



# **FOOD INDUSTRY INFLUENCE AND CONFLICTS OF INTEREST IN PUBLIC HEALTH POLICYMAKING IN GHANA**

## **HANDBOOK**

### **Prepared by**

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## Background



The present document was developed as part of the Project entitled “developing evidence and action toward a double-duty food-based policy bundle to ensure healthier diets in Ghana” - also referred to as the “[Healthier Diets for Healthier Lives \(HD4HL\) Project](#)”. The Project is led by the University of Ghana and funded by the Canadian International Development Research Centre (IDRC) and the Rockefeller Foundation. As part of the Project, **a coalition was formed in 2022** and made of members from: government agencies (led by the Ministry of Health, Food and Drugs Authority, National Development Planning Commission), academia (led by the School of Public Health, University of Ghana) and civil society (led by the Coalition of Actors for Public Health Advocacy). The Project has a Multi-Stakeholder Technical Task Team (M3T) **comprising representatives from relevant government ministries, departments and agencies, academia, civil society, and international experts.** The present document is primarily targeted at the M3T.

The Project has the key objective of **developing public policy actions** for equitably shifting the relative price, availability, procurement, and marketing of food products. **It is, however, likely that such a shift will face resistance from food industry actors**, who usually, in other countries, oppose the introduction of public policies that could restrict the sales of food and drink products.

### Objectives

**The aim of the present document** is, in that context, twofold:

- i) **to summarize current knowledge** and evidence **on the food industry influence and conflicts of interest (CoI) in public health policymaking**, with illustrations from Ghana.

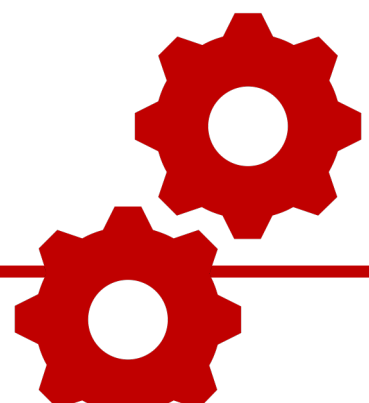
- ii) **to inform the M3T on how to best protect the development of public policy** actions from undue industry influence and CoI during the lifecycle of the HD4HL Project.



The present document does not discuss illegal practices, such as bribery and corruption, which are covered by the Law in Ghana. It also excludes the alcohol industry, which uses a different set of practices and whose products have different impacts on population health.

### **Approach for generating this handbook**

The information presented in this document was obtained from scientific literature and government and industry websites. Searches conducted for the preparation of the present document were informed by expert knowledge of the authors. All documents consulted were in English. The proposed solutions for the protection of public policy actions from food industry influence and CoI were primarily informed by an existing scoping review conducted by Dr Mialon and published in the BMJ Open in 2020. The present work excluded documents funded by the food industry or whose authors were employed by that sector, as these represented an inherent CoI in the discussion presented here.



### Consumption of unhealthy diets in Ghana

Across the globe, **the consumption of unhealthy food and drink products**, particularly those poor in essential nutrients and high in saturated fats, sodium, and added sugar, **has increased in recent decades** (1,2). The 2019 State of the World's Children report, published by UNICEF, also showed that 42% of school-going adolescents in low- and middle-income countries consume soft drinks at least once a day, and 46% eat fast food at least once a week (5).



In Ghana, the 2014 Demographic and Health Survey (3), its most recent version, showed that **Ghanaian households frequently consume** foods high in added sugar (e.g., sugar-sweetened beverages, SSBs), **high in sodium** (e.g., bouillon cubes (with 70% of sodium), salted dried fish (36%), foods processed with salt (84%)), and **high in calories**, but seldom consume fruits or vegetables (3). Holdsworth et al. (2020) reported a widespread consumption of unhealthy food/beverages in Ghana (4). In this study, **SSBs were consumed at over a third of eating episodes** (36.2%). Snacking was also found to be common, and when snacking occurred, it was in the afternoon and tended to be accompanied by an SSB. Moreover, **the consumption of fried food and nutrient-rich** but energy-dense traditional foods/dishes (associated with cultural heritage) is an integral part of all mealtimes in Ghana. The study also found that **individuals in the lowest socio-economic groups were more likely to consume unhealthy products**.

### Unhealthy diets & ill health

In Ghana, malnutrition drives the most deaths and disability (6). On the one side, the consumption of unhealthy diets is linked with increased rates of overweight and obesity in the population, elevated blood pressure and blood cholesterol, and insulin resistance (6,7). These are risk factors for developing non-communicable diseases (NCDs), such as diabetes, cancers, and stroke. In Ghana, NCDs are reported to be responsible for 45% of all reported adult deaths (8). Stroke is the second



leading cause of death in the country, after malaria (9). **NCDs are predicted to become the leading cause of death in Africa**, amidst prevailing challenges of infectious diseases, undernutrition, and micronutrient deficiencies. In Ghana, the 2014 Demographic and Health Survey showed that 11% of the population had underweight, and the prevalence of stunting was 19%; that of wasting 5% (3). Two-thirds of children under 5 years had anaemia (3). An unacceptably high number of children are therefore suffering the consequences of not having healthy diets, with children and adolescents from the poorest and most disadvantaged groups of the population bearing the greatest burden of malnutrition in all its forms (10).



### Cost of diet-related NCDs in Ghana



In Ghana, while the true economic and health care costs of obesity and other NCDs are unknown, it is estimated to be in the billions of Ghana Cedis (millions of USD). Lartey et al. recently estimated the direct healthcare costs associated with obesity in the older adult population in Ghana to be very high (11). Extrapolating to the entire older adult Ghanaian population (aged 50+ years), the total direct healthcare cost burden for overweight and obesity was \$121 million compared with \$64 million for normal weight. This means that the government is paying for these preventable, expensive health conditions the longer they delay in enacting live-saving preventive public health policies.



## Protecting & promoting healthy diets for improved public health in Ghana

There is increasing evidence for, and recognition of, the effectiveness of **a set of public policies that could help protect and promote healthy diets and improve public health.** The United Nations (UN) and World Health Organization (WHO) have led that space in the past decades. For example:

- **2004** The WHO Global Strategy on Diet, Physical Activity and Health (12)
- **2013** The WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020 (13)
- **2014** The Framework for Action of the Second International Conference on Nutrition (ICN2)
- **2015** The UN 2030 SDGs (Sustainable Development Goals), with most SDGs having a link to nutrition (14), in particular SDG 2: Zero hunger and SDG 3: Good health and wellbeing
- **2017** The WHO “Best buys”, which include recommendations for reducing the consumption of unhealthy diets
- **2021** The WHO Food Systems For Health Priority Policy Actions (15)
- **2022** The WHO Manual on Sugar-Sweetened Beverage Taxation Policies to Promote Healthy Diets (16)

Globally, **an increasing number of countries are adopting and implementing the WHO-recommended public policies**, although few from Africa have done so to date (8). In Ghana and the region, progress is translated through different initiatives:

- **2019** The Strategic plan to reduce the double burden of malnutrition in the African Region 2019-2025 – The plan noted the need to “develop and strengthen national policies, legislation and regulations, monitoring their implementation and applying incentives to promote and protect healthy diets”.
- **2022** The New Global Compact on NCDs, launched in Accra, Ghana, in an event co-hosted by the WHO, the Governments of Ghana and Norway

A recent analysis by Reyes and colleagues found overlap between these recommended actions of these global nutrition initiatives and recommendations for a healthier food system – including strategies aimed to modify food environments (17).


In 1995, Ghana launched its **National Plan of Action on Food and Nutrition** (18). In 2005, the country started a programme called “**Imagine Ghana Free of Malnutrition**” (18). The Ghanaian government then published a Strategy for the Management, Prevention and Control of Chronic Non-Communicable Diseases in Ghana in 2012, and a **National Nutrition Strategy** in 2014, which was updated in 2016 (18). Breastfeeding and infant and young child feeding are addressed in specific public policies as well (18). In 2022, the revised versions of the NCDs Strategy acknowledged the need for interventions, such as **regulating the advertising** of unhealthy foods and non-alcoholic beverages to children, **limiting the amount of trans-fats and salt in industrially processed foods**, and **implementing food-related health taxes** (19,20). Recent analyses and dialogues amongst government officials and other stakeholders in Ghana have also led to consensus on policy actions. For example, at the recent United Nations Food Systems Summit held in late 2021, **the Ghanaian President expressed Ghana’s commitment to develop and implement food-based dietary guidelines** by 2022; **update and consolidate local food composition databases**; and **develop a nutrient profiling system** to facilitate the implementation of public policies (21).

Nevertheless, **an evaluation of the implementation** of public policies to promote and protect healthy diets in Ghana found many shortcomings and opportunities (22). While restricting the marketing of breastmilk substitutes is optimally implemented, **government action** on food prices (e.g., taxes and subsidies), food retail, food provision, and food composition policies, as well as those restricting the promotion of unhealthy foods to children, **was found to be inadequate** (22). **The WHO NCDs progress monitor 2022 confirmed similar findings**, indicating that there was limited progress made by Ghana on the introduction of public policies related to sodium, saturated fatty acids, and trans-fats, as well as marketing to children restrictions in Ghana (8).






## Industry influence and conflicts of interest in public health policy




Ghana's changing demographics set the context for the observed changes in its food systems and the resulting new demand for ultra-processed foods (which are different from processed foods). With an urban population share of 54% (23), **Ghana is significantly more urbanized than many African countries** south of the Sahara. Due to time demands and growing preferences for convenience, Ghana's urban population is moving away from consuming meals requiring long preparation and cooking times and towards ultra-processed foods (24).

**Policymakers in Ghana encourage food processing** as an important component for transforming the country's agriculture-based economy into an industrial powerhouse. Food processing is expected to expand markets for farmers, increase value-added in the agribusiness sector, and create employment in both agriculture and the food industry (25,26). **Support for the food industry, and the development of strong agriculture-industry linkages**, are one of the key goals of the second phase of Ghana's Shared Growth and Development Agenda (GSGDA II) for 2014- 2017 (27) and at the heart of the Government's **1-District-1-Factory Initiative, launched in 2017** and implemented by the Ministry of Trade and Industry (25).



Nevertheless, from a public health perspective, the most significant barrier to the adoption of public health policies that could help in protecting and promoting healthy diets is the **opposition of food industry actors** (28). The Lancet Global Syndemic Commission cautioned that, in trying to protect and promote population and planetary health, "just as with the tobacco framework, global leaders would need to be careful to address the inherent conflicts of interest between the food and beverage industries and public and environmental health" (7). Ghana is no different.





## Who is the food and beverage industry in Ghana?

To better comprehend the practices used by the food industry to influence public health policy, it is important to understand that **the industry is not a single entity but rather consists of various actors.**

The **food and beverage industry** is a complex network of actors and diverse businesses that together supply the majority of the world's population with food (29). The food industry comprises:

1. Agricultural and livestock production, farm equipment, and agrochemical manufacturing
2. Food processing, packaging, and labelling,
3. Food storage, distribution, financing, marketing, retailing, catering (29).



Consulting, public relations, marketing, communications, and law firms also work with food companies. These companies are also represented through **trade associations and Chambers of Commerce, and the food industry also funds and works with other third parties**, such as research groups and charities (30–32).


### More resources on commercial determinants of health, conflict of interest, and cooperation capture

Link to video	Title
<a href="https://www.youtube.com/watch?v=rFfxwzSFoE">https://www.youtube.com/watch?v=rFfxwzSFoE</a>	GECI-PH Network- Webinar #2- Commercial Determinants of Health: Characterizing harmful industries and their products (1h)
<a href="https://www.youtube.com/watch?v=TT4d-NaRewA">https://www.youtube.com/watch?v=TT4d-NaRewA</a>	GECI PH What is corporate capture of the legislative process (2 min)
<a href="https://www.youtube.com/watch?v=RbqgwbRZ6pk">https://www.youtube.com/watch?v=RbqgwbRZ6pk</a>	GECI-PH Network-Webinar #3- Commercial Determinants of Health: conflicts of interest and corporate practices that are harmful to health (1h)

Below is a list of key actors in the food industry in Ghana, in terms of market shares (source, Euromonitor 2022) or/and as identified by local experts.


Table 1: key actors in the food industry in Ghana

Name of company	Main sector of activity
SBC Beverage Ghana – PepsiCo Inc	SSB
Coca-Cola Bottling Company of Ghana	SSB
Voltic (GH) Limited (subsidiary of Coca-Cola Beverages Africa (CCBA))	SSB
Kasapreko Company	Beverages
Fan Milk Ghana Limited – Danone	Dairy
C Hahne Mühlenwerke GmbH & Co KG	Food processing
H & J Brüggem KG	Food processing
Nestlé Ghana SA	Food processing
Unilever Ghana Plc	Food processing
Pioneer Food Group Ltd	Food processing
Nobac Food Processing Ltd	Food processing
Cocoa Processing Company Ltd	Food processing
Homefoods Processing & Cannery Ltd	Food processing
Nkulenu Industries Ltd	Food processing
Samba Foods Ltd	Food processing
Piccadilly Biscuits Ltd	Food processing
Eden Tree Ltd	Food processing
Gee’s Fresh Point Ltd	Food processing
Blessed Child Foods	Food processing
Blue Skies Holdings Ltd	Food processing
Erofrac Fruit Processing Industries	Food processing
Vineyard Exotics Unique	Food processing
Quin Organics	Food processing
Promasidor Ghana Ltd	Food processing
Masco Foods Ltd - Kentucky Fried Chicken (KFC)	Fast-food restaurants
Shoprite	Supermarkets
Maxmart	Supermarkets
Food and Beverages Association of Ghana (FABAG)	Trade Association
Liquid8 Studios	Public relations
Film Etoile	Public relations
Bermuda	Public relations
Aewini Consults	Advertising
NMJ Ghana	Advertising




The Ghanaian food market is therefore made of a variety of actors, selling all sorts of products, some of which are considered healthy, others are ultra-processed. For example, **the SSB market value was estimated to be about 1.9 billion litres or \$2.17 billion USD in 2021**. In the same year, the per capita consumption was estimated to be 51.2 litres, and per capita expenditure was \$67.2 USD (33). Local studies have previously reported heavy marketing with celebrity-endorsed advertisements of SSB (34).

**The government of Ghana itself has a stake in the sound development of the food industry. The government of Ghana is indeed a significant shareholder in several food companies, such as the Cocoa Processing Company, Cowbell, and Fan Milk.** There also have been attempts or plans being developed to revive the defunct Nkrumah-era factories - Nkrumah was the first Prime Minister and President of Ghana, who had led the country to independence from the UK in 1957. The current President of the Republic of Ghana, on 2 October 2021, visited the premises of Darko Farms, the oldest private and largest poultry farm in Ghana, whose operations have been revamped by the Government's 1-District-1-Factory Initiative (35). At the event, **the President flaunted its support for the Farms – facilitating a deal that makes the Farms become the major local supplier of processed chicken for the Kentucky Fried Chicken (KFC) restaurant chain (35).**



**The food industry has a legal duty to make profits** – and its main activity is in the production and sale of food. **However, some products, often the most profitable for the industry (36), harm people's health, as described earlier.** The regulation of the sale and marketing of those products would translate into a decline in sales; thus, such regulation is usually strongly opposed by the food industry. Conflicts of interest and industry influence on public policy are two distinct yet connected elements that come into play here.

**A conflict of interest – CoI - refers to a situation where “an individual has an obligation to serve a party or perform a role and the individual has either: 1) incentives or 2) conflicting loyalties, which encourage the individual to act in ways that breach his or her obligations” (37).** A CoI, therefore, occurs *within* an individual or institution. A recent



analysis found that CoI are scarcely reported and mostly undisclosed in a selected sample of health-related Ghanaian policy documents and newspaper articles (38).

**The food industry first tries to shape the broader policy environment** so that specific issues are taken off the public policy agenda. Here, the industry **builds strategic relationships with policy-makers, funds and promotes research that is favourable to its products and/or activities,** and **promotes self-regulation and voluntary initiatives** when a health-related issue is getting the attention of the public and policy-makers.

**The industry also has reactive interference in policy-making** to avoid or delay the adoption of public health policies: here, the industry **lobbies** and uses its political connections to put **pressure on governments,** further promotes **self-regulation and voluntary initiatives,** and eventually **threatens to sue the government** if a public health policy were to be adopted.

The interference of the industry does not stop at the public policy development stage. After a public health policy has been adopted, the food industry could continue lobbying the government and could **undertake legal action so that the policy is repealed** or its implementation delayed or weakened.

CoI and industry influence on public policy may lead to bias from the person or institution who engages with the industry. **A CoI creates a risk of bias in decision-making** but does not necessarily mean wrongdoing. CoI could, however, have a direct impact on the reputation, integrity, and credibility of government officials and government agencies. A separate note details **the concept of CoI as used by the Ghanaian government** and the relation with the concept of corruption (document prepared by the authors).

Discussions on industry interference and CoI for the food industry have been informed by knowledge of another harmful commodity industry: the tobacco industry. **Historically, the tobacco industry has given charitable donations to government agencies and public**



**institutions in Ghana.** For instance, British American Tobacco supported the construction of a hostel at the University of Ghana and donated motorbikes to Ghana’s Customs Excise and Preventive Service (CEPS) (39). Media reports indicated that the tobacco industry also funded influential think tanks in Ghana, such as the IMANI Centre for Policy and Education, which strongly opposed a rise in tobacco taxation (40). Although the IMANI Centre defended its position on the issue as objective, many regard its stance to have been influenced by the donations it received. This could be considered an example of astroturfing in which tobacco industry influence manifests itself through local groups.

**Figure 1: Food industry influence on public health policy**



<b>Examples of long-term influence</b>	<ul style="list-style-type: none"> <li>• Builds relationships with decision-makers (donations, lobbying, etc.) &amp; civil society organizations</li> <li>• Shape the evidence that might be used in policy</li> <li>• Promote self-regulation and voluntary initiatives to keep mandatory regulation off the policy agenda</li> <li>• Shape the framing of issues and solutions</li> </ul>
<b>Examples of Reactive interference</b>	<ul style="list-style-type: none"> <li>• Lobbying</li> <li>• Use connections with former members of the industry now in decision-making positions</li> <li>• Promote self-regulation and voluntary initiatives instead of mandatory regulation</li> <li>• Threaten to litigate if public policy is adopted</li> </ul>
<b>Examples post policy introduction interference</b>	<ul style="list-style-type: none"> <li>• Lobbying</li> <li>• Undertake legal action at the national, regional or/and global level</li> <li>• Do not comply with the law</li> </ul>

### Case 1

In 2022, **Nestlé Ghana** developed a partnership with the Ghana Red Cross Society to “improve access to safe water in cocoa-growing communities in the Eastern and Ashanti Regions”, for ‘farming communities under the Nestlé Cocoa Plan in Ghana’ (41). Those types of projects benefit food companies as much (if not more) as they benefit communities. Although they are presented as social initiatives, those projects serve Nestlé’s business directly. Nestlé targets a region where it employs farmers: having healthy workers living in decent conditions helps the company sustain its activities in the long term in the region. Those workers, if benefiting from their employer’s conditions, will be less likely to criticize it. Nestlé’s practices in cocoa growing regions such as Ghana, particularly its use of child labour (42), have been at the centre of an international scandal for more than 20 years, and journalists have kept showing that Nestlé does not address the issue appropriately (43). Those types of projects in communities are often well publicized by companies and used to restore their reputation. It helps companies show that they are “good corporate citizens” after all, particularly when their other activities or their products are criticized. Here Nestlé works with a third party, the Ghana Red Cross Society, which helps build a favourable image for the corporations through the association with a respectable organization in the country.

### Case 2

In 2019, the **University of Ghana’s Institute of Applied Science and Technology** and **Nestlé Ghana Limited** signed a two-year renewable Memorandum of Understanding (MoU) “to offer students practical learning opportunities to enhance their skills in the area of nutrition, science and technology” (44). The Managing Director of Nestlé Ghana disclosed that the MoU was the first of its kind within the Central and West Africa Region where Nestlé has been functional for over 62 years, and that “the MoU forms part of Nestlé’s commitment to youth development under Nestlé’s Global Youth Initiative”, which aims to help 10 million young people have access to economic opportunities by 2030”. The Managing Director further noted that this “aligns with the UG’s mission of creating an enabling environment that is increasingly relevant to national and global development through high quality teaching and learning”. The partnership, according to the University of Ghana and Nestlé, would support mutually agreed initiatives, including scientific research collaborations that respond to the needs of consumers and industry and student practical study

in relation to the food and nutrition value chain. This partnership agreement was renewed in 2022 with a particular focus on food security (45). Similar agreements have been signed and renewed with other top universities such as the Kwame Nkrumah University of Science and Technology (KNUST) in Ghana (46,47). Such agreements are not necessarily harmful, particularly when focusing on food science and technology only, but when a food company engages in a health-related initiative, the fiduciary aim of the company, which is to increase its profits, is directly at odds with the fiduciary aim of an institution whose mission is to help improve public health.

### Case 3

The “FanChoco School Caravan Program” from **Fan Milk Ghana Limited – Danone** is another example launched in Ghana in 2017 (48). Here, Fan Milk partners with a branch of the government, the Ghana Education Service, an agency of the Ministry of Education. The program goes to primary schools and teaches children about plastic waste on the environment, and healthy eating and snacking. Here again, the program might seem as if it benefits schools and children. But looking closely at its content, this seems to be designated to secure and even grow the consumption of Fan Milk products: “School children are encouraged to properly dispose of Fan Milk product wrappers (...) in designated wrapper collection bins provided by Fan Milk PLC”. Children win prizes for doing so. Here, the company gives an incentive to consume its products so that a child can be rewarded. The provision of material with the logo of a company is also a well-known marketing strategy.

### Case 4

During the COVID-19 pandemic, **Unilever Ghana Plc** donated medical equipment, such as ventilators, to the University of Ghana Medical Centre (UGMC) and the Korle-Bu Teaching Hospital (49). These donations may have helped save lives in the short term, but they have also helped the company get a good reputation amongst medical institutions in the country and in the public’s eye since the donations were also announced in the media. These new relationships are useful to the company in the long term, both in terms of marketing (the company again being seen as a “good corporate citizen”) and in terms of indirect influence in policy-making, with medical schools less likely to criticize the donor of vital equipment.

The food industry also uses a set of arguments found across countries in its attempts to oppose the introduction of public health regulation.

Table 2: Food industry claims to oppose the introduction of public health regulation

Examples of industry claims	Facts
Individuals and parents are responsible for the choices they make (i.e., food products are not the problem), so targeted individual and behavioural interventions, including those focusing on education and information, are the solution	<p>There is evidence of the effectiveness of individual-level interventions. However, this argument is used by the food industry to oppose, question and delay population-based measures, despite strong evidence that those are the best options for improving public health [WHO ‘Best-Buys’ for example].</p> <p>The argument is used by the food industry to shift the discussion and blame away from its products. There is nevertheless evidence that the food industry shapes the consumption of foods and relies on the sales of UPF: the food industry aggressively markets its products, including unhealthy ones, and makes a large amount of its profits from the sales of UPF.</p>
The food industry is part of a country’s culture	This argument serves to play down the scale of food-related health issues and the need for policy interventions.
Self-regulation is working well or better than mandatory regulation	Studies have shown that self-regulation, especially in the context of food and beverage regulation, is ineffective. Self-regulation often fosters and operates under conflicts of interest, and industries prioritize profit generation over public health concerns. Self-regulation also lacks strong enforcement mechanisms.
There is insufficient evidence that the proposed policy will work	Evidence shows that the WHO Best Buys are cost-effective policy interventions that benefit both the government and public health. The policies are particularly effective in resource-constrained settings.
The cost of compliance with the regulation will be high	The food industry does not provide evidence for that claim.
Regulation will lead to job and other economic losses	<p>The food industry usually does not provide evidence for that claim. But even if there were job losses in the food sector, it is likely that money not used by individuals for purchasing certain products will be used for buying other products, thus creating jobs in other sectors of the economy.</p> <p>There are also economic and social costs associated with not introducing public health policies that could help improve population health.</p>
A Tax increase will increase smuggling	The food industry does not provide evidence for that claim.
Industry supports nutrition and physical activity initiatives and is a key partner of the government	<p>It is true that the food industry supports and promotes nutrition and physical activity initiatives, but only those that do not affect its sales. That support is then used by the industry as an argument to prevent the introduction of public health policies at the population-based level, such as restrictions on marketing.</p> <p>These initiatives are also used by the food industry to further market its products and improve its public image.</p> <p>It is important to note that the industry sells food and beverage products but has no expertise in health, medicine, or physical activity. Most of the initiatives undertaken by the food industry have not been evaluated or have been found to be ineffective.</p>



## Solutions

There is a broad spectrum of actors in the food industry. On one side of the spectrum are those violating national laws, such as those related to the implementation of the WHO Code of Marketing of Breastmilk Substitutes and/or actors using children as labour. Engagement with them is highly risky and might be prohibited by law. **Engagement with the media industry and the information technologies industry, for example, might be less risky** on the other side of the spectrum. Other food industry actors sit somewhere in the middle along this spectrum, as they produce and sell products that could have positive, neutral, or negative impacts on health. **It is important, however, to remember that structural changes for improving diets and that would question the consumption of certain food products might be overlooked when engaging with any private sector actor**, as the fiduciary duty of commercial enterprises is to their shareholders and their primary motive is the maximization of profits. This needs to be acknowledged when engaging with the food industry.

The HD4HL Project might be targeted by the industry to shape the outcomes of the project when they directly relate to public policy. **There are several actions that could be undertaken by M3T members** and other relevant stakeholders **to address and/or mitigate CoI and industry negative influence during the life of the HD4HL Project.**

1. Adhering to existing national guidelines for government officials, such as rules on CoI, on the receipt of gifts and donations, or on the disclosure of correspondence.
2. Prohibiting the endorsement, support, partnership, and engagement with actors violating national laws
3. Developing Terms of References, with a description, for example of:
  - a. All forms of interactions or engagement with the industry, with a description of interactions that would be prohibited, with certain private sector actors (tobacco industry for example) or certain types of engagement (financial donations for example)
  - b. CoI definition, with CoI exclusions, and how CoI will be identified and addressed, including recusal from decision making
  - c. Mandatory waiting periods after the termination of employment before an individual who worked for a company that would benefit from the discussion can

join the discussion as a government employee or a former government employee can join a company that would benefit from the discussion

4. Public disclosure of the list of members of the HD4HL Project and their CoI, including the leadership team
5. Open meeting (like public hearings) and if not possible, justification
6. Public disclosure of records and minutes of meetings
7. Distinct webpage with details of why the issues addressed by the Project are relevant, including a comment option for the public to share their views
8. Description of the sources of funding for the operations and activities of the HD4HL Project
9. Public disclosure of all financial transactions within the HD4HL Project and between members
10. Public disclosure of a line-by-line budget, including cost of staff time and related expenditures and all forms of cash movements (hosting meetings, preparation of documents, travels, etc.)

A recent review also identified mechanisms that could be adopted by governments to protect the public policy space from undue corporate influence and CoI in the long term (55). Examples of these mechanisms are:

11. A national plan or strategy that explicitly includes the protection of public policies from health-harming industries
12. Policies related to conflicts of interest
13. Public financial disclosure for those working in government
14. Policy on mandatory waiting periods after the termination of employment before individuals from a company that is regulated by a government agency can work in this government agency and vice-versa
15. Policy for the receipt of gifts and donations to individuals in government (including prohibitions), as well as public disclosure of the list of such donations when these are permitted
16. Ministers' and other government officials and employees' diary public disclosures
17. Public disclosure of correspondence (including emails) and transcriptions of telephone conversations between corporations and individuals and institutions in government

18. Protection of whistleblowers and investigative reporters
19. Formal freedom of Information (FOI) request process
20. Lobbying regulation and register of lobbyists
21. Awareness-raising activities to inform and educate all branches of government and the public about the nature of harmful products, the strategies used by health-harming industries to influence public health policy and the need to protect such policies from undue influence
22. Regulation of the funding of political parties and elections campaigns
23. Policy and dedicated management review process by an independent governmental panel for the participation of government officials/government agencies in public-private partnerships, non-binding or non-enforceable agreements, and corporate social responsibility initiatives.

### Next steps

For the present Project, we will organise a training for further raising awareness on the different points discussed in the present document. We will also use learnings from the real-life interactions between the M3T members and the food industry (and its third parties), and the above training, to raise awareness of the governance and CoI issues germane to the HD4HL project, and public health policy in general in Ghana.

## References

1. Imamura F, Micha R, Khatibzadeh S, Fahimi S, Shi P, Powles J, et al. Dietary quality among men and women in 187 countries in 1990 and 2010: A systematic assessment. *The Lancet Global Health*. 2015 Mar 1;3(3):e132–42.
2. Monteiro CA, Cannon G, Lawrence M, Costa Louzada ML, Pereira Machado P. Ultra-processed foods, diet quality, and health using the NOVA classification system. Rome, Italy: FAO; 2019.
3. Ghana Statistical Service (GSS) Ghana Health Service (GHS) and ICF. 2014 Ghana Demographic and Health Survey (DHS) Key Findings. GSS, GHS, and ICF International. 2015;4–6.
4. Holdsworth M, Pradeilles R, Tandoh A, Green M, Wanjohi M, Zotor F, et al. Unhealthy eating practices of city-dwelling Africans in deprived neighbourhoods: Evidence for policy action from Ghana and Kenya. *Glob Food Sec*. 2020 Sep;26:100452.
5. Keeley B, Chief E, Little C, Vrolijk K, Analyst D, Wauchope S, et al. Children , food and nutrition.
6. Murray CJL, Aravkin AY, Zheng P, Abbafati C, Abbas KM, Abbasi-Kangevari M, et al. Global burden of 87 risk factors in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet*. 2020 Oct 17;396(10258):1223–49.
7. Swinburn BA, Kraak VI, Allender S, Atkins VJ, Baker PI, Bogard JR, et al. The Global Syndemic of Obesity, Undernutrition, and Climate Change: The Lancet Commission report. *Lancet (London, England)*. 2019 Feb 23;393(10173):791–846.
8. World Health Organization. Noncommunicable diseases progress monitor 2022 [Internet]. Geneva: World Health Organization; 2022. Available from: <https://www.who.int/publications/i/item/9789240047761>
9. Vos T, Lim SS, Abbafati C, Abbas KM, Abbasi M, Abbasifard M, et al. Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet*. 2020 Oct 17;396(10258):1204–22.
10. Poor diets damaging children’s health worldwide, warns UNICEF [Internet]. [cited 2022 May 17]. Available from: <https://www.unicef.org/ghana/press-releases/poor-diets-damaging-childrens-health-worldwide-warns-unicef>
11. Lartey ST, de Graaff B, Magnussen CG, Boateng GO, Aikins M, Minicuci N, et al. Health service utilization and direct healthcare costs associated with obesity in older adult population in Ghana. *Health Policy Plan*. 2020 Mar 1;35(2):199–209.
12. World Health Organization. Global Strategy on Diet, Physical Activity and Health [Internet]. Geneva: World Health Organization; 2004. Available from: [http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy\\_english\\_web.pdf](http://www.who.int/dietphysicalactivity/strategy/eb11344/strategy_english_web.pdf)
13. World Health Organization. WHO Global Non Communicable Diseases Action Plan 2013-2020 [Internet]. Geneva: World Health Organization; 2013. Available from: [https://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236\\_eng.pdf?jsessionid=E78143F9D31021EA5EDA4C89DBE56245?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf?jsessionid=E78143F9D31021EA5EDA4C89DBE56245?sequence=1)
14. Grosso G, Mateo A, Rangelov N, Buzeti T, Birt C, on behalf of the Food and Nutrition Section of the European Public Health Association. Nutrition in the context of the Sustainable Development Goals. *European Journal of Public Health*. 2020 Mar 1;30(Supplement\_1):i19–23.

15. World Health Organization. Food systems for health: information brief [Internet]. 2021. Available from: <https://www.who.int/i/item/978publications9240035263>
16. World Health Organization. WHO manual on sugar-sweetened beverage taxation policies to promote healthy diets [Internet]. 2022. Available from: <https://www.who.int/publications/i/item/9789240056299>
17. Reyes LI, Constantinides SV, Bhandari S, Frongillo EA, Schreinemachers P, Wertheim-Heck S, et al. Actions in global nutrition initiatives to promote sustainable healthy diets. *Global Food Security*. 2021 Dec 1;31:100585.
18. World Health Organization. Global database on the Implementation of Nutrition Action (GINA): policies in Ghana [Internet]. 2022 [cited 2022 Jun 27]. Available from: <https://extranet.who.int/nutrition/gina/en/policies/1440>
19. MOH. National Policy for the prevention and Control of NCDs in Ghana 2012, Accra, Ghana, 2012. - Google Search [Internet]. [cited 2022 May 18]. Available from: <https://www.google.com/search?q=MOH.+National+Policy+for+the+prevention+and+Control+of+NCDs+in+Ghana+2012%2C+Accra%2C+Ghana%2C+2012.&aq=chrome..69i57.711j0j7&sourceid=chrome&ie=UTF-8>
20. Laar AK, Adler AJ, Kotoh AM, Legido-Quigley H, Lange IL, Perel P, et al. Health system challenges to hypertension and related non-communicable diseases prevention and treatment: Perspectives from Ghanaian stakeholders. *BMC Health Services Research*. 2019 Oct 15;19(1):1–13.
21. Statement by President Akufo-Addo at the United Nations Food Systems Summit [Internet]. New York, USA; 2021 [cited 2022 Sep 21]. Available from: <https://www.ghanamissionun.org/statement-by-president-akufo-addo-at-the-united-nations-food-systems-summit/>
22. Laar A, Barnes A, Aryeetey R, Tandoh A, Bash K, Mensah K, et al. Implementation of healthy food environment policies to prevent nutrition-related non-communicable diseases in Ghana: National experts' assessment of government action. *Food Policy*. 2020 May 1;93.
23. Ghana Statistical Service, Ministry of Finance. 2021 Population and Housing Census for Ghana. 2021.
24. Hollinger F, Staatz J. *Agricultural Growth in West Africa: Market and Policy Drivers*. 2015.
25. One District One Factory (1D1F) initiative. One District One Factory (1D1F) initiative [Internet]. [cited 2022 Sep 21]. Available from: <https://1d1f.gov.gh/>
26. Ministry of Food & Agriculture, Republic of Ghana. Planting for Food & Jobs [Internet]. 2023 [cited 2023 Feb 7]. Available from: <https://mofa.gov.gh/site/programmes/pfj>
27. Government of Ghana, National Development Planning Commission (NDPC). *Ghana Shared Growth and Development Agenda (GSGDA) II, 2014-2017*. 2014.
28. Ng S, Yeatman H, Kelly B, Sankaranarayanan S, Karupaiah T. Identifying barriers and facilitators in the development and implementation of government-led food environment policies: a systematic review. *Nutrition Reviews*. 2022 Apr 7;
29. Allen G (Gary J), Albala K. The Business of food: encyclopedia of the food and drink industries. *Choice Reviews Online*. 2008;45(09):45-4749-45–4749.

30. Steele S, Ruskin G, Sarcevic L, McKee M, Stuckler D. Are industry-funded charities promoting ‘advocacy-led studies’ or ‘evidence-based science’?: A case study of the International Life Sciences Institute. *Globalization and Health*. 2019;15(1):36.
31. Freedhoff Y, Hebert PC. Partnerships between health organizations and the food industry risk derailing public health nutrition. *Canadian Medical Association journal*. 2011;183(3):291–2.
32. Michéle L, Prato S, Rundall P, Valente F. When the SUN casts a shadow - The human rights risks of multi-stakeholder partnerships: the case of Scaling up Nutrition (SUN) [Internet]. FIAN International, IBFAN and Society for International Development (SID) with the support of Open Society Foundation, Bread for the World, and Misereor; 2019. Available from: [http://www.babymilkaction.org/wp-content/uploads/2020/02/WhenTheSunCastsAShadow\\_En.pdf](http://www.babymilkaction.org/wp-content/uploads/2020/02/WhenTheSunCastsAShadow_En.pdf)
33. GlobalData-PLC. Ghana: Soft Drinks Market Databook 2022 - Overview of Soft Drinks Market Performance 2022. 2022.
34. Amevinya GS, Vandevijvere S, Kelly B, Afagbedzi SK, Aryeetey R, Adjei AP, et al. Advertising of unhealthy foods and beverages around primary and junior high schools in Ghana’s most urbanized and populous region. *Frontiers in Public Health* [Internet]. 2022 [cited 2023 Feb 7];10. Available from: <https://www.frontiersin.org/articles/10.3389/fpubh.2022.917456>
35. Ghana Talks Business. Darko Farms to supply KFC fast foods 100,000 processed chickens per month. 2021 Oct 4 [cited 2022 Sep 21]; Available from: <https://ghanatalksbusiness.com/2021/10/darko-farms-to-supply-kfc-restaurant-100000-processed-chickens-per-month/>
36. Moodie R, Stuckler D, Monteiro C, Sheron N, Neal B, Thamarangsi T, et al. Profits and pandemics: Prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *The Lancet*. 2013;381(9867):670–9.
37. Rodwin MA. Attempts to redefine conflicts of interest. *Accountability in research*. 2018;25(2):67–78.
38. Kwame A, Pereko Asare K, Ganle J, Kearns L, Aryeetey R, Laar A. Conflicts of Interest in Public Health: A Content Analysis of a Ghanaian Newspaper and Policy Documents. In: OP126 (149) [Internet]. Cape Town, South Africa; 2022 [cited 2022 Sep 21]. Available from: [https://www.wcri2022.org/wp-content/uploads/2022/05/WCRI-Abstract\\_V1.pdf](https://www.wcri2022.org/wp-content/uploads/2022/05/WCRI-Abstract_V1.pdf)
39. Kofi Boachie M, Immurana M, Iddrisu AA, Ayifah E. Economics of tobacco control in Ghana [Internet]. *Vision for Alternative Development*; 2022 [cited 2022 Sep 21]. Available from: [https://files.elfsightcdn.com/c76f68ae-7414-49cd-b8fa-ddec84b5c/54111e30-370e-47d3-9bb8-6a572abf470c/Economics-of-Tobacco-Control-in-Ghana\\_VALD-Jan--2022--1-.pdf](https://files.elfsightcdn.com/c76f68ae-7414-49cd-b8fa-ddec84b5c/54111e30-370e-47d3-9bb8-6a572abf470c/Economics-of-Tobacco-Control-in-Ghana_VALD-Jan--2022--1-.pdf)
40. Glenza J. How tobacco industry donations cloud debates over cigarette controls. *The Guardian* [Internet]. 2019 Jan 23 [cited 2023 Feb 7]; Available from: <https://www.theguardian.com/world/2019/jan/23/tobacco-industry-free-market-think tanks-cigarette-controls>
41. Editor. Nestlé, Red Cross partner to provide rural communities in Ghana with potable water | Food Business Africa Magazine. *Food Business Africa* [Internet]. 2022 Apr 5 [cited 2023 Feb 7]; Available from: <https://www.foodbusinessafrica.com/nestle-red-cross-partner-to-provide-rural-communities-in-ghana-with-potable-water/>
42. Editor. Child labor remains a persistent challenge in Cote d’Ivoire, Ghana - NORC | Food Business Africa Magazine. *Food Business Africa* [Internet]. 2020 Oct 28 [cited

- 2023 Feb 7]; Available from: <https://www.foodbusinessafrica.com/child-labor-remains-a-persistent-challenge-in-cote-divoire-and-ghana-norc/>
43. Balch O. Mars, Nestlé and Hershey to face child slavery lawsuit in US. *The Guardian* [Internet]. 2021 Feb 12 [cited 2023 Feb 7]; Available from: <https://www.theguardian.com/global-development/2021/feb/12/mars-nestle-and-hershey-to-face-landmark-child-slavery-lawsuit-in-us>
  44. University of Ghana. University of Ghana and Nestlé Ghana sign MoU [Internet]. 2019. Available from: <https://www.ug.edu.gh/news/university-ghana-and-nestle-ghana-sign-mou>
  45. University of Ghana. University of Ghana Renews MoU with Nestle Ghana Limited [Internet]. 2022. Available from: <https://www.ug.edu.gh/news/university-ghana-renews-mou-nestle-ghana-limited>
  46. Nestle Ghana, KNUST sign MoU for practical skills development. *Ghanaian Times* [Internet]. 2019 Nov 20 [cited 2023 Feb 7]; Available from: <https://www.ghanaiantimes.com.gh/nestle-ghana-knust-sign-mou-for-practical-skills-development/>
  47. KNUST And Nestlé Renew Partnership To Promote Activities Between Academics And Industry [Internet]. GHANA MEDIA TREND. 2023 [cited 2023 Feb 7]. Available from: <https://www.ghanamediatrend.com/2022/07/knust-and-nestle-renew-partnership-to.html>
  48. Fan Milk a Danone Company. FanChoco School Caravan [Internet]. 2023 [cited 2023 Feb 7]. Available from: <https://www.fanmilk.com/one-planet-one-health/healthy-planet/FanChocoSchoolCaravan.html>
  49. Editor. Unilever Ghana donates medical equipment to fight COVID-19 pandemic | Food Business Africa Magazine. *Food Business Africa* [Internet]. 2020 Sep 14 [cited 2023 Feb 7]; Available from: <https://www.foodbusinessafrica.com/unilever-ghana-donates-medical-equipment-to-fight-covid-19-pandemic/>
  50. Anderson P, de Bruijn A, Angus K, Gordon R, Hastings G. Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. *Alcohol Alcohol*. 2009 Jun;44(3):229–43.
  51. Smith LA, Foxcroft DR. The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies. *BMC Public Health*. 2009 Feb 6;9:51.
  52. Patil S, Winpenney EM, Elliott MN, Rohr C, Nolte E. Youth exposure to alcohol advertising on television in the UK, the Netherlands and Germany. *Eur J Public Health*. 2014 Aug;24(4):561–5.
  53. Pinsky I, El Jundi SARJ. [Alcohol advertising and alcohol consumption among youngsters: review of the international literature]. *Braz J Psychiatry*. 2008 Dec;30(4):362–74.
  54. Sargent JD, Babor TF. The Relationship Between Exposure to Alcohol Marketing and Underage Drinking Is Causal. *J Stud Alcohol Drugs Suppl*. 2020 Mar 1;(s19):113–24.
  55. Mialon M, Vandevijvere S, Carriedo-Lutzenkirchen A, Bero L, Gomes F, Petticrew M, et al. Mechanisms for addressing and managing the influence of corporations on public health policy, research and practice: A scoping review. *BMJ Open*. 2020;10(7):e034082.