

Federal government food policy committees and the financial interests of the food sector

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➤ **CHRONIC NON-COMMUNICABLE DISEASES (NCDs)**—cancer and cardiovascular disease in particular—are major causes of death and disability. Physical inactivity, the widespread consumption of unhealthy food, the use of tobacco products, and excessive alcohol consumption are the leading domestic and global causes of NCDs.¹ The report of the 2010 Global Burden of Disease study of the Institute for Health Metrics and Evaluation ranked dietary factors^{*} the highest among risk factors for both

death and disability in Canada and throughout the world.¹ In light of the global burden of disease attributable to dietary factors and the economic implications of diet-related disease, the World Health Organization recommends implementation of a variety of public health policies to facilitate healthy dietary choices.²

Although several countries are implementing substantial regulatory reforms and are closely monitoring industry compliance with healthy-food policies and the safety and health of their food supply, Canada is not. The United Kingdom has introduced restrictions on advertising unhealthy foods to children and is actively monitoring the sodium content of foods and the food industry's compliance with policies to reduce sodium-containing additives.³ Other countries are developing regulatory limits on trans fats and sodium-containing additives,³ and Norway subsidizes healthy foods to make them more affordable. The Canadian federal and provincial governments' approach to healthy-food policy is based largely on food industry volunteerism; this has been mostly ineffective.⁴

With more than \$100 billion in annual sales, the food sector is one of the largest industries in Canada.⁵ Researchers and advocates have voiced their concern that the financial interests of the food sector may be constraining the government's ability to develop and maintain healthy-food policies.^{4,6,7} Box 1 outlines some of the concerns that have been expressed recently in news media and scientific journals. The international Conflicts of Interest Coalition was formed in 2011 to advocate for safeguards against conflict of interest in the public policy development process, particularly in regard to the United Nations' "Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases" and the World Health Organization's "Global Action Plan for the Prevention and Control of NCDs 2013–2020." The World Health Organization has stressed the importance of reinforcing conflict of interest safeguards in its own policy and program development process.

We examined relevant Health Canada web pages to determine the extent to which individuals and organizations with financial interests in the food sector are represented in federal food policy committees (Table 1). Of the 9 committees identified, the Expert Advisory Group on National Nutrition Pregnancy Guidelines and the Health Products and Food Branch Advisory Committee did not provide sufficient information on

*The dietary factors in order of importance for mortality in Canada are low fruit, low nuts and seeds, high sodium, high trans fat, low omega-3, low vegetables, high processed meats, low fibre, low whole grains, low polyunsaturated fatty acids, high sweetened beverages, low calcium, low milk, and high red meat.¹

their websites to enable this evaluation. Two of the remaining 7 committees (the Natural Health Products Program Advisory Committee and the Food Guide Advisory Committee) did not provide information on their websites on the financial interests of their members (Table 2). In the remaining 5 committees, the percentage of members with reported direct or indirect financial interests in the food sector ranged from 38% to 77%, and in 3 committees 50% or more of the members reported financial interests (Table 2). Members with direct financial interests in the food industry constituted more than 30% of 3 committees, and 23% and 7% respectively of the remaining committees. Five of the 7 committees evaluated did not have publicly available minutes to allow for the potential impact of these financial interests to be assessed.

In addition, for 3 of the 7 committees, we were unable to locate documented policies and procedures

that would have helped them to minimize commercial biases during the development of policy recommendations (e.g., precluding members from having input, veto power, or the ability to vote with respect to policies in which they had a financial interest). However, the strong presence of commercial interests, the lack of transparent formal safeguards to preclude commercially self-serving influences on policy-making, and the lack of public documentation with respect to the decision-making processes of these committees are indicative of an environment where commercial interests may have a negative impact on national food policy recommendations.

The use of independent external advisors can increase the rigour, credibility, and accountability of decisions made by Health Canada. However, these collaborations and consultations, designed to incorporate scientific evidence into the decision-making

Box 1

Reports in news media and scientific journals on actions and statements by the Canadian government that counter efforts to implement healthy-food policies

Although the federal government indicated in December 2010 that setting goals for dietary sodium was a key achievement (Office of the Prime Minister: <http://pm.gc.ca/eng/media.asp?id=3861>), less than a year later the government rejected a federal–provincial/territorial policy that outlined the mechanisms required to achieve the agreed goals. The rejected report had the support of the provincial/territorial premiers, while the non-governmental health and scientific sector and the food industry had previously agreed to similar recommendations in the Sodium Working Group report. Although government opinion polls indicated the majority of Canadians wanted federal government policy and intervention, the federal Minister of Health did not speak publicly to the important health benefits of reducing dietary sodium and, instead, indicated that the government did not want to place a burden on the food industry (*The Globe and Mail*: www.theglobeandmail.com/life/health-and-fitness/harper-must-demand-action-on-sodium-levels-health-groups-urge/article4085788/).

The federal government rejected calls by scientific health care groups and its own experts to regulate levels of trans fats in foods (*Canadian Medical Association Journal*: www.cmaj.ca/content/early/2010/06/14/cmaj.109-3284.full.pdf; FAIR: <http://fairwhistleblower.ca/content/health-minister-nixed-plan-limit-trans-fats-food>).

Against the advice of scientific health care groups and its own experts, the federal government indicated it would not monitor trans fats in Canadian foods (*Post Media*: www.canada.com/health/Feds+drop+trans+monitoring+foods+despite+expert+advice/6960561/story.html).

The federal government was instrumental in “watering down” a United Nations declaration on the prevention and control of non-communicable diseases relating to unhealthy foods and diets (*Canadian Medical Association Journal*: www.cmaj.ca/content/183/15/E1099.full.pdf).

The Public Health Agency of Canada noted a lack of tangible policies to improve healthy eating after implementation of the Pan Canadian Healthy Living Strategy (www.phac-aspc.gc.ca/hp-ps/hl-mvs/ipchls-spimmvs/2008/index-eng.php).

The federal government discontinued monitoring the accuracy of nutrition facts labelling on foods even though the Canadian Food Inspection Agency found that this labelling was often inaccurate (*Global News*: <http://globalnews.ca/news/236395/canadian-nutrition-label-claims-often-wildly-misleading-tests-show/>; Government of Canada: www.budget.gc.ca/2012/plan/chap5-eng.html).

Canada lacks health economics modelling of the adverse health effects of foods when many other countries have such models (*Canadian Journal of Cardiology*: www.ncbi.nlm.nih.gov/pubmed/22809887).

The federal government dismissed an Institute of Medicine report on easy-to-understand mandatory front-of-package food labelling, saying that this labelling was “not required in Canada,” despite evidence from government surveys that many Canadians do not understand the nutrition facts panel on packaged foods (*Canadian Journal of Public Health*: www.ncbi.nlm.nih.gov/pubmed/23618637).

The federal government summarily dismissed the comments of United Nations special rapporteur on the right to food, Olivier De Schutter, who concluded that Canada had serious problems in providing for food security—especially for poor and Aboriginal communities—despite the Canadian government’s published reports on the evolving food crisis in those communities (*Globe and Mail*: www.theglobeandmail.com/news/politics/ottawa-shrugs-off-un-warning-on-hunger-and-nutrition/article4184575/).

The Canadian government partners with the private sector, including a doughnut franchise, to promote physical activity to prevent diabetes in Aboriginal children, potentially creating confusion around the fact that unhealthy eating resulting in obesity is the major contributor to the disease (Office of the Minister of Health: www.phac-aspc.gc.ca/media/nr-rp/2013/2013_0619-eng.php).

process, must be managed in a consistent and transparent way to assure the public that public policies and programs are not being steered by vested financial interests. The influence that the private sector has on the implementation of policies that support continued or

increased profits and commercial growth has already been demonstrated within the realm of medical research, where industry-funded studies are more likely to publish positive results than non-industry funded studies.⁸ The quality and integrity of decisions made

Table 1

Canadian federal government advisory food committees and their mandates

Committee	Mandate
Expert Advisory Committee on the Vigilance of Health Products	To provide the Health Products and Food Branch with ongoing, broad, and strategic policy advice on the safety and therapeutic effectiveness of marketed health products for human use.
Food Guide Advisory Committee	Mandate not available. Members were chosen for the varied perspectives they would bring from public health, health policy, nutrition education, disease prevention, industry, and communication in assisting with the revision of the 2007 Canada Food Guide.
Food Regulatory Advisory Committee (renamed the Food Expert Advisory Committee)	To provide the Food Directorate (FD) with broad, expert strategic policy advice on the safety of food products and on matters relating to strategic planning, priority setting, and environmental scanning related to food safety, nutritional quality, and other issues within the FD's mandate.
Infant Feeding Expert Advisory Group	To guide the revision of feeding guidelines for the healthy full-term infant, including assisting in the collection and review of current evidence, reviewing and commenting on draft guidelines and supporting materials, liaising with their respective organizations to coordinate their review and sign-off of the guidelines before publication, and coordinating the broad dissemination of the guidelines.
Natural Health Products Program Advisory Committee	To provide the Natural Health Products Program Directorates with views, feedback, advice, and recommendations (including technical, scientific, ethical, and communications advice) on current and emerging issues relevant to the Canadian regulatory framework for natural health products to facilitate Health Canada's decision-making.
Pediatric Expert Advisory Committee	To provide the Health Products and Food Branch with broad strategic advice on how to strengthen the availability, use, and sharing of information specific to the pediatric population and pregnant and nursing women on the benefits and risks of health products, food safety, and nutrition.
Sodium Working Group	To develop and oversee implementation of a strategy that would result in lowering the sodium content of the diets of Canadians to the range recommended by the Institute of Medicine of the US National Academies.

Table 2

Declared interests of members of Canadian federal government advisory food committees

Committee	Members with financial interest, no. (%)			Publicly available minutes
	Direct*	Indirect†	Direct or indirect	
Expert Advisory Committee on the Vigilance of Health Products	3 (23)	8 (62)	10 (77)	Yes
Food Guide Advisory Committee	Not disclosed	Not disclosed	Not disclosed	No
Food Regulatory Advisory Committee‡	6 (32)	11 (58)	13 (68)	Yes
Infant Feeding Expert Advisory Group	3 (38)	0	3 (38)	No
Natural Health Products Program Advisory Committee	Not disclosed	Not disclosed	Not disclosed	No
Pediatric Expert Advisory Committee	1 (7)	6 (43)	7 (50)	No
Sodium Working Group	6 (35)	5 (29)	8 (47)	No

* Direct financial interests: current employment, investments in companies, partnerships, equity, royalties, joint ventures, trusts, real property, stocks, shares, or bonds with the regulated industry.

† Indirect financial interests: (a) Within the past five years, payment from the regulated industry for work done or being done, including past employment, contracts, or consulting; or financial support including research support, personal education grants, contributions, fellowships, sponsorships, and honoraria. (b) Within the past five years, materials, discounted products, gifts, or other benefits, or attendance at meetings where all or part of the travel and accommodation costs were provided by the regulated industry. (c) Within the last three years, grants or other funding from the regulated industry to any of the organizations where the member is currently employed or participates in internal decision making.

‡ Renamed Food Expert Advisory Committee.

by government agencies that regulate food and nutrition are just as vulnerable to compromise if they give industry a privileged role. In medicine, managing conflict of interest remains a significant challenge and the subject of much debate, especially in relation to pharmaceutical treatments.⁹

Increasing government reliance on industry partnerships related to public health seems to have created an environment rich with conflicts of interest.¹⁰ Governments, therefore, must carefully examine how large food corporations and their trade associations contribute to NCD prevalence through the promotion of products that undermine health in the way that tobacco companies have long been acknowledged to do, and must evaluate the current role of these entities in influencing public policy.¹⁰

Our analysis is limited to information available on some federal government websites. We could not obtain more information from committee members nor disclose our personal observations as committee members because committee members are required to sign confidentiality agreements that preclude disclosure of committee deliberations. We also have not assessed other aspects of commercial interests such as those that can occur during meetings between commercial entities and politicians. Notably, federal politicians have spoken out on the importance of efforts to reduce dietary sodium. That said, a 147–122 vote in Parliament on 8 May 2013 defeated a bill to mandate the recommendations of the Sodium Working Group that were unanimously agreed to by representatives from industry, academia, civil society, and federal and provincial governments.¹¹ The bill was defeated by 146 Conservative government MPs (and one other nay vote) despite extensive support from civil society (approximately 70 groups representing residents in nearly two-thirds of Canadian households and health professionals that treat virtually all Canadians[†]) and the Canadian public (about 80% support in multiple national surveys). In addition, despite public disclosure that the information provided by industry on food labels is not accurate, the federal government announced that it would no longer monitor the accuracy of labelling, but would, rather, rely on the public to detect and report inaccuracies in food labelling to food companies.¹²

Our investigation is a small step toward examining the influence of financial interests on healthy-food

policy in Canada, and more research is needed to fully understand the issue. Further research could focus on the extent to which the Canadian food industry sponsors research and influences its outcome, and how the industry funds non-governmental organizations, political lobby groups, and policy-makers. The financial interests of elected officials before, during, and after their elected tenure should also be considered.

Government of Canada conflict of interest procedures and processes must be made transparent and accessible to all Canadians.¹³ Furthermore, it is important for the maintenance of public trust that Health Canada provide clear public records outlining how its conflict of interest rules or guidelines are, or are not, applied.

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