

Conflicts of interest and the UN high-level meeting on non-communicable diseases

Many non-governmental organisations and professional groups are increasingly concerned by the current UN approach to engaging with private-sector and trade associations whose products and marketing contribute to the development of non-communicable diseases (NCD). The UN high-level meeting on NCDs (chiefly cancer, cardiovascular disease, diabetes, and chronic respiratory diseases) on Sept 19–20, 2011, will present an unprecedented opportunity to address this important but neglected global health issue.¹ More than 140 public-interest organisations from around the world have signed up to the Conflict of Interest Declaration,² which has been sent to the President of the General Assembly, and the co-convenors of the high-level meeting—the Ambassadors from Luxembourg and Jamaica.

Initiatives with the private sector, such as STOP TB and Roll Back Malaria, can be effective when the process is transparent and when the private-sector partners involved have few conflicts of interest. However, in the case of NCDs, there are clear conflicts for the corporations that contribute to and profit from the sales of alcoholic beverages; foods with high fat, salt, and sugar contents; and tobacco products—all of which are important causes of NCDs.³ These conflicts must be explicitly recognised and addressed, as acknowledged by WHO.^{4–6} Failure to do this will undermine the development of competent policy; the effectiveness and efficiency of programmes; and the confidence the global health community and the public at large have in the UN and WHO's ability to govern and advance public health, which will severely

impair capacity to help member states address NCDs.

We recommend the following actions to manage the issue of conflicts of interest for NCDs and to protect the integrity of the UN's public-policy decision making on NCDs:

(1) WHO should develop a code of conduct that sets out a clear ethical framework to identify and address conflicts of interest, eliminating those that are insurmountable and managing those regarded as acceptable after a thorough risk/benefit analysis. Article 5.3 of the WHO Framework Convention on Tobacco Control provides an example of a framework that safeguards public health policy from the influence of the tobacco industry.

(2) This code of conduct and ethical framework should be used to guide any interactions with the private sector in NCD prevention and control at UN, regional, or national level and to differentiate clearly between no involvement in policy development and appropriate involvement in implementation that complies with existing regulations and the principles established in the code of conduct.

(3) This code of conduct should be mandated at the international UN level, and adopted as good practice recommendation for action by member states.

We urge the adoption of the above recommendations in the political declaration and follow-up actions to the high-level meeting on NCDs. The risks of not doing so are great. Without such safeguards, policies and recommendations will invariably be weakened to suit the interests of powerful corporations. The ability of member states—especially those in resource-poor settings—to take effective action and to regulate harmful marketing practices will also be severely weakened.

As a consequence, the public's health, workforce productivity, and the economy will be undermined by prioritising the interests of the food

and beverage industries, as well as the pharmaceutical, technology, and treatment companies, over the public good. These fundamental conflicts of interest need to be addressed at this crucial formative stage. Failure to address these concerns will mean that the effect of the UN high-level meeting process will be substantially impaired and demonstrate flawed public-interest leadership.

We declare that we have no conflicts of interest.

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- 1 Beaglehole R, Bonita R, Alleyne G, et al. UN High-Level Meeting on Non-Communicable Diseases: addressing four questions. *Lancet* 2011; **378**: 449–55.
- 2 Conflicts of Interest Coalition. Statement of concern on lack of clarity on role of industry for June UN interactive hearing and September UN High Level Meeting 2011. <http://info.babymilkaction.org/node/458> (accessed Sept 14, 2011).
- 3 Gilmore A, Savell G, Collin J. Public health, corporations and the New Responsibility Deal: promoting partnerships with vectors of disease? *J Public Health* 2011; **33**: 2–4.
- 4 WHO. Sixty-third World Health Assembly resolutions and decisions. Marketing of food and non-alcoholic beverages to children. http://apps.who.int/gb/ebwha/pdf_files/WHA63-REC1/WHA63_REC1-P2-en.pdf (accessed Sept 14, 2011).
- 5 WHO. Global strategy to reduce the harmful use of alcohol. http://www.who.int/substance_abuse/alcstratenglishfinal.pdf (accessed Sept 14, 2011).
- 6 WHO. WHO Framework Convention on Tobacco Control. http://www.who.int/fctc/text_download/en/index.html (accessed Sept 14, 2011).



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