

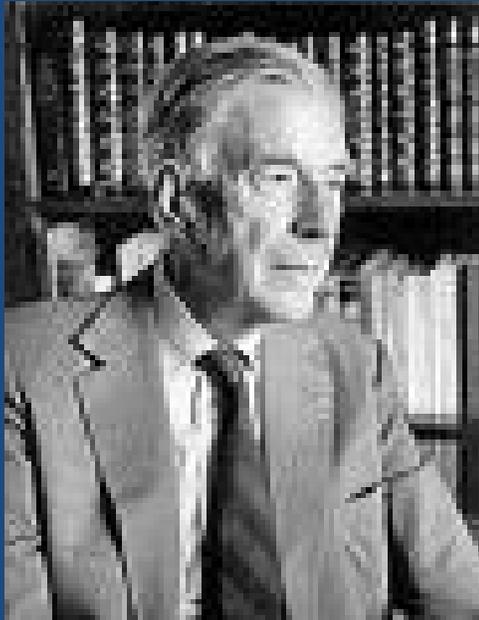
# Limiting Corporate Interference in Health Policy: *Lessons from across Tobacco, Alcohol and Food.*

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“The institution that most changes our lives we least understand *or, more correctly, seek most elaborately to misunderstand.* That is the modern corporation. Week by week, month by month, year by year, it exercises a greater influence on our livelihood and the way we live than unions, universities, politicians and government.”

— JK Galbraith, *The Age of Uncertainty*, 1977.

**TIME  
TO DELIVER**



Third UN High-level Meeting  
on Non-communicable Diseases

27 September 2018, New York

**Draft Political Declaration of the third high-level meeting of the General Assembly  
on the prevention and control of non-communicable diseases**

**TIME TO DELIVER: Accelerating our response to address NCDs for the health  
and well-being of present and future generations**

# **A triumph of optimism (*and ideology*) over experience (*and evidence*)?**

Predicated on interlinked commitments to:

- Partnership and voluntarism
- ‘Choice’ and individualism
- Tobacco exceptionalism

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OP14. Scale up efforts to use information and communications technologies, including e-health and m-health and other innovative solutions, through, inter alia, promotion of public-private partnership to accelerate ambitious action towards the prevention and control of non-communicable diseases;

including international cooperation and Official Development Assistance, and continue exploring voluntary innovative financing mechanisms and partnerships, including with the private sector, to advance action at all levels;

OP27. Engage with the private sector, taking into account national health priorities and objectives for their meaningful and effective contribution to the implementation of

# Partnerships as “the only way”?



“(W)e’re also engaging with the private sector, who will be crucial partners in achieving health for all. The Framework of engagement with non-state actors, adopted by this Assembly last year, provides the guardrails for that engagement, but FENSA is not a fence. **We must use whatever partnerships are open to us, in whatever way we can, to achieve our goal. We have to believe in partnerships – that’s the only way.**”

- Dr Tedros Adhanom Ghebreyesus, Director-General of the WHO,  
World Health Assembly, May 2018



## Partners in global health?



In January 2018, the Global Fund and Heineken announced a new partnership, joining forces to further advance the goal of ending HIV, tuberculosis and malaria as epidemics in Africa. In this partnership, Heineken's supply chain experts will work with Global Fund logistics planners to improve supply chain, to better deliver medicines and health supplies to people who need them.



# Preferred role of industry in health policy



*Regulation of any industry is best achieved through a **collaborative, consultative approach with all stakeholders.***

*(Philip Morris)*



*a collaborative... approach to addressing alcohol misuse is required: that is, **co-operation and collaboration between Governments, health groups and industry will deliver far greater results than the prohibitionist, heavy regulation approach.***

*(Winemakers Federation of Australia)*



*[We] support a **collaborative multi-stakeholder approach** in the development and implementation of the national obesity strategy involving Government [and] industry.*

*(Coca-Cola South Pacific)*



**IARD**  
INTERNATIONAL ALLIANCE FOR  
RESPONSIBLE DRINKING

# TOOLKIT

## Guide to Building Partnerships

### I. A CASE FOR PARTNERSHIP

- Strategic alliances between business, government, and civil society are a growing feature of social and policy development internationally.
- Multi-sector partnerships are necessary because it is increasingly clear that no one sector in society can address the complexities surrounding these issues on its own.



# Conflict of interest & tobacco control

- policies centre on recognition of a fundamental conflict of interest
- explicit rejection of partnership approaches in relation to tobacco industry
- WHO FCTC, **Art. 5.3**: “in setting and implementing their public health policies ..... **Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry**”



# Tobacco control: Policy context uniquely shaped by recognition of conflicting interests

- Partnership precluded
- Interactions minimised & 'regulated'
- Voluntary regulation recognised as inadequate & inappropriate
- Industry positions instinctively questioned
- Research funding relationships rejected
- Disinvestment campaigns
- Open political support problematic
- Conflict of interest procedures comparatively well-developed
- Political will to regulate
- Distinctive approaches to regulation legitimised, not seen as 'anti-business'
- Easier for health objectives to prevail over other goals ?
- **Industry: political isolation & marginalisation from policy elites**

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## Voluntarism

OP28. Invite the private sector to strengthen their commitment and contribution to the implementation of national responses to prevent, control and treat NCDs to reach health and development objectives by:

(b) Encouraging economic operators in the area of alcohol production and trade, as appropriate, to contribute to reducing harmful use of alcohol in their core areas, taking into account national religious, and cultural contexts;

## Alcohol industry actions to reduce harmful drinking in Europe: public health or public relations?

Katherine Robaina<sup>1</sup>, Katherine Brown<sup>2</sup>, Thomas F. Babor<sup>1</sup>, Jonathan Noel<sup>3</sup>

**Context:** In 2012 an inventory of >3500 industry actions was compiled by alcohol industry bodies in support of the Global strategy to reduce the harmful use of alcohol, adopted by WHO in 2010.

**Results:** Only 1.9% of CSR activities were supported by evidence of effectiveness, 74.5% did not conform to Global strategy categories and only 0.1% were consistent with “best buys” for prevention and control of noncommunicable diseases.

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## Personal 'choice' and individualism

OP18. Empower the individual to make informed choices by providing an enabling environment, strengthen health literacy through education, implement population-wide and targeted mass and social media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke, the harmful use of alcohol, and the excessive intake of fats, in particular saturated fats and trans fats, sugars and salt, and promote the intake of fruits and vegetables, as well as healthy and balanced sustainable diets and reduce sedentary behavior;

# Industry Framing of NCD issues



*While the only way to avoid the risks of smoking is not to smoke, a real world view suggests that **a large number of people will continue to choose to smoke even though they are aware of the risks.***

(BAT Australia)



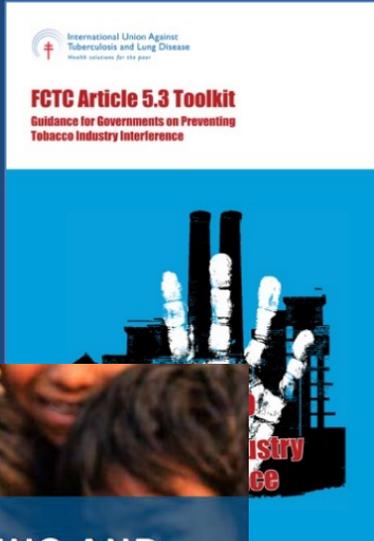
*People need to be held to account for their own **consumption, behaviour and health.***

(Diageo)



*Lifestyle choices, such as engaging in regular physical activity and making healthy eating choices, **are individual and family responsibilities.***

(Unilever)



**ADDRESSING AND  
MANAGING CONFLICTS  
OF INTEREST**  
IN THE PLANNING AND DELIVERY  
OF NUTRITION PROGRAMMES AT  
COUNTRY LEVEL



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## “Tobacco exceptionalism”

OP6. Accelerate the implementation of WHO Framework Convention on Tobacco Control by its States parties, while continuing to implement tobacco control measures without any tobacco industry interference, and to encourage other countries to consider becoming parties to the Convention;

# “Tobacco exceptionalism”

*“Tobacco use is unlike other threats to global health. Infectious diseases do not employ multinational public relations firms. There are no front groups to promote the spread of cholera. Mosquitoes have no lobbyists.”*

- WHO Committee of Experts 2000

- Tobacco products as uniquely harmful consumer goods
- Emphasis on exceptional conduct: a pariah industry

BUT other industries have comparable impacts on population health  
AND conduct shows both strategic similarities & collaboration

# Strategic similarities



The screenshot shows the PLOS ONE website interface. At the top left is the PLOS ONE logo. To the right are navigation links for 'Publish', 'About', and 'Browse'. Below the navigation bar, there are icons for 'OPEN ACCESS' and 'PEER-REVIEWED'. The article title is 'How Does the Tobacco Industry Attempt to Influence Marketing Regulations? A Systematic Review'. Below the title, the authors are listed as 'Emily Savell', 'Anna B. Gilmore', and 'Gary Fooks'. At the bottom, the publication date is 'February 5, 2014' and a DOI link is provided: 'http://dx.doi.org/10.1371/journal.pone.0087389'.



The screenshot shows the ADDICTION journal website interface. At the top left is the 'ADDICTION' logo. To the right is the 'SSA SOCIETY FOR THE STUDY OF ADDICTION' logo. Below the journal name is a link that says 'Explore this journal >'. There are icons for 'Open Access' and 'Creative Commons'. The article title is 'How does the alcohol industry attempt to influence marketing regulations? A systematic review'. Below the title, the authors are listed as 'Emily Savell', 'Gary Fooks', and 'Anna B. Gilmore'. At the bottom, the publication date is 'First published: 27 August 2015' and a link for 'Full publication history' is provided.

“There are considerable commonalities between tobacco and alcohol industry political activity, with differences due potentially to differences in policy contexts and perceived industry legitimacy.”



The screenshot shows the obesity reviews website interface. The article title is 'A proposed approach to systematically identify and monitor the corporate political activity of the food industry with respect to public health using publicly available information'. Below the title, the authors are listed as 'M. Mialon<sup>1</sup>, B. Swinburn<sup>1,2</sup> and G. Sacks<sup>1</sup>'. At the bottom right, the journal name 'obesity reviews' and the DOI 'doi: 10.1111/obr.12289' are displayed.

# One unhealthy commodities industry?



# Tackling conflict of interest, promoting policy coherence for Sustainable Development

**3** GOOD HEALTH  
AND WELL-BEING



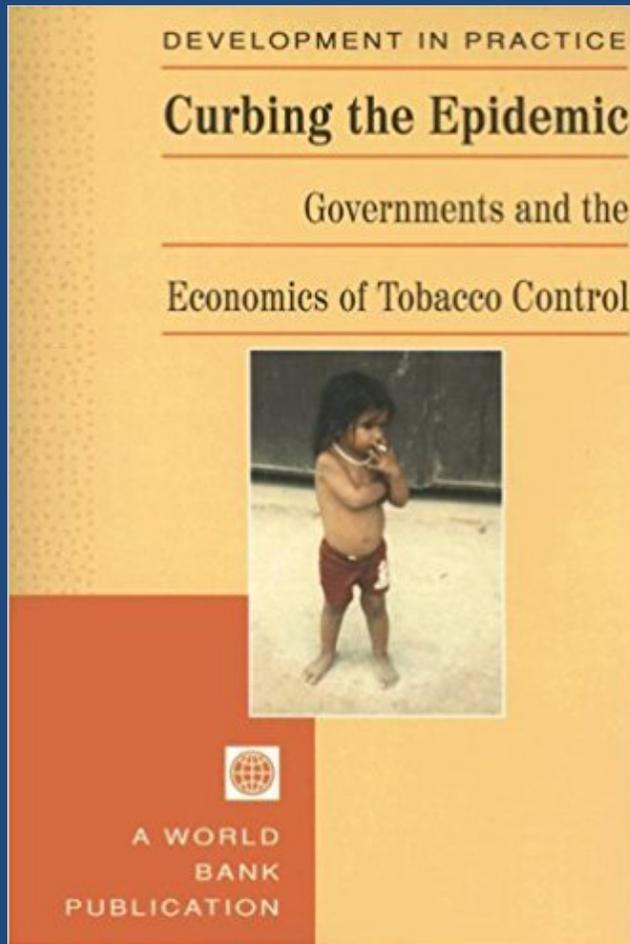
**3.d** Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and ***management of national and global health risks***

**17** PARTNERSHIPS  
FOR THE GOALS



**17.14** Enhance policy coherence for sustainable development

# Need to demonstrate coherence beyond health



“Policies that reduce the demand for tobacco, such as a decision to increase tobacco taxes, would not cause long-term job losses in the vast majority of countries. Nor would higher tobacco taxes reduce tax revenues; rather, revenues would climb in the medium term. ***Such policies could, in sum, bring unprecedented health benefits without harming national economies***”

(Jha and Chaloupka 1999).

# Moving beyond silos: implications for policy

- **Shared opportunities for innovation in health governance?**
  - Challenging partnership, managing conflict of interest
  - Tackling industrial vectors: outlet density; integrated taxation; pursuing 'polluter pays' approaches
  - Creative engagement with SDG agenda
  - Revitalizing healthy cities agenda
- **Mutual threats?**
  - Trade and investment agreements
  - Corporate (mis)appropriation of harm reduction
- **Managing 'competition'** and tensions across issue areas