

Institution: University of Edinburgh		
Unit of Assessment: UOA20 Social Policy and Social Work		
Title of case study: Managing conflict of interest in health governance		
Period when the underpinning research was undertaken: 2005- 2020		
Details of staff conducting the underpinning research from the submitting unit:		
Name(s):	Role(s) (e.g. job title):	Period(s) employed by submitting HEI:
Prof Jeff Collin	Professor of Global Health Policy	2005 - present
Dr Sarah Hill	Senior lecturer, social determinants of health	2009- present
Dr Rob Ralston	Career Development Fellow (Health Policy)	2018- present
Prof Katherine Smith	Professor of Health Policy	2010-2019
Period when the claimed impact occurred: 2014-2020		
Is this case study continued from a case study submitted in 2014? No		
1. Summary of the impact		
<p>Non-communicable diseases (NCDs) kill 41 million people each year, equivalent to 71% of all deaths globally, with a substantial majority of premature deaths occurring in low and middle-income countries. NCD epidemics are driven by the manufacturing and marketing activities of unhealthy commodity industries, notably alcohol, tobacco and ultra-processed food and drink producers. Research in the Edinburgh University Global Health Policy Unit (GHPU) has advanced knowledge on managing conflict of interest (COI) with tobacco, alcohol and food industries and led to the following impact:</p> <ul style="list-style-type: none"> • Bridging policy communities and developing new COI protocols and terms of engagement in the Scottish Parliament to address health inequalities in Scotland. • Enabling leading health agencies, notably Public Health England and Cancer Research UK, to revise their approaches to COI and develop new terms of engagement with commercial actors in the production of evidence and health guidance. • Increased awareness and use of World Health Organisation COI tools, and developing specialised support to advance nutrition policy-making in Latin America and Caribbean. 		
2. Underpinning research		
<p>Research by Edinburgh University's Global Health Policy Unit (GHPU) examines how to manage commercial sector involvement and conflict of interest (COI) in health governance, including across policy-making processes, national research agendas, and in evidence production. Within a major programme of work on the tobacco industry, Collin led several influential analyses of COI in global health. One particularly significant article (3.1), with over 158,000 downloads in 10 years, examined conflicts in health philanthropy via a case study of the Instituto Carlos Slim de la Salud, endowed with USD500 million to focus on health priorities in Latin America. This research used an archive of tobacco industry documents triangulated with commercial, media, regulatory and NGO sources to examine financial relations between the tobacco industry and the institute's founder, the multi-billionaire Carlos Slim Helu. It demonstrated a COI between the institute's health mission and its founder's involvement in cigarette manufacturing and marketing, and highlighted the need for more robust governance given the increasing influence of philanthropy in global health policy.</p>		

Second, GHPU colleagues explored contrasting understandings of COI in the context of state-owned tobacco companies (SOTCs), which account for over 40% of global cigarette production (3.2). This paper, with a commentary from WHO's senior tobacco control officer in China, developed a threefold typology of conflicts between economic interests inherent in SOTCs and public health responsibilities. Such tensions can be conceptualised as fundamental and fixed ('intrinsic conflict'); amenable to either exacerbation or amelioration via organisational mechanisms ('institutionally-mediated conflict'); and state ownership can also be seen as offering potential to radically alter the behaviour of tobacco companies to advance tobacco control ('interest alignment').

A third COI analysis examined tobacco industry investments in the emergent e-cigarette market. Amid broad support for the use of e-cigarettes in smoking cessation among leading UK health agencies, Collin's contribution to the Royal College of Physicians' report *Nicotine without smoke* (3.3) offered a distinctive global perspective. This highlighted the strategic value of such investments to the tobacco industry in creating new 'reduced risk' products to market alongside cigarettes, potentially restoring the industry's legitimacy with health actors and providing new opportunities for engagement in health policy.

Collin's commissioned article in *Tobacco Control's* twentieth anniversary issue (3.4) introduced the concept of 'tobacco exceptionalism' to explore a distinctive model of health governance within health policy. It used policy coherence to examine inconsistencies between tobacco control and other policy spheres across trade, development and global health, highlighting a need to create strategic synergies in regulating unhealthy commodity industries.

Building on discussions with alcohol NGOs through an ESRC-funded seminar series (2013-16), GHPU colleagues led research into attitudes to engagement with unhealthy commodity industries in public health governance via an online survey of 335 researchers, advocates and policymakers across 40 countries (3.5). They found strong consensus around restricting interactions with the tobacco industry in implementing the WHO Framework Convention on Tobacco Control, and strong support for the extension of such practices to the alcohol industry, challenging current policy norms. While perspectives were broadly similar regarding food, responses indicated the need for greater clarity in defining and differentiating the food industry and to explore appropriate engagement in health policy and research.

In collaboration with PAHO's nutrition advisor, Ralston, Hill and Collin (3.6) examined understandings of COI in the context of a new WHO tool to support nutrition policy in Member States. They analysed responses to an online consultation from 44 Member States, international organisations, NGOs, academic institutions and commercial sector actors. Responses reflected contrasting conceptualisations of COI and implications for health governance. While most Member States, NGOs, and academic institutions strongly supported the tool, commercial sector organisations depicted it as unworkable and incompatible with the UN Sustainable Development Goals. Ralston et al demonstrate that health governance requires greater understanding of how COI can be managed amid high levels of contestation on policy engagement with commercial actors.

3. References to the research

3.1 Burch, T., Wander, N. and Collin, J. (2010). 'Uneasy money: the Instituto Carlos Slim de la Salud, tobacco philanthropy and conflict of interest in global health'. *Tobacco Control*, 19(6), e1-e9. DOI: [10.1136/tc.2010.038307](https://doi.org/10.1136/tc.2010.038307)

3.2 Hogg, S.L., Hill, S.E. and Collin, J. (2016). 'State-ownership of tobacco industry: a 'fundamental conflict of interest' or a 'tremendous opportunity' for tobacco control?' *Tobacco Control*, 25(4), 367-372. DOI: <http://dx.doi.org/10.1136/tobaccocontrol-2014-052114>

3.3 Royal College of Physicians. *Nicotine without smoke: Tobacco harm reduction*. London: RCP, 2016 Ch.9: 'E-cigarettes, harm reduction and the tobacco industry'. ISBN 978-1-

86016-600-6 <https://www.rcplondon.ac.uk/projects/outputs/nicotine-without-smoke-tobacco-harm-reduction>

3.4 Collin, J. (2012) 'Tobacco control, global health policy and development: Towards policy coherence in global governance. *Tobacco Control*. 21(2), pp.274-280. DOI: <http://dx.doi.org/10.1136/tobaccocontrol-2011-050418>

3.5 Collin, J., Hill, S.E., Kandlik Eltanani, M., Plotnikova, E., Ralston, R. and Smith, K.E. (2017) Can public health reconcile profits and pandemics? An analysis of attitudes to commercial sector engagement in health policy and research. *PLoS One*, 12(9), pp.1-13. DOI: <https://doi.org/10.1371/journal.pone.0182612>

3.6 Ralston, R., Hill, S.E., Gomes, F. and Collin, J. (2020) 'Towards preventing and managing conflict of interest in nutrition policy? An analysis of submissions to a consultation on a draft WHO tool', *International Journal of Health Policy and Management*,. DOI: [10.34172/IJHPM.2020.52](https://doi.org/10.34172/IJHPM.2020.52)

4. Details of the impact

GHPU research has underpinned engagement with leading health actors in the UK and globally. This has advanced understanding of COI across complex policy communities, leading to new ways to address COI by framing tobacco, alcohol and nutrition policy-making as interlinked and promoting policy coherence.

Influencing governance arrangements: Managing COI across NCDs at the Scottish Parliament

In 2016 /2017, Collin's research influenced the decision of three issue-specific Cross-Party Groups (CPGs) in the Scottish Parliament to combine. This resulted in the new CPG on Improving Scotland's Health, which has 66 member organisations and high levels of engagement with MSPs and the Scottish Government, promoting coherence across public health risk factors such as alcohol, tobacco, and obesity. Collin's research (3.1, 3.2) and engagement provided the CPG members with "*a greater understanding of international corporate activities and... of tobacco tactics and strategizing, helping us to build links with others working across unhealthy commodities*" (5.1). Working with the CPG secretariat, Collin used his research insights to develop the group's COI statement; this was challenging as these policy areas have had very different approaches to involving relevant industries in policy-making (5.2). He gave a presentation at the CPG's first meeting in January 2017 on coherence across unhealthy commodity industries. Following this, the CPG unanimously adopted the COI statement, agreeing a policy by which "*[c]ommercial companies and their vested interests should be excluded from membership*", a policy that is distinctive among CPGs and welcomed by advocates as more robust than in many alcohol and food policy contexts (5.2). According the CEO of ASH Scotland, "*The terms of engagement and declaration of interests are unique for this CPG in how they acknowledge and seek to limit commercial influence on matters of public health. Our approach therefore provides additional protection for the alcohol and obesity groups for example, which generally have less protection than tobacco in terms of commercial influence in policy-making*" (5.1).

Influencing the production of evidence: Public Health England and Cancer Research UK

The ESRC seminar series advanced discussions across policy areas and identified need for new governance tools, particularly with respect to the alcohol industry. Research following directly from this (3.5) attracted attention from Public Health England (PHE) and influenced their development of new "Principles for engaging with industry stakeholders", in the aftermath of PHE's highly controversial partnership with a charity funded by the alcohol industry. This research (3.5), is the only reference underpinning PHE's decision to adopt a new strategic approach to managing COI across health-impacting industries, stating: "*given the structural links between companies and across industries, the priority was to develop a set of general guiding principles that PHE could adapt to specific topic areas*" (5.4, section

5). This strategic decision and guidance document formally direct PHE's 5,500 researchers and public health professionals, who provide professional scientific expertise to central and local government, the NHS, UK Parliament, industry and the general public, thus limiting commercial access to an influential evidence-producing and advisory organisation.

Through his research (3.1, 3.3) and as chair of both Cancer Research UK's (CRUK) Tobacco Advisory Group (2014-19) and International Tobacco Advisory Group (2016-present), Collin shaped the development of CRUK's Code of Practice on Tobacco Industry Funding to Universities through two revisions (2014 and 2018) with associated impacts on funding strategy (5.5). CRUK is the world's largest independent funder of cancer research, investing an average of GBP500 million per year, and its Code has broader significance via a joint protocol with Universities UK and as an explicit reference point in COI governance in leading universities (5.6). His analysis of COI associated with a health philanthropy founded by Carlos Slim Helu (3.1) is described by CRUK's then Cancer Prevention Director as having "*guided our decision making with respect to both ... the Fundación Carlos Slim, and also to the [USD800m] Foundation for a Smoke-Free World*", in classifying recipients of such funding as ineligible for CRUK support (5.6). Collin's input into adapting the Code to address e-cigarettes is presented by the Director as part of wider impact in managing international controversies around e-cigarettes in tobacco control: "*[H]is analysis of the emergent e-cigarette industry for the Royal College of Physicians shaped the development of our funding Code in differentiating between independent e-cigarette manufacturers and those owned by the tobacco industry*" (5.6).

Influencing global health governance: building international capacity and raising awareness of COI for health officials and NGOs

In 2017 WHO published a consultation on its first tool for managing COI in nutrition. However, research revealed concerns among Member States, international agencies and civil society organisations about the complexity of the proposed 6-step methodology, inadequate understandings of COI, and the lack of provision for testing the tool in country contexts (3.6).

Research and engagement by Collin, Hill, and Ralston subsequently aimed to address these concerns and advance use of the WHO tool. First, funded by an ESRC Impact Accelerator Grant, they collaborated with PAHO and ACT+, a leading Brazilian NGO, to pilot the tool at country level. This centred on a co-organised deliberative workshop in Brasilia in August 2018, involving 30 officials from key government agencies and civil society organizations. The event increased knowledge of COI tools, and developed suggestions on how to implement and adapt the tool for use within Brazil (5.7). The workshop helped participants to better understand COI, the WHO tool, and the need for supporting mechanisms. According to one attendee it "*expanded the perspective of conflict of institutional interests and presented perspectives on the need to implement tools that allow better identification and management possibilities*", with another attendee stating, "*I started to believe a little more that there is the possibility of managing risks for conflicts of interest*" (5.8).

Second, Collin, Hill, and Ralston collaborated with PAHO to develop a shorter '**triage tool**' to enable rapid engagement. This work built awareness, capacity, and understanding of COI, leading to the Brazilian Ministry of Health employing the 'triage tool' with five teams from Food and Nutrition Coordination (5.7). At a WHO Informal Technical Member State consultation in 2019, Brazil was the only country to report substantive use of the tool in policymaking. Brazil's Ministry of Health acknowledged the contribution of the Edinburgh University researchers, proposed the PAHO collaboration in Brazil as a case study of successful engagement with COI mechanisms, recommended wider use of our triage tool, and stated that the "*model used in Brazil was very useful for us and can be adapted to other countries*" (5.7, p.7).

Third, to advance awareness and management of COI in contexts with limited state capacity, Collin and Hill co-organised a workshop for small island developing states with PAHO and the Healthy Caribbean Coalition (HCC), the regional network for health NGOs. With 30 attendees from health ministries and agencies across six Caribbean states (Barbados, March 2019), Collin and Hill presented research insights and supported critical engagement with COI tools. This led to increased awareness and capacity building in the region, the development of a regional COI policy by HCC, and increased engagement with WHO and PAHO tools. Building on and endorsing the Brazilian approach, the workshop report concluded that *“a simple, user-friendly policy and associated tools to allow the HCC to better manage individual and institutional Col related to engagement with industry in NCD prevention and control would be ideal”* (5.9, p.56).

PAHO’s nutrition adviser identifies GHPU *“publications, research expertise and collaborative engagement”* as critical in underpinning these initiatives, confirming that their insights *“have been essential in PAHO’s work to support member states in identifying and managing COI in nutrition policy, and in promoting coherent approaches to tackling non-communicable diseases across the Americas.”* (5.10, p.1). Substantive outcomes include the development of new policy tools in collaboration with PAHO:

1. the triage tool, with an online version linking to the full WHO resources to increase accessibility for health officials;
2. a user-friendly protocol for piloting tools at country level for use by Member States
3. a new ‘roadmap’ for PAHO’s work in supporting Member States in managing COI and implementing the WHO tool (5.10, p.2).

As PAHO’s adviser notes, the pandemic has significantly restricted opportunities for dissemination, and for uptake and engagement by Ministries of Health, including by delaying the launch of these outputs. This is now being planned for March-April 2021, with further work to focus on developing an online capacity-building course to support government officials and health advocacy organisations across the Americas (5.10).

5. Sources to corroborate the impact

- 5.1** CEO of Action on Smoking and Health (ASH) Scotland (Testimonial)
- 5.2** CEO Alcohol Focus Scotland (Testimonial)
- 5.3** *Improving Scotland’s Health* CPG minutes, meeting 2
- 5.4** Public Health England report
- 5.5** Cancer Research UK Code of Practice on Tobacco Industry Funding to Universities and related documents
- 5.6** Director, Intelligence & Clinical Engagement Cancer Prevention at CRUK (Testimonial)
- 5.7** Brazil WHO presentation
- 5.8** Qualtrics survey
- 5.9** Healthy Caribbean Coalition document
- 5.10** Nutrition Advisor, Pan-American Health Organisation PAHO (Testimonial)