Global Fund needs to address conflict of interest

Anna B Gilmore[a] & Gary Fooks[a]

At the heart of the problems described in this round table discussion[1] is the apparent failure by both the Global Fund and the Government of South Africa to recognize and adequately address the potential conflict between corporate interests and public health goals. In the current example involving SABMiller, the world's second largest brewer by sales volume, a conflict of interest arises because of well-established links between alcohol use, violence (including sexual violence) and risky sexual behaviour,[2,3] making alcohol a risk factor in the spread of HIV infection.[4–7] Reducing alcohol use can therefore be seen as key to reducing HIV infection.[8–10] Yet this inevitably conflicts with SABMiller's underlying goal of maximizing profits from alcohol sales.

While we are unable to comment in detail on this specific case, the commentaries would suggest that the initial failure to recognize this conflict of interest lies with the South African Government, which entered into a partnership with SABMiller before the Global Fund funded this public–private partnership. Industries whose products are harmful to health are increasingly attempting to enter into such partnerships as part of their corporate social responsibility strategies. Evidence suggests that these corporate social responsibility strategies are intended to facilitate access to government, co-opt non-governmental organizations to corporate agendas, build trust among the public and political elite and promote untested, voluntary solutions over binding regulation.[11–14] Furthermore, corporate social responsibility strategies, including corporate philanthropy, have also been used to create divisions among public health professionals.[15,16] The two previous commentaries highlight this very danger.

The failure to recognize potential conflicts of interest between the alcohol industry and public health policies aimed at reducing the harm from alcohol is unfortunately not unique to South Africa.[17] Most recently, despite prior calls for the recognition of such conflicts,[18] the food and alcohol industries were invited to participate in the United Nations high-level meeting on noncommunicable diseases in what one advocate apparently likened to "letting Dracula advise on blood-bank security".[19] Predictably, given existing evidence on efforts by the alcohol industry to prevent effective public health policies,[2–23] they pushed for voluntary rather than regulatory approaches.[19] Similarly, the World Health Organization's (WHO's) strategy to reduce the harmful use of alcohol requests that Member States encourage the mobilization and engagement of all concerned social and economic groups including industry associations.[24] This call for engagement stands in marked contrast to WHO's approach to tobacco which, since 2000, has explicitly recognized and actively addressed potential conflicts.[25] Indeed, WHO's Framework Convention on Tobacco Control includes Article 5.3 which requires Parties to the treaty "to protect these [tobacco control] policies from commercial and other vested interests of the tobacco industry".[26]

The Global Fund is being naïve in simply exempting tobacco and arms producers from its remit.[27] The products sold by these corporations may be unique but their conduct is unlikely to be and these two issues should not be confused. Whether a company sells cigarettes or alcohol, its main goal is to maximize shareholder returns. Policies that could reduce such returns are, therefore, antithetical to its interests.[28] Indeed, evidence suggests tobacco and alcohol companies (with some evidence relating specifically to SABMiller) use remarkably similar strategies in their efforts both to market their products and prevent and delay effective public health policies, in some instances working collectively to this end.[21,29–33] It is also noteworthy, given the educational component of the funded intervention, that evidence suggests that educational interventions are the least effective means of reducing alcohol-related harm, and that alcohol industry-funded educational programmes are ineffective and potentially counter-productive,[29,31] like their counterparts funded by the tobacco industry.[34,35]

While the need for funding will continue to drive corporate philanthropy in global health, until those developing or funding alcohol interventions address these potential conflicts better, problems such as this one under discussion will recur and the harms arising from alcohol misuse will fail to be addressed. Even in the field of tobacco control, which is arguably leading the way in this area,[26] the drive for resources continues to result in conflicts.[36–38] It is clear that robust rules for managing potential conflicts of interest are required to ensure effective philanthropy in the public interest.[38,39]

Competing interests: Anna B Gilmore was part of a WHO Tobacco Free Initiative Expert Committee convened to develop recommendations on how to address tobacco industry interference with tobacco control policy.

Funding: Anna B Gilmore is a member of the United Kingdom Centre for Tobacco Control Studies, a UK Centre for Public Health Excellence funded by the British Heart Foundation, Cancer Research UK, the Economic and Social Research Council, the Medical Research Council and the National Institute of Health Research, under the auspices of the UK Clinical Research Collaboration. She is supported by a Health Foundation Clinician Scientist Fellowship. Gary Fooks is supported by grant number R01CA160695 from the United States National Cancer Institute.

References

1. Matzopoulos R, Parry CDH, Corrigall J, Myers J, Goldstein S, London L. Global Fund collusion with liquor giant is a clear conflict of interest. *Bull World Health Organ* 2012;90:67-69.
2. Stall R, Leigh B. Understanding the relationship between drug or alcohol use and high risk sexual activity for HIV transmission: where do we go from here? *Addiction* 1994;89:131-4. doi:10.1111/j.1360-0443.1994.tb00863.x PMID:8173473
3. Donovan C, McEwan R. A review of the literature examining the relationship between alcohol use and HIV-related sexual risk-taking in young people. *Addiction* 1995;90:319-28. doi:10.1111/j.1360-0443.1995.tb03780.x PMID:7735017

[a] Department for Health, University of Bath, Claverton Down, Bath, BA2 7AY, England.
Correspondence to Anna B Gilmore (e-mail: a.gilmore@bath.ac.uk).

4. Simbayi LC, Kalichman SC, Jooste S, Mathiti V, Cain D, Cherry C. Alcohol use and sexual risks for HIV infection among men and women receiving sexually transmitted infection clinic services in Cape Town, South Africa. *J Stud Alcohol* 2004;65:434-42. PMID:15376817
5. Kalichman SC, Simbayi LC, Kaufman M, Cain D, Jooste S. Alcohol use and sexual risks for HIV/AIDS in sub-Saharan Africa: systematic review of empirical findings. *Prev Sci* 2007;8:141-51. doi:10.1007/s11121-006-0061-2 PMID:17265194
6. Avins AL, Woods WJ, Lindan CP, Hudes ES, Clark W, Hulley SB. HIV infection and risk behaviors among heterosexuals in alcohol treatment programs. *JAMA* 1994;271:515-8. doi:10.1001/jama.271.7.515 PMID:8301765
7. Finney A. *Alcohol and sexual violence: key findings from the research*. London: Home Office Research Development and Statistics Directorate; 2004.
8. Stall R, McKusick L, Wiley J, Coates TJ, Ostrow DG. Alcohol and drug use during sexual activity and compliance with safe sex guidelines for AIDS: the AIDS Behavioral Research Project. *Health Educ Q* 1986;13:359-71. doi:10.1177/109019818601300407 PMID:3781860
9. Woolf SE, Maisto SA. Alcohol use and risk of HIV infection among men who have sex with men. *AIDS Behav* 2009;13:757-82. doi:10.1007/s10461-007-9354-0 PMID:18236149
10. Purcell DW, Parsons JT, Halkitis PN, Mizuno Y, Woods WJ. Substance use and sexual transmission risk behavior of HIV-positive men who have sex with men. *J Subst Abuse* 2001;13:185-200. doi:10.1016/S0899-3289(01)00072-4 PMID:11547619
11. Fooks GJ, Gilmore AB, Smith KE, Collin J, Holden C, Lee K. Corporate social responsibility and access to policy élites: an analysis of tobacco industry documents. *PLoS Med* 2011;8:e1001076. doi:10.1371/journal.pmed.1001076 PMID:21886485
12. 2010 *Edelman Trust Barometer: annual global opinion leaders study*. Available from: http://www.edelman.com/trust/2010/ [accessed 17 November 2011].
13. McDaniel PA, Malone RE. British American Tobacco's partnership with Earthwatch Europe and its implications for public health. *Glob Public Health* 2011;23 Feb:1-15. doi:10.1080/17441692.2010.549832 PMID:21347934
14. Berlie LS. *Alliances for sustainable development: business and NGO partnerships*. Basingstoke: Palgrave Macmillan; 2010.
15. McDaniel PA, Smith EA, Malone RE. Philip Morris's Project Sunrise: weakening tobacco control by working with it. *Tob Control* 2006;15:215-23. doi:10.1136/tc.2005.014977 PMID:16728753
16. Tesler LE, Malone RE. Corporate philanthropy, lobbying, and public health policy. *Am J Public Health* 2008;98:2123-33. doi:10.2105/AJPH.2007.128231 PMID:18923118
17. Gilmore AB, Savell E, Collin J. Public health, corporations and the new responsibility deal: promoting partnerships with vectors of disease? *J Public Health (Oxf)* 2011;33:2-4. doi:10.1093/pubmed/fdr008 PMID:21289060
18. Lincoln P, Rundall P, Jeffery B, Kellett G, Lobstein T, Lhotska L, et al. Conflicts of interest and the UN high-level meeting on non-communicable diseases. *Lancet* 2011;378:e6. doi:10.1016/S0140-6736(11)61463-3 PMID:21924766
19. The Lancet Oncology. Two days in New York: reflections on the UN NCD summit. *Lancet Oncol* 2011;12:981. doi:10.1016/S1470-2045(11)70272-8 PMID:21944596
20. Miller PG, de Groot F, McKenzie S, Droste N. Vested interests in addiction research and policy. Alcohol industry use of social aspect public relations organizations against preventative health measures. *Addiction* 2011;106:1560-7. doi:10.1111/j.1360-0443.2011.03499.x PMID:21781203
21. Bakke Ø, Endal D. Vested interests in addiction research and policy alcohol policies out of context: drinks industry supplanting government role in alcohol policies in sub-Saharan Africa. *Addiction* 2010;105:22-8. doi:10.1111/j.1360-0443.2009.02695.x PMID:20078460
22. Baggott R. *Alcohol strategy and the drinks industry: a partnership for prevention?* York: Joseph Rowntree Foundation; 2006.
23. Casswell S, Thamarangsi T. Reducing harm from alcohol: call to action. *Lancet* 2009;373:2247-57. doi:10.1016/S0140-6736(09)60745-5 PMID:19560606
24. *Global strategy to reduce harmful use of alcohol.* Geneva: World Health Organization; 2011. Available from: http://www.who.int/substance_abuse/activities/gsrhua/en/ [accessed 17 November 2011]
25. WHA 54.18.Transparency in tobacco control. In: *Fifty Fourth World Health Assembly, Geneva, 22 May 2001*. Geneva: World Health Organization; 2001. Available from: http://www.who.int/tobacco/framework/wha_eb/wha54_18/en/index.html [accessed 17 November 2011]
26. *Guidelines for implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry.* Geneva: World Health Organization; 2008, Available from: http://www.who.int/fctc/guidelines/article_5_3.pdf [accessed 17 November 2011].
27. *The Global Fund twenty-first board meeting.* Geneva: The Global Fund to Fight AIDS, Tuberculosis and Malaria; 2010. Available from: http://www.theglobalfund.org/en/board/meetings/twentyfirst/ [accessed 17 November 2011].
28. Wiist WH. Public health and the anticorporate movement: rationale and recommendations. *Am J Public Health* 2006;96:1370-5. doi:10.2105/AJPH.2005.072298 PMID:16809584
29. Bond L, Daube M, Chikritzhs T. Selling addictions: similarities in approaches between Big Tobacco and Big Booze. *Australasian Medical Journal.* 2010;3:325-32. doi:10.4066/AMJ.2010.363
30. Hastings G, Brooks O, Stead M, Angus K, Anker T, Farrell T. Failure of self regulation of UK alcohol advertising. *BMJ* 2010;340 jan20 1;b5650. doi:10.1136/bmj.b5650 PMID:20089576
31. Anderson P. Global alcohol policy and the alcohol industry. *Curr Opin Psychiatry* 2009;22:253-7. doi:10.1097/YCO.0b013e328329ed75 PMID:19262384
32. McCreanor T, Casswell S, Hill L. ICAP and the perils of partnership. *Addiction* 2000;95:179-85. doi:10.1046/j.1360-0443.2000.9521794.x PMID:10723840
33. Smith KE, Fooks G, Collin J, Weishaar H, Mandal S, Gilmore AB. "Working the system"–British American tobacco's influence on the European union treaty and its implications for policy: an analysis of internal tobacco industry documents. *PLoS Med* 2010;7:e1000202. doi:10.1371/journal.pmed.1000202 PMID:20084098
34. Landman A, Ling PM, Glantz SA. Tobacco industry youth smoking prevention programs: protecting the industry and hurting tobacco control. *Am J Public Health* 2002;92:917-30. doi:10.2105/AJPH.92.6.917 PMID:12036777
35. Wakefield M, Terry-McElrath Y, Emery S, Saffer H, Chaloupka FJ, Szczypka G, et al. Effect of televised, tobacco company-funded smoking prevention advertising on youth smoking-related beliefs, intentions, and behavior. *Am J Public Health* 2006;96:2154-60. doi:10.2105/AJPH.2005.083352 PMID:17077405
36. Chapman S. Health and philanthropy–the tobacco connection. *Lancet* 2011;377:11-3. doi:10.1016/S0140-6736(10)61036-7 PMID:20797780
37. Burch T, Wander N, Collin J. Uneasy money: the Instituto Carlos Slim de la Salud, tobacco philanthropy and conflict of interest in global health. *Tob Control* 2010;19:e1-9. doi:10.1136/tc.2010.038307 PMID:21088061
38. Collishaw N. Tobacco money and public health. *Tob Control* 2010;19:437-8. doi:10.1136/tc.2010.040246 PMID:21088062
39. Stuckler D, Basu S, McKee M. Global health philanthropy and institutional relationships: how should conflicts of interest be addressed? *PLoS Med* 2011;8:e1001020. doi:10.1371/journal.pmed.1001020 PMID:21532739