Multi stakeholder partnerships in Nutrition:
“The role of Nutrition Governance in managing Conflict of Interests in Nutrition Interventions”

Background:
Universal health coverage (UHC) is firmly based on the WHO constitution of 1948 declaring health a fundamental human right and on the Health for All agenda set by the Alma Ata declaration in 1978. UHC cuts across all of the health-related Sustainable Development Goals (SDGs) and brings hope of better health and protection for the world’s poorest. The essence of UHC is a strong and resilient people-centered health system with primary care as its foundation. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care. Essential nutrition services including support to exclusive breastfeeding are part of the integrated package of primary care and essential health services, based on comprehensive national nutrition policies and programmes. The Second International Conference on Nutrition provides policy recommendations and the United Nations Decade of Action on Nutrition provides the opportunity to Member States to fulfil the commitment of universal access to improved nutrition services through UHC.

For countries to overcome existing barriers to UHC, cooperation and a radical increase of action on many fronts will be necessary of governments supported by their development partners and other actors including non–state actors. Good health system governance is one critical element, and leadership and governance need to include ensuring accountability through the establishment of mechanisms, not only to monitor progress and evaluate impact to advance UHC, but also for the cooperation with non–state partners on shared interests for public health. Therefore, the way forward for governments includes the establishment or strengthening of a dialogue with relevant national and international parties, and form alliances and partnerships to expand primary care services such as nutrition actions and introduce adequate mechanisms to safeguard against potential conflicts of interest.

A conflict of interest (CoI) arises in circumstances where there is potential for a secondary interest to unduly influence, or where it may be reasonably perceived to unduly influence, either the independence or objectivity of professional judgement or actions regarding a primary interest (related to the government’s work). Conflicts of interest can arise when interactions involve external actors of two distinct types: non–State actors or individuals, both of which may provide advice, expertise, or be otherwise associated with the development of policies and implementation of nutrition programmes. CoIs not only associated with multi–national corporate bodies (eg. Milk food companies), but also other bodies such as not for profit organizations, academic institutions and employees, bureaucratic, technical and managerial domains including media and mass media.
The Sixty-fifth World Health Assembly adopted resolution WHA65.6, which endorsed the comprehensive implementation plan on maternal, infant and young child nutrition. One of the important priority actions of the implementation plan is to create a supportive environment for the implementation of comprehensive food and nutrition policies. The resolution also impelled countries to introduce adequate mechanisms to safeguard against potential conflict of interest.

The WHO Secretariat has developed a tool, in its draft form, known as the approach on preventing and managing conflicts of interest in policy development and implementation of nutrition programmes at country level. The approach is aimed at government officials involved in the development, design and implementation of public health nutrition policies and programmes.

Through involvement of public and private actors, multistakeholder partnerships have become key instrument in food and nutrition governance for implementing the Sustainable Development Goals. Conflicts may arise between profit and public health nutrition goals due to such partnerships and can harm the integrity of nutrition policies and programmes. Bangladesh government acknowledges the essence of adopting a convergence and equity approach to policies and programmatic choices. The most affected areas and population groups of the country are being identified and prioritized, and receive concerted multisectional and multi-stakeholder interventions.

However, conflict of interest from any party needed to be prevented or managed. The enactment of the Code of Marketing of Breast Milk Substitutes is an example which clearly defines issues of conflicts of interest that can occur around breastfeeding.

Bangladesh and good numbers of member states of WHO have started focusing on the newly emerging threat of unhealthy diets which significantly impact nutrition status of the population, leading to overweight, obesity and risk of non-communicable disease is another area where convergence would occur between public policies and other entities, especially industry. Implementing policy measures such as fiscal taxes on sugary beverages, and marketing strategies to prevent marketing of foods high in sugar, salt and fat to children are some of the measures that will positively influence dietary habits of the population and prevent escalation of consumption of processed foods high in salt sugar and fat as seen other parts of the world where safeguarding conflicts of interest may be essential. There is also a significant need to increase awareness of both public health officials on the possibility of and safeguarding against conflicts of interest.

The respective governments of member states of WHO and Bangladesh have started strategizing the most effective ways in which conflicts of interest can be mitigated and managed. A code of conduct for public health officials is the cornerstone of management of COI. In addition, with regard to nutrition specifically, a multi-stakeholder Sub-Committee or Working Group can be established within the proposed apex coordination mechanism of revitalized Bangladesh National Nutrition Council (BNNC) to define in the country’s context on conflict of interest in nutrition and develop and regularly monitor effective ways of managing them. The draft Approach is a tool that can be adapted for this process.

Many countries of the world are having hard time in scaling up nutrition intervention in absence of good management of COI. The better management of COI can contribute in better Child nutrition outcome upto community level that can actually help to improve child health services which finally will create positive impact and will reduce the burden on Universal Health Coverage.

Such a move will also help to strengthen governance and accountability to address conflict of interest, to limit the level of involvement of actors whose interest conflict, raise the profile of nutrition in national policies and strengthen capacities.

Aim:
This side–event will contribute to the discussion on strengthening Health System Governance for Universal Health Coverage, by addressing in particular the essentials of partnerships for public policies and working with non–state partners on shared interests for public health. The side event aims to provide information and raise awareness on current understandings of Conflicts of Interest (CoI) across different policy domains and promote a lively discussion among interested constituencies on the relevance of CoI to the food and nutrition policy domains. The side event will explore examples of conflicts of interest as experienced at national level and/or within concrete areas of concern and discuss good practices, policies and governance safeguards that have been put in place to protect against conflicts of interest in these respective domains.

Objectives:
1. To highlight the importance of Health System Governance for achieving Universal Health Coverage.
2. To share countries’ experiences in identifying potential conflicts of interest related to the example of nutrition interventions as integrated part of primary care services, based on national nutrition policies.
3. To share countries’ experience for strengthening governance and accountability to address COI in partnerships for public policies and working with non–state partners.
4. To discuss countries’ actions to ensure that UHC is embedded in a conducive/supportive community dietary environment and social norms including the development of Food Based Dietary Guidelines, improving consumer information, and regulating marketing of high fat, sugar and salt foods and beverages to children.

5. To discuss countries’ challenges in implementation gaps in policy coherence to manage COI

6. To recommend on: Health System Governance for achieving Universal Health Coverage related to the example of Nutrition services, M&E and intersectoral and multi partner actions while preventing and managing COI, for achieving SDGs and global targets of nutrition.

Expected Outcomes

1. Increased awareness of countries on Health System Governance for achieving Universal Health Coverage with particular focus on the aspect of partnerships and the potential for and the need to safeguard against COI in nutrition policy development and implementation.

2. Sharing of information and best practices around managing of COI, which would enable other countries to learn from those that have already implemented and are managing well, such measures to reduce COI.

3. Advocating Countries to adopt a prevention and management tool in nutrition governance following the WHO global risk assessment and COI guideline.

4. Make informed decisions on the appropriate nutrition actions required to promote the Comprehensive implementation plan on maternal, infant and young child nutrition in the context of UHC and to achieve the Sustainable Development Goals.

5. Follow up and next steps for appropriate handling of COI in nutrition governance for achieving UHC.

Organizing partners

1) The side event will be hosted by Bangladesh and cosponsored by Ethiopia, Fiji, Malawi, Afghanistan, Philippines. Apart this communication is in process with India, Brazil, Nigeria, Thailand, Maldives, Sri Lanka (TBC). However, more countries will be communicated in the coming days. Countries from the north and the south emphasize the universal problem related to approaches and management of COI in nutrition interventions in the context of UHC.

2) The event will also be supported by WHO, UNSCN, GAIN, UNICEF, FAO, IFPRI.

3) The event will be open to representatives of WHO Member States, the UN system and other Inter-governmental organizations, civil society, financial institutions, regional influencing bodies, parliamentarians and donors who work in multi-sectoral, multistakeholder and multi-level mechanisms.

Format

The side event will be organized around the following main elements allowing sufficient time for discussions (approx. 90 min):

- Short introductory Keynote presentation: (20 min): Bangladesh and WHO will jointly deliver a keynote on institutional framework on nutrition governance addressing COI effectively in regards to achieving UHC.
- Presentations/experience sharing of Co-sponsored/supported member countries/organizations (25 min).
- Panel discussion/Q&A. (25 min).
- Chair and Panel members: To be decided after consultation with co-sponsors and Permanent Mission in Geneva.
- Moderators: Additional Secretary (PH & WH), MOHFW, Bangladesh and representatives from WHO HQ/SEAR/UNSCN.
- Snacks/Coffee.

Technical requirements

Audio-visual services including microphones, screen, and technician, will be needed to enable showing video messages and presentations. Interpretation services can be provided pending availability of funds.

Draft Programme

Welcome/Opening remarks by (Chair/Moderator)

Video presentation:

Keynote(s) presentation:

Presentations from co-hosting Member countries: UHC and COI management linkage.

Panel discussions: Question: How Nutrition governance could be better linked to UHC? How is your nutrition governance playing role in safeguarding against possible conflicts of interest in nutrition programmes?

Q&A.
Wrap up by Chair
End of session

Event details / details de la réunion

<table>
<thead>
<tr>
<th>Expected number of participants/Nombre de participants attendus:</th>
<th>160</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exact title of the meeting/Titre exact de la réunion:</td>
<td>Multi stakeholder partnerships in Nutrition: “The role of Nutrition Governance in managing Conflict of Interests in Nutrition Interventions”</td>
</tr>
</tbody>
</table>

Interpretation/Interprétation

Interpretation may be provided in the official languages and the estimated costs are as follows: 2 languages: 2561 CHF; 3 languages: 5123 CHF; 6 languages: 11953 CHF.

L’interprétation peut être assurée dans les langues officielles aux coûts estimés suivants : 2 langues—2561 CHF; 3 langues : 5123 CHF; 6 langues : 11953 CHF.

<table>
<thead>
<tr>
<th>Are interpretation services requested? / L’interprétation est-elle requise ?</th>
<th>Yes/Oui</th>
<th>No/Non</th>
</tr>
</thead>
<tbody>
<tr>
<td>(If yes, which languages) / (Si oui, en quelle langue)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English/Anglais</td>
<td>French/Français</td>
<td>Russian/Russe</td>
</tr>
<tr>
<td>Other language/autre langue:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Room Layout/Aménagement des salles

Building A
Room VIII
Location: 3rd Floor
Capacity: 160

Due to type of furniture and technical equipment in the room, the layout of the rooms cannot be changed. For information regarding the location and layout of rooms at the Palais des Nations, please see:
http://www.unog.ch/80256EE60057CB67/\(httpPages\)\/BAE3AF717207A5AF80256EF80049C552?OpenDocument

Le type de mobilier et les installations techniques dans les salles ne permettent pas de modifier l’aménagement de celles-ci. Pour tout renseignement sur l’emplacement ou la disposition des salles au Palais des Nations voir le lien:
http://www.unog.ch/80256EE60057CB67/\(httpPages\)\/BAE3AF717207A5AF80256EF80049C552?OpenDocument

• Badges/ Badges d’accès

WHA side events are for participants of the WHA and, as such, panellists and participants should be drawn from those participating in the Health Assembly.

Les réunions parallèles sont réservées aux participants de l’Assemblée; Les orateurs de ces réunions doivent donc être choisis parmi ceux-ci.

Please complete the form and send it to / Merci de remplir le formulaire et de l’envoyer à hqgoverningbodies@who.int