

Protecting the development and implementation of public health policies from undue influence of unhealthy commodity industries

(Statement by the WHO Civil Society Working Group on Noncommunicable Diseases)

CC: Dr. Tedros Adhanom Ghebreyesus, Director General of the World Health Organization
Mr. António Manuel de Oliveira Guterres, Secretary General, United Nations

We, the 36 members* of WHO Civil Society Working Group (CSWG) on Noncommunicable Diseases (NCDs), earnestly call on WHO Member States, United Nations agencies, programmes and funds, international global health and humanitarian organizations, non-governmental organizations, academic institutions, and the media to protect public health policies from the undue influence of unhealthy commodity industries.

Governments have an obligation to protect and promote the health of their citizens, but interference in policy development and implementation by unhealthy commodity industries is well-documented[1]. The tactics of industries which profit from unhealthy commodities, including tobacco, alcohol beverages, ultra-processed food and sugar-sweetened beverages, breast milk substitutes and fossil fuels are directly at odds with the fundamental right of every human being to enjoy the highest attainable standard of health.

People living with NCDs are not only more vulnerable to co-morbidities and exposed to the disruption of health services due to the COVID-19 pandemic, but also more likely to develop serious illness or die from complications. This challenge is exacerbated by the activities of unhealthy commodity industries which produce products that contribute to the global burden of NCDs.

Strategies to promote products that are detrimental to health have been promoted and exploited by the tobacco and alcohol industries for decades. Since the onset of the pandemic, we are witnessing a concerning surge in such tactics, including lobbying the classification of their operations as “essential” business during lockdown, disseminating misinformation, conducting misleading research and undermining evidence-based interventions, stepping up digital marketing of unhealthy commodities, circumventing existing regulations, and demanding tax cuts - while at the same time offering donations in attempts to appear socially responsible.

Maintaining the integrity of food systems and the movement of food along the food chain, especially in the context of the COVID-19 pandemic is an essential function to which all stakeholders need to contribute. However, it is disturbing to witness the recklessness with which the ultra-processed food and sugar-sweetened beverages industries are exploiting the fragility of our world to position unhealthy commodities as daily needs. Marketing of these unhealthy products has significant consequences, particularly on children and youths, and on families living in poverty, compounding health and economic risks for vulnerable populations.

It is therefore vital to protect public health by safeguarding against industry influence, including conflict of interest in policy development and implementation from global to the local level. Robust measures have been introduced by countries to protect national policies from commercial and other vested interests of the tobacco industry (based on Article 5.3 of the WHO Framework Convention on Tobacco Control and the related guidelines adopted

Second WHO Civil Society Working Group on NCDs

by the governing body of the Convention), and effective regulatory measures should be developed and implemented for other unhealthy commodities.

Furthermore, unhealthy commodity industries should be held accountable for advancing the NCD epidemic by aggravating its risk factors and social, economic and environmental determinants. Strong accountability measures will contribute to protecting and improving the lives of people living with or at risk of NCDs, and uphold the rights of children and young people, while also being essential for health security as we build back better in a post-COVID-19 world.

The WHO Civil Society Working Group on NCDs calls upon all the above-listed stakeholders to protect and promote public health as follows:

- Recognise and raise awareness of the risks of industry and allies* interference in public health policymaking, including policy implementation, monitoring and evaluation and public health research;
- Enforce requirements for institutions, employees and affiliates to identify, prevent and manage real and perceived conflicts of interest and undue influence, to preserve institutional integrity and reputation;
- Reject all forms of funding or in-kind-contributions from unhealthy commodity industries and their allies;
- De-normalise practices presented by unhealthy commodity industries and their allies as “corporate social responsibility” initiatives;
- Practice full transparency in instances when engagement with unhealthy commodity industries and their allies is essential, such as when necessary for their effective regulation.

In addition, governments should:

- Develop and implement policies to regulate marketing and other commercial activities by unhealthy commodity industries and their allies;
- Exclude unhealthy commodity industries from government investment benefits, subsidies, and tax exemptions.

Countries that are Parties to the WHO Framework Convention on Tobacco Control are urged to ensure full implementation of Article 5.3 of the Convention by utilizing the relevant implementation guidelines; countries that are not should strive to act in the spirit of the treaty.

The WHO CSWG on NCDs remains committed to supporting all stakeholders in the fight against the NCDs pandemic.

***Allies** here is defined as SAPROs which stands for “Social Aspect Public Relations Organisations; see further here: <https://www.frontiersin.org/articles/10.3389/fcomm.2020.00024/full>: Social Aspects Public Relations Organizations, “front groups” of risk industries

[1] Petticrew M, Katikireddi SV, Knai C, et al ‘Nothing can be done until everything is done’: the use of complexity arguments by food, beverage, alcohol and gambling industries. *J Epidemiol Community Health* 2017;71:1078-1083.

Members of WHO Civil Society Working Group on Noncommunicable diseases

1. **Dr Monika Arora**, Healthy India Alliance, India
2. **Ms Kwanele Asante**, The Lancet Commission on Women and Cancer
3. **Prof Naby Baldé**, International Diabetes Federation, Guinea
4. **Mr Stephane Besançon**, Santé Diabète, France
5. **Mr Enzo Bondioni**, FDI World Dental Federation, Switzerland
6. **Ms Chantelle Booyesen**, Youth Leaders for the Lancet Commission on Global Mental Health and Sustainable Development, South Africa
7. **Dr Beatriz Champagne**, Healthy Latin America Coalition, Argentina
8. **Dr Stephen Connor**, World Palliative Care Alliance, USA
9. **Ms Katie Dain**, CEO, NCD Alliance (Co-Chair)
10. **Dr Mitra Rouhi Dehkordi**, The Association for International Sports for All, Iran
11. **Dr Ulysses Dorotheo**, South East Asia Tobacco Control Alliance, Philippines
12. **Dr Ibtihal Fadhil**, EMRO NCD Alliance, Iraq
13. **Dr Mychelle Farmer**, NCD Child, USA
14. **Mr Juan Núñez Guadarrama**, Salud Justa, Mexico
15. **Sir Trevor Hassell**, Healthy Caribbean Coalition, Barbados
16. **Mr David Kalema**, Hope and Beyond, Uganda
17. **Mr Chris Lynch**, Alzheimer's Disease International, United Kingdom
18. **Princess Dina Mired**, Union for International Cancer Control, Jordan
19. **Dr Mwai Makoka**, World Council of Churches, Malawi
20. **Ms Narcisa Mashienta**, Ikiama Nukuri, Ecuador
21. **Dr George Msengi**, NCD Child, Tanzania
22. **Mr Christophe Ngendahayo**, International Federation of Medical Students Associations, Rwanda
23. **Ms Leslie Rae**, Framework Convention Alliance, Canada
24. **Ms Johanna Ralston**, World Obesity Federation, USA
25. **Ms Belen Ríos**, O'Neill Institute for National and Global Health Law, Georgetown University, USA
26. **Prof Trevor Shilton**, International Union for Health Promotion and Education, and International Society for Physical Activity and Health, Australia
27. **Dr Sudhvir Singh**, EAT Foundation, Norway
28. **Dr Tara Singh Bam**, International Union Against Tuberculosis and Lung Disease, Nepal
29. **Ms Anjali Singla**, Movement for Global Mental Health, India
30. **Ms Kristina Sperkova**, Movendi International, Slovakia
31. **Ms Charlene Sunkel**, Global Mental Health Peer Network, South Africa
32. **Ms Kate Swaffer**, Dementia Alliance International, USA
33. **Ms Phaeba Thomas**, HealthBridge South Asia, India
34. **Dr Nick Watts**, Lancet Countdown on Health and Climate Change, United Kingdom
35. **Prof Gerald Yonga**, East Africa NCD Alliance, Kenya
36. **Dr Yoshitake Yokokura**, World Medical Association, Japan