



**Conflicts  
of Interest  
COALITION**

*The Conflicts of Interest Coalition comprises 161 civil society organisations united by the common objective of safeguarding public health policy-making against commercial conflicts of interest through the development of a Code of Conduct and Ethical Framework for interactions with the private sector.*

## **Statement on the Occasion of the High-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of NCDs (10-11 July 2014) and Informal Hearing to provide input to the review (19 June 2014).**

The Conflict of Interest Coalition/Network \* was founded in June 2011 at this Assembly with a specific objective to help safeguard the United Nation's integrity and independence and to ensure its ability to protect health and public health policy setting from commercial influence when dealing with policies related to noncommunicable diseases (NCDs).

Our '*Statement of Concern*,' sent to the UN President and the co-facilitators of the UN High Level Meeting on NCDs in September 2011, focuses on the lack of clarity regarding the role of corporations and their business interest associations in public policy-making and the urgent need to identify, manage and avoid conflicts of interest.

The Statement has been endorsed by 161 public health groups and networks representing more than 2,000 groups in most Member States and relates to the marketing of unhealthy foods, alcohol and tobacco products that continue to be a major contributor to the annual toll of 36 million deaths due to NCDs.

As new multi- and bi-lateral trade agreements are emerging, it is critically important that the UN and WHO, as the lead authority on this issue, support and defend Member States' rights and duty to protect public health through effective legally-binding controls on marketing.

We are calling on the UN to recognize the need for clarity and action on both individual and institutional conflicts of interest and propose that the following definitions may be useful:

*"[Individual] conflicts of interest are defined as circumstances that create a risk that professional judgements or actions regarding a primary interest will be unduly influenced by a secondary interest."*<sup>1</sup>

*"Institutional conflicts of interest arise when an institution's own financial interest or those of its senior officials pose risks of undue influence on decisions involving the institution's primary interests."*<sup>2</sup>

### References

- 1 Lo, B. and M. Field, Inst of Med. (US) Committee on Conflict of Interest in Medical Research, Education and Practice, Eds. (2009).
- 2 *Conflict of interest in medical research, education and practice*. Washington DC, National Academics Press, cf.

\* *The Conflict of Interest Network (COIN) is the formally constituted organisation that builds on the Conflict of Interest Coalition Statement.*

Our organisations strongly support the objective of raising the profile of NCDs globally.

## We call on the UN to:

- 1 Recognise and distinguish between industries, including business-interest not-for-profit organisations (BINGOs) and public interest non-governmental organisations (PINGOs), that are both currently under the ‘Civil Society’ umbrella without distinction.**
- 2 Develop a ‘Code of Conduct’ that sets out a clear framework for interacting with the private sector and managing conflicts of interest, and which differentiates between policy development and appropriate involvement in implementation.**

Since the major causes of preventable death are driven by diseases related to tobacco, unhealthy diet, physical inactivity and alcohol drinking, we are concerned that many of the proposals to address NCDs call for ‘partnerships’ in these areas with no clarification of what this actually means.

Public-private partnerships in these areas can counteract efforts to regulate harmful marketing practices.

It is essential that a strong and clear policy on conflicts of interest is established by the international community to provide Member States with guidance to identify conflicts, eliminate those that are not permissible and manage those considered, based on thorough risk/benefit analysis, acceptable. Transparency, although an essential requirement and first step, is not a sufficient safeguard in and of itself against negative impacts of conflicts of interest.

### **We propose that the following framework be used as a basis for a ‘Code of Conduct’ for industry**

The policy development stage should be free from industry involvement to ensure a “health in all policies” approach, that is not compromised by the obvious conflicts of interests associated with food, alcohol, beverage and other industries, which are primarily answerable to shareholders.

These industries should, of course, be kept informed about policy development, through stakeholder briefings for example, but should not be in an influencing position when it comes to setting policy

and strategies for addressing public health issues, such as NCD prevention and control.

While it is important for these industries to be in dialogue during the policy development process, this should be as a means of informing the process relating to practical issues rather than as members of the policy development team.

Industries are both part of the NCD problem and the solution. It is vital therefore to engage them in the most appropriate way when implementing policy and not when developing policy, to ensure that public health policy is protected from commercial interests.

Without this approach, WHO’s principles of democratic policy-making for health, its constitutional mandate of the attainment of the highest possible level of health for all, and its independence, integrity and effectiveness will be undermined. Without such a policy, conflicts of interest can become institutionalised as the norm, impacting on the authority of governments. Industries with a strong interest in the outcome will increasingly assume greater roles in policy and decision shaping. This can fundamentally compromise and distort international and national public health priorities and policies.

The conflict of interest concern is not limited to the direct involvement of industry. UN agencies, including the WHO, are unanimous in recognising the important contributions NGOs make in the area of public health and are aware of the growth of these organisations in their numbers and influence in health at global, regional and national levels, including in the area of NCDs. However, WHO and others have so far not made a clear distinction between BINGOs (business-interest not-for-profit NGOs that are set up by, representing or closely linked to, business interests) and PINGOs (public-interest NGOs). This failure to distinguish between the two groupings exacerbates any existing lack of transparency and complicates implementation of any procedures which aim to manage the role of these actors in policy and standard-setting consultations. In the Civil Society Interactive Hearing on 16th June, there was no clear differentiation between groups within civil society. The voice of civil society ought to reflect only public health interests.

The safeguards in Article 5.3 of the Framework Convention on Tobacco Control, the WHO International Code of Marketing of Breast-milk Substitutes, the Resolutions on Infant and Young Child Nutrition and the Global Strategy on Diet, Physical Activity and Health can be used among other helpful tools to establish measures that go beyond individual conflicts of interests, and address institutional conflicts of interest.

In summary, we call on the UN to recognise and distinguish between BINGOs and PINGOs that are currently under the ‘civil society’ umbrella and to develop a ‘Code of Conduct’ framework for industry engagement that differentiates between policy development and appropriate involvement in implementation that complies with existing regulations and the principles established in the Code of Conduct. We ask for the UN to consider our comments and take them into account for the UN High Level Meeting in September.

*The above statement was sent to the President of the UN General Assembly in September 2011. See cover page for further developments.*

1. Access to Essential Medicines Campaign - Médecins Sans Frontières (Global)
2. ACTIS Norwegian Policy Network on Alcohol and Drugs (Norway)
3. Active – sobriety, friendship and peace (Europe)
4. Affaires Européennes et Internationales (France)
5. Aktionsgruppe Babyhahrung (Germany)
6. Alcohol Action Ireland (Ireland)
7. Alcohol Focus Scotland (Scotland)
8. Alcohol Health Alliance (UK)
9. Alcohol Policy Youth Network (Europe)
10. All India Drug Action Network (India)
11. Alliance Against Conflict of Interest (AACI) (India)
12. Alliance for the Control of Tobacco Use (ACT) Brazil
13. Arugaan (Philippines)
14. Association for Accountancy and Business Affairs (UK)
15. Association for Consumer's Action on Safety & Health (India)
16. Association Nationale de Prévention en Alcoologie et Addictologie (ANPAA) (France)
17. Australian Breastfeeding Association (Australia)
18. Baby Feeding Law Group (UK)
19. Baby Milk Action (UK)
20. Balance North East Alcohol Office (UK)
21. Bangladesh Breastfeeding Foundation (Bangladesh)
22. Biomedical Research Centre for Maternal and Child Healthcare (Italy)
23. Birth Light (UK)
24. Blue Cross Norway (Norway)
25. Borstvoeding vzw (Belgium)
26. Brazilian Institute for Consumers Defense (IDEC) (Brazil)
27. Brazilian Front for the Regulation of Food Advertising (Brazil)
28. Breastfeeding Friends (United Arab Emirates)
29. Breastfeeding Network (UK)
30. Breastfeeding Promotion Network of India (India)
31. British Liver Trust (UK)
32. British Society for the Study of Liver Disease (UK)
33. Calgary Breastfeeding Matters Group Foundation (Canada)
34. Campaign for Development and Solidarity (FORUT) (Norway)
35. Cancer Research UK (UK)
36. Canterbury Breastfeeding Advocacy Services (New Zealand)
37. Caroline Walker Trust (UK)
38. Centre for Counselling Nutrition and Health Care (Tanzania)
39. Centre for Science in the Public Interest (Canada)
40. Consensus Action on Salt and Health (UK)
41. Consumers Korea (Korea)
42. Consumer Organization of South Sulawesi (Indonesia)
43. Consumers International (Global)
44. Corporate Accountability International (USA)
45. Corporate Europe Observatory (Europe)
46. Declaration de Berne (Switzerland)
47. Diabetes Association Norway (Norway)
48. Earth Dharma Farm (USA)
49. Ecowaste Management Coalition (Philippines)
50. El Poder del Consumidor (Mexico)
51. Estonian Temperance Union
52. Ethics and Health Foundation (UK)
53. European Alcohol Policy Alliance – Eurocare (Europe)
54. European Heart Network (Europe)
55. European Childhood Obesity Group (ECOG)
56. European Mutual Help Network for Alcohol Related Problems (EMNA) (Europe)
57. Europe Third World Centre (CETIM) (Europe)
58. Food Ethics Council (UK)
59. Geneva Infant Feeding Association (Switzerland)
60. Global Action Against Poverty (GAAP) (Global)
61. Global Alcohol Policy Alliance (GAPA)
62. Handicap International Federation (Switzerland)
63. Health Action Information Network (Global)
64. Health Action International Africa
65. Health Action International Asia Pacific
66. Health Action International Global
67. Health Action International Europe
68. Health Action International Latin America
69. Health Care Without Harm (Global)
70. Health Consumer Protection (Thailand)
71. Health Equity Initiatives (Malaysia).
72. Health Innovation in Practice (Switzerland)
73. Health Poverty Action (UK)
74. Heart of Mersey (UK)
75. Hypertension Prevention and Control CIHR HSFC (Canada)
76. INFACT Canada (Canada)
77. Indian Alcohol Policy Alliance (India)
78. Indian Medico-legal & Ethics Association (IMLEA) (India)
79. Initiativ Liewensufank (Luxembourg)
80. Initiative for Health & Equality in Society (India)
81. International Association for the Study of Obesity (Global)
82. International Association of Consumer Food Organisations (IACFO) (Global)
83. International Baby Food Action Network (Global)
84. International Baby Food Action Network Europe
85. International Baby Food Action Network Latin America
86. International Baby Food Action Network Asia
87. International Baby Food Action Network Arab World
88. International Baby Food Action Network Africa
89. International Baby Food Action Network Oceania
90. International Baby Food Action North America
91. International Code Documentation Centre (Malaysia)
92. International Federation of Blue Cross (Global)
93. International Institute for Legislative Affairs (Kenya)
94. International Insulin Foundation (UK)
95. International Society for Behavioural Nutrition & Physical Activity (Global)
96. International Union Against Tuberculosis & Lung Disease (Global)
97. Institute of Alcohol Studies (UK)
98. Institute of Nutrition of the Rio de Janeiro State University (Brazil)
99. Institute for Development and Community Health – LIGHT (Vietnam)
100. Instituto Alana Projeto Criança e Consumo from Instituto (Brazil)

101. IOGT International (Global)
102. IOGT-NT0 (Sweden)
103. Kazan Federal University, Department of Basic and Clinical Pharmacology, Russian Federation
104. Kikandwa Rural Communities Development Organization KIRUCODO (Uganda)
105. Lactation Consultants of Great Britain (UK)
106. Malaysian Breastfeeding Association (Malaysia)
107. Medicus Mundi International Network (Switzerland)
108. Medsin UK (UK)
109. Midwives Information and Resource (UK)
110. Mozambique Ministry of Health
111. Nada India Foundation (India)
112. National Childbirth Trust (UK)
113. National Heart Forum (UK)
114. National Institute of Alcohol and Drug Policies (Brazil)
115. Navdanya Research Foundation for Science Technology & Ecology (India)
116. Nepal Breastfeeding Promotion Forum (Nepal)
117. Network for Accountability of Tobacco Transnationals (Global)
118. No Excuse Slovenia (Slovenia)
119. No grazie, pago io (Italy)
120. Nordic Work Group for International Breastfeeding Issues (NAFIA)
121. Norwegian Cancer Society (Norway)
122. Norwegian Health Association (Nasjonalforeningen for folkehelsen) (Norway)
123. Norwegian Heart and Lung Patient Organisation (Norway)
124. Oakland Institute (CA, USA)
125. Osservatorio Italiano Sulla Salute Globale (Italy)
126. Oxfam International (Global)
127. People's Health Movement (Global)
128. Prevention Institute (USA)
129. Research and Advocacy for Health, Education , Environment (Pakistan)
130. Royal College of General Practitioners (UK)
131. Royal College of Midwives (UK)
132. Royal College of Paediatrics and Child Health (UK)
133. Royal College of Physicians (UK)
134. Save Babies Coalition (Philippines)
135. Scottish Health Action on Alcohol Problems (Scotland)
136. Sining Yapak (SIYAP) (Philippines)
137. StopDrink Network (Thailand)
138. Sustain Children's Food Campaign (UK)
139. Sweet Enough Network (Thailand)
140. Swaziland Infant Nutrition Action Network (Swaziland)
141. Sumy Youth Regional NGO, Gender Agency on Consultation and Information (Ukraine)
142. Thai Breastfeeding Centre (Thailand)
143. The Corner House (UK)
144. The Informative Breastfeeding Service (TIBS) Trinidad and Tobago
145. Trade Union of Nutritionists of the State of Sao Paulo (Brazil)
146. Universities Allied for Essential Medicine (Global)
147. UK Faculty of Public Health (UK)
148. Vereniging voor Begeleiding en Bevordering van Borstvoeding VBBB (Belgium)
149. War on Want (UK)
150. WEMOS (The Netherlands)
151. Western Cape Dept. of Health and the School of Public Health, University of Cape Town (South Africa)
152. Women Concern Forum of South Sulawesi (Indonesia)
153. Women's Environmental Network (UK)
154. World Action on Salt and Health (WASH) (Global)
155. World Alliance for Breastfeeding Action (Global)
156. World Cancer Research Fund International (Global)
157. World Association of Clubs of Alcoholics in Treatment (WACAT) (Italy/Global)
158. World Lung Foundation (Global)
159. World Organisation of Family Doctors (WONCA) (Global)
160. World Public Health Nutrition Association (Global)
161. Young Professionals Chronic Disease Network (Global)

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