Global Fund needs to address conflict of interest
Anna B Gilmore & Gary Fooks

At the heart of the problems described in this round table discussion is the apparent failure by both the Global Fund and the Government of South Africa to recognize and adequately address the potential conflict between corporate interests and public health goals. In the current example involving SABMiller, the world’s second largest brewer by sales volume, a conflict of interest arises because of well-established links between alcohol use, violence (including sexual violence) and risky sexual behaviour, making alcohol a risk factor in the spread of HIV infection. Reducing alcohol use can therefore be seen as key to reducing HIV infection. Yet this inevitably conflicts with SABMiller’s underlying goal of maximizing profits from alcohol sales.

While we are unable to comment in detail on this specific case, the commentaries would suggest that the initial failure to recognize this conflict of interest lies with the South African Government, which entered into a partnership with SABMiller before the Global Fund funded this public–private partnership. Industries whose products are harmful to health are increasingly attempting to enter into such partnerships as part of their corporate social responsibility strategies. Evidence suggests that these corporate social responsibility strategies are intended to facilitate access to government, co-opt non-governmental organizations to corporate agendas, build trust among the public and political elite and promote untested, voluntary solutions over binding regulation. Furthermore, corporate social responsibility strategies, including corporate philanthropy, have also been used to create divisions among public health professionals.

The two previous commentaries highlight this very danger. The failure to recognize potential conflicts of interest between the alcohol industry and public health policies aimed at reducing the harm from alcohol is unfortunately not unique to South Africa. Most recently, despite prior calls for the recognition of such conflicts, the food and alcohol industries were invited to participate in the United Nations high-level meeting on noncommunicable diseases in what one advocate apparently likened to “letting Dracula advise on blood-bank security”. Predictably, given existing evidence on efforts by the alcohol industry to prevent effective public health policies, they pushed for voluntary rather than regulatory approaches. Similarly, the World Health Organization’s (WHO’s) strategy to reduce the harmful use of alcohol requests that Member States encourage the mobilization and engagement of all concerned social and economic groups including industry associations. This call for engagement stands in marked contrast to WHO’s approach to tobacco which, since 2000, has explicitly recognized and actively addressed potential conflicts. Indeed, WHO’s Framework Convention on Tobacco Control includes Article 5.3 which requires Parties to the treaty “to protect these [tobacco control] policies from commercial and other vested interests of the tobacco industry”.

The Global Fund is being naïve in simply exempting tobacco and arms producers from its remit. The products sold by these corporations may be unique but their conduct is unlikely to be and these two issues should not be confused. Whether a company sells cigarettes or alcohol, its main goal is to maximize shareholder returns. Policies that could reduce such returns are, therefore, antithetical to its interests. Indeed, evidence suggests tobacco and alcohol companies (with some evidence relating specifically to SABMiller) use remarkably similar strategies in their efforts both to market their products and prevent and delay effective public health policies, in some instances working collectively to this end. It is also noteworthy, given the educational component of the funded intervention, that evidence suggests that educational interventions are the least effective means of reducing alcohol-related harm, and that alcohol industry-funded educational programmes are ineffective and potentially counter-productive, like their counterparts funded by the tobacco industry.

While the need for funding will continue to drive corporate philanthropy in global health, until those developing or funding alcohol interventions address these potential conflicts better, problems such as this one under discussion will recur and the harms arising from alcohol misuse will fail to be addressed. Even in the field of tobacco control, which is arguably leading the way in this area, the drive for resources continues to result in conflicts. It is clear that robust rules for managing potential conflicts of interest are required to ensure effective philanthropy in the public interest.

Competing interests: Anna B Gilmore was part of a WHO Tobacco Free Initiative Expert Committee convened to develop recommendations on how to address tobacco industry interference with tobacco control policy.

Funding: Anna B Gilmore is a member of the United Kingdom Centre for Tobacco Control Studies, a UK Centre for Public Health Excellence funded by the British Heart Foundation, Cancer Research UK, the Economic and Social Research Council, the Medical Research Council and the National Institute of Health Research, under the auspices of the UK Clinical Research Collaboration. She is supported by a Health Foundation Clinician Scientist Fellowship. Gary Fooks is supported by grant number R01CA160695 from the United States National Cancer Institute.

References

* Department for Health, University of Bath, Claverton Down, Bath, BA2 7AY, England.
Correspondence to Anna B Gilmore (e-mail: a.gilmore@bath.ac.uk).


