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

INTRODUCTORY PAPER

1. BACKGROUND

The Comprehensive implementation plan on maternal, infant and young child nutrition, endorsed at the Sixty-fifth World Health Assembly (WHA) in 2012 recommends the creation of "a supportive environment for the implementation of comprehensive food and nutrition policies" and calls on Member States to "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 "[1].

Resolution WHA65.62 requested the Director-General to "develop 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".

Furthermore, decision WHA67(9)[2] requested the Director-General to "convene informal consultations with Member States to complete the work, before the end of 2015, on risk assessment and management tools for conflicts of interest in nutrition, for consideration by Member States at the Sixty-ninth World Health Assembly".

In response to this request, the Secretariat convened a technical consultation on "Addressing and managing conflicts of interest in the planning and delivery of nutrition programmes at country level"[3] in Geneva between 8 and 9 October 2015. The technical consultation brought together experts from different fields such as nutrition, health systems, noncommunicable diseases (NCDs), legal, economic and social sciences. In addition, a diversity of stakeholders, including public officials from the six WHO regions, experts from non-governmental organizations (NGOs) and from multi-stakeholder initiatives, academic researchers, lawyers and experts from other United Nations (UN) agencies working on the area of "Partnerships" participated. Member States were invited as observers to overview the process.

[1] Resolution WHA65.61: http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_R6-en.pdf
[2] http://apps.who.int/gb/ebwha/pdf_files/WHA67-REC1/A67_2014_REC1-en.pdf#page=81
[3] http://apps.who.int/iris/bitstream/10665/206554/1/9789241510530_eng.pdf

Following the outcome of the technical consultation, the Secretariat developed a draft "Approach on the prevention and management of conflicts of interest in the policy development and implementation of nutrition programmes at country level".

2. SCOPE AND AUDIENCE

The approach proposes a methodology, composed of an introductory paper with general principles of engagement and a tool. Member States may consider following this approach in their engagement with non-State individuals and institutions[4] ("external actors") for the prevention and management of conflicts of interest (COI) in the area of nutrition. The approach targets government officials involved in the development, design, and implementation of public health nutrition policies and programmes.

3. PROCESS OF DEVELOPMENT

To develop the proposed approach, WHO has considered different procedures and practices on prevention and management of COI, including those adopted by UN agencies, governmental bodies, NGOS and health professional organizations. WHO has also reviewed the scientific literature on COI in policy development for NCDs; categories of COI, non-State institutions and individuals, purpose and forms of engagement; comparison of corporate tactics between the tobacco and food and beverage industries.

COI prevention and management guidance and tools were reviewed from the following entities:

(a) WHO (internal guidance at the institutional and individual level; technical guidance at country level on the tobacco and pharmaceutical sectors);
(b) UN agencies members of the UN Standing Committee on Nutrition (UNSCN)[5] and UN Development Programme (UNDP);
(c) Governments (Organization for Economic Co-operation and Development (OECD) and World Bank (WB) databases and other documents);
(d) WHO Collaborating Centres focusing on nutrition;
(e) NGOs in official relations with WHO focusing on nutrition;

[4] Note that the WHO Framework of Engagement with non-State Actors (FENSA) refers to "actors" for "institutions". Since individuals are also addressed in this document, the term "institutions" is explicitly used for clarity purposes.

[5] Members of UNSCN include: Food and Agriculture Organisation (FAO); International Atomic Energy Agency (IAEA); International Fund for Agricultural Development (IFAD); United Nations Special Rapporteur on the right to food; UN System Chief Executives Board for Coordination (CEB); UN Office for the Coordination of Humanitarian Affairs (OCHA); UN Environmental Programme (UNEP); United Nations Children's Fund (UNICEF); United Nations Department of Economic and Social Affairs (UN-DESA); United Nations High Commissioner for Refugees (UNHCR); UN Women; World Food Programme (WFP); World Health Organization (WHO). Biodiversity International is an associate member.

(f) Health professional associations;
(g) Multi-stakeholder initiatives focusing on nutrition and NCDs;

Reviews of the scientific literature on the following topics were also performed:
(a) Processes and critiques on COI for NCD policy development;
(b) Categories of COI, non-State institutions and individuals, purpose and forms of engagement;
(c) Corporate tactics from the food and beverage industries (comparison with tobacco industry);
(d) Country case studies.

The proposed approach was developed to be consistent and in line with WHO's overall policies and practices including, *inter alia*, the WHO Framework of Engagement with non-State actors (FENSA)[6]. The approach also acknowledges the differences and specificities of addressing COI in the area of nutrition at country level.

4. GENERAL PRINCIPLES

a. Understanding COI

- A **COI** arises in circumstances where there is potential for a secondary interest (a vested interest in the outcome of the government's work in the area of nutrition) 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 (related to the government's work). The existence of COI in all its forms does not, as such, mean that improper action has occurred, but rather the risk of such improper action occurring. COI is not only financial, but can take other forms as well (Adapted from WHO, 2016b).

- An **institutional COI** is a situation where the government's primary interest, as reflected in its institutional mandate, to protect and promote public health, may be unduly influenced by the COI of a non-State institution in a way that affects, or may reasonably be perceived to affect, the independence and objectivity of the government's work. For the government, the potential risk of institutional COI could be highest in situations where the interest of non-State institutions or individuals, in particular economic, commercial or financial, are not aligned with the government's public health policies, institutional mandate and interests. (Adapted from WHO , 2016b)

[6] http://www.who.int/about/collaborations/non-state-actors/en/

- An **Individual COI** can involve public officials or non-State individuals. Individual people engaged to work on the development of nutrition policies, or the implementation of nutrition programmes may be conflicted if a private interest (financial, personal, or other non-government interest or commitment) interferes—or appears to interfere—with 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 COI does not necessarily mean that the individual involved is actually conflicted: the perception of a COI alone may create a negative image. (Adapted from WHO, 2017a).

b. Categories of non-State individuals and institutions

COI can arise when interacting with external actors of two distinct types: "non-State institutions"; and "non-State individuals" who may provide advice, expertise, or be otherwise associated with the development of policies or the implementation of nutrition programmes.

For the purpose of this document**, non-State individuals** are individuals belonging to the below-mentioned categories of non-State institutions or individuals acting in their individual capacity.

For the purpose of this document, **non-State institutions** are: 1) nongovernmental organizations (NGOs); 2) private sector entities; 3) philanthropic foundations; and 4) academic institutions.

1. **Nongovernmental organizations** are non-profit entities that operate independently of governments. They are usually membership-based, with non-profit entities or individuals as members exercising voting rights in relation to the policies of the nongovernmental organization, or are otherwise constituted with non-profit, public-interest goals. They are free from concerns that are primarily of a private, commercial or profit-making nature. They could include, for example, grassroots community organizations, civil society groups and networks, faith-based organizations, professional groups, disease-specific groups, and patient groups. (WHO, 2016b)

2. **Philanthropic foundations** are non-profit entities whose assets are provided by donors and whose income is spent on socially useful purposes. They shall be clearly independent from any private sector entity in their governance and decision-making. (WHO, 2016b)

3. **Academic institutions** are entities engaged in the pursuit and dissemination of knowledge through research, education and training. (WHO, 2016b)

4. **Private sector entities** are commercial enterprises, that is to say businesses, which are intended to make a profit for their owners. The term also refers to entities that represent, or are governed or controlled by, private sector entities. This group includes (but is not limited to) business associations representing commercial enterprises, entities not "at arm's length"[7] from their commercial sponsors, and partially or fully State-owned commercial enterprises acting like private sector entities.

An entity is considered **not at "arm's length"** from another entity if it is dependent from the other entity, takes instructions from it and is clearly influenced, or clearly reasonably perceived to be influenced, in its decisions and work by the other entity (Adapted from WHO, 2016b).

This concept should be taken into account in the risk assessment and management of COI since, when entity A is **not at "arm's length"** from entity B (because it is dependent on or influenced by entity B), the government can decide to consider entity A as entity B for the purposes of assessing relevant risks and/or applying relevant provisions of its internal laws and procedures designed for engagement with entity B.

Although the term "at arm's length" does not cover individuals, for the purpose of this document, the same concept is applied to them.

c. Contributions, purpose and forms of engagement

- **Engagement** refers to any formalized interaction with the non-State individual or institution, ranging from a donation to a partnership.

- **Contributions** refer to the resources that an external actor may provide when proposing to engage such as funding, delivery of in-kind goods and services, or providing technical expertise.

- **Purpose of engagement** refers to the impact of the activity performed by the non-State individual or institution will have at different phases of the policy cycle (policy development, implementation or monitoring) (Kraak et al., 2014; Swinburn et al., 2015). The purpose for engagement may be to address an unmet need, to focus on specific under-resourced priorities, or to create synergy to add value to efforts to achieve a

[7] 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 clearly not influenced or clearly not reasonably perceived to be influenced in its decisions and work by the other entity (WHO, 2016b).

nutrition or public health goal (Alexander et al., 2015; CDC, 2014; Johnston et al., 2015; Kraak and Story, 2015; Kraak et al., 2012).

- ***Appendix 1**: Example of purpose of engagement according to the different phases of the policy cycle and activity performed by the external actors.*

- **Forms of engagement** are means or channels to shape the purpose of engagement. The same purpose of engagement can be established through different forms. These forms: 1) charitable (such as donations); 2) transactional (such as sponsorships); and 3) transformational (such as multi-stakeholder platforms) are described below.

a) **Charitable:** Charitable engagements occur when non-State institutions or individuals provide financial or material contribution to a governmental agency, either through an anonymous or acknowledged donation (Kraak et al., 2011; Prescott and Stibbe, 2017). It is important to stress that charity, in its strict definition, involves gifting or donating without expectations of return. However, evidence has shown that these practices may be used in some cases to influence policy-makers (Adams, 2016; Mialon et al,. 2016). In this light, altruistic charity (as distinct from strategic charity) should be identified as different.

b) **Transactional:** Transactional engagements occur when government and non-State institutions or individuals combine their resources to achieve a given mission or goal. Examples of transactional engagements are contractual services, public-private partnerships or sponsorship. Transactional engagements involve more sustained interaction between government and non-State institutions or individuals as well as higher levels of resources (Kraak et al., 2011; VicHealth, 2011).

c) **Transformational:** Transformational engagements occur when governmental agencies and non-State institutions or individuals establish networks to address large-scale social or political challenges. Examples of transformational engagements are multi-stakeholder platforms. Transformational engagements involve the highest level of interaction and resources, they usually have a broad scope of activity and are characterized by managerial complexity (Kraak et al., 2011;Prescott and Stibbe, 2017).

- ***Appendix 2**: Examples of forms of engagement.*

5. ETHICAL, LEGAL AND REGULATORY INSTRUMENTS

(a) Overarching principles of engagement

By applying the following overarching principles**,** government's engagement with non-State institutions and individuals may be successful if it:

1. conforms with governments's agenda and demonstrates a clear benefit to public health and nutrition;
2. respects governments's decision-making authority and leadership over the engagement in all settings;
3. does not compromise governments ' s integrity, independence and reputation;
4. is aligned and coherent with other governments' s policies and objectives, such as those related to NCDs and the Sustainable Development Goals (SDGs);
5. conforms with internationally recognized human rights standards governments are a State Party to;
6. is conducted on the basis of evidence, as well as transparency, independent monitoring and accountability.

(b) Principles for prevention of COI

- **Appropriateness of role (or activity):**

The appropriateness of the activity or role performed by the external actor can be conceptualized by assessing: (a) the alignment with topic (or field) of engagement and (b) the commercial or other interests in the topic (or field) of engagement (Hawkins et al., 2014; Jernigan, 2012; Kearns et al., 2015)

COI are most likely to happen where the external actor core activity includes goods (either as manufacturers or sellers or promoters) that contribute to unhealthy diet (non-aligned with public health nutrition goals) (Jernigan, 2009; Lyness et al., 2014; Tesler et al., 2008).

COI are least likely to happen with external actors whose core activity is aligned with nutrition goals (e.g. those with a core activity that can be associated with promoting healthy lifestyles: insurance companies, sport items manufacturers, fruit and vegetable companies) or is not directly connected with the issues or topic, but nevertheless have critical resources to bring to the table, such as technology companies (Gomes, 2015; Prescott and Stibbe, 2017).

- ***Appendix 3****: Examples of the application of the "Appropriateness of roles" principle in the prevention COI.*

The second element to assess the appropriateness depends on the a specific phase of the policy cycle. Policy development and policy monitoring are sensitive phases of the policy cycle with regards to occurrence of COI.

Policy development consists of agenda setting, policy formulation and decision-making (Howlett et al., 2009). In this phase of the policy cycle, involvement of private sector entities (regardless of their alignment with public health nutrition goals) has particular potential to give rise to COI because, as highlighted in the previous paragraph, private sector entities hold a role in the commercial sector which is likely to unduly influence policy development-related activities. Evidence shows that there have been attempts by food and beverage industries to shape policy-making, in an approach similar to that used by the tobacco industry (Mialon et al.,2016). Since awareness is the first preventive measure to be taken, governments may want to consider information and evidence related to the different tactics and entry points which have the potential to affect the achievement of nutrition goals (WHO, 2016a). WHO recommends that national governments have the primary authority to develop policies that create equitable, safe, healthy and sustainable food environments to prevent and control undernutrition, obesity and NCDs (WHO, 2013).

- ***Appendix 4****: Examples of corporate strategies, tactics and mechanisms from the food and beverage indutries*

This is also in keeping with the policies adopted by WHO to protect its normative work and its role as a standard setting agency. For instance, private sector stakeholders can be consulted in meetings, but they are excluded from actual decision-making because of the potential COI (WHO, 2012; WHO, 2016b). Furthermore, financial and in-kind contributions from private sector entities to WHO's programmes are only acceptable if, amongst other conditions, they are not used for normative work (WHO, 2016b).

As for monitoring and evaluation, overarching principle of engagement number six recognizes that the process is to be independent and evidence-based. Therefore, engagement of the private sector or not-for-profit sector not at arm's length from the latter should be treated with great caution, as the commercial interests in the outcome of the evaluation may have the potential to compromise the independence of the process (Adams et al.,2010).

- **Government leadership in all settings, including multi-stakeholder initiatives:**

Governments should ensure that engagement with external actors is government-led, regardless of the form of engagement chosen. Within the parameters set by the government, joint collaboration and decision-making can take place among the actors involved (State and non-State). In order to preserve their leadership over the rules of engagement and the management of COI issues, governments should also be aware of and adequately address power imbalances when engaging with non-State entities or individuals (Buse et al., 2017). A power imbalance is expressed when one actor is potentially able to influence, formally or informally, decision-making disproportionately in ways that are

detrimental to other stakeholders and/or to the objectives of the engagement. This is of special relevance if the government chooses to engage through transformational forms of engagement where the level of managerial complexity is higher.

- **Policy coherence and whole-of-government approaches:**

Policy coherence and whole-of-government approaches are important in the context of nutrition COI prevention. Other ministries may have different goals from the Ministry of Health (MOH) with regards to a specific nutrition intervention, and non-State institutions not aligned with the MOH may in fact be aligned with other government sectors.

The adoption of the Sustainable Development Goals (SDGs) should facilitate the coherence and indeed, one of the targets of SDG 17 is to enhance "Policy Coherence for Sustainable Development" (PCSD), which is critical to the implementation of the SDGs (OECD, 2015b).

To support governments in achieving PCSD, the OECD has also developed a number of screening tools, against which policy-makers can review their institutional arrangements and practices (OECD 2016a; OECD 2016b; OECD 2016c, OECD 2016,d).

- ***Appendix 5****: Examples of coordination and screening practices.*
- ***Appendix 6****: Examples of screening tools developed by OECD to support governments in achieving Policy Coherence for Sustainable Development (PCSD).*

(c) Legal framework on accountability and transparency

Transparent and accountable regulations create an environment of legal clarity and stability and are the basis of public trust in governmental institutions (WHO, 2014c). One of the most important legally-binding treaties that encourage States Parties to develop a transparent and accountable legal framework is the United Nations Convention Against Corruption (UNCAC) (UNODC, 2004). Although the convention is not specifically designed for COI, it is still an important reference point because of the relationship between COI and corruption. The two concepts are distinct but interrelated. On one hand, a COI, if not properly managed, may lead to an act of corruption or to criminal offenses addressed by the Convention, such as abuse of function (Article 19), illicit enrichment (Article 20) or obstruction of justice (Article 25) (OECD, 2008). On the other hand, an act of corruption can create a COI, so that measures designed to prevent corruption are also effective to address COI.

- ***Appendix* 7**: *Non-exhaustive sample of international instruments related to corruption and COI.*

(d) International human rights standards

Governments' efforts to address COI should also be aligned with, and guided by, relevant internationally recognised human rights standards. These include, but are not limited to, the right to food and the right to the highest attainable standard of health. Application of human rights standards in actions aimed at avoidance of COI provide a useful basis for understanding and recognizing the obligations of governments to ensure that engagement with non-State individuals and institutions does not lead to neglect or violations of citizens' legal entitlements, as stipulated under international and nationals laws governments are a State Party to.

The right to food is part of the right to an adequate standard of living, as expressed in Article 25 of the Universal Declaration of Human Rights and Article 11 of the International Covenant of Economic, Social and Cultural Rights (ICESCR). It implies access to a minimum package of calories but also to nutritional elements that allow people to develop mentally and physically in a healthy way (CESCR, 1999). In a nutshell, it is a right to adequate food in quantity and quality. The right to food is distinct from the concept of food security, but it is connected to it. Indeed, food security is a precondition for the full enjoyment of the right to food (OHCHR, 2010). (CESCR, 1999).

The right to health is enshrined in the WHO constitution, and recognized in a number of international human rights treaties, including under Article 12 of the ICESCR, Article 24 of Convention on the Rights of the Child (CRC) (1989), and Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979). It encompasses not only health care, but also the underlying determinants of health, including an adequate supply of safe food (CESCR, 2000). Under the CRC, the right to health of the child implies combating malnutrition and making sure that people have access to basic knowledge about infant nutrition, such as the advantages of breastfeeding, and are supported in the use of it. The respect/protect/fulfil framework also applies to the right to health, so that governments have a duty to refrain from violating the right, but also to oversee the behaviour of third parties, including private sector entities, and to take steps for the progressive realization of the right (CESCR, 2000).

Governments can choose the most appropriate national strategies to fulfil their human rights obligations, taking into account the economic, social and cultural context. A range of possible measures that countries can consider include:

(a) Evaluate non-State actors' human rights records. (CESCR, 1999). This should occur prior to engagement with the non-State actor. Factors that countries may consider include human rights risks and impacts related to the activities of the non-State actor, as well as how such issues are addressed by the entity.

(b) Evaluate the impact of engagement on public capacity to fulfil human rights obligations.. In a nutrition context, this will focus on the effects of engagement on public health interventions related to the right to health and the right to food. (CESCR,2000)

(c) Use human rights and nutrition instruments in ways that can reinforce each other. For example, the Committee on the Rights of the Child has recognized that implementation of the International Code of Marketing of Breast-Milk Substitutes (1981) is one way for States to realize the right to health of children. Conversely, many articles of the CRC support the general aims of the Code (WHO, 2017b).

(d) Recognize the links between different human rights. This can be demonstrated by examples from country practice. In Brazil, for example, the right to food is seen as part as the right to education—if the state fails to provide food to children, it is also failing to provide education (WHO, 2016a).

APPENDICES

APPENDIX 1: **Example of purpose of engagement according to the different phases of the policy cycle and activity performed by the external actors.**

Actors	Policy development	Policy implementation	Policy monitoring and evaluation
Health-related civil society and philanthropic organizations	Provide advocacy and social-movement building skills to create an enabling environment for national governments and UN agencies to uphold strong legislation to support this issue. Offer clear guidelines for voluntary engagement and disengagement with transnational industrial actors through alliances and partnerships.	Use media advocacy to raise public awareness about the global costs of an unhealthy diet, to strengthen public support for restrictions on HFSSFBP and establish strong accountability systems that include financial penalties for non-compliant companies and industry sectors that do not protect young people from the marketing of HFSSFBP.	Conduct and publish independent monitoring and evaluations of progress achieved by Member States and transnational industrial actors to restrict the marketing of HFSSFBP.
National governments of Member States	Set clear goals and targets to restrict young people's exposure to branded HFSSFBP.	Enact legislation and regulation in accordance with Resolution WHA63.14 and the 2016 ECHO report and establish performance targets that use a standardized, government-defined, nutrient-profiling model across national borders and continents, accompanied by a timeline for expected outcomes.	Strengthen voluntary industry self-regulatory programmes, support the monitoring of expenditure on – and practices in – the marketing of HFSSFBP and enable regulatory bodies to hold non-compliant companies accountable for young peoples' exposure to such products – via all media platforms.
Transnational industries	Adopt the UNGC's Responsible Business Practices and commit to clear goals and targets set by national governments to restrict young people's exposure to branded HFSSFBP. Protect children and adolescents by not opposing government actions to implement strong legislation and regulation.	Implement competitive business plans to reduce young people's exposure to branded HFSSFBP, and shift marketing resources and product portfolios from such products towards nutrient-dense products, to help young people meet dietary targets.	Demonstrate transparency and cooperation by sharing relevant information on websites and with independent monitoring bodies to monitor and evaluate progress made to restrict the marketing of HFSSFBP to young people within and across countries and globally.
WHO headquarters and regional offices	Support Member States by integrating the marketing of breast-milk substitutes, infant foods and HFSSFBP into a strong Code of Conduct, with long-term funding to support robust monitoring, reporting and accountability systems.	Provide Member States with technical assistance to adopt a standardized, global nutrient-profiling model and to enact policies and legislation to restrict marketing of HFSSFBP to young people.	Publish regular updates on the progress achieved by Member States to fully implement Resolution WHA63.14 by 2025.

ECHO: Commission on Ending Childhood Obesity; HFSSFBP: high-fat, salty and/or sugary food and beverage products; UN: United Nations; UNGC: United Nations Global Compact; WHA: World Health Assembly; WHO: World Health Organization.

Source: Kraak VI, Vandevijvere S, Sacks G, Brinsden H, Hawkes C, Barquera S, Lobstein T, Swinburn B. (2016) Progress achieved in restricting the marketing of high-fat, sugary and salty food and beverage products to children. Bull World Health Org.;94:540–548. http://www.who.int/bulletin/volumes/94/7/15-158667.pdf.

APPENDIX 2: Examples of forms of engagement

- **Example of charitable forms of engagement:** A food, beverage company or philanthropic foundation donates funding or resources such as food or beverage products or water to address domestic or global hunger or emergency relief for a natural disaster.
- **Example of transactional forms of engagement:** A food company engages with the government to sponsor a scientific meeting or conference where the corporate brand is visible.
- **Example of transformational forms of engagement:** The government engages in a multi-stakeholder platform to tackle all forms of malnutrition based on information exchange and dialogues.

APPENDIX 3: Examples of the application of the "Appropriateness of roles" principle in the prevention COI

Example 1: At the institutional level

(a) A logistics company or a sugar sweetened beverage company (SBB) wants to partner with the Ministry of Health (MOH) to sponsor events for the promotion of physical activity. Nutrition is indeed central to the SSB Company's expertise and commercial activity, whilst it is not for the logistics company. If the MOH were to engage with the SSB Company, there would be potential for a negative impact on children's health as well as on the reputation of the MOH.

Example 2: At the individual level

(a) A health professional is a medical doctor and a pharmacist at the same time. This would lead to COI as the medical doctor can take advantage of the position to prescribe drugs that would be later sold in the pharmacy.

(b) An expert has a relationship with a pharmaceutical company marketing medication for type 2 diabetes. He/she may not be invited to be part of a guideline group recommending treatment for obesity but could be considered for a meeting on iodine fortification.

APPENDIX 4: Examples of corporate strategies, tactics and mechanisms from the food and beverage indutries (Source:Mialon et al., 2016)		
Strategies	**Tactics**	**Mechanisms**
Information and messaging	**Lobby policy-makers**	Lobby directly and indirectly (through third parties) to influence legislation and regulation so that it is favourable to the industry
	Stress the economic importance of the industry	Stress the number of jobs supported and the money generated for the economy
	Promote de-regulation	Highlight the potential burden associated with regulation (losses of jobs, administrative burden)
		Demonise the 'nanny state'
		Threaten to withdraw investments if new public health policies are introduced
	Frame the debate on diet- and public health-related issues	Shift the blame away from the food industry, e.g. focus on individual responsibility, role of parents, physical inactivity
		Promote the good intentions and stress the good traits of the food industry
		Emphasise the food industry's actions to address public health-related issues
	Shape the evidence base on diet- and public health-related issues	Fund research, including through academics, ghost writers, own research institutions and front groups
		Pay scientists as advisers, consultants or spokespersons
		Cherry pick data that favours the industry
		Disseminate and use non-peer reviewed or unpublished evidence
		Participate in and host scientific events
		Provide industry-sponsored education materials
		Suppress or influence the dissemination of research
		Emphasise disagreement among scientists and focus on doubt in science
		Criticise evidence, and emphasise its complexity and uncertainty
Financial incentive	**Fund and provide financial incentives to political parties and policy-makers**	Provide donations, gifts, entertainment or other financial inducements
Constituency building	**Establish relationships with key opinion leaders and health organisations**	Promote public-private interactions, including philanthropic, transactional and Transformational relationships

		Support professional organisations through funding and / or advertising in their publications
		Establish informal relationships with key opinion leaders
	Seek involvement in the community	Undertake corporate philanthropy
		Support physical activity initiatives
		Support events (such as for youth or the arts) and community-level initiatives
	Establish relationships with policy-makers	Seek involvement in working groups, technical groups and advisory groups
		Provide technical support and advice to policy-makers
		Use the "revolving door", i.e. ex-food industry staff work in government organisations and vice versa
	Establish relationships with the media	Establish close relationships with media organisations, journalists and bloggers to facilitate media advocacy
Legal	**Use legal action (or the threat thereof) against public policies or opponents**	Litigate or threaten to litigate against governments, organisations or individuals
	Influence the development of trade and investment agreements	Influence the development of trade and investment agreements such that clauses favourable to the industry are included (e.g., limited trade restrictions, mechanisms for corporations to sue governments)
Policy substitution	**Develop and promote alternatives to policies**	Develop and promote voluntary codes, self-regulation and non-regulatory initiatives
Opposition fragmentation and destabilization	**Criticise public health advocates**	Criticise public health advocates personally and publicly, e.g. through the media, blogs
	Create multiple voices against public health measures	Establish fake grassroots organisations ('astroturfing')
		Procure the support of community and business groups to oppose public health measures
	Infiltrate, monitor and distract public health advocates, groups and organisations	Monitor the operations and advocacy strategies of public health advocates, groups and organisations
		Support the placement of industry-friendly personnel within health organisations

APPENDIX 5: Examples of coordination and screening practices

a) Policy coherence and whole-of-government-approach

Example of COI due to a lack of policy coherence: Engagement with non-health-related ministries

A beverage (SBB) company establishes a partnership with the Ministry of Education (MOE) to develop material for schools. In exchange, the company asks the MOE to have its logo in all the books and school material given to children as a form of acknowledgement. As an institution, the MOE has (in principle) no COI with the SSB Company. Nonetheless, in the context of protection and promotion of public health, including prevention of NCDs and childhood overweight and obesity, the MOE may help the beverage company to promote its products in a child-related setting. Moreover, it would promote the company's image through association with the government. This may jeopardize Ministry of Health (MOH) efforts to fight childhood overweight and obesity.

b) Examples of practices to enhance policy coherence

National practices at the central level. (OECD, 2016a)

One important approach is to ensure central oversight over formulation, implementation and impact of policy and regulations. OECD countries have established Cabinet Sub-Committees or Cabinet Committees, which may provide an opportunity for the relevant authority charged with coordination (e.g. SDG focal point) to know about activities at the ministerial level. These committees also facilitate internal dialogue and the sharing of information across ministries.

Collective cabinet responsibility. (ECDPM, 2017)

In this practice, all ministries have to support publicly the decisions of the cabinet. This creates incentives for policy coordination across sectors, as support for a given proposal is needed from ministries working on different areas. Usually, a designated officer or body is in charge of overseeing policy coordination. Alternatively, there may be a regular consultation system across ministries, with intermediate steps such as circulating draft proposals for comments.

APPENDIX 6: Examples of screening tools developed by OECD to support governments in achieving Policy Coherence for Sustainable Development (PCSD)

Analytical Framework:

Policy inter-linkages

- Have economic, social and environmental policy inter-linkages (synergies and trade-offs) been considered?
- How do the planned policy outputs contribute to achieve SDGs?
- How do the actions to attain one SDG (e.g. food security) support or hinder progress in other SDGs (e.g. water or health)?

Institutional Framework:

Awareness and understanding of sustainable development, SDGs, and PCSD

- Are the concepts of sustainable development, SDGs and PCSD well understood by the public?
- What efforts have been made to develop clear, widely accepted and operational objectives and principles for achieving the SDGs?
- How do the SDGs inform policy-making?
- Has the role of PCSD been considered for implementing SDGs?

Monitoring Framework: Measuring policy interactions ➢ Have the critical interactions across SDGs and Targets been mapped out? Have potential synergies and trade-offs been identified? Have PCSD priority areas been identified based on these interactions? Can existing indicators at national and subnational level be used to capture policy interlinkages and examine co-relations across sectors(OECD, 2016a.)

APPENDIX 9: Non-exhaustive sample of international instruments related to corruption and COI

1. UNODC Guidelines on thematic areas around the UN Convention Against Corruption, including:
(a) National Anti-Corruption Strategies, A practical Guide for Development and Implementation (UNODC, 2015) (b) Guidebook on Anti-corruption in Public Procurement and the Management of Public Finances (UNODC, 2013) (c) Reporting on Corruption, a resource tool for governments and journalists (UNODC, 2013b)
2. Other Instruments
- Independent Commission Against Corruption, Managing COI in the Public Sector, a toolkit (ICAC/CMC, 2004) - Inter-American Convention Against Corruption (OAS, 1996) - The Economic Community of West African States Protocol on the Fight Against Corruption (ECOWAS, 2001) - The African Union Convention on Preventing and Combating Corruption (AU, 2003) - The International Code of Conduct for Public Officials (UN, 1996) - The Council of Europe: Model Code of Conduct for Public Officials (Council of Europe, 2000) - European Union, Guidelines on the Prevention and Management of COI in EU Decentralized Agencies (EU, 2013) - OECD Recommendations on Guidelines for Managing COI in the Public Service (OECD, 2003)

REFERENCES

- Adams, P. (2016). Moral Jeopardy Risks of Accepting Money from the Alcohol, Tobacco and Gambling Industries, 2016. Cambridge: Cambridge University Press.

- Adams, Peter J., Stephen Buetow, and Fiona Rossen. (2010). Poisonous Partnerships: Health Sector Buy-in to Arrangements with Government and Addictive Consumption Industries. Addiction 105 585-90.

- Alexander N., Rowe S., Brackett RE, Burton-Freeman B., Hentges EJ, Kretser A., Klurfeld DM, Meyers LD, Mukherjea R, Ohlhorst S. (2015) Achieving a transparent, actionable framework for public-private partnerships for food and nutrition research. *Am J Clin Nutr.* ;101(6):1359-1363. http://dx.doi.org/10.3945/ajcn.115.112805.

- Centers for Disease Control and Prevention. (2014) CDC's guiding principles for public-private partnerships: a tool to support engagement to achieve public health goals. Atlanta, GA: CDC,. https://www.cdc.gov/partners/pdf/partnershipguidance-4-16-14.pdf .

- European Centre for Development Policy Management (ECDPM). (2017). Policy Coherence and the 2030 Agenda : Building on the PCD Experience. Discussion Paper No 210. Available at : http://ecdpm.org/wp-content/uploads/DP210-Policy-Coherence-2030-Agenda-Mackie-March-2017.pdf

- Gomes da Silva, F. (2015). Conflicts of interest in food and nutrition. Cad. Saude Publica.Brazil. 31(10):1-8 Available at:http://www.scielo.br/pdf/csp/v31n10/en_0102-311X-csp-31-10-2039.pdf

- Hawkins, B, and J McCambridge. (2014). Industry Actors, Think Tanks, and Alcohol Policy in the United Kingdom. *American Journal of Public Health*. 104, no. 8 1363-9.

- Howlett, M. M. Ramesh and Perl A. (2009). Third edition. Studying Public Policy: Policy Cycles and Policy Subsystems, Toronto, Oxford University Press.

- Jernigan, D. H. (2012). Global Alcohol Producers, Science, and Policy: The Case of the International Center for Alcohol Policies. *American Journal of Public Health* 102, no. 1 80-89.

- Jernigan, DH. (2009). The Global Alcohol Industry: An Overview. Addiction 104, no. Suppl 1: 6-12.

- Johnston LM, Finegood DT. (2015) Cross-sector partnerships and public health: challenges and opportunities for addressing obesity and noncommunicable diseases through engagement with the private sector. *Annual Review of Public Health*. 36:255-271. http://dx.doi.org/10.1146/annurev-publhealth-031914-122802**.**

- Kearns, Cristin E., Stanton A Glantz, and Laura A. Schmidt. (2015). Sugar Industry Influence on the Scientific Agenda of the National Institute of Dental Research's 1971 National Caries Program: A Historical Analysis of Internal Documents. PLoS Med 12, no. 3: e1001798.

- Kraak VI, Harrigan P, Lawrence M, Harrison P, Jackson M, Swinburn B. (2011) Balancing the benefits and risks of public-private partnerships to address the global double burden of malnutrition. *Public Health Nutr.*;15(3):503–517.

- Kraak VI, Story M. (2015). Guiding principles and a decision-making framework for stakeholders pursuing healthy food environments. *Health Affairs*.;34(11):1972–1978. http://dx.doi.org/10.1377/hlthaff.2015.0635.

- Kraak VI, Swinburn B, Lawrence M, Harrison P. (2014). An accountability framework to promote healthy food environments *Pub Health Nutr.*;17(11):2467–2483. https://doi.org/10.1017/S1368980014000093.

- Lyness, SM, and J. McCambridge. (2014). The Alcohol Industry, Charities and Policy Influence in the Uk. *European Journal of Public Health* 24, no. 4 557-61.

- Office of the High Commissioner for Human Rights. (1989). Convention on the Rights of the Child. New York: United Nations. Available at: http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx.

- Office of the United Nations High Commissioner For Human Rights (OHCHR). (1966). International Covenant on Economic, Social and Cultural Rights. New York: United Nations. Available at: http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx.

- Office of the United Nations High Commissioner For Human Rights (OHCHR). (2010). The Right to Adequate Food. Fact Sheet No. 34. Geneva: OHCHR. Available at: http://www.ohchr.org/Documents/Publications/FactSheet34en.pdf.

- Organisation for Economic Co-operation and Development (OECD). (2002). *Glossary of Statistical Terms. Corruption*. Available at: https://stats.oecd.org/glossary/detail.asp?ID=4773.

- Organisation for Economic Co-operation and Development (OECD). (2003a). Managing Conflict of Interest in the Public Service: OECD Guidelines and Country Experiences. Available at: http://www.oecd.org/gov/ethics/managingconflictofinterestinthepublicservice.htm.

- Organisation for Economic Co-operation and Development (OECD). (2003b). Recommendation of the Council on Guidelines for Managing COI in the Public Service. Paris: Organisation for Economic Cooperation and Development. Available at: http://www.oecd.org/governance/ethics/2957360.pdf.

- Organisation for Economic Co-operation and Development (OECD). (2007). *Corruption. A Glossary of International Criminal Standards.* Paris, France: OECD Publishing. Available at: http://www.oecd.org/corruption/anti-bribery/39532693.pdf.

- Organisation for Economic Co-operation and Development (OECD). (2008). Managing COI: frameworks, tools, and instruments for preventing, detecting, and managing COI. Manila; Paris: Asian Development Bank; Organization for Economic Co-operation and Development. Available at: https://www.oecd.org/site/adboecdanti-corruptioninitiative/40838870.pdf.

- Organisation for Economic Co-operation and Development (OECD). (2015). *Government at a Glance 2015. Paris: Organisation for Economic Cooperation and Development*. Available at: http://www.oecd-ilibrary.org/governance/government-at-a-glance-2015_gov_glance-2015-en.

- Organisation of Economic Co-operation and Development (OECD). (2015b). Policy Coherence for Sustainable Development in the SDG Framework, Shaping Targets and Monitoring Progress. Available at: http://www.oecd.org/development/pcd/Note%20on%20Shaping%20Targets.pdf

- Organization of Economic Co-operation and Development (OECD). (2016a). The Framework for Policy Coherence for Sustainable Development. Available at : http://www.oecd.org/pcd/Framework_Generic%20Module_PCD(2016)1.pdf

- Organization of Economic Co-operation and Development (OECD). (2016b). The Framework for Policy Coherence for Sustainable Development, Thematic Module-Food Security. Available at : http://www.oecd.org/pcd/Framework_Thematic%20Module_Food%20Security_PCD(2016)2.pdf

- Organization of Economic Co-operation and Development (OECD). (2016c). The Framework for Policy Coherence for Sustainable Development, Thematic Module-Green Growth. Available at : http://www.oecd.org/pcd/Framework_Green%20Growth_PCD(2016)4.pdf

- Organization of Economic Co-operation and Development (OECD). (2016d). The Framework for Policy Coherence for Sustainable Development, Thematic Module- Illicit Financial Flows. Available at : http://www.oecd.org/pcd/Framework_Thematic%20Module_Illicit%20Financial%20Flows_PCD(2016)3.pdf

- Organisation for Economic Co-operation and Development (OECD). (2017). *A Governance of Regulators. Creating a Culture of Independence. Practical Guidance Against Undue Influence*. Paris France: OECD Publishing.

- Organization of American States (OAS). (1996). Inter-American Convention Against Corruption (B-58). Washington: Organization of American States. Available at: http://www.oas.org/en/sla/dil/docs/inter_american_treaties_B-58_against_Corruption.pdf.

- Prescott, D., and Stibbe, D. (2017). Better together: Unleashing the Power of the Private Sector to Tackle Non-Communicable Diseases. Oxford, Geneva; London: The Partnering Initiative; UICC; BUPA.

- Swinburn BA, Kraak VI, Rutter H, Vandevijvere S, Lobstein T, Sacks G, Gomes F, Marsh T, Magnusson R. (2015). Strengthening accountability systems to create healthy food environments and reduce global obesity. *The Lancet*.;385(9986):2534–2545. http://dx.doi.org/10.1016/S0140-6736(14)61747-5

- Tesler, Laura E., and Ruth E. Malone. (2008). Corporate Philanthropy, Lobbying, and Public Health Policy. *American Journal of Public Health* 98, no. 12 2123-33.

- VicHealth. (2011) The partnership analysis tool. A resource for establishing, developing and maintaining partnerships for health promotion. Australia: Victoria Health Promotion Foundation.

- World Health Organization (WHO). (2012). Resolution WHA 65.6. Maternal, infant and young child nutrition. In: Sixty-fifth World Health Assembly, Geneva, 2012. Geneva: World Health Organization. Available at: http://apps.who.int/gb/ebwha/pdf_files/WHA65/A65_R6-en.pdf?ua=1&ua=1.

- World Health Organization (WHO). (2013). Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Geneva: WHO.

- World Health Organization (WHO). (2014a). Comprehensive Implementation Plan on Maternal Infant and Young Child Nutrition. Geneva: World Health Organization. Available at: http://apps.who.int/iris/bitstream/10665/113048/1/WHO_NMH_NHD_14.1_eng.pdf.

- World Health Organization (WHO). (2014c). Health Governance for Medicines: Model Framework. Geneva: World Health Organization. Available at: http://apps.who.int/medicinedocs/documents/s21548en/s21548en.pdf.

  World Health Organization (WHO). (2016a). Addressing and Managing Conflicts of Interest in the Planning and Delivery of Nutrition Programmes at Country Level. Report of a technical consultation convened in Geneva, Switzerland in 2015. Geneva: World Health Organization. Available at: http://www.who.int/medicines/publications/essentialmedicines/Executive-Summary_EML-2015_7-May-15.pdf?ua=1.
- World Health Organization (WHO). (2016b). Engagement with non-State actors (FENSA). Report by the Director General. EB140/41. Geneva: World Health Organization. Available from: http://apps.who.int/gb/ebwha/pdf_files/EB140/B140_41-en.pdf.

  World Health Organization (WHO). (2016c). Obesity and overweight [website]. Available at: http://www.who.int/mediacentre/factsheets/fs311/en/.
- World Health Organization (WHO). (2016d). Resolution WHA69.8. United Nations Decade of Action on Nutrition (2016–2025). In: Sixty-Ninth World Health Assembly, Geneva, 2016. Geneva: World Health Organization. Available at: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R8-en.pdf.

- World Health Organization (WHO). (2017a). Code of Ethics and Professional Conduct. Geneva: World Health Organization. Available at: http://www.who.int/about/ethics/code_of_ethics_full_version.pdf?ua=1.

- World Health Organization (WHO). (2017b). The International Code of Marketing of Breast-Milk Substitutes. Frequently Asked Questions. 2017 Update. Available at : http://apps.who.int/iris/bitstream/10665/254911/1/WHO-NMH-NHD-17.1-eng.pdf?ua=1