# Governing engagement with commercial actors: a policy for FPH

This policy aims to provide a robust approach to governing engagement with commercial actors to ensure FPH uses an effective, evidence-based approach that aligns with its public health values and priorities.

## Context

Understanding and recognition of the commercial determinants of health and the evidence base for how they influence health and equity is growing. Within this dynamic context it is important that public health organisations and professionals respond to the evidence for how commercial practices can undermine the role and purpose of public health institutions. Effectively responding to this evidence while navigating uncertainties and the challenge of working in the context of limited resources and multiple pressing public health issues, will take time, humility, kindness, understanding and a willingness to be open about and learn from our mistakes.

## Introduction and Background

> *'If we don't act on the commercial determinants of health, then our futures will be defined by the economic needs of a handful of companies in a handful of industries rather than what we think is really important'*
> Professor Jeff Collin (Healthier Fairer Futures film)

> *'Although commercial entities can contribute positively to health and society, the products and practices of some commercial actors are responsible for escalating rates of avoidable ill health, planetary damage, and social and health inequity'.*
> *Lancet Series on the Commercial Determinants of Health*

Commercial determinants of health pose a fundamental and complex challenge to society and the public health community in their efforts to promote health and equity.

Within the commercial determinants of health, the governance of engagements with commercial actors is a foundational issue, on which other public health policy can be built. Without strong, evidence-based governance policies, all other efforts to promote health risk being undermined. Engagement with commercial actors needs to be taken seriously and continuously assessed for any harmful impacts including unintended consequences. FPH staff and members need to be able

to govern and assess potential engagement activities with commercial actors informed by understanding of the CDOH and how they function to shape health and equity.

The Faculty of Public Health recognises the importance of inclusive wellbeing economies that serve the health and needs of people and the planet, making life better for all (ADPH Y&H). Along with the WHO, we recognise that 'commercial activities shape the physical and social environments in which people are born, grow, work, live and age – both positively and negatively.' While recognising that commercial actors can contribute positively to society, strong systems of governance are needed to ensure engagement with commercial actors reflects the value commitments of FPH and is oriented to protect and benefit the health of the population, especially the more vulnerable within it. As the second paper in the Lancet series on CDoH points out 'few commercial entities, if any, are wholly good or bad for public health' and our concerns are directed at specific forms of commercial activity that harm health (Lacy-Nichols et al, 2023).

Ensuring the conditions of good health for all requires a focus on actively governing the commercial determinants of health.(Gilmore et al 2023) To ensure that our engagement with commercial actors doesn't undermine health and the charitable objects of the faculty, strong and effective systems of governance are needed. There is an extensive national and international evidence base demonstrating how commercial actors have actively undermined the development and implementation of effective health policies. (Gilmore et al 2023, Brook & Körner, 2024)

We recognise the need to conduct engagements responsibly, mitigating potential reputational, financial, or actual risk that may result from this. This policy is designed to govern our engagements with commercial actors, while safeguarding our commitment to ethical conduct, transparency, and the avoidance of conflicts of interest. We are mindful that even with these guidelines we will need to apply judgement in most cases.

The development, implementation and review of this policy will be undertaken independently regardless of who we engage with.

*We define the CDOH as the systems, practices, and pathways through which commercial actors drive health and equity. (Gilmore et al 2023)*

*The term commercial actor is used to recognise that commercial entities are diverse and can make both positive and negative contributions to human and planetary health and equity.*

*We use the term actors because major commercial entities rarely act alone but are supported by a diverse range of other powerful organisations, some of whom they fund and direct, albeit often in hidden ways to give the aura of independence. But these commercial entities are also often enabled by the governments and intergovernmental organisations that should be holding them to account, as part of a global political and economic system that privileges an increasingly wealthy and narrow elite at the expense of the many. (Lacy-Nichols et al 2023)*

*These commercial actors comprise manufacturers, distributors, retailers, importers and those whose primary income comes from trade in these products, and also include entities that are represent or are dependent on funding and support from these industries, such as business associations, foundations, charities or other non-state actors. (PHE 2019)*

Based on international best practice and informed by academic evidence, this policy aims to provide a framework for the FPH (including its staff and members) to govern engagements with commercial actors to ensure public health goals are protected from undue influence. This policy aims to ensure all activities undertaken in the name of the FPH consistently reflect its value commitments and preserve its integrity as an organisation. It aims to promote coherence between the actions and positions adopted by the FPH and wider public health goals.

This policy has at its heart a simple five step process, taken from the Good Governance toolkit:

1. Are there alternatives that may achieve the benefits (or some of them) without as many risks?
2. Check against the restriction criteria
3. Assess fit with the FPH's governance principles
4. This may include a more detailed risk-benefit checklist
5. Action: decide what to do

# Scope

This policy aims to support managing all engagements by FPH (including its staff and members in the course of FPH activity) with commercial actors.

Here, engagements are defined as per WHO's handbook on engaging with non-state actors, including

- Participation: attending meetings or events, being involved in consultations
- Resources: financial or in-kind contributions
- Evidence: development of evidence, information sharing
- Advocacy
- Technical collaboration
- Association with FPH name and brand

It is important to note that engagement can include both longer-term collaborations and much briefer interactions, for example meetings or in person, email or phone conversations. While each of these may carry different levels of risk, all need to be taken seriously and governed accordingly.

# Guiding principles

The guiding principles for this policy are:

- **Alignment with FPH goals, core public values (including health promotion, equity, social justice), policy and practice**

This means that every interaction should be tested to see whether it contributes to FPH's purpose & mission, or risks undermining it. This is the most foundational principle and is essential to preserving the integrity of FPH as an organisation.

- **Independence and autonomy of FPH**

Independence means that the interaction should not compromise integrity, independence or credibility of FPH. Autonomy means ensuring that the organisation maintains its purpose and identity.

We take our definition of independence from the Good Governance Toolkit (see appendix for full definition).

Additionally, independence is recognised as complex and nuanced, going beyond independence of discrete decision-making processes and actions, to encompassing the independence of norms, ideas and framings. Our definitions of independence and autonomy draw on Marks' anti-promotion principle that specifies that a public health institution should avoid intentionally or unintentionally promoting the reputation and/or brand of a commercial actor and ensure that a commercial actor cannot exploit their interactions with the institution for these purposes (Marks, JH. The Perils of Partnership. Oxford University Press. 2019). As Marks explains:

> *One of the main concerns about influence is its impact on the independence of the public institution. We often think about independence in the context of discrete judgments and decision-making. But evidence of the erosion of independence may be far subtler than an apparently isolated decision that clearly favors the commercial interests of an industry actor exercising influence. Close relationships with industry actors may lead government agencies to frame public health problems and their solutions in ways that are less threatening to the interests of industry actors.* (Marks, JH. The Perils of Partnership. Oxford University Press. 2019)

- **Transparency**

This means ensuring transparency of: 1) this policy, governing engagement with commercial actors, 2) decision-making about if, when, and how to engage with commercial actors, and 3) any engagement activities governed by this policy.

Engagement with commercial actors and the decision-making processes that govern these can be considered transparent when the processes and grounds on which decisions are made can be observed and the relevant actors are informed about them. Transparency goes beyond recording

activities. It requires that information about activities is readily accessible, timely, accurate and comprehensive, and is presented in a way that is comprehensible. (TAPIC framework)

Unless prohibited by existing legislation, high-level information (such as the date of the meeting, its agenda, the organisations represented, and a broad description of issues discussed) may be disclosed via the website of the relevant agency.

- **Accountability**

This means it must be clear who is accountable for 1) this policy governing engagement, 2) decision-making about engagement, and 3) any engagement activities and how these policies, decisions, and engagements are scrutinised and can be challenged

It must also be clear who is accountable, and for what, within any engagement, including setting out methods for scrutiny and agreement about communication of any independent monitoring and evaluation (as proportionate to the scope of the engagement).

Accountability exists when actors are expected to justify their decisions and actions to specified others who have the ability to mandate remedial actions and/or impose sanctions when required.

# Restriction criteria and protected activities

In setting and implementing their public health policies, the FPH shall act to protect these policies from commercial and other vested interests of health-harming commercial actors (adapted from Article 5.3 of the FCTC)

Engagement must be in the interest of FPH and its public health values and goals, and managed in accordance with this policy to protect the FPH, and in particular, its normative and technical work, from any undue influence or conflict of interest and to ensure there is no interference with FPH's advisory and educational functions (Adapted from FENSA).

There are two types of excluded activity under this policy:

1. **Prohibited commercial practices (including some industry-specific guidance)**
2. **Protected activities and roles of the FPH**

# Prohibited commercial practices (including some industry-specific guidance)

- We will comply with Article 5.3 of the FCTC
- We will be consistent with national and international commitments and that are compliant with guidance and obligations specific to particular industries and risk factors.
- We will not engage with*:
    - Health-harming** industries, those dependent on their funding, or other organisations whose operations might conflict with those of the FPH

- Organisations with an evidenced track record of advocacy and lobbying to oppose or delay adoption and implementation of public health treaties (e.g. WHO FCTC) or cost-effective NCD policies and laws (e.g. WHO Best Buys, WHO International Code of Marketing of Breast-milk Substitutes);
- Organisations with credible and documented evidence of unethical corporate behaviour *and/or* breaches of international development conventions and practices (e.g. breaches of human rights conventions, issues of child labour, unethical and health harming marketing and advertising practices, arms and weapons manufacture, sale or distribution, environmental and government relations practices, tax avoidance).

*except when required as part of a legal obligation or when communicating a decision to decline to engage further, in which cases we will follow steps for documentation and transparency.

**Health harming industries include, but are not limited to, diverse actors in for-profit and commercial enterprises and businesses that manufacture, promote and supply commercial products that generate significant associated negative health consequences including alcohol, tobacco, multi-national corporations selling high sugar salt fat foods and sugar-sweetened beverages, fossil fuels, and gambling. These industries comprise manufacturers, distributors, retailers, importers and those whose primary income comes from trade in these products, and also include entities that are represent or are dependent on funding and support from these industries, such as business associations, foundations, charities or other non-state actors (PHE 2019). **This approach reflects the recognition that the commercial interests of these industries and the practices they adopt are in direct conflict with public health and equity goals.**

# Protected activities and roles of the FPH

In recognition of the extensive national and international evidence-base demonstrating active undermining of the development and implementation of effective health policies, the FPH designates the following activities as protected under this policy. This is to ensure the FPH's core public health functions, such as policy-making and education, are protected from commercial interests and influence.

This protection applies across:

- Identification of priorities,
- Agenda and norm setting,
- Curriculum development and professional standards setting
- Teaching and learning activities,
- Formulating responses to consultations, media work and other advocacy concerning public health,
- Policy and strategy formulation, and
- Decision-making underpinning all of the above.

# Process for decision making and oversight

A series of steps should be taken when deciding on if, when, and how to engage commercial actors. These are presented in detail in the accompanying flow chart and checklists. All decision-making processes and outcomes should be documented and filed in line with the above principles of transparency and accountability. There is also a guide from the Lancet series on the Commercial Determinants of Health in the appendix to this document, which will assist with completing the decision-making steps.

A panel made up of FPH members will review potential engagements which are considered complex to assess, as identified by FPH staff, and will ensure compliance with this policy. How we convene such a panel, and its Terms of Reference, will be covered in a separate document. The panel must act in the best interests of FPH. Panel members will not allow individual or collective views on political or ethical issues, not directly related to the interests of FPH, to affect their judgement when making these decisions.

# Awareness and implementation

The FPH will ensure all its staff and any members acting on its behalf are aware of this policy.

The FPH's SIGs may be able to advise on specific policy topics and assist with providing an evidence-based view to support with assessing specific potential engagement activities.

The FPH will work with experts to provide learning opportunities for its members and office-holders to enable them to implement this policy. This will be a learning process and it is expected that the robustness of implementation will improve over time with increased capacity, capability and expertise developed within the FPH.

# Evaluation and impact

As an initial policy for governing decision-making surrounding engagement with commercial actors, steps will need to be taken to evaluate the effectiveness and impact of the policy and related tools. This should then inform ongoing effects to strengthen the policy through a formalised process of policy review and revision.

# Review and revision of policy

This policy will be reviewed by the FPH Governance Committee in two years, or as necessary as issues arise, for example, if new global treaties or national legislation require changes, or if the implementation highlights areas in need of urgent revision.

*Approved by FPH Board, 10 March 2025*

# Appendix

## FPH mission and charitable objects

The five-year strategy outlines our mission of working with members to promote and protect human health and its wider determinants for everyone in society, leaving no one behind

Our charitable objects are at the core of our strategy; to promote knowledge in the field of public health, to assure the highest possible standards of professional competence and practice, and to act as an authoritative body for the purpose of consultation and advocacy concerning public health.

## Independence definition (from Good Governance toolkit)

WHO's framework for engagement with non-state actors (ie organisations that are not within the public sector) states that 'An entity is "at arm's length" from another entity if it is independent from the other entity, does not take instructions and is clearly not influenced or clearly not reasonably perceived to be influenced in its decisions and work by the other entity.' All aspects of this definition must be in place for an organisation to be considered independent:

- Independence
- Not taking instructions
- Clearly not influenced
- Clearly not reasonably perceived to be influenced

In the context of public health and for the purposes of this document, independence requires having structures in place that help to establish and protect an organisation's independence from others (such as operational or financial independence) and that organisations act independently to benefit and protect the public's interest and not the commercial interests of a harmful industry.

It's important to understand that in general, independence is a complex and dynamic concept, meaning that there is no one definition or form of independence and it is something that must be constantly assessed and maintained as contexts and relationships change and as different challenges and issues arise. It is not something that can be simply self-declared or stated on a website. It based on people's perception and assessment of an individual or organisation as having independence (of a particular form) and acting independently.

In order to define independence, it is also important to define industry. With regard to the tobacco industry, where there is the most clarity about what constitutes industry and therefore how independence can be defined, ASH's toolkit on the World Health Organisation's Framework Convention on Tobacco Control states that Article 1 of the FCTC defines the tobacco industry as "tobacco manufacturers, wholesale distributors and importers of tobacco products". This includes, but is not limited to:

- organisations or individuals with commercial or vested interests in the tobacco industry
- those that receive funding from the tobacco industry
- those that work to further the interests of the tobacco industry, including organisations with directors from the tobacco industry
- tobacco growers
- associations or other entities representing any of the above
- industry lobbyists

The way in which the WHO define what constitutes the alcohol industry is another helpful definition and was adapted to cover gambling in the former PHE principles for engaging with industry stakeholders. This covers:

- manufacturers, wholesale distributors, major retailers and importers that deal solely and exclusively in [commodity eg alcoholic beverages], or whose primary income comes from trade in [commodity].

- Business associations or other non-State actors representing, or funded largely by, any of the aforementioned entities, as well as industry lobbyists and commercial interests in [commodity] trade other than above when the interaction with WHO can be linked to their interests in alcohol beverage trade.

- Other non-State actors who receive funding from the industry(including funding for research) or have considerable links to the above-mentioned entities should be reviewed on an ad hoc basis in order to determine whether they should also be viewed as '[commodity] industry'

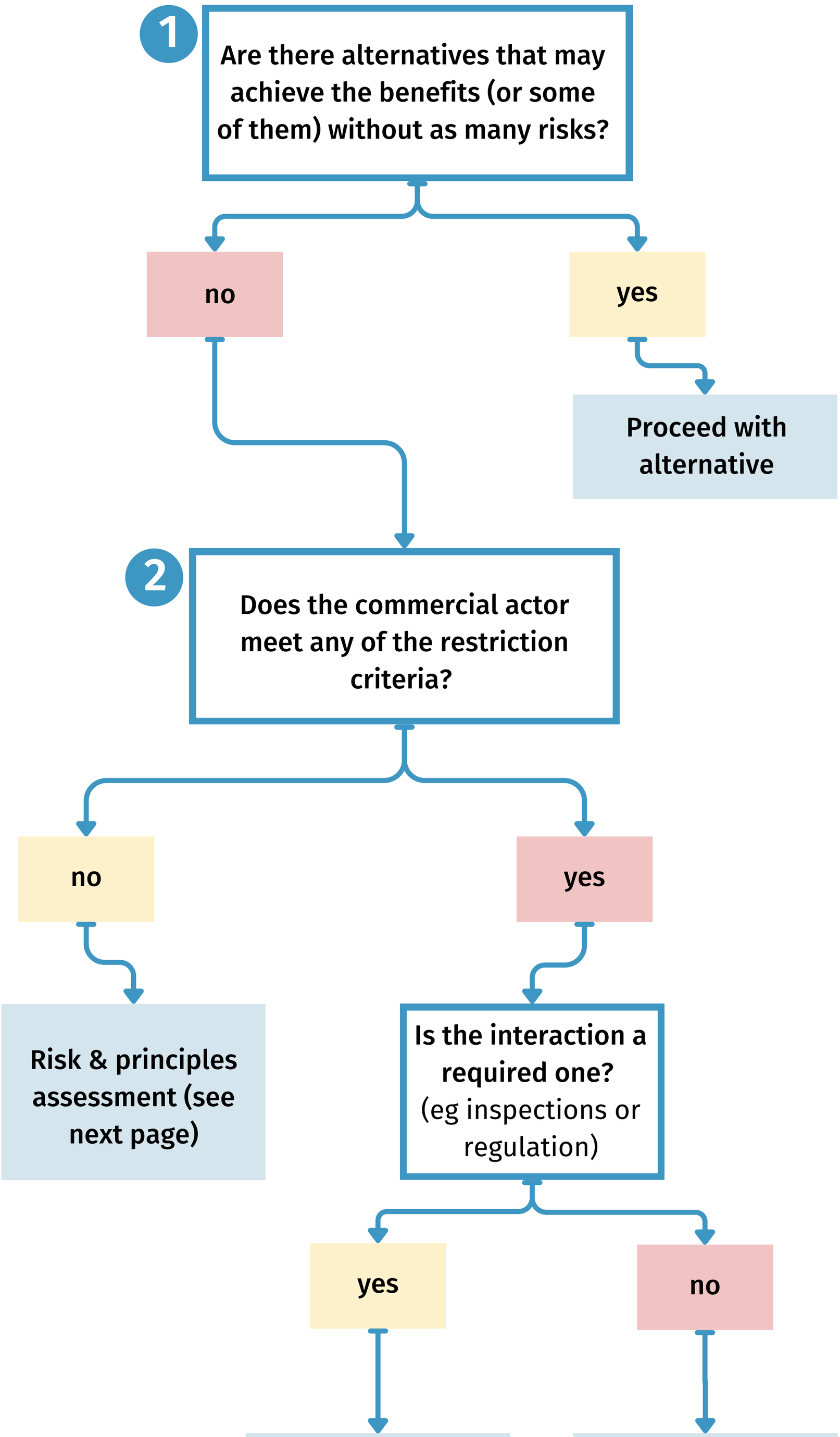
The FPH similarly takes this definition to apply more broadly to health-harming industries beyond tobacco, alcohol and gambling, these could include (but are not limited to) multi-national corporations selling HFSS foods and beverages, fossil fuels and others.

https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00012-0/fulltext

| Practices and attributes | Category | Definition | Guiding questions | Potential data sources |
|---|---|---|---|---|
| Practices | Reputational management | Efforts to shape legitimacy and credibility, reduce risk, and enhance corporate brand image | Does the entity engage in reputation management efforts?<br>What activities does it use (eg, corporate social responsibility and brand messaging)?<br>What mediums does it use (eg, media and meetings with politicians)?<br>What are its relationships with and influence over traditional and social media (eg, ownership, board membership, and marketing spends)? | Company websites and annual reports; media reports |
| | Political | Practices to secure preferential treatment, prevent or favourably shape policies, and circumvent or undermine policies | Does the entity attempt to influence global, supranational, national, or local policy development?<br>Does it seek to circumvent, undermine, or roll back policies already in place?<br>What activities does it use (eg, lobbying, political contributions, and litigation)?<br>What is the nature and extent of the interaction between it and government?<br>What is its relationship with third parties (eg, does it fund and operate through think tanks, business associations, or lobby groups)? | International Institute for Democracy and Electoral Assistance; Open Secrets; Transparency International; University of Bath's Tobacco Tactics; lobbying and political donation registers |
| | Scientific | Practices involving the production and use of science to alter products or otherwise secure industry-favourable outcomes, or both | Does the entity attempt to influence the production and use of peer-reviewed science?<br>What activities does it use (eg, ghost writing, disputing evidence, or funding research)?<br>Does the entity engage in research and development?<br>Does the entity commercialise publicly funded research?<br>Does (and if so how) the entity use science to increase sales?<br>Does (and if so how) the entity use science to influence policy? | University of Bath's Tobacco Tactics; peer-reviewed literature, including funding and conflicts of interest declarations on papers; policy submissions |
| | Marketing | Practices to promote sales of products or services | Does the entity engage in marketing practices?<br>What is the nature of its activities (eg, pricing and promotion)?<br>How much does it spend on advertising?<br>Do its marketing practices target communities or individuals in vulnerable circumstances?<br>Does it use harassing communication methods? | Statista; Nielsen; Mintel |
| | Supply chain and waste | Practices involved in the creation, distribution, retail, and waste management of products or services | What is the nature of the entity's supply chain?<br>What other commercial entities are involved in its supply chain?<br>In what locations do these activities take place?<br>What are the effects of its supply chain practices on health or the environment (eg, pollution, waste, and displacement of local populations)? | University of Bath's Tobacco Supply Chain Database; Carbon Disclosure Project |
| | Labour and employment | Practices to manage those employed directly within or under contract to the organisation within its supply chain | What is the nature of the entity's employment contracts (eg, wages and leave entitlements)?<br>What are the working conditions across all levels of supply chain?<br>What is the workplace culture?<br>Does the entity provide access to remedy (eg, complaint channels and grievance mechanisms)?<br>Does the entity provide freedom of association?<br>What is the ratio of chief executive officer to median pay? | National bureaus of labour; Compustat Execucomp |
| | Financial | Practices to support financial position of the organisation | What is the entity's effective tax rate?<br>Does it engage in tax avoidance or evasion?<br>What mergers, acquisitions, or buy-outs has it proposed or completed?<br>Who are its investors?<br>Does it receive funding from government?<br>Does it have a financial stake in other entities? | Orbis; company annual reports; national taxation agencies; Tax Foundation |
| Portfolio | Products | All goods and services produced | What products (ie, goods or services) does the entity produce?<br>What products do its subsidiaries or parent company produce?<br>Are any products recognised risk factors for non-communicable diseases?<br>Are any products deemed health harming (eg, to mental health or living conditions)?<br>Are any products deemed essential or a human right?<br>How much and what percent of sales and revenue comes from each portfolio segment? | MSCI Global Industry Classification System; IBISWorld |
| Resources | Market concentration | Degree and nature of horizontal and vertical integration | What is the entity's market share for each of its portfolio segments?*<br>What is the degree and nature of horizontal and vertical integration for each of its portfolio segments?* | Euromonitor; Statista |
| | Geographical range | Countries where the entity engages in any of the seven practices | Where are the entity's headquarters located?<br>Where are its subsidiaries located?<br>Are any subsidiaries located in tax havens, and if so, where and how many subsidiaries?<br>In what countries do the entity and its subsidiaries engage in commercial practices? | Orbis; government agencies regulating investments (eg, U.S. Securities and Exchange Commission); company annual reports |
| | Financial | Annual revenue, profit margins, and other tangible and intangible assets | What is the entity's annual revenue (ie, at national, regional, or global levels)?<br>What are its profits or retained earnings, or both?<br>What are its profit margins?<br>What are its tangible and intangible assets?<br>What are its (claimed) tax or other contributions? | Company annual reports; Statista; Forbes lists (eg, Global 2000) |
| | Employment | Number and percentage of people the entity employs in a country | How many people does the entity employ in a country?<br>How many people do its subsidiaries employ? | Company annual reports; IBISWorld; Orbis |
| Organisation | Ownership and control | Ownership and organisational structure of the entity | How is the entity legally classified (eg, publicly listed corporation, listed corporation, not-for-profit, private company, or cooperative)?<br>Does the entity have limited liability?<br>Who owns the entity?<br>Has the entity changed ownership, and if so, why?<br>Who has the largest ownership stake?<br>Who are the board or committee members, and what are their networks and potential conflicts of interests?<br>How are board members and management appointed, removed, held liable, and compensated?<br>How independent are the board or committee members (eg, relationship to the entity or other entities, to shareholders, and to management)?<br>What are the rights and responsibilities of its leadership and management (eg, decision making allocated to chief executive officer or board of directors)? | Orbis; government agencies regulating investments (eg, US Securities and Exchange Commission) |
| | Funds | Source(s) and nature of funding | How and by whom is the entity funded?<br>Who are the majority funders or investors?<br>Does the entity receive government subsidies or grants? | Annual reports |
| Transparency | Transparency and disclosure | Breadth and depth of information provided by the entity | Does the entity provide transparent information about its products; resources and influence; ownership and funding; and practices?<br>What is the consistency and quality of these data (eg, accuracy, detail, and timeliness)?<br>Are possible effects on health arising from commercial practices presented to or discussed with external stakeholders? | Company websites and annual reports; Transparency International |

*Figure 3: Guiding questions and data sources to apply the commercial entities and public health framework*

# FPH governing engagement with commercial actors process (1)




(2) Restriction criteria

Prohibited commercial practices (including some industry-specific guidance)

- We will be consistent with Article 5.3 of the FCTC
- We will be consistent with national and international commitments and be compliant with guidance and obligations specific to particular industries and risk factors.
- We will not engage* with:
- UCI* or majority UCI funded organisations or other organisations whose operations might conflict with those of the FPH
- Organisations with an evidenced track record of advocacy and lobbying to oppose or delay adoption and implementation of public health treaties (e.g. WHO FCTC) or cost-effective NCD policies and laws (e.g. WHO Best Buys, WHO International Code of Marketing of Breast-milk Substitutes);
- Organisations with evidence of unethical corporate behaviour and breaches of international development conventions and practices (e.g. breaches of human rights conventions, issues of child labour, unethical and health harming marketing and advertising practices, arms and weapons manufacture, environmental and government relations practices, tax avoidance).

*except where required, when minimum necessary engagement will be accompanied by documentation and transparency steps

Protected activities and roles of the FPH
In recognition of the extensive national and international evidence-base demonstrating active undermining of the development and implementation of effective health policies, the FPH sets out the following activities to ensure its policy-making and educational functions are protected from commercial interests and influence.
This restriction applies across:

- Identification of priorities,
- Agenda and norm setting,
- Curriculum development and professional standards setting
- Teaching and learning activities,
- Formulating responses to consultations, media work and other advocacy concerning public health,
- Policy and strategy formulation, and
- Decision-making underpinning all of the above.

# FPH governing engagement with commercial actors process (2)

**Does the commercial actor meet any of the restriction criteria?**

These processes will involve:
Research
Assessment
Seeking expert input

**no**

**3**

- **Assess fit with FPH governance principles** *(see next page)*

**4**

- **As part of this you may conduct a risk / benefit assessment** *(see next page)*

**5** **Decide action**

**Do not proceed**

**Cease interaction or plan to cease – declaration and management processes**

**Proceed and follow required processes for documentation and transparency**

**Plan any mitigations & review**

In all cases, document decision-making

## Also consider:

- **Do you have an exit strategy that won't incur substantial cost if the risks are higher and/or benefits are lower than expected?**

# Fit with FPH governance principles

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## (3) FPH Governance Principles

Use the following questions to help test fit with FPH governance principles

### Alignment with FPH goals, values, policy & practice

**About the organisation you are potentially interacting with**

- Are the organisation's core activities and enacted values compatible with public health goals?
- Are their wider policies and practices (including support, funding or close links with other organisations) compatible with public health goals?

**About the potential interaction**

- What are the aims of the interaction? (are they aligned with public health goals & values?)
- Why is the interaction occurring? Is there a specific reason or is it ad hoc?
- Who would make the decisions governing the proposed interaction?
  - are their intentions and responsibilities aligned with public health goals? (intentions and responsibilities should not be assumed to be as they are stated – a judgement call will need to be made)
  - What qualifies them to make such decisions (eg expert by experience, public health training etc)
- Will the interaction improve public health and be an effective use of resources (bearing in mind opportunity cost and evidence base, risks and benefits)?
  - What are the potential benefits? (see checklist on next page for egs)
  - What are the risks? (see checklist on next page for egs)

### Independence & autonomy

- Is the interaction compatible with the organisation's remit and statutory functions? It should not compromise integrity, independence or credibility. Consider independence of actions, norms and framing.
- Does it meet the 3 anti-promotion principle tests?
  - 1) not to put (or promote) commercial interests ahead of the public interest
  - 2) to avoid promoting the reputation of commercial actors and their brands or inadvertently conferring legitimacy by association with FPH, and
  - 3) take steps to prevent commercial actors from exploiting their interactions with FPH to promote their corporate reputation and loyalty to their brands.

### Transparency

Does the interaction make adequate provision for:

- transparency? (are there any restrictions / limitations on communications or recording taking? Extent and terms of engagement should be open, risks and benefits should have been weighed up and communicated – as proportionate to the decision and interaction. Is information about activities readily accessible, timely, accurate and comprehensive, and presented in a way that is comprehensible?)
- independent monitoring and evaluation?

### Accountability

- Is it clear who is accountable and for what? (both in terms of the engagement and decisions about the engagement)
- What are the methods for scrutiny?
- Will there be public communication of the independent monitoring and evaluation? (as proportionate to the engagement)

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## (4) Risk / benefit checklists

### Benefits checklist

- ✓ Impact: does the interaction increase the FPH's ability to improve and protect public health?
- ✓ Reach and networks: does the interaction increase access to credible and respected networks, communities and diverse audiences that are likely to contribute to our ability to improve and protect public health?
- ✓ Knowledge and expertise: does the interaction give us access to knowledge or expertise that are likely to contribute to our ability to improve and protect public health?
- ✓ Are any interventions / approaches proposed as part of the interaction effective? (what does the evidence say? are they preventative? Do they meet public health goals?)
- ✓ Resources and financial commitment

### Risks checklist

- ✗ Does the interaction create direct harm (to the population's health)?
- ✗ Does it normalise acceptance of harm / individual responsibility framings etc?
- ✗ How is the problem being defined and framed?
- ✗ Does it create dependence? For example, dependence on another organisation for expertise, funding or other resources. It is also worth thinking about less direct forms of dependence, for example, if a charity who is funded by an industry is delivering an intervention and then funding is stopped, is the FPH expected to pick up the funding?
- ✗ Is it a PR 'win' for an industry that contributes to health harms ('healthwashing')? – think about how the organisation will describe the interaction / how they are permitted to describe it if thinking about mitigations
- ✗ Are evidence-based / more effective / more preventative approaches being displaced? What's the opportunity cost?
- ✗ Is it more or less beneficial than doing nothing?
- ✗ Does it create risks for the FPH in terms of
  - reputation?
  - independence?
  - integrity? (eg does it provide perceived endorsement to a health-harming organisation? And/or is there an actual bias / conflict)
  - public trust?