

Thank you for sharing the draft COI policy package. Although, the timeframe constrained a deeper look, we have managed to quickly review the discussion paper and the proposed guidance and tool, and include below some comments. We would be happy to discuss the initial feedback in more detail, should this be of interest to you. As you know, the OECD developed the first international instrument on managing conflict of interest, the 2003 *Guidelines for Managing Conflict of Interest in the Public Service*, which remains today the most comprehensive guidance on this topic and supports our member and partner countries in implementing effective conflict of interest policies and practices.

Our comments relate specifically to the definition and application of conflict of interest, as well as to some of the proposed tools, most notably the risk identification process.

Comments on the COI discussion paper

- It is not clear which conflicts of interest the policy is intended to manage. It appears that the policy intends to prevent a COI from occurring when a non-state institutions/individuals engages in the policy cycle, but it seems to leave out prevention of COI when a public official's personal interests in non-state institutions / individuals conflict with their responsibility to develop health policy. If it is indeed only applicable to the former, why is the latter not also considered?

- Moreover, the policy appears to place the responsibility on the "government" or "national agency" to protect its reputation, independence and integrity. While it is true that citizens will look to the government as a full entity and not always separate it from individual decision makers, the policy's emphasis on the "government" or "national agency" as opposed to individual decision-makers makes the responsibility for managing conflict of interest ambiguous. The WHO could consider more clearly specifying these roles and responsibilities for decision-makers. For example, the definition of integrity (in the ethical impacts section of the tool) could also be applied to individual decision-makers, not just the government as a whole.

- It is not clear how the COI policy intends to address the potential risk of capture by large pharmaceuticals, nor how it intends to address the various strategies used by large pharmaceuticals to influence policy makers, such as approaching and sponsoring doctors (e.g. to trial drugs) and then lobbying the government via their associations.

- Definition of a **conflict of interest**:

- o The definition does not include the potential damage of a *perceived* risk of a potential conflict of interest

- o While we agree that the existence of a potential conflict of interest does not necessarily mean that improper action has occurred, failure to effectively manage a conflict of interest could lead to corruption. This is not made clear in the definition.

- Definition of **individual conflict of interest**:

o It is not clear what is meant by “...their ability to act impartially, to discharge their functions and to regulate their conduct with the interests of public health nutrition **only in view**”. This statement is vague and could lead to problematic interpretations about what is meant by “interests of public health nutrition in view”

· Finally, in paragraph 18, it may be useful to include reference to compliance with relevant anti-corruption provisions (international and national) in the overarching principles of engagement.

Comments on the proposed decision making process and tool

· In Step 2, could consider moving Task 2 (collect in depth information) into Task 1 (perform a background check) before the exclusionary criteria. In some cases, it is not possible to identify the potential COI of an institution or individual based on desk research. Moreover, it is good practice to ensure that all exclusion decisions are based on a robust, transparent and consistent process (which the due diligence questionnaire provides). This could protect the national agency in the event that an institution or individual makes a complaint over the exclusion decision.

· Regarding risk identification, in line with risk management standards, the proposed risk assessment tool could contain at least three categories of risk – low, medium, high. The current categories, low and high, may leave some actors unduly screened out (or vice versa, screened in) and limits the types of mitigation strategies that could be applied to manage the potential COI.