

Statement of concern on lack of clarity on role of industry for June UN interactive hearing and September UN High Level Meeting 2011

For the attention of:

His Excellency Dr. Joseph Deiss, President of the UN General Assembly,

Ambassador Sylvie Lucas, Permanent Representative of Luxembourg,

Ambassador Raymond Wolfe, Permanent Representative of Jamaica

Our organisations strongly support the objective of raising the profile of NCDs globally. This statement concerns the lack of clarity regarding the role of the private sector at the upcoming Civil Society Interactive Hearing in New York and UN High Level Meeting (UN HLM) in September.

We call on the UN to:

1. Recognise and distinguish between industry 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 engaging the food and beverage industry and managing conflicts of interest, and which differentiates between policy development and implementation.
3. Address and acknowledge these concerns ahead of the UN High Level Summit in September.

Since the major causes of preventable death are driven by diseases related to tobacco, 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, which is not compromised by the obvious conflicts of interests associated with the food alcohol, beverage and other industries, who are primarily answerable to shareholders.

The food and beverage industry 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 the food and beverage 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. ¹ 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 NGOs not-for-profit organisations 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 implementation. We ask for the UN to consider our comments and take them into account for the UN High Level Meeting in September.

1. Access to Essential Medicines Campaign - Médecins Sans Frontières (Global)
2. Active – sobriety, friendship and peace (Europe)
3. Affaires Européennes et Internationales (France)
4. Aktionsgruppe Babyhahrung (Germany)
5. Alcohol Action Ireland
6. Alcohol Focus Scotland
7. Alcohol Health Alliance (UK)

8. Alcohol Policy Youth Network (Europe)
9. All India Drug Action Network (India)
10. Alliance Against Conflict of Interest (AACI) (India)
11. Alliance for the Control of Tobacco Use (ACT) Brazil
12. Arugaan (Philippines)
13. Association for Accountancy and Business Affairs (UK)
14. Association for Consumer's Action on Safety and Health (India)
15. Association Nationale de Prévention en Alcoologie et Addictologie (ANPAA) France
16. Australian Breastfeeding Association (Australia)
17. Baby Feeding Law Group (UK)
18. Baby Milk Action (UK)
19. Bangladesh Breastfeeding Foundation (Bangladesh)
20. Berne Declaration (Switzerland)
21. Biomedical Research Centre for Maternal and Child Healthcare (IRCCS) (Italy)
22. Blue Cross Norway
23. Brazilian Institute for Consumers Defense (IDEC) (Brazil)
24. Brazilian Front for the Regulation of Food Advertising (Brazil)
25. Breastfeeding Network (UK)
26. British Liver Trust (UK)
27. British Society for the Study of Liver Disease (UK)
28. Borstvoeding vzw (Belgium)
29. Breastfeeding Promotion Network of India (India)
30. Calgary Breastfeeding Matters Group Foundation (Canada)
31. Campaign for Development and Solidarity (FORUT) Norway
32. Cancer Research UK
33. Caroline Walker Trust (UK)
34. Canterbury Breastfeeding Advocacy Services (New Zealand)
35. Centre for Counselling Nutrition and Health Care (Tanzania)
36. Centre for Science in the Public Interest (Canada)
37. Consumers Korea (Korea)
38. Consumer Organization of South Sulawesi (Indonesia)
39. Consumers International (Global)
40. Corporate Accountability International (USA)
41. Corporate Europe Observatory (Europe)
42. Diabetes Association Norway
43. Earth Dharma Farm (USA)

44. Ecowaste Management Coalition (Philippines)
45. European Alcohol Policy Alliance – Eurocare (Europe)
46. European Heart Network (Europe)
47. Europe Third World Centre (CETIM) (Europe)
48. Food Ethics Council (UK)
49. Geneva Infant Feeding Association (Switzerland)
50. Global Action Against Poverty (GAAP) (Global)
51. Global Alcohol Policy Alliance (GAPA)
52. Health Action International Africa
53. Health Action International Asia Pacific
54. Health Action International Global
55. Health Action International Europe
56. Health Action International Latin America
57. Health Consumer Protection (Thailand)
58. Health Innovation in Practice (Switzerland)
59. Health Poverty Action (UK)
60. INFACT Canada
61. Indian Alcohol Policy Alliance
62. Indian Medico-legal & Ethics Association (IMLEA)
63. Initiativ Liewensufank (Luxembourg)
64. International Association for the Study of Obesity
65. International Association of Consumer Food Organisations
66. International Baby Food Action Network (Global)
67. International Baby Food Action Network Europe
68. International Baby Food Action Network Latin America
69. International Baby Food Action Network Asia
70. International Baby Food Action Network Arab World
71. International Baby Food Action Network Africa
72. International Baby Food Action Network Oceania
73. International Baby Food Action North America
74. International Code Documentation Centre (Malaysia)
75. International Federation of Blue Cross
76. International Society for Behavioral Nutrition & Physical Activity
77. International Union Against Tuberculosis and Lung Disease
78. Initiative for Health & Equality in Society (India)
79. Institute of Alcohol Studies (UK)
80. Institute of Nutrition of the Rio de Janeiro State University (Brazil)

81. Institute for Development and Community Health – LIGHT (Vietnam)
82. IOGT International
83. IOGT-NTO (Sweden)
84. Kikandwa Rural Communities Development Organization - KIRUCODO (Uganda)
85. Lactation Consultants of Great Britain
86. Malaysian Breastfeeding Association
87. Medicus Mundi International Network (Switzerland)
88. Midwives Information and Resource (UK)
89. Nada India Foundation
90. National Childbirth Trust (UK)
91. National Heart Forum (UK)
92. National Institute of Alcohol and Drug Policies (Brazil)
93. Navdanya Research Foundation for Science Technology & Ecology (India)
94. Nepal Breastfeeding Promotion Forum
95. Network for Accountability of Tobacco Transnationals
96. No Excuse Slovenia
97. No grazie, pago io (Italy)
98. Nordic Work Group for International Breastfeeding Issues (NAFIA)
99. Norwegian Cancer Society
100. Norwegian Health Association (Nasjonalforeningen for folkehelsen)
101. Norwegian Heart and Lung Patient Organisation
102. Norwegian Policy Network on Alcohol and Drugs (ACTIS)
103. Oakland Institute (CA, USA)
104. Osservatorio Italiano Sulla Salute Globale (Italy)
105. Prevention Institute (USA)
106. Research and Advocacy for Health, Education , Environment (Pakistan)
107. Royal College of Paediatrics and Child Health (UK)
108. Save babies Coalition (Philippines)
109. Scottish Health Action on Alcohol Problems (Scotland)
110. StopDrink Network (Thailand)
111. Sustain Children’s Food Campaign (UK)
112. Sweet Enough Network (Thailand)
113. Swaziland Infant Nutrition Action Network (SINAN)
114. Sumy Youth Regional NGO, Gender Agency on Consultation and Information (Ukraine).
115. The Breastfeeding Centre (Thailand)

116. The Corner House (UK)
117. Trade Union of Nutritionists of the State of Sao Paulo (Brazil)
118. Universities Allied for Essential Medicine
119. War on Want (UK)
120. WEMOS (The Netherlands)
121. Western Cape Dept. of Health and the School of Public Health, University of Cape Town
122. Women Concern Forum of South Sulawesi (Indonesia)
123. Women's Environmental Network (UK)
124. World Alliance for Breastfeeding Action (Global)
125. World Cancer Research Fund International (Global)
126. World Association of Clubs of Alcoholics in Treatment (Italy)
127. World Public Health Nutrition Association (Global)
128. Young Persons Chronic Disease Network (Global)