Since the documents refer to the concept of institutional integrity that I have developed in my work on the ethics of public-private partnerships and multi-stakeholder initiatives,¹ I would like to emphasize that the guidance is significantly more permissive than the approach I propose. In my work, I focus on the ethical hazards that arise when public health agencies enter into close relations with the private sector actors. I argue for a presumption against close relations with such actors, and I contend that arm’s length relations should be the default. Where a proposed relationship would undermine the integrity of a public health agency, the agency should be advised not to enter into that relationship at all. If integrity is folded into a cost-benefit analysis (as the current guidance suggests it should be), it is likely to be overwhelmed by arguments about the potential benefits. (As I also explain in the works cited, “transformational” relationships, often lauded in partnership literature, are the kinds of relationship most likely to undermine the integrity of public health agencies.) I make these arguments in the context of broader concerns about webs of relations that private sector bodies build with government agencies, academic institutions, and civil society organizations in order to promote their commercial interests. For this reason, public health agencies should not view a proposed relationship in isolation. They should also be advised to develop strategies to counter industry influence—strategies that include but are not limited to conflicts of interest policies.