Comments on 11 April 2017 WHO discussion paper: “Safeguarding Against Possible Conflicts of Interest In Nutrition Programs” and related documents.

The authors and Nutrition program were informed that WHO will allow engagement with non-state actors as part of its Framework for Engagement with Non-State Actors and it is attempting to develop policies and guidance on conflicts of interest that will be consistent with FENSA. The nutrition programs anticipate that engagements with non-state actors can be restricted and overseen to reduce the risks from conflicts of interest. To help move this process forward the Nutrition program has issued drafts of three related documents: an introductory paper\(^1\); a discussion paper\(^2\); and a WHO nutrition tool\(^3\). These three documents articulate a process that WHO member nations can use, if they wish, to analyze and address potential conflicts of interest when they consider whether to enter into various kinds of engagements with non-state actors and to manage the conflicts of interest that can arise if they engage with non-state actors.

These reports are well-written and show considerable effort to review some of the pertinent literature. My other commitments do not allow me sufficient time to comment on the text in detail and there is much that could be said. I only make a few points about limitations in the general approach and framework.

1) The documents do not use definitions of conflicts of interest that follow the traditional way the term is used in law or the main way it has been used in government regulations, public employment contracts, by the OECD, the World Bank, by most corporations, or in public policy. Instead, it uses variations of more popular definitions used in medical journals recently. Using these more recent definitions and employing variations of these definitions causes conceptual confusion and muddies the water. It would be better to employ the more traditional definitions to remain faithful to the concept.\(^4\)

2) These three documents articulate an open-ended process to address conflicts of interest. The approach is notable in that it does not provide any clear standard on what kinds of conflicts of interest should not be accepted. It does not recommend that nations establish a standard that would preclude acceptance of certain kinds of conflicts of interest resulting from engagement with certain non-state actors. It therefore allows and perhaps even encourages nations to enter into engagements that create conflicts of interest. This approach creates unnecessary risks.

3) The three documents suggest that nations should perform cost-benefit analyses to decide whether the risk of identified potential conflicts of interest are worth the benefits derived from the activities or partnerships that create the conflicts of interest. Conflicts of interest is a distinct concept and it confuses matters to suggest that nations should just
conduct a cost-benefit analysis of proposed partnerships and that conflicts of interest are one part of the cost-benefit analysis. Because this cost-benefit analysis approach is combined with the absence of any standards that would limit activities or partnerships, this approach will allow justifying the acceptance of nearly any activity, transaction or partnership despite the presence of conflicts of interest. It will often incorrectly lead policymakers to believe that conflicts of interest disappear if the analysts conclude that the benefit of the conflict exceeds its cost. This approach makes it hard to preclude, restrict or manage any activities or partnership or to effectively manage any conflicts of interest.

4) The section on monitoring and evaluation and accountability (step 5) suggests that engagement with non-state actors should be evaluated only based on whether certain public health goals are achieved. However, there are risks that conflicts of interest will compromise objectives and values of nations other than their public health goals. Any evaluation of conflicts of interest should not be limited to determining whether the engagement compromises the nutrition and public health goals. For example, a manufacturer of vitamin supplements or a manufacturer of vitamin-fortified foods could be said to have the same goal as a government nutrition programs that seeks to address population-wide vitamin deficiencies. Nevertheless, if the manufacturer entered into a partnership with the nutrition program, there is a conflict of interest. The manufacturer wants the government to address the nutritional problem with an approach that would rely on using the manufacturer’s products. The government program, on the other hand, can meet its nutritional goals in multiple ways and might well achieve a better result using an approach that was not in the interest of the manufacturer.

5) I believe that these reports will lead some member nations to under-estimate the real risks of conflicts of interest from many kinds of engagement with non-state actors and to also incorrectly conclude that these conflicts of interest can be easily managed using a transparent process and cost-benefit analysis of risks and benefits.

References


2 Safeguarding Against Possible Conflicts Of Interest In Nutrition Programmes: Draft Approach For The Prevention And Management Of Conflicts Of Interest In The Policy Development And Implementation Of Nutrition Programmes At Country Level. 11 September 2017.


Rodwin, Marc A. “Conflicts of Interest in Medicine: Should We Contract, Conserve, or Expand the Traditional Definition and Scope of Regulation?” *Journal of Health Care Law and Policy*. [Forthcoming, spring, 2018].