Preventing and managing conflict of interest in nutrition policies and programmes

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Comprehensive implementation plan on maternal, infant and young child nutrition (WHA 65, 2012)

ACTION 1: To create a supportive environment for the implementation of comprehensive food and nutrition policies

(…) The private sector may also contribute to a better food supply and to increased employment and therefore income. Adequate safeguards to prevent potential conflicts of interest should be put in place.

Proposed activities for Member States

(…) “Establish a dialogue with relevant national and international parties and form alliances and partnerships to expand nutrition actions with the establishment of adequate mechanisms to safeguard against potential conflicts of interest”.
WHA requesting guidance on conflict of interest (WHA 65.6, 2012)

“[…] develop a 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 […]”
WHO technical consultation on “Addressing and managing conflicts of interest in the planning and delivery of nutrition programmes at country level”

• 8-9 October 2015 in Geneva, Switzerland.

• Participants:
  ➢ International experts on conflict of interest.
  ➢ International nutrition policy development and implementation experts.
  ➢ Member States (observers).
Definition of conflict of interest used in the consultation

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

- Potential, real/actual and perceived.
- Individual and institutional.
Conclusion 1: Government’s responsibility to prevent and manage conflicts of interest

Member States have a duty to ensure that undue influence – either actual or perceived – for interests other than the public good is not exerted on individuals or institutions responsible for public decision-making; as such influence would affect integrity and public trust.
Conclusion 2: conflicts of interest may arise at all stages of the policy process

MS should be aware that conflicts of interest may arise at different stages in the policy process: (i) when making a decision on the need to establish a policy; (ii) when the policy is developed; (iii) when it is implemented; and (iv) when it is monitored.
Examples of engagement: breastfeeding

- Industry sponsorship at different levels of the health system
- Industry involvement in policy and standard setting: participation in standards committees; participation as part of national delegations to Codex; influence over the setting of the policy agenda; involvement of eminent experts on industry advisory bodies
- Product endorsement by professional associations.
Examples of engagement: fortification and reformulation

- Influence over the political framing of the problem and the selection of appropriate approach/policy response (at international/national level): heavy reliance on private money; research investment and prioritization; influencing underlying assumptions; selection of experts/advisors/researchers; partnerships or donors pushing for fortification when it is not needed; de-prioritization of medium and long-term solutions; private foundations brokering and encouraging self-regulatory approach.
- Government decision-making: Influence of global political climate. Lack of independence of advisers on fortification can undermine trust and integrity. Independence of the evidence is important.
- Codex Alimentarius – conflicts of interest in Codex decision-making.
- Standard setting, needs assessments (e.g., determining the need for country-wide fortification), evaluating options (e.g., fortification versus other nutrition interventions).
- Fortification of unhealthy/highly-processed foods – illustrating the intertwined relationship between fortification and reformulation, given the multiple burden of malnutrition.
Examples of engagement: prevention of childhood overweight

• Potential for philanthropic foundations and/or private sector to influence priorities and choice of policy approaches.
• Trade liberalization driven by business interests versus weakened governments.
• Reframing the issue: this can include influencing the agenda and/or priority setting, shifting blame (from food to physical activity), shifting responsibility (from institutions to individuals), or shifting proof to one single factor.
• Interference with legislative processes: lobbying at international (Codex, etc.) and national (parliamentary, ministerial, official) levels to delay or derail regulation; pushing a culture of self-regulation, fostering partnerships that promote a voluntary approach.
• Private sector sponsorship and participation in schools.
• Imbalance of available resources: decreasing levels of public funding means increasing reliance on private finance.
• Decentralized government decision-making on policy increases opportunities for conflicts of interest.
• Revolving door policies between public and private sector.
Conclusion 3: agenda setting and policy development are the highest risk steps

private sector should not be present at the agenda setting and policy development phase
Conclusion 4: assessing when to engage with a non-state actor

MS should perform a stakeholder mapping, due diligence and risk assessment. In order to safeguard public health interests, MS need to have clarity on the identity of the non-state actor, identification of potential, real and perceived COI and the purpose and outcomes of the engagement. If the engagement is not needed/relevant or unsafe, it should be avoided.
Conclusion 5: measures to prevent conflicts of interest in case of engagement (e.g. partnership)

- A government **policy to prevent conflicts of interest** is in place;
- The **design of engagement process** is clear: governance structures; roles of the different actors; expected outcomes of the engagement and responsibility of each actor; mechanisms to sanction in case of violations;
- **Risk management tools** are in place;
- **Monitoring and accountability systems** are in place.
A tool to guide partnership opportunities and challenges in Canada

Public Health and Food and Beverage Industry Engagement: A Tool to Guide Partnership Opportunities and Challenges

**Partnership decision-making framework for food and beverage industry engagement**

**STEP 1:** Clarify the public health promotion goal and objectives for the partnership.

**STEP 2:** Explore thoroughly a potential partner for compatibilities, convergence of interests (benefits) and divergence of interests (risks).

**STEP 3:** Identify and propose a plan to manage tensions and perceived or actual conflicts of interest for the partnership.

**STEP 4:** Develop a formal agreement to clarify the terms of engagement for the partnership.

**STEP 5:** Ensure the partnership is accountable to achieve the public health promotion goal and objectives.
WHO risk assessment, disclosure and management tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes

• **Section 1: Definitions and principles**
  
  o **Definitions**: categories conflict of interest, categories of engagement, categories of non-State actors;
  
  o **General principles**: public interest, good governance, leadership, transparency and accountability;
  
  o **Conflicts of interest in the policy cycle**: examples of corporate tactics.

• **Section 2: Methodology to prevent, identify, assess and manage COI**
  
  o **Prevention** (policies, codes of conduct);
  
  o **Identification** and risk assessment (disclosure, due diligence);
  
  o Assessment and **management**
WHO risk assessment, disclosure and management tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programmes

• **Section 3: Operational tools to prevent and manage COI**
  - Legislative tools;
  - Codes of ethics/conduct;
  - Ethics Unit/focal point;
  - Transparency procedures;
  - Training of staff.
  - Others

• **Section 4: Monitoring and enforcing COI policies**
  - Monitoring and enforcement mechanisms;
  - Accountability mechanisms.
Workplan for tool development

Sources: Institutions/Actors
- UN agencies
- Regional agencies
- MoHs
- Multi-stakeholder arrangements
- Academia
- NGO’s
- Food and Beverage philanthropic foundations

Sources: Health sectors/Fields
- Food and nutrition
- Pharmaceuticals
- Tobacco
- Alcohol

Literature review 1
- COI definition
- Categories of non-state actors
- Categories of engagement

Literature review 2
- Areas/sources of COI in policy cycle
- Corporation tactics

Literature review 3
- Guidance
- Principles
- Instruments (DOI, checklists)

Literature review 4
- Case Studies
- Country practices

Report of the reviews

Tool