Conflicts of Interest Coalition
Statement of Concern

This Statement of Concern has been developed by the Conflicts of Interest Coalition*. It focuses on the lack of clarity regarding the role of the private sector in public policy-making in relation to the prevention and control of non-communicable diseases (NCDs). The same principles could be applied to many other areas of public health policy.

It calls for the development of a Code of Conduct and Ethical Framework to help protect the integrity of, and to ensure transparency in, public policy decision-making, by safeguarding against, identifying and managing conflicts of interest.

The Statement of Concern was sent to the President of the United Nations General Assembly and the co-facilitators of the United Nations High Level Meeting on the Prevention and Control of NCDs that took place in September 2011.

As of February 2012, the statement has been endorsed by 150 national, regional and global networks and organisations working in public health, including medicine, nutrition, cancer, diabetes, heart disease, lung disease, mental health, infant feeding, food safety and development.

Members of the Coalition are currently developing guidelines on:

- The distinction between BINGOs and PINGOs (Business Interest NGOs and Public Interest NGOs)

- An ethical framework and code of conduct to safeguard against and manage conflicts of interest in public health policy development.

These guidelines will be available in 2012 to inform the implementation of the Political Declaration by WHO, UN organisations and Member States. They could also be used to inform many other areas of public health policy-making.

To add your organisation’s support for this crucial issue, please email: prundall@babymilkaction.org

* The Conflicts of Interest Coalition comprises 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.
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, which is not compromised by the obvious conflicts of interests associated with food, alcohol, beverage and other industries, that 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. Active – sobriety, friendship and peace (Europe)
3. Affaires Européennes et Internationales (France)
4. Aktionsgruppe Babyhabung (Germany)
5. Alcohol Action Ireland (Ireland)
6. Alcohol Focus Scotland (Scotland)
7. Alcohol Health Alliance (UK)
8. Alcohol Policy Youth Network (Europe)
9. All India Drug Action Network (India)
10. Alliance for the Control of Tobacco Use (ACT) Brazil
11. Arugaan (Philippines)
12. Association for Accountancy and Business Affairs (UK)
13. Association for Consumer's Action on Safety and Health (India)
14. Association Nationale de Prévention en Alcoologie et Addictologie (ANPAA) (France)
15. Australian Breastfeeding Association (Australia)
16. Baby Feeding Law Group (UK)
17. Baby Milk Action (UK)
18. Bangladesh Breastfeeding Foundation (Bangladesh)
19. Berne Declaration (Switzerland)
20. Biomedical Research Centre for Maternal and Child Healthcare (Italy)
21. Birth Light (UK)
22. Blue Cross Norway (Norway)
23. Borstvoeding vzw (Belgium)
24. Brazilian Institute for Consumers Defense (IDEC) (Brazil)
25. Brazilian Front for the Regulation of Food Advertising (Brazil)
26. Campaign for Development and Solidarity (FORUT) (Norway)
27. Cancer Research UK (UK)
28. Centre for Counseling Nutrition and Health Care (Tanzania)
29. Centre for Science in the Public Interest (Canada)
30. Centre for Science in the Public Interest (USA)
31. Centre for Social Research on Circulatory Health (Canada)
32. Center for Alcohol Policy Reform (USA)
33. Centre for Nutrition Policy and Promotion (Canada)
34. Centre for Nutrition Policy and Promotion (USA)
35. Centre for Science in the Public Interest (USA)
36. Centre for Science in the Public Interest (USA)
37. Centre for Science in the Public Interest (USA)
38. Centre for Social Research on Circulatory Health (Canada)
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44. Centre for Social Research on Circulatory Health (Canada)
45. Consortium for Education and Research on Alcohol and Drugs (Canada)
46. Cooperative for Research on Environmental and Economic Livelihoods (Canada)
47. CropLife America (USA)
48. Department of Consumer Affairs (India)
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Acknowledgements:

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http://coicoalition.blogspot.com/