

I am writing on behalf:

Academia Española de Nutrición Humana y Dietética:

Giuseppe Russolillo, president of the Academy;

José Miguel Soriano, editor in Chief of Revista Española de Nutrición Humana y Dietética;

Rodrigo Martínez-Rodríguez, Centro de Análisis de la Evidencia Científica;

Manuel Moñino, Centro de Análisis de la Evidencia Científica;

Martina Misearchs, Board team of the Academy.

Consejo General de Dietistas y Nutricionistas de España:

Alma Palau, president of the Spanish Council of Dietitians and Nutritionists

General comment:

The text is clear, well elaborated and understandable for the reader. However, some comments are made regarding some definitions, and we recommend to include the management of COI for public officials in the discussion paper (it must be cited to reinforce its importance).

Specific comments:

9. Conflict of interest definition: [As stated by Matthew S. McCoy and Ezekiel J. Emanuel (Department of Medical Ethics and Health Policy, Perelman School of Medicine, University of Pennsylvania, Philadelphia): <http://jamanetwork.com/journals/jama/article-abstract/2623620>; include "potential" or "perceived" in the definition, "diminishes their seriousness and obscures the ethical rationale for trying to limit COI in medical practice and research". It is important to let know to readers that limit (not just manage) institutional and personal COIs are really important goals. We strongly recommend to do not use the words "potential" or "perceived" in the definition. The definition can be defined better as follow]: **arises in circumstances where a judgment concerning a primary interest** (related to Member States' work) **is at risk of being biased by a secondary interest** (a vested interest in the outcome of Member States' work in the area of nutrition), **resulting in possible harm to the community (public health) or the integrity of research.** The existence of conflict of interest in all its forms does not as such mean that improper action **or misconduct** has occurred, but rather the risk of such improper action occurring. Conflict of interest is not only financial, but can take other forms as well.

10. Institutional conflicts of interest: [in the same way we strongly recommend to do not use the word "perceived" in the definition] is a situation where the Member State's primary interest, as reflected in its institutional mandate to protect and promote public health, **may be at risk of being biased** by the **primary or secondary** interest of a non-State institution, **resulting in possible loss of** the independence

and objectivity of Member States 's work **or possible harm to the community (public health) or the integrity of research.**

11. Individual conflicts of interest: [...]or on the implementation of nutrition programmes (**primary interest**) may be conflicted if a **secondary** interest (financial, personal, or other non-government interest or commitment) **is at risk of being biasing** their ability to act impartially, to discharge their functions and to regulate their conduct with the interests of public health nutrition only in view. A conflict of interest does not necessarily mean that the individual involved is actually **biased or harm actually occurs, it describes a situation in which there is a risk of bias and risk of resulting harm.**

13. An entity is considered "**at arm's length**" from another entity if it is independent from the other entity, does not take instructions and is **not suspected** to be influenced in its decisions and work by the other entity. [...].

MAIN STEPS INCLUDED IN THE TOOL

About public officials COIs of the national authority. A central role is focused in the national authority as a neutral entity, but its members can also have individual and institutional COIs. Food and beverage industry uses of the "revolving door" to establish relationships with policy-makers is well described in introductory paper, and is so common not only in Australia (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4804618/>), but worldwide, including Spain. For example, AECOSAN (the national authority of Spain) until 2015 was directed by **[the name of the person has been removed by WHO]**, a known director of scientific affairs of Coca-Cola Iberia (this information is provided by government as transparency statement, but no mitigating actions exist, or are not well informed).

It arises some concerns about the integrity of some national authorities, and then much efforts should be made from WHO to ensure a COI disclosure and mitigation actions of the national authorities staff before it takes part of this tool.

The management of this kind of COI (for public officials) is well described in the "tool" document, but it is not included in the discussion paper (it must be cited to reinforce its importance).