine who should be members of the partnership, including CSOs.
- This case study followed the logic of the SDGs, given its intent to find common ground with the private sector and take maximum advantage of CSR. However, there must be rules for such engagement. If an independent assessment had demonstrated that this collaboration was effective, it would have been a very useful model.
- A model of public-private partnership exists in the Bureaux of Standards in most Caribbean countries. However, the government is actively involved in these bodies and appears to drive the processes.
- In Norway, the government is collaborating with PSEs to address goals in product reformulation, and the partnership appears to be working. This illustrates the importance of the country context in these matters; Norway has different social structures; in some countries the government's ideology is to relax regulation and allow PSEs to self-regulate.
- Civil society has a role in turning the tide of public opinion using social media, radio talk shows, and other media, as well as other communication strategies, to advocate for health. In the case of the UK PHRD, a leading cancer research entity in that country participated in the PHRD to maintain its government funding, and there was much debate among other public health practitioners and entities on whether or not they should participate in the PHRD. Some decided to engage to contribute to the establishment of a more structured system for M&E, and eventually focused on, and contributed to, improved management of Col. However, the PHRD accountability mechanisms were all self-regulated, with no public mechanisms for accountability, and voluntary regulation usually works only where there is a threat of regulation.
- In the context of the PHRD, there was little political will for SSB taxation at the time. However, after an internationally-recognised British personality appeared in the media advocating for the measure, the SSB "soda" tax was included in the budget, further evidence that voluntarism does not work in the context of interventions such as the [WHO Best Buys](#) for NCD prevention and control; regulations are needed.
- Practically, if an intervention is being introduced by the government in collaboration with industry, and civil society is invited to participate, how would Col apply? Civil society can, and should engage, but on the CSO's own terms, to protect its reputation and integrity.
- This case study is very important. The general view of the political directorate in the Caribbean seems to be that product reformulation, FoPL, and related interventions are best addressed in the absence of policies and regulations, and it is easy to imagine a situation similar to the PHRD case study occurring on one or more Caribbean countries. In Barbados, as in The Bahamas, the relatively low smoking prevalence was not the result of regulations and legislation, and was achieved before the implementation of the FCTC, giving rise to questions as to why the country should pay attention to some of the recommendations for legislative and regulatory tobacco control measures.
- Is there a difference in achieving legislative and regulatory objectives in SIDS, compared to larger and more developed countries, because of the social interconnected and relationships? The close relationships in SIDS may facilitate implementation of some interventions, but the vulnerabilities of SIDS mean that mechanisms must be put in place to manage these situations. "Partnership" is a loaded word that means different things to different people, and the public may perceive certain partnerships in ways that undermine the health authority's integrity and reputation.

- Attention is given to understanding conflicts, but not to understanding interests; wider corporate literature, particularly regarding negotiations, shows that actors' perspectives can change as a result of their participation in initiatives. However, an issue is the degree to which they change.
- The discussion has emphasised the importance of including different stakeholders in interventions,

so the first step is not to get into a scenario such as the one presented in this case study, regarding Col. Even if the government is monitoring the situation and associated actions, there is some degree of government self-interest and pressure to succeed, so CSOs may need to see how best to discontinue their engagement, and have an exit strategy.



“Public health practitioners must be able to communicate effectively with politicians and convince them that “a handshake with Industry over dinner” is not all there is to a partnership

Dr. Simone Spence, Acting Director,  
Health Promotion and Protection,  
Ministry of Health, Jamaica

### Feedback on the PAHO/WHO Scoping Tool

After the discussion, **Dr. Sarah Hill** requested participants' feedback on the PAHO/WHO ST under the headings of “What I liked”; “One thing I found frustrating about the tool”, and “One additional thing that would be helpful”. The responses are summarised below.

#### Likes

- Step-by-step approach, consideration of issues, and clear decision-making with justification
- Adaptable for the needs of both CSOs and MoH
- Wide applicability

- User-friendly
- Helpful as a sensitisation tool

#### Frustrations

- Time taken to “marry” the algorithm and the ST
- Scope for different interpretations of the questions
- Questions do not determine the benefits of the engagement to the external actors

#### Additional help

- *General:*
  - » Single interface for the algorithm and the ST, notwithstanding that they can be complementary, moving from the algorithm to the specific questions in the tool
  - » Broadening the ST to enable its application to NCD-related issues other than nutrition; simply removing the word “nutrition” from the tool will be a step in that direction
  - » Use of “entities”, instead of “organisations”
- *Capacity-building:*
  - » Inclusion of a section for self-assessment, where the individuals answering the questions declare their own biases; some organisations do not have a Col clause and this self-assessment may help to protect the integrity of the decision-making process
  - » Assessment of the capacity/skills of those who will answer the questions to carry out the various steps, in order to determine where help might be needed, and the source of such assistance.
  - » Integration of items that facilitate capacity building of the external actor
- *Greater objectivity in decision-making:*
  - » Clarification of what the questions are asking for
  - » Mechanism for making the decisions based on the ST more objective

» Inclusion of definitions, for example, “close links” and “significant risk”—“close links” may not pertain to family only

» Summary sheet of the responses or scores to demonstrate how the rating or decision was arrived at; the summary could be a 2x2 or 3x3 table of risk versus benefits, or other grading system

» Classification of Col regarding high/low risk to assist with decision-making

- *Management*

» More on how to manage Col, perhaps with a supporting tool for doing so

### **Practical tips for piloting the PAHO/WHO Scoping Tool**

- The assessment of risks and benefits was the most difficult aspect in piloting the ST in other countries. In thinking of how to make a quick assessment, exit points can be identified, such as for engagements with high risk and low benefit.
- Based on the Brazil experience, tasks in piloting the ST may include:
  1. Assignment of one or more MoH staff members to formulate a recommendation for the response to a proposed engagement based on the ST, and, when necessary, the full WHO draft tool.
  2. Staff members answer the tool and prepare a recommendation on how to respond to the proposed engagement.
  3. Staff members share and discuss the recommended response with the team.
  4. Team reaches an agreement on the response.
  5. Team identifies the accountability mechanisms that would need to be triggered.
  6. Team identifies the relevant ministry entities/units that would need to be informed of the recommended response, in order to transmit it to the external actor. The response process needs to fit into the existing lines of communication in the country—from the

Minister of Health, Legal Officer or other official, since the communication of the final decision may not be the responsibility of the technical team.

7. Communication of the response on how the MoH should proceed to the appropriate entities/units, and subsequently to the external actor.

8. If the MoH proceeds with the proposed engagement, triggering of the accountability mechanisms, in accordance with Steps 5 and 6 of the WHO decision tool.

### Plenary discussion

- A summary of the answers to the ST questions, which will inform the response, will be provided in the justification that follows the recommended action. The pending electronic version of the ST may help in drafting the recommendations.
- A request for assistance in using and responding to the ST may be made to the PAHO/WHO country office; it will be relayed to the PAHO regional unit and an appropriate response provided.
- The issue of Col in informal coalitions, for example regarding COP, should be considered and addressed.
- It must be borne in mind that this is a process that is seeking to improve the current situation. Work is still ongoing, and there are engagements that have to produce deliverables. Unless there are issues that are obviously untenable and unacceptable, the situation should continue as is—a closer look at CSOs in some countries may reveal that some are being funded by “undesirable” entities, but work must go on until improvements can be made. This is a practical, reasonable position, and differs from the considerations related to the inclusion of PSEs in various informal coalitions.
- In one Caribbean country there is a loose alliance of health-related CSOs with similar objectives supporting SSB taxation and COP, so Col issues are now being considered. In another country, an alliance for action is being piloted, and the lead CSO is assessing the feasibility and

benefits of working together before taking any steps to formalise the alliance.

- A lesson learned in forming alliances is that there are organisations that are often aware of Col problems and try to change, but have not been able to do so for diverse reasons, while there are others that have been “captured” by industry; they know it, and do not want to change. It is reasonable to interact with the former group and try to help them to change, but there should not be interaction with the latter group.
- HCC is aiming to adapt the ST to cover areas other than nutrition, and it may be feasible for the adaptation to be disseminated as the “HCC Barbados Meeting Scoping Tool” to distinguish it from the not-yet-final PAHO/WHO ST.

### Sharing of related industry work for GHAI 2019

#### HSFB

*Ms. Francine Charles* shared specific aspects of HSFB’s interaction with industry regarding the GHAI-funded project in support of SSB restriction in schools, SSB taxation, and COP.

- HSFB met with the executive of a major industry umbrella organisation in Barbados to provide information on the project; the industry organisation shared the industry perspective and expressed support for COP. After the results of the CADRES poll were published, HSFB received a call from the organisation proposing that the Foundation and the organisation face the media together, as partners, to respond to the findings of the poll. However, aware of Col issues, the HSFB was able to recuse itself from this partnership offer. There is a landscape for working with the private sector in Barbados, but strategies are needed to ensure that while PSEs are part of the process, they do not frustrate the planned public health interventions.
- HSFB also met with vendors and canteen operators to sensitise them to the project and related issues. BARVEN committed to exploring



“win-win” options, and expressed interest in learning more on the production, distribution, and sale of commodities that comply with the PAHO Nutrient Profile Model.

- Industry actions are exemplified by recent advertisements for a brand of SSB showing young people handing out the product to adults and children engaging in outdoor physical activity. Work now has to be done to target these specific groups and counter that intervention, and the HFSB will need to expand its approaches.
- There must be responses from the public health sector to these industry efforts, and some of the responses can be made through health advocates.
- Public health practitioners have to be just as “savvy” and proactive as industry in their approaches. Health is now more dynamic than it used to be, as public health has to be flexible and proactive to negate the effects of these industry messages.
- Industry moves very quickly—almost immediately after the CADRES poll results were launched in March 2019, a major SSB company began putting out advertisements very specific to the local population in Barbados.

## HFJ

**Ms. Barbara McGaw** highlighted aspects of the next phase of the GHAI-funded HFJ project in support of SSB restriction in schools, SSB taxation, and COP.

- HFJ will probably not be working directly with the food industry, but will focus on schools and vendors, especially as the latter group has been supportive of the efforts so far. The HFJ will also work with the Consumer Affairs Commission and the Consumer League, and address FoPL.
- The focus of the project is advocacy for an SSB tax, but it is unlikely that, if successful, the tax would be implemented before next year. However, the Minister of Health is exploring the establishment of a national health insurance scheme, and the MoH is assessing the possibility of imposing taxes on sugary drinks and other unhealthy commodities.

- A key HFJ strategy will be continued building of relationships, including with the [Broadcasting Commission](#), which is a member of the NFITF, supportive of the HFJ’s work, and has some control over advertisements on cable and local stations; with faith-based organisations; and with basic schools, among other entities.

Brief comments after the HFJ presentation noted that:

- The level of engagement to address these issues should be “from the top to the very bottom”, including integration of interventions into the granting of Food Handlers’ Permits and other regulatory systems, for sustainability.
- Sometimes it is important, and more strategic, to identify advocates—health “champions”—to take the message to the community level and counter industry messages, through writing articles, giving interviews, and other methods, rather than having public health practitioners do so.

## Strategies to manage Col: Finalising the draft HCC Col policy

**Ms. Maisha Hutton** reiterated that the current draft HCC Col policy focused on individuals, and would be strengthened regarding institutional engagements in the next revision. It would therefore include two tools that would complement each other. There would also be improvement in providing examples of scenarios that smaller CSOs could draw on for the identification, prevention, and management of Col.

She invited further feedback on the draft HCC Col policy, and comments made comprised the following:

- The Question and Answer format of the draft policy is satisfactory.
- There is need to identify common policy terminology; include the word “objective” under the purpose of the policy; and note that the guiding principles set out in the policy are really a code of conduct.
- Provision should be made for disclosure, and include the protection to be given to person disclosing.
- There should be an indication of how persons can highlight Col, under the “watchdog” section.



### **Review of meeting achievements and next steps**

In closing the meeting, Ms. Hutton offered thanks to participants for their attendance, and apologised for the relatively short lead time in inviting their participation. She noted that this had been one of HCC's smaller meetings, enabling an intimate space for dialogue, and encouraged additional feedback on the draft HCC Col policy.

Ms. Hutton expressed special thanks to PAHO; Dr. Bev. Barnett, HCC Consultant Rapporteur; Dr. Christine Chin; Professor Jeff Collin; Dr. Sarah Hill; and the HCC team that worked to convene the meeting.

# RECOMMENDATIONS

## A. GENERAL

In planning, implementing, and monitoring their interactions and collaborations with PSEs as part of their participation in multisectoral efforts for NCD prevention and control, and in mobilising resources, CSOs and other public health advocates should:

### Governance

- Include measures to prevent and manage individual and institutional Col, taking advantage of the guidance and tools provided by the HCC Col policy, and referring to, and piloting, other Col guidance and tools as needed, including the PAHO/WHO Scoping Tool.
- Be mindful of, and prepared for, relationships and collaboration not only among principals in national food and beverage industries, but also between national and international players in those industries.
- Include strategies and resources to address legal challenges that may arise.
- Work to develop, adopt, or adapt Col management tools that are simple, user-friendly, and appropriate for the unique situation in small countries and societies such as those in the Caribbean, where limited options for action and social interconnectedness are facts of life and cannot be avoided.
- Base Col management in a framework that seeks policy coherence across all public sector ministries and agencies, thus mitigating internal Col, where CSOs or non-health ministries may be working—perhaps inadvertently—with entities that produce commodities inimical to health and/or without consideration of Col issues.
- Ensure that the Col principles, policies, and mechanisms that are developed for CSOs in the region can be applied to informal, loose coalitions and alliances, as well as to more formal collaborations and partnerships.

### Advocacy and communication

- Promote and present strong evidence for the effectiveness of interventions—including from research; best practices; experiences of countries within and outside the region; and national, regional, and international frameworks and action plans—to reduce NCD risk factors such as unhealthy diet, and implement evidence-based advocacy strategies.
- Use evidence-based arguments other than health-related ones, such as the costs and impact of NCDs on productivity and the economy, to make the case for relevant policy and regulations.
- Implement public awareness and education campaigns to drum up public support for interventions that promote and support health, using not only mass media, but also social media.
- Use social media to expose Col, industry interference, and undesirable practices, for example through development of an industry interference fact sheet.

### Capacity building

- Implement mechanisms and strategies to improve their capacity to complete and assess DoI forms; perform due diligence or work with trusted partners to do so; handle discussions regarding interests declared; and negotiate with prospective partners/collaborators, to find mutually acceptable balance for interventions that allow continuation, rather than termination, of the relationships.

- Consider piloting the PAHO/WHO Scoping Tool in their respective countries among various stakeholders, including health and non-health ministries, and CSOs, with technical cooperation from PAHO/WHO, making relevant requests through the PAHO/WHO country offices.

## Research

- Conduct public opinion polls to obtain evidence that can be used to advocate for healthy public policy and a multisectoral approach to NCD prevention and control, mobilising relevant resources and/or partnering with academic and other institutions.

## Resource mobilisation

- Establish networks and supportive relationships, including at the grass-roots and community levels, that allow persons who are better-placed, or in less vulnerable positions, to counter industry and other stakeholder positions that do not support health.
- As necessary, request funding and technical cooperation from regional and/or international development and technical cooperation agencies and organisations for capacity building to prevent, identify, and manage Col.

## Accountability

- Perform their “watchdog” functions, mapping government and private sector commitments, holding governments accountable for fulfilling their commitments, and monitoring those made by PSEs.
- Document their experiences and the results of their efforts to prevent, identify, and manage Col, in order to add to relevant contextual knowledge and management, and contribute to regional and global strategies, including the development of tools that allow flexibility without endangering critical Col principles.

# B. REGARDING THE DRAFT HCC COI POLICY

In the further development of the draft HCC Col policy:

- Incorporate the three concepts of Col—individual, institutional, and structural—differentiating clearly among them and focusing the policy on managing individual and institutional Col.
- Integrate the PAHO/WHO ST as a complement to the already-included decision-making algorithm adapted from the WHO draft tool for managing Col in policy development and implementation for nutrition programmes.
- Integrate aspects of the draft World Obesity Federation Financial Engagement Policy and Policy Alignment Assessment tools as appropriate, especially items related to risk-benefit analysis.
- Maintain the current format of the draft policy, clarifying and revising, as needed, standard definitions related to Col.
- Incorporate specific feedback received from participants during the meeting on preventing and managing Col—as summarised in this report—and any additional feedback received post the meeting, as appropriate.

## CONCLUSION

The HCC-convened meeting on managing Col for NCD prevention and control in the Caribbean achieved its stated objectives. It allowed regional stakeholders and international experts to discuss and learn from each other how best to address Col issues in the context of Caribbean SIDS and their economic, social, and resource-constrained situations.

The recounting of regional experiences related to Col and exposure to international frameworks and tools for identifying and managing Col informed world-leading discussions on the prevention and management of Col in small states, countries, and societies such as those in the Caribbean region. It was agreed that a simple, user-friendly policy and associated tools to allow the HCC to better manage individual and institutional Col related to engagement with industry in NCD prevention and control would be ideal. Such a policy and its tools would allow for flexibility in managing Col, without compromise of principles and loss of reputation, integrity, or independence, and would likely have wider application to regional partners and collaborators, and to SIDs in other regions.

Though supplementary policies and tools may become necessary as the situation evolves, with more and changing evidence becoming available, the *HCC policy for managing conflict of interest in NCD prevention and control in the context of small island developing states in the Caribbean* will be a welcome addition to the armamentarium of civil society and other sectors in their quest for good governance, especially related to NCD prevention and control.



All of the materials, presentations and photos from the meeting can be found on the HCC website at

<http://bit.ly/hcc-coi>

# ANNEXES

# ANNEX 1: MEETING PROGRAMME

MEETING PROGRAMME		
MARCH 26-27, 2019   RADISSON AQUATICA, ST. MICHAEL BARBADOS		
DAY 1		
Time	Activity	
8.30 - 9.00	REGISTRATION	
	MORNING SESSION	MODERATOR: Sir Trevor Hassell
9.00 am - 9:15 am	Welcome and Introductions	Ms Maisha Hutton <i>Executive Director, HCC</i>
9.15 am - 9.30 am	Strategies to Manage Conflict of Interest: Introduction of the Draft HCC COI Policy <i>Presentation</i>	Ms Maisha Hutton
9.30 am - 10.30 am	Regional Experiences with Col Sharing from Participants <i>Civil Society Examples, Public Sector Examples</i>	MODERATOR <i>Civil Society Examples</i> 1. Ms Barbara McGaw, HFJ 2. Sir Trevor Hassell, HCC Alcohol/ NNDCs 3. Mr Ronnie Bissessar, IAHF <i>Public Sector Examples</i> 1. Antigua MOH Rep: Tobacco Legislation and Possibly SSB Tax 2. Dr Phillip Swann, Bahamas MOH and Healthy Bahamas Coalition – Col in the Public Sector and on NNDCs 3. Dr Simone Spence Director NCD Prevention Jamaica: NFITF
10.30 am - 11.00 am	HEALTH BREAK	
11.00 am - 11.15 am	Regional Experiences with Col Sharing from Participants <i>Presentations Continued</i>	
11.15 am - 11.45 am	Group Discussion	MODERATOR
11.45 am - 12.30 pm	Findings from the Regional Mapping of the Food and Beverage Sector - HCC Work - HSFB Work	Ms Jenna Thompson <i>HCC Advocacy Officer</i> Ms Francine Charles <i>HSFB GHAI Programme Coordinator</i>



12.30 pm – 1.30 pm	LUNCH AND GROUP PHOTO	
	<b>AFTERNOON SESSION</b>	<b>MODERATOR: Sir Trevor Hassell</b>
1.30pm – 2.15 pm	HCC Col Case Study Report	Professor Jeff Collin / Dr Sarah Hill <i>University of Edinburgh, Scotland</i>
2.15 pm – 3.00 pm	Group Discussion	<b>MODERATOR</b>
3.00 pm – 3.30 pm	Overview of the PAHO/WHO Scoping Tool for preventing and managing Col in Nutrition	Dr Fabio Gomes <i>Regional Advisor on Nutrition, PAHO/WHO</i> , Professor Jeff Collin <i>University of Edinburgh, Scotland</i>
3.30 pm – 3.45 pm	HEALTH BREAK	
3.45 pm – 4.45 pm	Working Session: Piloting PAHO/WHO Scoping Tool	Dr Fabio Gomes, Professor Jeff Collin
4.45 pm – 5.00 pm	Review of Day 1, Preview of Day 2 and Wrap Up	Dr Christine Chin
5.00 pm	CLOSE OF DAY 1	

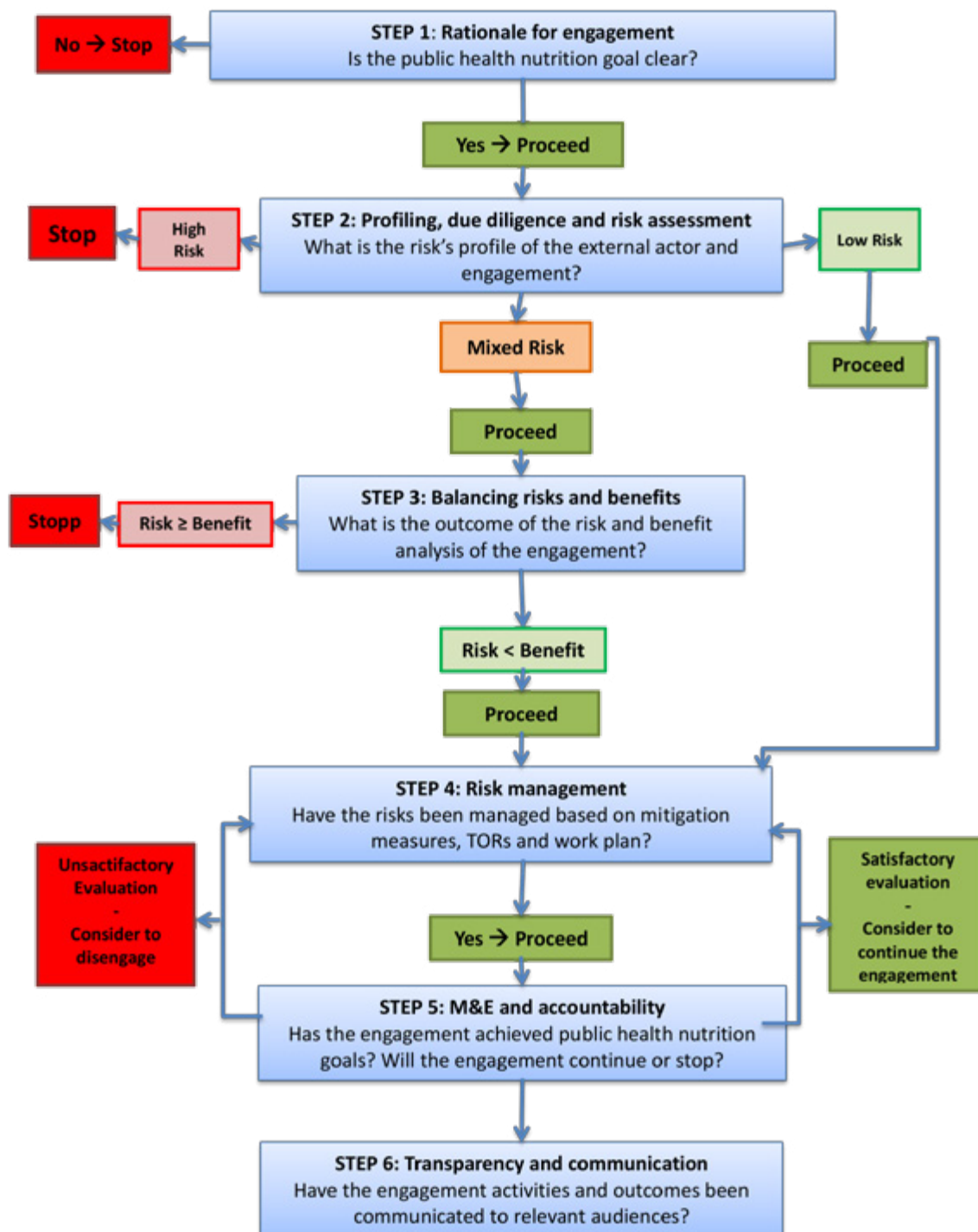
MEETING PROGRAMME MARCH 26-27, 2019   RADISSON AQUATICA, ST. MICHAEL BARBADOS DAY 2		
Time	Activity	
	<b>MORNING SESSION</b>	<b>MODERATOR: Ms Maisha Hutton</b>
9.00 am – 10.30 am	Working Session: Piloting PAHO/WHO Scoping Tool Continued	Dr Fabio Gomes, Professor Jeff Collin
10.30 am – 11.00 am	HEALTH BREAK	
11.30 am – 1.00 pm	Working Session: Piloting PAHO/WHO Scoping Tool (Continued)	Dr Fabio Gomes, Professor Jeff Collin
1.00 pm – 1.45 pm	LUNCH	
	<b>AFTERNOON SESSION</b>	<b>MODERATOR: Ms Maisha Hutton</b>
1.45 pm – 2.15 pm	Sharing of related Industry Work for GHAI 2019 – HCC, HFJ, HSFB <i>Sharing and Group Discussion</i>	Ms Francine Charles, HSFB Ms Barbara McGaw, HFJ Ms Maisha Hutton, HCC
2.15 pm – 3.15 pm	Strategies to Manage Conflict of Interest: Finalising Draft HCC Col Guide/Policy	Ms Maisha Hutton, HCC
3.15 pm – 3.30 pm	Review of Meeting Achievements and Next Steps and Evaluation	Ms Maisha Hutton, HCC
3.30 pm	CLOSE OF MEETING	

## ANNEX 2: LIST OF PARTICIPANTS

Title	First Name	Surname	Position	Organisation
Dr.	Lydia	Atkins	Health Programme Officer	OECS
Dr.	Beverley	Barnett	Consultant Rapporteur	Healthy Caribbean Coalition
Mrs.	Lisa	Bayley	Communications Consultant	PAHO
Mrs.	Abi	Begho	Public Health Project Manager	Lake Health and Wellbeing
Mr.	Ronnie	Bissessar	President	Trinidad and Tobago Heart Foundation
Mrs.	Francine	Charles	Programme Manager, Childhood Obesity Prevention	Heart & Stroke Foundation of Barbados
Dr.	Christine	Chin	Member	Cancer Society of the Bahamas
Dr.	Jeff	Collin	Professor of Global Health Policy	Global Health Policy Unit, Social Policy, School of Social & Political Science, University of Edinburgh
Dr.	Fabio	DaSilva Gomes	Advisor, Nutrition and Physical Activity, Risk Factors and Nutrition Unit, NCDs and Mental Health Department	PAHO
Mrs.	Nicole	Foster	Attorney At Law/ Lecturer/ HCC Policy Advisor	UWI Cave Hill/ Healthy Caribbean Coalition
Ms.	Renee	Franklin	Technical Director, Project Implementation Unit, Health Services Support Programme	Ministry of Health, Trinidad and Tobago
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Title	First Name	Surname	Position	Organisation
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Ms.	Barbara	McGaw	Project Manager, Global Health Advocacy Project/ Tobacco Policy Advisor	Heart Foundation of Jamaica/ Healthy Caribbean Coalition
Ms.	Samantha	Moitt	Chief Nutrition Officer	Ministry of Health, Wellness & Environment, Antigua & Barbuda
Ms.	Rachel	Morrison	Country Coordinator	Global Health Advocacy Incubator
Dr.	Madhuvanti	Murphy	Deputy Dean - Research & Postgraduate Studies Head, Public Health Group, Senior Lecturer in Public Health	Faculty of Medical Sciences, University of the West Indies, Cave Hill Campus, Barbados
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Dr.	Arthur	Philips	Senior Medical Officer of Health/ NCD Focal Point	Ministry of Health, Barbados
Mrs.	Beverley	Reddock	Vice-President	St. Vincent Diabetes and Hypertension Association
Mrs.	Stacey	Rocke Manick	Programme Manager	Family Planning Association of Trinidad and Tobago
Dr.	Simone	Spence	Acting Director, Health Promotion & Protection Branch	Ministry of Health, Jamaica
Dr.	Phillip	Swann	Registrar/Chairman	Ministry of Health/Healthy Bahamas Coalition
Ms	Jenna	Thompson	Advocacy Officer	Healthy Caribbean Coalition
Mrs.	Sheena	Warner-Edwards	Communications Officer	Healthy Caribbean Coalition
Mrs	Patsy	Wyllie	Chief Health Promotion Officer	Ministry of Health, Wellness and The Environment, St. Vincent and the Grenadines

## ANNEX 3: WHO DECISION-MAKING ALGORITHM: CoI IN NUTRITION PROGRAMMES



Source: WHO. Draft approach for the prevention and management of conflicts of interest in the policy development and implement of nutrition programmes at country level. Geneva: WHO, December 2017. <https://www.who.int/nutrition/consultation-doi/nutrition-tool.pdf>.

# ANNEX 4: PAHO/WHO SCOPING TOOL: EVALUATION OF POTENTIAL COLLABORATIONS BETWEEN MINISTRY OF HEALTH AND EXTERNAL ACTORS

## A) Actor alignment

Are the actor's core activities and values compatible with:

- Public health nutrition goals?
- Wider health and sustainable development goals?

Does the actor manufacture any product or provide any service that is incompatible with public health nutrition goals and recommendations?

Are the actor's wider policies and practices consistent with:

- Public health nutrition goals?
- Wider health and sustainable development goals?

Does the actor support, fund or have close links with other organisations whose activities are incompatible with the Ministry of Health's policy agenda and priorities?

## B) Engagement profile

Is the proposed engagement led by the Ministry of Health?

Does the proposed engagement fit with the Ministry of Health's policy agenda and priorities?

Is the proposed engagement clearly consistent with the Ministry of Health's decision-making authority and leadership?

Does the engagement offer a clear benefit to public health nutrition?

Does the engagement make adequate provision for:

- Transparency?
- Independent monitoring and evaluation?
- Accountability?

## C) Assessing Risks & Benefits

Does the proposed engagement pose significant risks to the Ministry of Health with respect to its:

- Reputation?
- Independence?
- Integrity?

Based on available evidence, is the proposed engagement with this actor likely to have a significant positive impact on:

- The effectiveness of the specific nutrition intervention?
- Parallel and/or future nutrition interventions?
- Wider health and development objectives?

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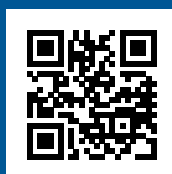
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