2-page rapid response to NCD Alliance
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The problem with 'Platforms'

Our organisation, IASO, was a founding member of the European *Platform on Diet, Physical Activity and Health*, sponsored by the European Commission DG Sanco. The Platform was launched in March 2005 in response to rising obesity, with the purpose "to create a forum for actors at European level who can commit their membership to engage in concrete actions designed to contain or reverse current [obesity] trends". DG Sanco paid travel and accommodation costs for NGOs to attend.

In our view the result has been disappointing. In summary:

In favour:
- It allows a dialogue between different parties (public health, commercial, academic, policy);
- It encourages networking and information exchange;
- It encourages all parties to feel that they are being heard.

Problems:
- The Platform terms of reference are weak:
  - the objectives had to be agreed by industry;
  - the evaluation mechanism focuses only on processes, not real outcomes;
  - the role of NGOs is ambiguous: criticising industry is considered 'unconstructive';
- The Platform promotes a 'voluntary' approach to public health, with obvious weaknesses:
  - industry self-regulation, self-monitoring and self-enforcement are inadequate;
  - voluntary 'pledges' can be ignored or revoked without serious penalty;
  - many companies do not participate;
- the Platform pre-empts other actions, e.g. it is a substitute for developing regulations;
- the Platform gives industry a public relations vehicle, and an appearance of action;
- The level of analysis and argument is frequently poor;
- In practice the Platform has lost direction, and swings from topic to topic with no clear strategic framework.

As a result of the problems, the use of the 'Platform' approach for policy development has lost favour among most of the participating public health NGOs in Europe.

The problem with 'Partnerships'

The implication of the word 'Partnership' is that it assumes that there is a shared goal, with two or more parties collaborating to reach that goal. Partnerships between commercial interests and public health interests may be successful as a means of delivering specific policy objectives, such as the distribution of emergency relief resources, or the distribution of certain health prevention measures such as low-cost vaccines, condoms or anti-malarials.

However, there are other health prevention measures which are unlikely to be successfully achieved through industry-public health partnerships, especially if the public health aim is to reduce or restrict the consumption of products which industry manufactures or distributes. This is clearly the case for tobacco products, for alcohol products and for breast milk substitutes.

The lessons from breast milk substitutes can be used to reflect on the concept of partnerships with the food and beverage industry in general. The modern food industry has objectives which are not identical to those of public health, especially in the case of NCDs. Food companies have a primary aim of market expansion (this is their duty to shareholders) whereas public health workers urge the restriction of the marketing of certain types of product (those high in sugars, salt, sat and trans fats). There may be a common alliance for the expansion of the market in e.g. fruit, vegetables and fish, but for much of the food sector there is no common goal with public health. There are also wider problems around the environmental impact of food supplies, social inequalities in land use, cash cropping and labour exploitation, and other issues which may set food industry aims against the wider interests of public health.

Therefore the word 'Partnership' is treated very cautiously in public health nutrition circles. The role of NGOs includes advocacy, and advocacy includes speaking against the role of industry in many of its activities. Partnerships may inhibit this advocacy role. Partnerships may serve industry interests but there should be no assumption that they serve the public health goals of NGOs.

Industry participation in policy

In relations with WHO in the 1990s and early 2000s, there was usually a two-tier structure for engaging various different parties in the development of policy. This should be considered as a possible route forward. The two levels of engagement were:

(1) **forums** in which WHO heard the various stakeholder perspectives, issues, arguments, counter-arguments and policy calls;
(2) **expert consultations** for evidence and policy recommendations.

This served to keep the interested parties in a separate process from the policy development, but to allow the interested parties to express themselves and to respond to proposed policy measures.

In the case of public health it is important to ensure that commercially interested parties are not able to prevent the formation of public health policies or hinder the development of measures to implement the policies. As an example, the WHO took some pains to have separate processes for expert review and for stakeholder comment in the development of the Recommendations on marketing food and beverages to children.

Even this separation has some issues that need to be considered. The stakeholders consultations may need to be conducted in separate sessions to allow an open dialogue between the host agency (such as WHO) and the stakeholder grouping. This was the case for the issue of marketing to children, where WHO hosted separate meetings for NGOs on the one hand and the industry sector on the other. Equally, the expert consultation needs to be an open process, with the membership transparent about any conflicts of interest, and open publication of their COI statements.

For the NCD follow-up a two-tier approach might be suggested. This can take the form of a 'health panel' setting the policy agenda and a 'stakeholder panel' or several panels providing a forum (or several forums) for developing ideas and commenting on proposals. The 'health panel' would be the source of expertise with authority in guiding the UN agencies and would be drawn from recognised experts in appropriate public health disciplines. It should be a cross-agency body, such as a Standing Committee consisting of member state-nominated public health scientists, and should be transparent and communicative. *end*