



The Public Health Responsibility Deal: Brokering a deal for public health, but on whose terms?



Clare Panjwani, Martin Caraher*

Centre for Food Policy, Department of Sociology, School of Arts and Social Sciences, City University London, Northampton Square, London EC1V 0HB, United Kingdom

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ABSTRACT

Coalitions of multinational food and drink businesses have pledged to reformulate their products and to market them responsibly. Largely business-led and self-regulated, the integrity of these voluntary initiatives has been questioned. The Public Health Responsibility Deal in England is an example of a voluntary initiative that is government-led. Does this approach provide evidence that with public leadership there is potential for voluntary actions to deliver meaningful results for public health?

Methods: The subject of the research is the calorie reduction initiative of the Responsibility Deal. Source material was obtained primarily through a series of UK Freedom of Information requests and comprises previously unpublished Department of Health documentation relating to relevant meetings held during 2011 and 2012.

Results: The Responsibility Deal approach to calorie reduction deliberately involves the food industry in the specification of the measures it is to implement (reformulation and portion control). Finding the common ground between private and public interests has resulted in the deflection of public health objectives and the preclusion of adequate monitoring and evaluation.

Conclusions: The Responsibility Deal approach is fundamentally flawed in its expectation that industry will take voluntary actions that prioritise public health interests above its own. Being government-led counts for little in the absence of sanctions to drive compliance. Instead the initiative affords private interests the opportunity to influence in their favour the public health policies and strategies that affect their products.

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1. Introduction

Globally, obesity prevalence has doubled since 1980 [1]. Interventions have focused on motivating behavioural change through the provision of information to individuals [2,3]. But despite widespread recognition of the scale of the problem, in no country has it been reversed through public health measures [4]. Acknowledgement of this situation has driven a fundamental change in the policy approach to obesity. Interventions that focus on individual choice

are being complemented by policy that takes an ecological approach, recognising that individuals are ultimately responsible for their health behaviours but that choices are made in the context of a larger, 'obesogenic' environment [4,5].

To reengineer the environment to prevent obesity requires a societal approach involving governments, civil society and the private sector [4,6]. Some form of engagement with the food industry is necessary due to its influence over the food environment. The World Health Organisation (WHO), for example, has promoted a multisectoral, 'whole of society' approach to obesity prevention, calling on civil society and the private sector, including the food industry, to 'partner' with

* Corresponding author. Tel.: +44 020 7040 4161.

E-mail address: m.caraher@city.ac.uk (M. Caraher).

governments on the implementation of public health measures [6,7].

This article investigates the potential impact of private sector engagement in public health by looking at a working example; the Public Health Responsibility Deal in England (from now on referred to as ‘the Responsibility Deal’). Specifically, it analyses the Responsibility Deal calorie reduction pledge; its stakeholder representation, working practices, and development and implementation, in order to identify the role and influence of the private sector.

The Responsibility Deal was launched in England in March 2011 and represents a partnership approach to public health whereby Government engages private sector and NGO partners in efforts to address public health objectives. The Deal is organised into five networks each with specific focus; food, alcohol, physical activity, health at work, or behaviour change. Partner organisations pledge voluntary actions, agreed by the networks, which are designed to help meet public health goals. The argument for the voluntary approach is that it allows practical actions to be agreed upon more quickly and with less cost than legislation [8].

Between March 2011 and June 2013, the Food Network of the Responsibility Deal developed pledges that addressed out-of-home calorie labelling, trans fat removal, salt reduction, fruit and vegetable promotion, and calorie reduction. The calorie reduction initiative is notable for its ambition to drive the national obesity target in England of ‘a downward trend in the level of excess weight averaged across all adults by 2020’. This is to be achieved by reducing the nation’s collective calorie intake by five billion calories per day; equivalent to 100 calories per person per day and an estimate of the average reduction necessary to achieve a healthy weight [9]. Responsibility Deal partners pledge to reduce calories through reformulation and portion size reduction of products, and by encouraging behavioural change in consumers through activities such as the promotion of smaller portion sizes or making healthier products available. This approach, influenced by behavioural science theories [10], aims to make the existing, default choice the lower calorie choice (as opposed to offering lower calorie alternatives). Thus ‘nudging’ consumers towards reduced calorie consumption.

The Responsibility Deal is among several types of voluntary arrangements that have emerged within the past decade where policymakers and government bureaucrats have favoured collaborative, voluntary approaches, as opposed to legislative or regulatory approaches, to address leading public health problems [11,12]. The argument in favour of collaboration with industry partners is that it is more effective than acting independently of them. The argument against suggests that the approach affords industry the opportunity to influence the development of public health policy to its own ends [13–15].

Other conditions that have favoured private sector engagement in public health include: the failure of previous public health intervention strategies; rising healthcare costs [3]; and the food industry’s appropriation of a responsibility for public health through corporate social responsibility activities [16]. Governments have adopted neoliberal policies that have promoted pro-business

values, expanded the role for public–private partnerships, and delegated some responsibility for public health to the private and non-profit sectors [17–19].

In an environment conducive to private sector involvement, the food industry has moved proactively to pledge actions to improve the health profile of its products [4]. Coalitions of large multinational food and drink businesses have pledged to reformulate their products and to market them responsibly [20–22]. Largely business-led and self-regulated, such voluntary initiatives have met with scepticism from the public health community, including the World Health Organisation [13,23–25]. Comparisons have been drawn with the tobacco industry, suggesting that weak voluntary standards and lax enforcement are employed as a tactical move to forestall legislation [25–27]. Governments stand accused of abdicating responsibility for public health to the private sector at the expense of more effective, evidence-based approaches [4,28]. Underpinning these criticisms is the perception that a conflict of interest between private interests (consume more) and public interests (consume less) precludes meaningful action [26,29,30]. Industry is not incentivised to re-shape public tastes if it presents a risk to existing markets and shareholder value [31] and only through regulation, or the threat of government regulation, can this conflict be overridden [11,14]. The industry view, in contrast, is that it is simply stepping up to high-level calls to play its part in tackling the problem [32]. It has argued that the conflict of interest lies in *not* acting to support a healthy populace ‘for unhealthy consumers do not purchase our products’ [33].

The Responsibility Deal is an example of an initiative that harnesses the voluntary or ‘opt-in’ actions of industry for public health ends. It is notable, however, for being driven by government. Comparable schemes are, for example, CEO-led [20,21], or co-ordinated at a pan-European level [22]. The Responsibility Deal, however, is a formal public–private–NGO partnership initiated and led by the English government to address specific, target-based public health objectives, such as reducing excess alcohol, salt and calorie consumption [8]. Despite Government’s leading role, there remain tensions over the involvement of the private sector.

Shortly before the launch of the Responsibility Deal, a group of six prominent health organisations involved in developing the alcohol-related pledges refused to back the initiative. They expressed concerns that the pledges were limited in scope and not specific or measurable (see Bryden et al. [11] for a discussion on the need to set ambitious targets and the need for independent review or audit); that industry views had been prioritised and that there was no commitment to alternative actions should voluntary measures fail [34]. As an approach to obesity prevention the Responsibility Deal received similar criticism [28,35]. Counter to these concerns government ministers claim that the Responsibility Deal, now in its third year, has achieved more, faster and cheaper, than legislation [28,36].

As a relatively new venture it is understandable that there has been no evaluation of the pledge in terms of outcomes i.e. a reduction in calorie production and consumption. A DH-funded evaluation of the wider Responsibility Deal has begun, although the initial focus

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