



EDITORIALS

Commercial influence in control of non-communicable diseases

Policy makers engaging with industry must understand the risks

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Non-communicable diseases (NCDs) are a threat to health and development globally, accounting for 72% of all deaths in 2016.¹ The UN sustainable development goals (SDGs) include a target to reduce premature mortality from NCDs by one third by 2030.² To achieve this target and all 17 goals by 2030, the UN encourages public-private and civil society partnerships (see goal 17).

New global partnerships for development are necessary because the ambition, scope, and scale of the SDG agenda require coherent action by all parts of society. Although including diverse stakeholders provides opportunities to pool resources and expertise, it also brings potential risks and questions around legitimacy and accountability.³ This is especially true for public health policy, where involving private sector entities often presents real or perceived conflicts of interest.

We know, for example, that doctors' behaviours can be influenced by the drugs industry.⁴ Similarly, efforts by the tobacco industry to undermine tobacco control initiatives are well documented,⁵ and clear guidelines exist to prevent industry interference in policy making in accordance with the WHO Framework Convention on Tobacco Control.⁶ Yet greater ambiguity exists around how to engage other non-state actors—especially the food and beverage industries, in policy discussions on NCDs.⁷

Framework legislation, which establishes processes and structures to guide decision making, has been suggested as one way to reduce conflicts of interest, ensure transparency, and manage commercial relationships.⁸ At a minimum, we must have better understanding of the motivations and positions of different stakeholders and how global and public policy processes can be influenced (and potentially undermined) by broad consultations that include commercial entities.

In October 2017, the World Health Organization, along with the government of Uruguay, organised a global conference on NCDs in Montevideo, where governments endorsed the “Montevideo roadmap 2018-30” on NCDs.⁹ The roadmap is an ambitious consensus document on the need for coordinated and coherent action to combat NCDs. A draft of this document, developed through an intergovernmental process under the

leadership of Finland, Uruguay, and Russia, was published online for consultation two months before the final meeting, with a request for comments from member states, UN organisations, and other stakeholders, including industry.¹⁰ Close examination of the early draft, written comments made during the consultation period, and the final road map show important changes to the document during the process and help identify key influencers and their effects.

Differences

Overall, the final version of the Montevideo roadmap had a stronger focus on equity than the draft, with specific reference to access to diagnosis, treatment, and palliative care and a greater emphasis on the life course and ageing populations; non-behavioural risk factors, such as pollution, were also added. These changes primarily reflect submissions by member states, non-governmental organisations, and academic institutions. Notably, qualifiers such as “according to national context,” “consistent with countries' domestic legal frameworks and international obligations,” and “where/as appropriate” were added throughout the document. These qualifiers align with feedback from high income member states and reduce the ambition of the roadmap and, possibly, the accountability of nation states for bold action.

There was also evidence of softening of language towards industry. Taxation of sugar sweetened beverages and alcohol were included as possible options in the draft version but dropped from the final version (only tobacco taxation remained). Private sector entities, primarily representing the food and drink industries, were the only group to claim that taxing harmful products is inefficient and ineffective. For example, four submissions stressed that taxes on sugar sweetened drinks in Mexico were not improving public health—despite evidence of a sustained reduction in consumption, particularly among the poorest people.¹¹ Private sector submissions also emphasised the need for cost effective and evidence based interventions and supported a “whole of society” approach. This appropriation of the language of science and development is concerning if the intent is to undermine public health measures by legitimising a counternarrative around what constitutes “evidence based” and

by creating policy confusion and opposition in public debates (the tobacco industry, for example, has used front groups to block regulation¹²).

Potential risks

Broad consultations are important in implementing the 2030 agenda for sustainable development in an inclusive manner, and private sector partnerships will be needed to fill gaps in development assistance in low and middle income countries. The roadmap consultation suggests, however, that there are potential risks. A better understanding of the ways in which different industries are engaging with NCD policy making, and their intent, is essential to protect public health. More research could help clarify the extent of commercial influence (and techniques used) and help policy makers working on the prevention and control of NCDs develop tools that identify and counter efforts to undermine sound public health policy.

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- 1 GBD 2016 Causes of Death Collaborators. Global, regional, and national age-sex specific mortality for 264 causes of death, 1980-2016: a systematic analysis for the Global Burden of Disease Study 2016. *Lancet* 2017;390:1151-210. doi:10.1016/S0140-6736(17)32152-928919116

- 2 UN General Assembly. Transforming our world: The 2030 agenda for sustainable development. A/RES/70/1, 21 October 2015. http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E.
- 3 BäckstrandK. Multi-stakeholder partnerships for sustainable development: rethinking legitimacy, accountability and effectiveness. *Environ Policy Gov* 2006;16:290-306.
- 4 BraxHFadlallahRAI-KhaledL. Association between physicians' interaction with pharmaceutical companies and their clinical practices: A systematic review and meta-analysis. *PLoS One* 2017;12:e0175493. doi:10.1371/journal.pone.017549328406971
- 5 LeeSLingPMGIntanzSA. The vector of the tobacco epidemic: tobacco industry practices in low and middle-income countries. *Cancer Causes Control* 2012;23(Suppl 1):117-29. doi:10.1007/s10552-012-9914-022370696
- 6 WHO. Guidelines for implementation of article 5.3 of the WHO Framework Convention on Tobacco Control. http://www.who.int/fctc/guidelines/article_5_3.pdf
- 7 CollinJHillSEKandlikEltananiMPlotnikovaERalstonRSmithKE. Can public health reconcile profits and pandemics? An analysis of attitudes to commercial sector engagement in health policy and research. *PLoS One* 2017;12:e0182612. doi:10.1371/journal.pone.018261228886049
- 8 MagnussonRS. Framework legislation for non-communicable diseases: and for the Sustainable Development Goals? *BMJ Glob Health* 2017;2:e000385. doi:10.1136/bmjgh-2017-00038529082017
- 9 Montevideo roadmap 2018-2030 on NCDs as a sustainable development priority. WHO global conference on noncommunicable diseases. Pursuing policy coherence to achieve SDG target 3.4 on NCDs. Montevideo, 18-20 October 2017. <http://www.who.int/conferences/global-ncd-conference/Roadmap.pdf>
- 10 World Health Organization. *Governance: development of an outcome document for the WHO global conference on NCDs*. 9 August 2017. <http://www.who.int/ncds/governance/outcome-document-global-conference/en/>
- 11 ColcheroMARivera-DommarcoJPopkinBMNgSW. In Mexico, evidence of sustained consumer response two years after implementing a sugar-sweetened beverage tax. *Health Aff (Millwood)* 2017;36:564-71. doi:10.1377/hlthaff.2016.123128228484
- 12 ApollonioDEBeroLA. The creation of industry front groups: the tobacco industry and 'get government off our back'. *Am J Public Health* 2007;97:419-27. doi:10.2105/AJPH.2005.08111717267719

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