

IBFAN response on WHO Consultations on the control of NCDs:

Paper 2 Lessons-learned from existing multisectoral partnerships that may inform the global response to NCDs

1 Global response: Given the realities of the problems of NCDs, the demands of the NCD pandemic, and lessons learned from other partnerships:

a) What gaps and challenges should global partnerships target as priorities?

IBFAN supports the joint statements of the Conflict of Interest Coalition. See also comments below on the term ‘partnerships’ and the overarching role of WHO and the UN.

Targets: WHO should set ambitious targets aiming to reduce all the relevant risk factors.

Marketing to/for children: A WHA code covering the marketing of unhealthy foods and drinks for children must be adopted, enforced, monitored and regularly updated.

Foods for the elderly: It may also be necessary to develop a code on the marketing for foods for the elderly – since this is a new industry target and is wide open for exploitation.

Infant and young child feeding: In view of the critical importance of breastfeeding and optimal infant and young child feeding in reducing the risk of childhood obesity and NCDs much greater emphasis should be placed on its protection.

Fortified and targeted foods: Particular attention should be paid to the issue of labeling and claims and fortified foods. Claims inevitably promote processed packaged foods and drinks at the expense of fresh wholesome foods. Sustainable food systems and people-centered community-based approaches to nutrition are fundamentally threatened by market-led centralized approaches) the aggressive marketing of (which promote dependence on imported processed packaged foods, rather than breastfeeding and appropriate, locally sourced complementary foods. (See comment about Codex.)

Codex: Greater attention should be paid to trade rules and Codex Alimentarius standards and guidelines. Member States, especially those who are resource poor, need help to defend their sovereign right to regulate imports, product marketing and labeling which they consider necessary to protect health, sustainable development, indigenous foods and practices such as breastfeeding. Strong Codex standards can play an important role in protecting health and preventing NCDs.

WHO must play an active role in the Codex standard - setting process and must stand up to the powerful industrialized countries and industry lobbyists and associations, who use Codex to protect their market and export interests at the expense of consumer, public health and social justice interests. Developing countries are for the most part poorly represented in this process. ¹

b) What form should these partnerships take to optimise effectiveness, to overcome the fragmentation that

¹ *The Business of malnutrition: breaking down trade rules to profit from the poor.*
<http://info.babymilkaction.org/pressrelease/pressrelease24nov110>

has historically characterized the global response to NCDs, and to manage potential conflicts of interest?

We appreciate the need to explore new mechanisms for multi-sectoral action on NCDs, however we would caution against the too frequent use of the term 'partnership' especially when these are undefined and may include problematic companies. The word 'Partnership' carries a strong emotional value and implies that relationships are based on '*respect, trust, shared benefits*' and are 'agreed'. It has powerful commercial value and is therefore often misused, especially by the for-profit private sector.

The paper rightly highlights some of the potential drawbacks of partnerships, however several are missing and others may get lost, since they are positioned between 8 positive contributions and 7 'success factors.'

For example, the issue of 'image transfer' and 'bluewash'. Companies use 'partnerships' with the UN or prestigious NGOs, to reposition themselves as trusted providers of health care, and information. By focusing on the good that companies can do, public attention is diverted from ongoing irresponsible marketing. When NGOs and others are drawn into partnerships, independent monitoring and whistleblowing is threatened. These are uncomfortable facts that are often overlooked.²

Industry funding of Education: The argumentation put forward by the industry that it should play a key role in education needs to be challenged. The food and drink industries may well have access to greater resources and innovative products and ideas, however their messaging will always, at some level, be compromised and weakened by their need to expand and maintain markets for products and their fiduciary duty to shareholders. Rarely will processed food industry funded programmes demonise unhealthy foods or warn children frankly of their risks. The same applies to the baby feeding industry who seek an ever greater role in counselling parents and sponsoring health worker 'education.' Not surprisingly the majority of commitments made by the food, beverage or related industries on the European Platform on Diet and Physical Activity relate to 'lifestyle' educational activities. The majority of public interest NGOs who attend these meetings are concerned about such involvement. This core problem must be taken seriously.

The drawbacks of partnerships with food and drink companies in NCD strategies are unlikely to be overcome by 'good governance.' Partners are not 'governed.' Partners are, by definition, part of the decision-making and consensus-building process.

In the context of NCDs that are largely corporate driven the top TB or Roll Back Malaria should not be used as models. No-one would partner a mosquito.

Note regarding Platforms: IBFAN has experience as a member of the EU Platform for Action on Diet, Physical Activity and Health which was set up by the European Commission in 2005 as an experiment to see if self-monitored voluntary commitments by a wide ranging of NGOs and food and advertising industries could be effective in curbing the rise obesity on food related illnesses. 7 years since its inception the evaluation of the Platform shows no evidence of any tangible results. While the Platform has created a forum for 'dialogue,' IBFAN sees many risks in this approach to public health. For example:

- The Platform has a tendency to 'lower the bar' and accept small incremental changes, because the benchmarks/targets that are set have to be acceptable to the industry members. This undermines rather than empowers those urging speedier and more effective action to protect health such as the

² Exposing the risks of food industry involvement in education - a selection of presentations on Education Commitments made to the European Platform on Diet and Physical Activity. 6th October 2011. *Tackling Obesity: how Companies Use Education To Build 'Trust'* <http://info.babymilkaction.org/education>

- banning of the promotion of junk foods and baby foods or taxes on unhealthy foods. Compromises are made at the very outset. The legislation to curb marketing and protect child health, such as the Resolutions on IYCN that are now in effect as law in over 60 countries, would simply not exist if the WHA had been forced to compromise its Resolutions to meet the requirements of industry.
- The Platform promotes the notion that self-monitoring (according to members own criteria) is an adequate way to guarantee accountability and ‘trust.’ This is a major flaw that undermines IBFAN’s consistent message about the need for statements to be checked through independent monitoring, and hard substantiated evidence. The self-monitoring process has failed to identify unintended consequences and risks and whether commitments are truly relevant to the health objectives. In response to these concerns, the EU Commission has now agreed to include operational targets and a certain amount of ‘monitoring during meetings.’ It is not yet clear how effective these changes will be.
 - The Platform process creates a pressure to form partnerships between public health NGOs and the private sector. This can be intimidating and can threaten the independence and watchdog role of the NGO members, who may feel uncomfortable about speaking out.
 - The majority of industry commitments relate to ‘lifestyle’ educational activities. This constitute a conflict of interest and diverts attention away from ongoing unacceptable marketing activities.

c) What should be the role of WHO in convening, coordinating and supporting new global partnerships?

As an intergovernmental organization, WHO has a constitutional mandate to ensure the fundamental right of every human being without distinction to the enjoyment of the highest attainable standard of health. WHO has an overarching duty to protect its independence, integrity in decision making and its reputation. It must also guard against manipulation of its governing bodies by private interest actors and ensure that the 'expectations of commercial actors and funders so not usurp the prerogatives of WHO’s own governance nor institutionalize conflicts of interests as the norm within WHO.

- IBFAN supports the proposal to establish a global coordinating mechanism in line with Para 64 of the Political Declaration, in order to foster multi-sector action. This mechanism should not involve the Private Sector. (We are cautious of the word ‘Platform’ because it is frequently used to describe ‘multi-stakeholder’ initiatives involving the private sector. – see above comment.)
- The Platform/ Mechanism should be responsible for the development of a Code of Conduct and Ethical Framework that would help protect the integrity of the UN's public policy decision-making, to ensure it is transparent and to identify, safeguard against and manage potential conflicts of interest.
- This would ensure that appropriate safeguards are put in place when and if the private sector needs to be consulted. It would also provide a clear analysis of the contribution of the different types of actors to achieving the right to health for all, and would highlight the need for special care regarding the sections of the private sector in relation to NCDs (particularly the alcohol industry and high fat salt and sugar highly processed food industries)
- Civil society (public interest NGOs) should be encouraged and supported in monitoring and challenging government and industry action and inaction, to ensure the public interest is upheld.
- Solid accountability criteria should be independently established by the WHO / UN to guide the selection of entities to be invited and involved in the coordinating platform.