

September 29, 2017

COMMENTARY ON SAFEGUARDING AGAINST POSSIBLE CONFLICTS OF INTEREST IN NUTRITION PROGRAMMES

The Healthy Latin American Coalition (CLAS, for its abbreviation in Spanish) sends this document aimed to provide recommendations and suggestions for the World Health Organization draft entitled “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.” We hope to contribute a perspective from civil society from the countries of Latin America.

CLAS is the regional non-communicable diseases (NCDs) alliance for Latin America, representing over 250 non-government organizations, whose purpose is to prevent and control NCDs in this region. Its members include medical societies, patient organizations, health NGOs, consumer protection organizations, religious entities, and academic institutions. Founded in 2011, CLAS is focused on reducing inequities, protecting human rights, and promoting effective policies with an impact on risk factors and determinants of NCDs.

We welcome this WHO initiative as CLAS strongly believes that the number one obstacle for the development and implementation of nutrition related policies has been the interference of the ultra-processed food and sugar sweetened beverage industries. Advances in nutrition policies in our region have been mired in conflicts between the public health community and public minded policy makers, on the one hand, and the lobby and well-funded efforts of these industries.

We suggest considering the following points:

- 1. Complexity.** Overall we think the proposed process is very complex and time consuming. While well-resourced countries might be able to implement it, countries in our region of the Americas, particularly the smaller ones, will have difficulty to do so. Additionally, even smaller countries have large numbers of potential partners and entities they will have to evaluate, making it quite onerous. Complexity conspires against its applicability and use.
- 2. Definitions:** criteria for defining COI should be more clearly specified to avoid individual interpretations regarding when an organization or entity has a COI. It is necessary to set a list of actors that is inclusive but not limited to tobacco and arms industries.
- 3. Target audience.** We believe that there are officials in larger well-resourced countries that are currently very aware of COI issues and might find the proposed process helpful. However, the audience for this process needs to be those that need to become more aware and require a simpler mechanism to support their decision-making.
- 4. National-regional-global.** Many of the same conflicts of interest with same entities repeat themselves in country after country. The proposed process contemplates action at the national level but it might be appropriate to include collaborations across borders that might be more effective and efficient as well.

5. Civil society's role. The proposed process makes the assumption that Ministries of Health and other government authorities act in the best interest of public health. This is sometimes not the case and it is the role of civil society to act to ensure COI are denounced and call on governments to give priority to public health. This important role of civil society is not mentioned. It should be formalized with clear roles and responsibilities.

6. Policy coherence. The assumption that “the government’s primary interest” is “to protect and promote public health” will not be universally shared across government ministries, and therefore gives little guidance to officials in Ministries of Health in seeking to explore COI in issues that relate to trade, taxation, agriculture and many other areas of economic and social policy. The guidance needs to better support efforts to promote policy coherence, as required by the Sustainable Development Goals.

7. Capacity building. In our region there are many excellent opportunities for South-South collaboration and capacity building across sectors that can contribute to reducing (ideally, eliminating) COI. This angle is not sufficiently emphasized in the proposed process.

8. Ultraprocessed food and beverage industry and its front groups. While COI might emanate from many different sectors, including government agencies, the significant role of the ultraprocessed food and beverage industry, and its front groups, is such that it might require special treatment in this proposed process.

9. Pilot testing. While the more complex proposed process might require pilot testing, such step might delay action for a year or more. We believe that a simpler mechanism can be put in place sooner and not require involved pilot testing.

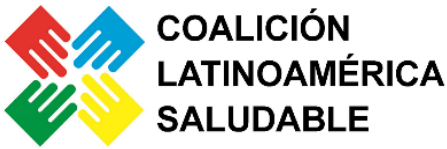
Recommendations:

1. Consider a two-step process that allows a simple initial process for smaller countries initiating this effort. Red-flags in the simple process might call for further evaluation. More accessible and limited list of guiding questions or key principles, of no more than one page, can be used by time-constrained officials who are seeking to engage with COI issues for the first time, and to establish this as an important part of the policy process.

2. Consider processes at the supra-national level, for entities that are themselves trans-national, and might represent a COI.

3. Consider incorporating the role of civil society as a “watchdog” in part to promote action by governments regarding COI. Civil society might also play a role in providing information to help evaluate potential COI as well as act to reduce COI within its own ranks.

4. There is great urgency to have COI mechanism to reduce COI. We recommend implementation of a simpler mechanism earlier, while possibly a more complex one might be studied further or pilot tested.



We want to again congratulate this WHO initiative that we are certain required an enormous amount of work to develop and is refreshingly innovative. It is also timely and needed as the issues of COI are thorny and require mechanisms to address them. We are ready to cooperate as necessary to reach the proposed objectives and thus promote and health for all peoples.

Copies to:

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CLAS members

Signatories to CLAS include:

- InterAmerican Heart Foundation (IAHF) and its affiliates FIC Mexico, FIC Argentina, FIC Bolivia and IAHF Caribbean
- Consumers International Latin America
- ACT Saude Publica Brazil
- El Poder del Consumidor
- Alianza por la Salud Alimentaria (Alliance for Healthy Nutrition)
- Instituto de Investigaciones en Salud y Nutrición (ISYN), Quito, Ecuador
- Healthy Caribbean Coalition, CARICOM countries
- Alianza para el Control de ECNT Chile (NCD Alliance Chile)
- Frente por un Chile Saludable (Front for a Healthy Chile)
- Fundación EPES, Santiago, Chile
- Centro de Investigación para la Epidemia de Tabaquismo, CIET-Uruguay (Center for Research in the Tobacco Epidemic)
- Instituto Nacional de Cáncer, Uruguay (National Cancer Institute)
- Instituto Brasileiro do Defesa do Consumidor IDEC (Brasil) (Brazilian Institute for the Defense of Consumers)
- FEMAMA, Porto Alegre, Brasil
- Educar Consumidores (Colombia) (To educate consumers)
- Fundación Colombiana de Obesidad (Funcobes)
- Mesa por las ENT Colombia (NCD Forum)
- Alianza ENT-Perú (NCD Alliance Peru)
- FUNDEPS (Fundación para el Desarrollo de Políticas Sustentables) Argentina (Foundation for the development of sustainable policies)
- SLACOM Sociedad Latinoamericana y del Caribe de Oncología Médica (regional)
- Coalición México Salud-Hable (México) (NCD Alliance for Mexico)
- Public Health Institute
- World Cancer Research Fund International
- World Public Health Nutrition Association

See footnote below for website with other CLAS members

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