

# **PREVENTING AND MANAGING CONFLICTS OF INTEREST IN COUNTRY- LEVEL NUTRITION PROGRAMS:** A ROADMAP FOR IMPLEMENTING THE WORLD HEALTH ORGANIZATION'S DRAFT APPROACH IN THE AMERICAS

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Pan American  
Health  
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Washington, D.C., 2021

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Preventing and Managing Conflicts of Interest in Country-level Nutrition Programs: A Roadmap for Implementing the World Health Organization's Draft Approach in the Americas

PAHO/NMH/RF/21-0014

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# Preface

There is growing evidence that industries producing ultra-processed food and drinks, infant formulas, micronutrients, pesticides and genetically manipulated foods, as well as associated actors often attempt to delay, weaken, distort, and/or impede the development of food and nutrition policies and programs that can effectively contribute to healthier and more sustainable food systems. The situation in the Americas is not an exception, and it is particularly worrisome in smaller and lower-income countries.

In 2012, the World Health Assembly (Res. WHA65.6) requested the Director-General of the World Health Organization (WHO) to develop risk assessment, disclosure, and management tools to safeguard against possible conflicts of interest in policy development and implementation of nutrition programs consistent with WHO's overall policy and practice.

In 2014, the 67th WHA requested the Director-General to "convene informal consultations with Member States to complete the work, before the end of 2015, on risk assessment and management tools for conflicts of interest in nutrition, for consideration by Member States." These consultations were concluded in 2015, and in 2017, WHO released the Draft Approach for the Prevention and Management of Conflicts of Interest in the Policy Development and Implementation of Nutrition Programmes at Country Level for a public consultation. Member States, United Nations representatives, and non-state actors provided comments, which are publicly available and were considered by WHO in further developing the approach. WHO Regions were then asked to pilot the approach at country level to test its applicability and practical value, and the Pan American Health Organization (PAHO) initiated its work in 2018, which resulted in the development of this roadmap.

PAHO expects this publication to help Member States identify, prevent, and manage potential conflicts of interest in any engagement with non-state actors in their nutrition policies and programs.

# Acknowledgments

The Pan American Health Organization (PAHO) gratefully acknowledges the contribution of the following: Camila Maranhã and Paula Johns (ACTBr); Ana Carolina Feldenheimer and Inês Rugani Ribeiro de Castro (The Alliance for Adequate and Healthy Eating of Brazil); Christine Chin (Cancer Society of the Bahamas); Stacey Rocke Manick (Family Planning Association of Trinidad and Tobago); Holly Wong, Mariana Ferraz, and Rachel Morrison (Global Health Advocacy Incubator); Beverley Barnett, Jenna Thompson, Maisha Hutton, Sheena Warner-Edwards, and Sonja Harewood (Healthy Caribbean Coalition); Trevor Hassell (Healthy Caribbean Coalition/NCD Commission of Barbados); Barbara McGaw (Heart Foundation of Jamaica / Healthy Caribbean Coalition); Francine Charles (Heart & Stroke Foundation of Barbados); Luisete Bandeira (Interministerial Chamber of Food and Nutrition Security of Brazil); Marina Rea (International Baby Foods Action Network); Abi Begho (Lake Health and Wellbeing); Phillip Swann (Ministry of Health of the Bahamas / Healthy Bahamas Coalition); Arthur Philips and Kenneth George (Ministry of Health of Barbados); Eduardo Nilson, Gisele Bortolini, Lorenza Longhi, Michele Lessa, and Simone Guadagnin (Ministry of Health of Brazil); Renee Franklin (Ministry of Health of Trinidad and Tobago); Simone Spence (Ministry of Health and Wellness of Jamaica); Samantha Moitt (Ministry of Health, Wellness and the Environment of Antigua and Barbuda); Patsy Wyllie (Ministry of Health, Wellness and the Environment of Saint Vincent and the Grenadines); Mariana Pinheiro (Ministry of Social Development); Elisabetta Recine, Marília Leão, Jean Câmara, Irio Conti, and Edna Santos (National Council of Food and Nutrition Security of Brazil); Zaira Salerno (National Council of Health of Brazil and Brazilian Association of Nutrition); Antônia Maria de Aquino, Renata de Araujo Ferreira, and Suzany Portal (National Health Surveillance Agency of Brazil); Lydia Atkins (Organisation of Eastern Caribbean States); Alice Medeiros, Elisa Prieto, Fabio Gomes, Katia de Pinho Campos, Lisa Bayley, Scott Shauff, Sofía Rincón Gallardo Patiño, and Steven Constantinou (PAHO); Beverley Reddock (Saint Vincent Diabetes and Hypertension Association); Ronnie Bissessar (Trinidad and Tobago Heart Foundation); Mélissa Mialon (University of Sao Paulo); Madhuvanti Murphy (University of the West Indies); Nicole Foster (University of the West Indies / Healthy Caribbean Coalition); Francesco Branca and Hala Boukerdenna (World Health Organization).

This roadmap and associated documents were developed in collaboration with Jeff Collin, Rob Ralston, and Sarah Hill (Global Health Policy Unit, University of Edinburgh and SPECTRUM research consortium).

PAHO also acknowledges support from the Global Health Advocacy Incubator and funding from Bloomberg Philanthropies.

# Introduction

This document sets out a roadmap for introducing and implementing in the Region of the Americas the Draft Approach for the Prevention and Management of Conflicts of Interest in the Policy Development and Implementation of Nutrition Programmes at Country Level, published by the World Health Organization (WHO) in December 2017.<sup>1</sup> The WHO draft approach is a decision-making process intended to help Member States identify, prevent, and manage potential conflicts of interest in their engagement with non-state (particularly commercial) actors in their nutrition policies and programs. Given the complexity of the WHO draft approach, this document also provides a simplified one-page 'triage tool' to support and enable its application. This triage tool was developed by the Pan American Health Organization (PAHO) with the support of ministries of health officials and civil society organizations.

This roadmap describes how relevant teams within Member States' Ministries of Health can be introduced to and gain familiarity with the WHO approach and the associated triage tool, with support and guidance from PAHO staff.

This roadmap has several purposes:

- To introduce decisionmakers in relevant government agencies to the principles underlying the WHO approach;
- To adapt and develop complementary formats of the WHO approach to support existing decision-making processes at a national level;
- To supplement the [full WHO tool](#) with a shorter [triage tool](#) to increase accessibility and to enable more effective engagement and use in real-life decision-making regarding potential engagements with non-state actors.<sup>2</sup>

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1 WHO. Draft Approach for the Prevention and Management of Conflicts of Interest in the Policy Development and Implementation of Nutrition Programmes at Country Level. Decision-making Process and Tool. 4 December 2017. Available from: <https://www.who.int/nutrition/consultation-doi/nutrition-tool.pdf>

2 Non-state actors or individuals may be categorized into private sector or not-for-profit sector. Categories include private sector entities, nongovernmental organizations, philanthropic foundations, academic institutions, individuals belonging to the above-mentioned categories of external institutions, and individuals acting in their individual capacity.

These aims are addressed through a three-stage process:

**Stage I - Introduce the draft WHO approach and associated decision-making tools at a participatory workshop** involving the team with lead responsibility for nutrition policy and other relevant policy actors. This workshop introduces the rationale and principles underlying the WHO approach and helps participants become familiar with their application in the recommended decision-making process around potential engagements (Box 1). Ideally, this workshop should also provide participants with an opportunity to consider how the WHO approach might be incorporated into existing decision-making structures and processes at national level.

**Stage II - Review existing decision-making procedures** around potential engagement with non-state actors, and consider how the process outlined in the WHO tool (47 pages) and triage tool (one page) might be incorporated into these processes. This stage can be included as part of the participatory workshop, or addressed during a separate meeting.

**Stage III - Introduce the tools to support real-life decision-making** regarding potential engagement with non-state actors. Ideally, this stage will involve an initial pilot phase, followed by a review and further adaptation of the WHO/triage tools before elements of the tools become formally integrated into decision-making processes. The pilot phase allows for testing and feedback on the tools, and for more detailed consideration of how they may interact with existing decision-making structures and processes.

### **Box 1: The six-step decision-making tree as outlined in the WHO tool**

**STEP 1: Rationale for engagement**

Is the public health nutrition goal clear?

**STEP 2: Profiling, due diligence, and risk assessment**

What is the risk profile of the external actor and engagement?

**STEP 3: Balancing risks and benefits**

What is the outcome of the risk and benefit analysis of the engagement?

**STEP 4: Risk management**

Have the risks been managed based on mitigation measures, terms of reference, and work plan?

**STEP 5: Monitoring and evaluation, and accountability**

Has the engagement achieved public health nutrition goals? Will the engagement continue or stop?

**STEP 6: Transparency and communication**

Have the engagement activities and outcomes been communicated to relevant audiences?

# Stage I:

## Introducing the WHO Decision-making Approach

Where time and resources allow, introduce the draft WHO approach at a participatory workshop that takes place over three days (see sample three-day agenda in Annex I). This length is recommended because it allows sufficient time for participants to understand and practice applying the WHO decision-making process, to consider how it might be adapted to the local context, and to plan for how the WHO and triage tools can be integrated within existing decision-making roles and processes in nutrition governance. The three-day version of the workshop is designed to be run at country level, and to involve relevant teams within the Ministry of Health and other government departments.

Where a longer workshop is not feasible or desirable, hold a shorter workshop that focuses only on introducing the WHO approach and how this is applied in decision-making around potential engagements with non-state actors (see sample one-day agenda in Annex II). Where the shorter workshop is used, separate meetings may be needed at a later time to undertake the second stage of the introduction process (i.e., considering how the WHO and triage tools might be adapted and incorporated into local decision-making structures and processes at country level). The one-day workshop can be run at a regional level, involving relevant government officials from several PAHO Member States at the same meeting.

### 1.1 Complementary Materials: Triage Tool and Case Studies

The WHO decision-making tool describes a comprehensive approach; however, experience suggests that most health officials find the full tool somewhat difficult to navigate, and that considerable time is needed to work through the six-step decision-making process (Box 1). Working with the University of Edinburgh, PAHO has therefore developed and piloted a one-page [trriage tool](#) (Annex III) that can be used alongside the more comprehensive [WHO tool](#). The triage tool (based on the first three steps of the process described in the WHO tool) is designed to help officials understand and operationalize the key principles used in deciding whether or not to proceed in potential engagement with a non-state actor. For the majority of potential engagements,

experience suggests that a decision can be reached (and justified) on the basis of the triage tool. When a provisional decision is made to proceed with detailed exploration of a proposed engagement, the more comprehensive WHO tool can then be used. At this time, questions of how to manage and monitor any potential conflicts (steps 4 to 6 in the WHO tool) become particularly significant.

Active engagement with case studies is highly recommended to help participants to consider issues surrounding the applicability and usefulness of the tools in real-life decision-making around potential engagements with non-state actors. A number of case studies that can be used for this purpose have been developed or adapted and are available in Annex IV. Where the longer (three-day) version of the participatory workshop is used, it is desirable to also provide space for a reflective discussion of a recent locally relevant example, preferably based on a real-life example of a proposed engagement with a non-state actor.

## **1.2 Approach A: Three-day Workshop at Member State Level**

The purpose of the three-day workshop is to familiarize participants with the issue of conflicts of interest in nutrition policy and programs, to introduce the WHO approach and associated decision-making tool(s), to discuss how the tools might be adapted or made more accessible for local decision-making structures and processes, and to plan the next steps in introducing the tools at country level.

The longer version of the workshop is designed to be run at the level of individual Member States, allowing relevant officials from that country to discuss the application of the WHO approach and associated tools in the local context. Participants in this workshop will ideally include the Ministry of Health team with lead responsibility for nutrition policy and programs, and other relevant officials, including any other Ministry staff normally involved with decision-making around potential engagement with external actors, legal advisors, representatives of other government departments, and any other government agencies with a role in nutrition. Member States may also wish to invite representatives of civil society organizations with an interest in nutrition and whose input may be useful, depending on existing relationships.

The following objectives may be helpful in guiding the workshop, with each day of the workshop addressing a distinct objective:

- To introduce and familiarize participants with the draft WHO approach and associated tools – including the rationale for preventing and managing conflicts of interest in health policy, the principles informing the WHO approach, and the associated decision-making tools;
- To consider how the WHO and triage tools could be adapted and drawn on in real-life decision-making, based on discussion of case studies and consideration of government agencies' existing decision-making roles and processes;
- To consider next steps in the pilot process. How might the tool(s) be trialed by key government agencies alongside existing decision-making roles and processes? (Stage II of the pilot process).

A suggested workshop agenda is provided in Annex I. The agenda includes a mix of presentations, small group work and plenary discussions, allowing plenty of time for interaction and discussion among participants. Feedback from previous workshops suggests participants find the small group work and discussion particularly valuable.

Presentations on Day 1 should include an introduction to the issue of conflicts of interest in nutrition policy, the background and development of the draft WHO approach, and an introduction to the associated tools, including the principles underlying their development, the six-step WHO tool, and the triage tool designed to be used alongside the six-step approach.

Small group work focuses on a series of **prepared case studies**, most of which are drawn from real-life examples of non-state actor engagement in nutrition policy. Participants are asked to consider the applicability of the WHO tool in decision-making around potential engagements between non-state actors and health departments (as presented in the case studies). This should include a reflective discussion around a recent example of how a proposed engagement with commercial sector actors was handled. Such discussion can reveal how best to apply and adapt the tool in local contexts.

In addition to discussion of the WHO approach and associated tools, the workshop includes time for discussion among participants of **existing processes** for decision-making around potential engagement between the Ministry of Health and non-state actors. The processes for such decision-making are not formalized in many government agencies, so discussion and coordination will be needed to establish which part of the agency should take lead responsibility for evaluating potential engagement, which other parts need to be involved (e.g., legal teams), and how the process should work.

## 1.3 Approach B: One-day Workshop

The purpose of the one-day workshop is to familiarize participants with conflicts of interest in nutrition policy and programs, to introduce the WHO approach and associated tools, and to allow participants to develop familiarity with their use in decision-making. It is intended as a more cost-effective introduction to these issues, and may be used alongside another event of relevance to key participants.

The shorter version of the workshop may also be suitable for delivery at a regional or sub-regional level, providing an opportunity for health officials from several Member States to explore mutually relevant issues, collaborate and learn from each other. This form of the workshop allows participants to become familiar with the WHO approach and associated tools in order to take these back to their own countries and discuss their use and application with relevant colleagues.

The one-day workshop addresses the first objective of the three-day workshop:

- To introduce and familiarize participants with the draft WHO approach and associated tools – including the rationale for preventing and managing conflicts of interest in health policy, the principles informing the WHO approach, and the associated decision-making tools.

A suggested agenda for the one-day workshop is provided in Annex II. Presentations are limited to an introduction to the issue of conflicts of interest in nutrition policy, and an introduction of the full WHO tool and the shorter triage tool. The remainder of the workshop provides participants with opportunities to become familiar with the application of these tools, and to discuss and reflect on their use.

Experience with previous workshops suggests this short-form workshop is sufficient for participants to develop familiarity with the triage tool, and to start to consider how this might be of use in decision-making in their local context. The expectation of the workshop is that participants will bring this experience and knowledge back to their local Ministry of Health, where they can work with colleagues to consider how the full WHO tool and triage tool might be used to enhance existing decision-making processes.

## Stage II:

# Review of Existing Decision-making Processes in Relation to Potential Engagements with Non-state Actors

The second stage of the implementation process comprises a review of existing decision-making processes around potential engagements with non-state actors, and consideration of how the WHO tool might be brought into these processes, as noted above. This stage takes place at the level of individual Member States, and can either be incorporated into the participatory workshop (Stage I) or undertaken at a separate meeting.

### 2.1 Mapping Existing Decision-making Around Potential Engagements with Non-state Actors

Some Ministries of Health may not have a clear, widely known or official process for decision-making around potential engagement with non-state actors, though officials working in the Ministry will often be familiar with key expectations and practice concerning such engagement. In considering how the WHO/triage tools may be implemented in decision-making, it is useful to map existing decision-making processes in terms of roles, relationships, and responsibilities with respect to engagement with commercial sector actors in nutrition policy and programs.

The following questions may be helpful in clarifying the roles/relationships/responsibilities that form the existing decision-making process:

1. In what ways are the Ministry of Health/nutrition team notified of potential engagements with non-state actors?
  - a. Which teams and/or personnel within the Ministry might seek to initiate such engagements?
  - b. Where the approach is made by the non-state actor, what avenues are used to propose this? (e.g., Might non-state actors approach the nutrition team itself? Might they approach another Ministry of Health team which leads on external

engagement? Do some approaches come via direct engagement with the Minister, or with other politicians or officials?)

2. Which parts of the Ministry might normally be expected to evaluate the desirability or feasibility of proposed engagements?
  - a. Where proposed engagements relate to nutrition policy or programs, is the nutrition team/official routinely involved in these evaluations at an early stage?
  - b. Which other teams or officials might make recommendations regarding potential engagement? How would the nutrition team normally become aware of such recommendations?
  - c. Is there a legal team or a specific advisor who may be consulted regarding potential engagements?
  
3. Are there clear criteria for assessing the appropriateness of a proposed engagement? To what extent is this process informed by existing codes or frameworks around conflicts of interest, transparency, etc.?
  
4. How is a decision on whether or not to engage made and communicated in formal terms?
  - a. Which key officials are responsible for making such decisions?
  - b. How is the decision to engage formalized and communicated, and which actors are involved in that process?

## 2.2 Identifying Teams/Individuals Best Placed to Lead on Incorporation of WHO/Triage Tools

In order to bring the WHO/triage tools into dialogue with existing decision-making processes, it is helpful to identify which part of the Ministry (i.e. which team or individual role) is best placed to lead on evaluation of potential engagements with non-state actors in relation to nutrition goals.

- In most cases, the team or individual with lead responsibility for nutrition policy and programs will be best placed to act as the focal point for evaluating potential engagements in relation to nutrition.
- It may be helpful to involve the Ministry's legal team/advisor in order to ensure consistency with wider policies and obligations.

Ideally, there should be clarity regarding:

- Who (which team/role) will take lead responsibility for evaluating and making a recommendation on potential engagements with non-state actors;
- How potential engagements will be referred to this team/individual for evaluation;
- How recommendations regarding potential engagements will be finalized and communicated;
- How the WHO and triage tools can be integrated into this process.

## Stage III:

# Integrating the Tool into Existing Governance Structures

In the final stage of the implementation process, the WHO and triage tools are integrated within existing (or adapted) decision-making processes to support the evaluation of new potential engagement with non-state actors.

Plans for the introduction of one or both tools may include an initial pilot phase to assess the applicability of the WHO and triage tools and whether any adaptations would be helpful in facilitating their integration into local decision-making processes. Based on piloting undertaken in Brazil,<sup>3</sup> this phase would ideally involve a small number of key staff from the team with lead responsibility for evaluating potential engagements (e.g., the nutrition team). Each staff member selects a real-life example of an engagement that has been proposed within the last 12 months, and reviews the decision-making around this proposal based on the triage tool and (if relevant) the full WHO tool. Results from these example evaluations are then shared within the team, and used as the basis of a review of the use of the tool(s) and their integration into relevant decision-making processes.

The following questions may be useful in guiding this part of the discussion:

1. Are evaluations and recommendations based on the tools consistent with existing norms around engagement with non-state actors, around transparency and regarding conflicts of interest for officials?
2. Does the triage tool provide a sufficient basis to justify decisions not to proceed with potential engagements (where this is the outcome of the evaluation)?
3. How much do the tools require in terms of resources (e.g., staff time)? Do they require additional resources such as a comparison of existing evaluation practices? Are any additional resources justified in terms of enhanced efficiency or consistency in decision-making?

<sup>3</sup> Ministry of Health of Brazil, 2019. Methodology Developed for Piloting the WHO Draft Tool in Brazil. Presentation to Informal technical Member State consultation: Risk assessment and management tools for safeguarding against potential conflicts of interest in nutrition, Geneva, 4 Feb 2019. Available from: [https://www.who.int/docs/default-source/nutritionlibrary/events/informal-technical-ms-consultation-coi-4feb/2019-memberstates-consultation-coi-4feb-presentation-brazil.pdf?sfvrsn=b30f5c13\\_4](https://www.who.int/docs/default-source/nutritionlibrary/events/informal-technical-ms-consultation-coi-4feb/2019-memberstates-consultation-coi-4feb-presentation-brazil.pdf?sfvrsn=b30f5c13_4)

4. At what level of potential engagement with non-state actors are the tools most useful? For example, should the tools be used to evaluate potential meetings, contracting of services and shared platforms, or is it best reserved for evaluation of more formal types of engagement/partnership?
5. Are there any potential adaptations or modifications of the full WHO tool or the shorter triage tool that would enhance their usefulness?
6. Is there agreement concerning the lead role of the relevant team in evaluating potential engagements relating to nutrition goals? Are there other teams or Ministry roles that should be brought into this process? If so, which teams or officials need to be involved, and how might their participation be arranged?

After the pilot process, the WHO and triage tools may then be formally integrated into decision-making processes around proposed engagement with non-state actors. The following process is suggested for integrating the tool into existing health governance processes:

1. The nutrition coordinator within the Ministry assigns one or more staff members to formulate a recommendation of response to a proposed engagement based on the [triage tool](#), and when necessary the [full WHO tool](#).
2. The staff member(s) work through the tasks specified in the tool(s), and prepares a recommendation on how to proceed in relation to the proposed engagement.
3. The staff member shares and discusses with the team the recommended response.
4. The team should reach an agreement on the response.
5. The team should identify the relevant parties of the Ministry that would need to be communicated with the recommended response, in order to finally reach the external actor.
6. The response on how the Ministry should proceed is communicated to these relevant parties within the Ministry, and subsequently to the external actor.
7. The team should also identify the accountability mechanisms that would need to be triggered if the Ministry is to proceed with the proposed engagement.
8. If the Ministry proceeds with the proposed engagement, the appropriate accountability mechanisms should be triggered, in accordance to steps 5 and 6 of the full [WHO decision-making tool](#).

# Annex I: Suggested Agenda for Three-day Participatory Workshop

## Day 1: Introducing the WHO draft approach and the PAHO triage tool

<b>09:00 – 09:30</b>	Participant registration
<b>09:30 – 10:30</b>	Introduction, background, objectives, expected outcomes Participant introductions Outline of the workshop agenda and dynamics
<b>11.00 – 12:30</b>	Understanding conflicts of interest and their implications for nutrition policy and related agendas Development of the WHO draft approach Outline of the six-step process and relevant principles
<b>13:30 – 15:00</b>	Small group discussion of case study 1 (SSB sponsorship and flu epidemic)
<b>15.00-15.30</b>	Plenary discussion: reflection on case study and fit with 6-step process
<b>16.00 – 16.30</b>	Outline of the triage tool and how this fits with 6-step process
<b>16:30 – 17:00</b>	Plenary discussion: reflection on the tools

## Day 2: Adapting and applying the tools in local decision-making

<b>09:00 – 09:30</b>	Review of Day 1, outline for Day 2
<b>09:30 – 10:30</b>	Small group discussion of case study 2, using triage tool
<b>11:00 – 11:30</b>	Plenary discussion: reflection on case study 2 and fit with triage tool
<b>11:30 – 12:30</b>	Mapping of existing decision-making processes for engagement with non-state actors in nutrition policy
<b>13:30 – 14:00</b>	Discussion of how WHO and triage tools would interact with existing decision-making processes
<b>14:00 – 15:00</b>	Small group discussion of case study 3 (food labels) in context of existing decision-making processes
<b>15:30 – 17:00</b>	Plenary discussion: reflection on case study 3, use of tools within existing decision-making processes, and potential adaptations / modifications

## Day 3: Using the tools in existing decision-making roles and processes

<b>09:00 – 09:30</b>	Review of Day 2, outline for Day 3
<b>09:30 – 10:30</b>	Review of decision-making processes for engagement with non-state actors in nutrition policy, and how WHO and triage tools could be integrated in these processes (including specific roles and relationships)
<b>11:00 – 12:30</b>	Small group reflective discussion based on a recent local example of a proposed engagement
<b>13:30 – 15:00</b>	Plenary discussion: examining issues arising from the reflective discussion and implications for how best to use tools within existing decision-making processes
<b>15:30 – 16:30</b>	Next steps: plans for introducing the WHO and triage tools (piloting and review phase) Closing remarks

# Annex II: Suggested Agenda for One-day Participatory Workshop

## Introducing the WHO draft approach and screening tool

<b>09:00 – 09:15</b>	Participant registration
<b>09:00 – 09:30</b>	Introduction, objectives, expected outcomes Participant introductions Outline of the workshop agenda and dynamics
<b>09:30 – 10:00</b>	Understanding conflicts of interest and their implications for nutrition policy and related agendas
<b>10:00 – 10:30</b>	Overview of the WHO tool (six-step process and relevant principles)
<b>11:00 – 11:30</b>	Introduction to the triage tool
<b>11:30 – 12:30</b>	Small group discussion of case study 1 (sugar-sweetened beverage sponsorship and flu epidemic) using triage tool
<b>13:30 – 14:00</b>	Plenary discussion: reflection on case study 1 and use of triage tool
<b>14:00 – 15:00</b>	Small group discussion of case study 2
<b>15:30 – 16:30</b>	Reflection on the tools and their use in decision-making around potential partnerships
<b>16:30 – 17:00</b>	Next steps Closing remarks

# **Annex III: Triage Tool for Evaluating Potential Engagement with Non-state Actors**

## **A) Actor alignment**

Are the actor's core activities and values compatible with:

- public health nutrition goals?
- wider health and Sustainable Development Goals?

Does the actor manufacture any product or provide any service that is incompatible with public health nutrition goals and recommendations?

Are the actor's wider policies and practices consistent with:

- public health nutrition goals?
- wider health and Sustainable Development Goals?

Does the actor support, fund or have close links with other organizations whose activities are incompatible with the Ministry of Health's policy agenda and priorities?

## **B) Engagement profile**

Is the proposed engagement led by the Ministry of Health?

Does the proposed engagement fit with the Ministry of Health's policy agenda and priorities?

Is the proposed engagement clearly consistent with the Ministry of Health's decision-making authority and leadership?

Does the engagement offer a clear benefit to public health nutrition?

Does the engagement make adequate provision for:

- transparency?
- independent monitoring and evaluation?
- accountability?

## **C) Assessing Risks and Benefits**

Does the proposed engagement pose significant risks to the Ministry of Health with respect to its:

- reputation?
- independence?
- integrity?

Based on available evidence, is the proposed engagement with this actor likely to have a significant positive impact on:

- the effectiveness of the specific nutrition intervention?
- parallel and/or future nutrition interventions?
- wider health and development objectives?

# Annex IV: Case Studies

## Case study 1: Involvement of sugar-sweetened beverage company in public health efforts to address flu epidemic<sup>4</sup>

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Health officials in a country within the region have declared a public health emergency due to a serious influenza (flu) epidemic that is affecting the local population. The country's Director of Health receives a call from the president of a company that produces sugary drinks. The company president expresses his concern about the epidemic and wants to collaborate with the government to prevent the flu from spreading.

The company offers the health department a considerable amount of space, one third of each can, on its star product (a soft drink) free of charge, to include messages on flu prevention. The company insists that the health department logo be included on the can along with the preventive messages. For them, the association between the health department (through the logo) and their product is essential for the partnership as it would be an acknowledgment by the health department of the company's social responsibility.

The Director of Health arranges a meeting with local health officials to consider the offer. On one side, some members of the group support the proposal because of the need to carry out far-reaching public health campaigns to limit the impact of the flu epidemic. At this stage, the incidence of new cases of flu is increasing quickly and the number of new outbreaks in schools is worrying the health department and the public. There have been recent budget cuts to the health department, and some officials argue the company's contribution may be the best option to ensure a far-reaching campaign on prevention measures to benefit the population. They see sponsorship as a form of social responsibility because the company does not have any apparent economic interest in flu-related activities. They also note that there are no other companies offering similar collaborations.

But other officials say the company's soft drink products contribute to the country's growing obesity and diabetes epidemic and that the company's use of the health department logo would label it a pro-health industry with the backing of the health department. They also raise concerns about risking the independence of the health department in future regulatory action on sugar-rich beverages.

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<sup>4</sup> Adapted from a case-study developed by Ildefonso Hernandez-Aguado and Blanca Lumbreras B. 'Public-Private Partnerships: Role of Corporate Sponsorship in Public Health'. In Barrett DH, Ortmann LW, Dawson A, Saenz C, Reis A, Bolan G. Public Health Ethics: Cases Spanning the Globe (3rd ed). Geneva: Springer, pp 61-94.

As the Director of Health, you must decide if you should collaborate with the company.

### Questions for discussion

1. What considerations should the Director of Health weigh when deciding whether to collaborate with the beverage company?
2. What positive or negative impacts would displaying the health department logo on the soft drink cans have on health department operations?
3. How might sponsorship by a company that produces sugary beverages affect public trust in the health department and its effectiveness?
4. Would the decision be different if the company produced healthy foods and the department's logo was placed on a healthy product?

## Case study 2: Public-private partnership in obesity policy

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### Background

A public-private partnership deal was developed in a particular country as a hybrid mode of governance involving government and non-state actors working in partnership to produce public health policies. The deal is widely viewed as an exemplar of voluntary agreements between government and industry by respected entities such as *The Lancet* Noncommunicable Disease Action Group. The partnership was structured around five networks, that were tasked with negotiating industry self-regulation in areas such as food, alcohol, and behavior change. The food network included a wide range of processed food companies in addition to trade bodies representing the manufacturing and retail sectors. The expectation was that voluntary agreements could be negotiated in areas such as reformulation of ultra-processed food and drink products, salt reduction, marketing and advertising, and front-of-package nutrition labeling.

### Case study

The public-private partnership deal was framed as maximizing the benefits of government working in partnership with commercial sector actors to accelerate progress toward public health goals. This benefit was reflected in the justification of the deal as able to secure more progress, more quickly and with less cost than legislation.

The institutional design of the partnership entailed a form of governance in which industry actors were invited to jointly produce policies with government. In this context, the notion of conflicts of interest was implicitly rejected, given the view that the food and beverage industry were legitimate actors in policy formulation. No toolkit or procedure to prevent conflicts of interest existed at the time.

The role of government in this partnership was to facilitate dialogue and develop consensus, coordinating stakeholder meetings and workshops. This embodied an assumption that traditional forms of regulation could be replaced with industry self-regulation, in which the government shifted responsibility to food industry actors to demonstrate progress toward public health goals. The assumption on the public side was that involving industry actors in policy formulation would align their economic interests with those of public health.

An evaluation of the deal found little evidence to support claims of policy effectiveness. In addition, analyses of the public-private partnership challenged the assumption that collaborative modes of governance produce effective public health policies; rather, these studies demonstrate how industry actors used partnership approaches to optimize their policy influence, e.g., in shaping the “rules of the game” and preventing unwelcome regulatory standards. For example, industry actors exploited opportunities for policy influence to weaken accountability mechanisms, as in the removal of quantitative monitoring commitments to reformulate ultra-processed food and drink products.

## Discussion

To what extent is this deal compatible with the principles for engagement between Ministries of Health and non-state actors as set out in the decision-making tool?

### **Case study 3: Collaborating with a private marketing company to design front-of-package labels for processed food and beverage products<sup>5</sup>**

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A local public health advocacy organization wishes to conduct a research project to develop and test different front-of-package labels specifically for the population of a specific country. The aim of the project is to identify the type of label that is best suited to help the local population identify healthier food and beverage options.

The organization needs to bring in external expertise in order to design and test the front-of-package labels. A proposal is made to work with a particular private marketing agency, which is enthusiastic about the project and has experience in conducting focus groups in this country. The agency has previously worked with ultra-processed food and beverage companies, including in the

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<sup>5</sup> Case-study adapted from: Chacon V, Benson P, Barnoya J. ‘Designing a front-of-package labelling system to encourage healthier beverage choices in Guatemala’ in: UK Health Forum (2018) Public health and the food and drinks industry: The governance and ethics of interaction. London: UK Health Forum.

creation of logos for products marketed in various countries. This experience is seen as useful in understand local factors. At the same time, it raises questions about potential conflicts of interest in entering into such a partnership.

One member of the organization has worked with the company before and says that they were helpful and responsive to the needs of that public health project. She also notes that the company's experience working on logos and brands in the region will be directly relevant to the design of the health information labels, which need to be clear and understandable to sections of the population with limited literacy. Another organization member is concerned that the company's previous work with ultra-processed food companies creates a potential conflict of interest. She is reluctant for the organization to collaborate with the marketing agency, even if this means they have to abandon the nutrition labeling project.

### **Questions for discussion**

1. Does the company's previous work with ultra-processed food and beverage companies constitute a significant conflict of interest in this context?
2. How relevant is the fact that this refers to the company having 'previously worked' rather than an ongoing relationship?
3. What criteria might be used in deciding whether to proceed with this proposed engagement?

The Pan American Health Organization (PAHO) expects this publication to help its Member States identify, prevent, and manage potential conflicts of interest in potential engagement with non-state actors in their nutrition policy and programs. The publication sets out a roadmap for introducing and implementing in the Region of the Americas the Draft Approach for the Prevention and Management of Conflicts of Interest in the Policy Development and Implementation of Nutrition Programmes at Country Level, published by the World Health Organization (WHO) in December 2017.

This roadmap describes how relevant teams within Member States' Ministries of Health can be introduced to and gain familiarity with the WHO approach and the use of associated WHO and triage tools, with support and guidance from staff of PAHO.

This roadmap aims to: introduce decisionmakers in relevant government agencies to the principles underlying the WHO approach; adapt and develop complementary formats of the WHO approach to fit with existing decision-making procedures at a national level; and supplement the full WHO tool with a shorter triage tool to increase accessibility and to enable more effective engagement and use in real-life decision-making regarding potential engagements with non-state actors.

The publication explains how these aims can be addressed through a three-stage process. It also contains annexes that cover case studies, workshop agendas, and a triage tool for evaluating potential engagement with non-state actors.

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