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COMMENTARY



Could the WHO's Framework on Engagement with Non-State Actors (FENSA) be a threat to tackling childhood obesity?

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Childhood obesity has become a major global public health issue by reaching alarming levels in both developed and developing nations. A systematic review for the global burden of disease study in 2013 shows childhood obesity has grown by 47.1% from 1980 to 2013 (Ng et al., 2014), with most of this rapid rise occurring in low- and middle-income countries (LMICs) where the growth rate is 30% higher than in the developed nations (Organization, 2016b). Globally, around a quarter of children under 5, and a third under 10 are overweight or obese (Michie, 2016). Most of the 41 million obese and overweight children under the age of 5 live in LMICs (Nishtar, Gluckman, & Armstrong, 2016), and the World Health Organization (WHO) estimates that by 2025 this number will reach as high as 70 million (Organization, 2016b). These alarming figures prompted the WHO to establish the Commission on Ending Childhood Obesity (ECHO) in 2014. In March 2016, the WHO published the final report of ECHO.

The report calls for a whole-of-society approach in developing collaboration to tackle childhood obesity and urges member states to engage diverse stakeholders, including governments, civil society, parents, caregivers, the private sector, and academic institutions in developing guidelines and policy measures. It calls on the private sector to 'support the production of, and facilitate access to foods and non-alcoholic beverages that contribute to a healthy diet' and to 'facilitate access to, and participation in, physical activity' (Organization, 2016b). Even as the ECHO work was drawing to a close, the role of the private sector in the wider WHO policy process (which would include providing member states with advice on the prevention of childhood obesity) was reinforced through the WHO's Framework of Engagement with Non-State Actors (FENSA), finalised at the 2016 World Health Assembly (WHA) (Organization, 2016a).

Like the ECHO report, FENSA encourages stronger private sector involvement in WHO policy formulation albeit with clear guidelines for how WHO is supposed to interact with non-state actors (NSAs). The framework rules expressly permit 'business interest groups' to participate in the governance of, and policy development at, the WHO, ending the long-standing official policy that WHO should not engage with organisations that are 'primarily of a commercial or profit-making nature'. The new rules also welcome the involvement of the private sector in various forms of technical collaboration, but eschew them in standards development (CHSL, 2016). These novel developments (FENSA and ECHO) raise the question of whether they could facilitate WHO policy capture by the food industry and undermine efforts to develop effective regulatory responses to the obesity pandemic.

It is widely accepted that unhealthy food choices are a central driving forces of the obesity pandemic. Experience with interventions to reduce tobacco smoking suggest that regulation and taxation of unhealthy products, labelling to encourage healthy choices, curbs on industry advertising that shapes the public's desire for consumer products, and media campaigns to inform about the

health consequences of unhealthy commodities can significantly reduce consumption of health-harmful commodities (Khayatzadeh-Mahani, Ruckert, & Labonté, 2017; Perl, 2015). But there is a growing concern in the public health community that corporate influence and lobbying at WHO is likely to weaken such regulatory and policy efforts that target childhood obesity. Most civil society groups present at the 69th WHA critiqued FENSA for the open door it has given to private corporate interests (apart from tobacco which remains specifically excluded) in terms of both contributing funds to WHO, and participating in norm-setting activities (Statement, 2016). They also highlight that FENSA lacks adequate safeguards against what the political science literature describes as 'regulatory capture' by private industry, a particular concern in relation to the food industry (Miller & Harkins, 2010). This is problematic as growing evidence demonstrates the direct association between the unfettered and unregulated operation of food and beverage industries and childhood obesity (e.g. (Stuckler & Nestle, 2012; Tangcharoensathien, Srisookwatana, Pinprateep, Posayanonda, & Patcharanarumol, 2017; Vartanian, Schwartz, & Brownell, 2007), the two private sectors that are frequently called 'corporate vectors of disease' (Gilmore, Savell, & Collin, 2011) and 'harm industries' (Welker, Partridge, & Hardin, 2011). The ECHO's call for collaboration with the private sector, including the food and beverage industries, mirrors the same call made by the UN Sustainable Development Goals (SDG), notably Goal 17 on partnerships. These sanguine views of corporate engagement ignore the notable objections by many public health advocates who are strongly against industry involvement in policy negotiation due to the existence of profound conflicts of interests (Richter, 2014).

The ECHO report, for example, urges the private sector to promote physical activity. Although this is good health promotion advice in itself, it is also interesting that many initiatives promoting physical activity globally are funded by the food and sugar-sweetened beverage (SSB) industries (e.g. (Dorfman, Cheyne, Friedman, Wadud, & Gottlieb, 2012; Gómez et al., 2011). These apparently altruistic initiatives constitute part of their corporate social responsibility (CSR) practices, developed in response to concerns about rising obesity rates raised by public health advocates and consumers. CSR, including various forms of self-regulation, has been critiqued as a ruse to disguise the industry's harmful activities (Gómez et al., 2011), and can be seen as a tactic to thwart government regulation or taxation of health damaging food commodities, and to gain popular support and trust while improving the corporate image (Dorfman et al., 2012). By focusing on physical activity and lifestyle changes, the industry shifts the focus of discussion about obesity away from the diet and food-related causes of obesity ('energy in') and towards changes in physical activity associated with modernity ('energy out') (Herrick, 2009). It is not that such a message is unimportant, but the overwhelming focus of the food and beverage industry across multiple channels on exercise and sedentary lifestyles affords a limited understanding of the root causes of obesity amongst the wider population, and distracts from other potential policy solutions, such as sugar taxes (Karnani, McFerran, & Mukhopadhyay, 2015).

Similarly, Lewin and colleagues (Lewin, Lindstrom, & Nestle, 2006) found that although Kraft Foods has clearly stated in its CSR that it will contribute to the fight against childhood obesity, it has remained extensively involved in marketing its unhealthful products to children. King et al. (2011) found that in Australia the industries' self-regulatory practices have been unsuccessful in protecting children's exposure to unhealthy food advertising on television. This is worrying as billboards by transnational food and beverage industries are omnipresent in LMICs where there are weak regulatory systems and civil society groups, compared to those in high-income countries (Gómez et al., 2011). In 2010, PepsiCo and Coca-Cola, the two big US-based SSB corporations, had respectively half and three-quarters of their revenues from international sales, with Kraft Foods (another US corporation) reporting a tripling of its revenues from international sales (Robbins & Nestle, 2011).

A growing number of public health advocates have been calling for non-engagement with harmful industries in designing healthy public policies. In 2011, a 'Conflict of Interest' coalition was formed with participation of 161 non-governmental and professional organisations. It issued a 'statement of concern' prior to the UN High-Level Meeting on non-communicable diseases, highlighting the ambiguous role of the private sector in participating in public policy-making, and calling for

development of an ‘Ethical Framework’ and a ‘Code of Conduct’ to safeguard against conflicts of interest in developing healthy public policies at the UN level (Conflicts of Interest Coalition, 2015). Although this intervention failed to be taken up by the UN High-Level Meeting (Herrick, 2016), without such a framework, public–private partnerships to tackle childhood obesity are unlikely to yield any substantive change, and risk legitimising companies that remain engaged in the production and marketing of unhealthy commodities. The current WHO FENSA remains too weak on this count, and should be re-visited in future WHAs to strengthen its conflict of interest guidelines and amend its acceptance of funding from companies that continue to produce health-harmful products. As childhood obesity is rapidly growing globally, ‘the world cannot afford a repeat of the tobacco history, in which industry talks about the moral high ground but does not occupy it’ (Brownell & Warner, 2009). We agree with the vast number of public health advocates who suggest that the policy of ‘non-engagement’ with tobacco and arms industries, which proved effective in advancing tobacco control measures (Dorfman et al., 2012), should be applied to the food industry with respect to childhood obesity. We cannot dispense with the food and beverage industries, as we must eat to live, but efforts should be made to closely manage and regulate their activities beyond the voluntary approach that continues to predominate in the global health policy discourse. This implies the necessity to keep multinational food and beverage companies (particularly those who sell products that are a major contributor to obesity, heart disease and diabetes) from NCD policy formation at WHO, and to revisit the conflict of interest policy regarding NSAs enshrined in FENSA to ensure that all NCD prevention and policy is driven by independent research and evidence (Perl, 2015).

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