The case for developing a cohesive systems approach to research across unhealthy commodity industries

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ABSTRACT

Objectives Most non-communicable diseases are preventable and largely driven by the consumption of harmful products, such as tobacco, alcohol, gambling and ultra-processed food and drink products, collectively termed unhealthy commodities. This paper explores the links between unhealthy commodity industries (UCIs), analyses the extent of alignment across their corporate political strategies, and proposes a cohesive systems approach to research across UCIs.

Methods We held an expert consultation on analysing the involvement of UCIs in public health policy, conducted an analysis of business links across UCIs, and employed taxonomies of corporate political activity to collate, compare and illustrate strategies employed by the alcohol, ultra-processed food and drink products, tobacco and gambling industries.

Results There are clear commonalities across UCIs’ strategies in shaping evidence, employing narratives and framing techniques, constituency building and policy substitution. There is also consistent evidence of business links between UCIs, as well as complex relationships with government agencies, often allowing UCIs to engage in policy-making forums. This knowledge indicates that the role of all UCIs in public health policy would benefit from a common approach to analysis. This enables the development of a theoretical framework for understanding how UCIs influence the policy process. It highlights the need for a deeper and broader understanding of conflicts of interests and how to avoid them; and a broader conception of what constitutes strong evidence generated by a wider range of research types.

Conclusion UCIs employ shared strategies to shape public health policy, protecting business interests, and thereby contributing to the perpetuation of non-communicable diseases. A cohesive systems approach to research across UCIs is required to deepen shared understanding of this complex and interconnected area and also to inform a more effective and coherent response.

Key questions

What is already known?
► Most premature deaths from non-communicable disease are preventable and largely caused by the consumption of the products of unhealthy commodity industries (UCIs), including tobacco, alcohol, gambling and ultra-processed food and drink products.
► Public health governance is characterised by an increasingly diversified and complex system of decision-making with close relationships between state and UCIs.
► Evidence indicates that UCIs have deliberately and collectively pushed for these forms of governance in order to prevent public health policies that might threaten profits.

What are the new findings?
► There is a convergence of strategic approaches across UCIs aimed at shaping public health policy.
► There is evidence of business links between UCIs, complex inter-relationships between the public and private sectors, and across UCIs, and commonalities in corporate political strategies.

What do the new findings imply?
► A systems approach is required to study UCIs, the linkages between them and the way in which they collectively influence policy.

INTRODUCTION

Over 70% of premature deaths worldwide can be attributed to non-communicable diseases (NCDs), notably cardiovascular disease, cancer, diabetes, dementia, chronic respiratory disease, mental health problems and related conditions such as obesity. The majority of premature NCD deaths are preventable, being principally caused by the consumption of the products of the tobacco, alcohol, gambling and ultra-processed food
and drink products industries. These have been collectively referred to as the unhealthy commodity industries (UCIs), defined as industries or groups of corporations where a significant share of their product portfolio comprises unhealthy commodities with high profit margins aimed at, and easily accessible to, large numbers of consumers. The gambling industry has received less attention than other UCIs as a driver of NCDs, but research is expanding rapidly showing that gambling is associated not just with alcohol and drug problems, but also depression and anxiety. The harm from gambling is now comparable with that associated with alcohol misuse in high-income countries. The United Nations (UN) and the World Health Organization (WHO) have coordinated global commitments to NCD prevention over recent decades. However, implementation of effective solutions remains limited. A key barrier has been the continued close involvement of UCIs in public health policy-making.

Public health governance is broadly defined as the set of functions ensuring authority (including scientific knowledge), resources, policy development, continuous evaluation and improvement, and effective collaboration on public health issues. This policy arena is characterised by an increasingly diversified and complex system of decision-making, with an often symbiotic relationship between states and non-state actors, including corporations. One rationale for the involvement of UCIs in public health governance is that those affected by policies should be allowed to contribute to their formulation. This may be problematic for a number of reasons. First, it is based on the premise that the power to influence policy debates is reasonably equally distributed across interest groups; this cannot be assumed where multinational corporations have vast influence, often with annual turnovers exceeding those of many national economies. Second, evidence indicates that corporations whose products are damaging to health have deliberately and collectively pushed for these forms of governance, encouraging policy-making structures that embed corporate influence and a reliance on corporate evidence specifically in order to prevent public health policies that might threaten profits. Evidence also shows how they have used those systems, for example, to overwhelm public consultations and to submit misleading evidence. Any potential benefits of UCI involvement in public health policy are therefore strongly contested due to the differences between their corporate interests and public health goals.

This study sits within the overarching domain of, and contributes to research on, the ‘commercial determinants of health’, variously defined as adverse health impacts attributable to commercial activities and strategies employed by UCIs to promote products which can damage health. There is growing evidence of convergence of strategic approaches between UCIs themselves, and the need for a systems approach to conducting research on UCIs’ influence of public health policy. Doing so would conceptualise poor health as the result of many factors—such as UCIs’ shaping of policy—as interconnected elements working together to bring about change throughout the system. A complex systems approach to understanding the commercial determinants of health draws upon a range of methods to design, implement and evaluate interventions at a systems level to improve public health; it can help explore how UCIs position themselves in the complex process of public health decision-making and how they legitimise their presence there. It can encourage public health researchers to integrate mixed methods from a variety of sources and disciplines including quantitative and qualitative traditions.

This paper explores the links between UCIs, analyses the extent of alignment across their corporate political strategies and proposes a cohesive systems approach to research across UCIs.

**METHODS**

First, an international meeting of researchers was organised in February 2016 on ‘Analysing the Involvement of Unhealthy Commodity Industries in Public Health Policy’. The event convened 50 researchers in the areas of food, alcohol, tobacco and gambling research from 20 academic institutions representing a range of relevant disciplines. One of the conclusions of the meeting was the acknowledgement of a shared experience in UCI research, highlighting common challenges, prompting a move out of ‘disciplinary bunkers’ and the formulation of a more integrated research agenda. Another important output of the meeting was agreement on the need for appropriate conceptual and methodological tools for analysing the role of UCIs in public health, such as complex systems approaches. This paper is written as a response to the aims and challenges set out during that initial event.

Second, we conducted a narrative review to analyse the business links between UCIs, defined here as investments, either ownership of companies or strategic investments such as equity stakes in a company. We focused on the activities of prominent alcohol, ultra-processed food and drink products, tobacco and gambling industries, while acknowledging that neither the list of UCIs, nor the literature reported, is exhaustive. We analysed publicly available information authored by, or on the subject of, business links between UCIs, sourced from peer-reviewed and grey literature. We employed terms reflecting UCIs (for example alcohol, food), terms related to network links between corporations and across industries (such as connection, relationship, partnership, ‘revolving doors’)
and ‘interlocking directorates’) to guide the search. We conducted searches on company websites themselves to characterise and identify links between businesses. Due to the number of potential links it was not possible to produce an exhaustive list of links.

Third, we searched for taxonomies of corporate political activities (CPAs) employed by UCIs. The CPAs of the UCIs are typically designed to support market goals by leveraging political and social influence to affect policy. CPAs are defined as corporate strategies to shape government policy in ways favourable to them; their use by individual UCIs has been extensively documented. We referred to these taxonomies to collate and compare CPAs across the four selected UCIs, to identify the degree of similarity between them. The taxonomies of corporate political strategies that we drew on in this research were themselves developed from systematic reviews of large bodies of evidence, starting with the early versions of the tobacco and alcohol taxonomies, followed by taxonomies of food industry CPAs and combined with other work. The systematic literature reviews and resulting taxonomies thus enabled comparisons of CPA between UCIs, suggesting similarity in tactics. We used the taxonomies to code our examples, seeking evidence of commonalities across industries. The included examples are intended to be illustrative but not exhaustive.

RESULTS

Business links across UCIs

There is consistent evidence of business links across UCIs. These links can be expressed as business investments, ownership of companies, strategic investments such as equity stakes in a company, or other affiliations such as via presence on a board of directors (interlocking directorates). The benefits achieved from these links include the establishment of synergies across marketing strategies and sharing of data on consumer characteristics.

For example, Nguyen et al report on the tobacco industry’s early diversification into food and drink, highlighting Philip Morris’ and RJ Reynolds’ stakes in the sugar-sweetened beverage market, acquiring or developing brands such as Kool Aid from the 1960s. Currently, the tobacco company Altria (formerly Philip Morris Companies) owns Ste Michelle Wine Estates and has a considerable stake (about 10%) in alcohol giant ABInBev. In 2016, ABInBev acquired the South African brewer SABMiller, which until recently bottled and distributed Coca-Cola across many African countries. ABInBev still owns a company which distributes PepsiCo products including Pepsi, 7Up and Gatorade. Since 2018 Altria has also owned a 45% stake in Cronos Group, a cannabis company. Similarly, British American Tobacco is a corporate partner of Aristocrat Leisure, a major poker machine manufacturer, and Tabcorp, a major gambling operator. Many of these business links also take the form of ‘interlocking directorates’, when a person affiliated with one organisation sits on the board of directors of another. A recent social network analysis of the links across the top six transnational manufacturers of tobacco, alcohol and ultra-processed food and drink products found that alcohol companies provided bridges between tobacco and food companies, and highlighted how these links bolstered influence with political elites and health agencies.

‘Revolving door’ between the public and private sectors, and across UCIs

The relationship between UCIs and the government is characterised as complex and dynamic. The ‘revolving door’ phenomenon is one where individuals will move from the public to the private sector and vice versa, in various capacities, so that industry is able to acquire inside information on how policy works and gain privileged access to policy fora; conversely, private actors are recruited into public service posts and can then help make public policy. The anticorruption organisation Transparency International explains that this works to ‘undermine trust in government, because of the potential for real or perceived conflicts of interests brought about by the risk of clouded judgements and actions motivated by the prospect of future careers, either in public office or in the private sector.

One example of this phenomenon is a former director-general of the WHO who, having previously publicly defended the WHO publication of evidence-based sugar intake guidelines against direct threats from The Sugar Association to lobby Congress to remove US funding to the WHO, took a role as consultant to PepsiCo. During the same period, the executive director responsible for the prevention of chronic disease, and an early champion of the Framework Convention for Tobacco Control, also followed his WHO tenure with a spell at PepsiCo. Supported by a 12-year funding commitment from Philip Morris International of $1 billion, he then launched the Foundation for a Smoke-Free World in supporting ‘tobacco harm reduction’ and identifying alternative livelihoods for tobacco farmers. Additional examples include the chief executive of the UK Wine and Spirit Trade Association having previously been deputy director of European Union Affairs and International Agriculture Policy within the Department for Environment, Food and Rural Affairs. Moreover, in the context of the UK Department of Health’s Public Health Responsibility Deal (RD), a public–private partnership with the food, alcohol and other industries in England, with the stated goal of improving health, the UK Government Cabinet Office officially responsible for the RD alcohol network then took on a leadership role in the Portman Group, a UK body representing the alcohol industry, and with The International Alliance for Responsible Drinking, the industry’s global social aspects and public relations organisation. Such behaviour may have contributed to the RD including measures which were largely ineffective.
Commonalities of corporate political strategies across UCIs

As illustrated in the table 1 below, UCIs commonly employ a range of CPAs, most notably shaping the evidence, framing techniques, constituency building and policy substitution, to promote their interests within public health policy debates. The following section elaborates on commonalities of CPAs across UCIs.

UCIs often use common resources to help shape the narrative about their products and behaviours and to protect their interests, including the same legal, public relations and marketing firms, as well as think-tanks and lobbyists. Examples of the latter include authors of publications attempting to discredit the evidence underpinning harms related to, and regulation required to control, gambling, food, tobacco and alcohol.

UCIs often exploit narratives of a suboptimal evidence base to undermine, and create doubt about, public health interventions that have been shown to be effective by demanding forms of causal proof that are not possible to achieve in public health. The CEO Water Mandate is established by the UN’s Global Compact, itself criticised for compromising the integrity of the UN by using corporate engagement as an instrument of global governance. The Mandate’s Steering Committee includes ABInBev (alcohol), Nestlé (food), Broken Hill Proprietary Company (mining and petroleum) and Dow Chemicals. Global initiatives are supported by industry-specific strategies, such as International Game Technology’s (a word leading gambling company) sustainability strategy, multinational alcoholic beverage company Diageo’s Water Stewardship Strategy, food giant Nestlé’s Water Policies and Stewardship and British American Tobacco’s commitment to environmental sustainability.

UCIs also shape scientific processes, often resulting in the production of misinformation, research agendas favourable to their interests and subtle influencing of the scientific evidence, often through mechanisms such as the provision of academic funding, sponsorship or scholarship programmes. Thus SpiritsEUROPE, an organisation supporting the interests of the European alcoholic spirits sector, claims explicitly that ‘to control the science agenda is to (partly) influence the policy agenda.’ Other examples include UCI coalitions with research funding councils, such as a coalition of major food and beverage industries and UK Research Councils entitled the Diet and Health Research Industry Club, jointly financing nutrition research: the industry partners provide only 10% of the funding but shape the research agenda to their advantage. Supportive researchers are also invited to play down adverse health effects of unhealthy products in scientific publications by, for example, writing rebuttals of research that might harm industry interests.

Thus a researcher was offered £10000 by the gambling industry to report that gambling problem was a minor issue. Philip Morris’ former Worldwide Scientific Affairs Program spent about US$200 million to fund medical schools to conduct research on tobacco smoking; the programme was closed in 2007, but the tobacco industry continues to influence research, such as via the RJ Reynolds Chair of Medicine at Duke University, funded by the RJ Reynolds tobacco company. The alcohol industry-funded Foundation for Advancing Alcohol Responsibility sponsors a $3.3 million endowed chair at Harvard Medical School’s Cambridge Health Alliance.

UCIs often exploit narratives of a suboptimal evidence base to undermine, and create doubt about, public health interventions that have been shown to be effective by demanding forms of causal proof that are not possible to achieve in public health. The best known example is the tobacco industry’s decade-long attempt to undermine the evidence on smoking and cancer, by calling for ever stronger causal evidence, for instance from randomised trials, when no such evidence could be produced ethically. Similar strategies can also be seen by other industries, including gambling, food and alcohol, which advance the idea that the complexity of the causes of public health problems is such that the
### Table 1: Strategies (and examples) commonly employed by unhealthy commodity industries (UCIs) to promote their interests within public health policies

<table>
<thead>
<tr>
<th>UCIs</th>
<th>Ultra-processed food and drink products</th>
<th>Alcohol</th>
<th>Gambling</th>
<th>Tobacco</th>
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</thead>
<tbody>
<tr>
<td><strong>Shaping the evidence</strong></td>
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<tr>
<td>Lobbying for example, via front groups</td>
<td>The Center for Consumer Freedom (CCF)</td>
<td>The Center for Consumer Freedom (CCF)</td>
<td>Competitive Enterprise Institute</td>
<td>The CCF; Big Tobacco funds Republican campaigns</td>
</tr>
<tr>
<td></td>
<td>International Life Sciences Institute</td>
<td>Competitive Enterprise Institute</td>
<td>Gambling industry funds Republican campaigns</td>
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<tr>
<td><strong>Shaping research and funding priorities</strong></td>
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<td></td>
<td>Diet and Health Research Industry Club (DRINC)</td>
<td>International Alliance for Responsible Drinking (IARD)</td>
<td>Industry sponsors’ annual National Association for Gambling Studies Conference in Australia</td>
<td>Centre for Substance Use Research in Scotland</td>
</tr>
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<td></td>
<td>The International Study of Childhood Obesity, Lifestyle and the Environment and Coca-Cola</td>
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<tr>
<td><strong>Financing university programmes and chairs</strong></td>
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<td></td>
<td>Unilever Graduate Scholarship in the Sciences, St Cross College, University of Oxford</td>
<td>Foundation for Advancing Alcohol Responsibility (e.g., Diageo, Bacardi, etc)</td>
<td>University of Nevada International Gaming Institute, includes research on ‘responsible’ gambling</td>
<td>RJ Reynolds Chair of Medicine at Duke University</td>
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<td><strong>Employing narratives and framing techniques</strong></td>
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<td>Focusing on youth, often directly in schools</td>
<td>Coca-Cola’s The Real Experience ‘flagship education programme for secondary schools, colleges and universities in Great Britain’</td>
<td>‘Smashed’—educational plays in schools funded by Diageo</td>
<td>GamCare’s ‘Big Deal’ website (e.g., ‘Are you feeling lucky?’)</td>
<td>Philip Morris (PM) International ‘Youth Smoking Prevention’</td>
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<td></td>
<td></td>
<td>Consumer choice</td>
<td>‘Is your drinking a problem?’ (Drinkaware)</td>
<td>IPA’s 10 worst nanny state policies: plain packet cigarettes</td>
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<td></td>
<td></td>
<td>‘Tackling obesity: choice and information’</td>
<td>‘Problem’ gambling</td>
<td>Hands off our packs campaign</td>
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<td></td>
<td></td>
<td>Institute of Public Affairs’ (IPA) 10 worst nanny state policies: increasing gaming rates</td>
<td></td>
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<tr>
<td>Being ‘part of the solution’</td>
<td>The Obesity Awareness and Solutions Trust (lobby group financed by weight loss industry)</td>
<td>SpiritsEurope (industry group) ‘Reducing alcohol related harm in Europe’</td>
<td>GamCare, Gambling Therapy and Gordon Moody Association, supported by industry-funded GambleAware</td>
<td>Tobacco industry funded youth smoking cessation programmes</td>
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<td></td>
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<td>Foundation for a Smokefree World</td>
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<tr>
<td>Focus on ‘sustainability’ and strategic use of corporate social responsibility (CSR)</td>
<td>Coca-Cola Company’s commitment to sustainability</td>
<td>Diageo’s commitment to sustainability</td>
<td>Strategic use of CSR by gambling industry for example, the Senet Group, a voluntary watchdog set up by the industry to ‘promote responsible gambling standards’ and the Industry Group for Responsible Gambling (IGRG)</td>
<td>PM International’s commitment to sustainability</td>
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<td></td>
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<td>BAT Sustainable Tobacco Programme</td>
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<td>Constituency building</td>
<td>The Coca-Cola Cycling Club</td>
<td>National Organisation for Fetal Alcohol Spectrum Disorder (FASD) (supported by Diageo)</td>
<td>In the 2019–2020 season, gambling companies sponsor the shirts of 10 out of 20 teams in the Premier League and 17 out of 24 teams in the Championship</td>
<td>PM contributes to alleviating hunger and extreme poverty</td>
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<td></td>
<td>McDonald’s sponsorship of the 2012 Olympics</td>
<td>Large spend on legal challenges to Scottish MUP legislation</td>
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<td>Eliminating Child Labour in Tobacco Growing Foundation – BAT, PM, Imperial and other tobacco companies are members</td>
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<td></td>
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<td>RJ Reynolds’ sponsorship of Nascar Winston Cup Series and Vantage Gold Championship</td>
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**Continued**
### Table 1 Continued

<table>
<thead>
<tr>
<th>UCIs</th>
<th>Strategies</th>
<th>Policy substitution, development and implementation</th>
<th>Tobacco</th>
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<tbody>
<tr>
<td></td>
<td>Financial and non-financial partnerships with charities or health-related/education-related foundations</td>
<td>Partnerships or voluntary agreements with government</td>
<td>PM China partnership with the China Youth Development Foundation to build schools</td>
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<tr>
<td></td>
<td>UNICEF and McDonald’s (Ronald McDonald Foundation)</td>
<td>More industry-led voluntary pledges than government regulations worldwide on food advertising to children</td>
<td>PDAG voluntary codes on advertising</td>
</tr>
<tr>
<td></td>
<td>Addaction has undertaken alcohol misuse projects funded by Heineken</td>
<td>Public Health Responsibility Deal (RD)</td>
<td>Voluntary agreement on sponsorship on sport by tobacco industry</td>
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<tr>
<td></td>
<td>GamCare, GambleAware</td>
<td>IGRG voluntary codes on advertising</td>
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<td></td>
<td>Young Gamblers’ Education Trust</td>
<td>Levy Board, government-appointed bodies from horseracing and betting, collect funds from bookmakers, use to improve horseracing, and veterinary science and education</td>
<td>Action on Smoking and Health’s “The smoke-filled room: How big tobacco influences health policy in the UK”</td>
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<td></td>
<td>Sugar industry contributes to European Food Safety Authority nutrition guidelines (suggests no link between sugar and obesity)</td>
<td>IARD and SABMiller influence on several African countries’ alcohol policies</td>
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Source: table design adapted from Savell et al, Ulucanlar et al, Mialon et al, Scott et al, Capewell and Lloyd-Williams and McCambridge et al.

### DISCUSSION

There are clear commonalities across UCIs’ strategies to shape policy-relevant evidence and promote favourable policy narratives, frame debates and engage in constituency building and policy substitution. Our study echoes others in calling for a unified approach to research on UCIs and argues for a complex systems approach to analyse the linkages between UCIs, the way in which they collectively influence policy. Complex systems thinking has long been recommended to understand and study UCIs, individually and collectively; for conducting comparative research across industries and settings; and for analysing the role of UCIs in shaping research questions, policy outputs, and impacts. Our study and other examples of CPA across UCIs demonstrate that there is no straightforward answer to the question of how UCIs influence policy. Complex systems are characterised by non-linearity, feedback loops, and emergent properties. UCIs are just one of many actors within a complex system, and their influence on policy is shaped by interactions with other actors. The leverage points at which to make desired changes are complex and interrelated. Given the complexity of UCIs, we need to develop new methods and tools to understand how they interact with other actors and influence policy. Our study echoes others in calling for a unified approach to research on UCIs and argues for a complex systems approach to analyse the linkages between UCIs and the way in which they collectively influence policy. Complex systems thinking has long been recommended to understand and study UCIs, individually and collectively. For conducting comparative research across industries and settings; and for analysing the role of UCIs in shaping research questions, policy outputs, and impacts.
in shaping public health policy processes, content and evidence use in public health policy.

Adopting a complex systems approach, partnered with an understanding of the interplay and links between industries and their strategies, reduces the risk of siloed working. It can elucidate ways in which public health actions taken to address specific industry strategies can potentially lead to changes in others parts of the system and industry behaviour that ultimately undermine any benefits intended to be gained from that initial public health intervention.

The risk of conflict of interest emerging from the involvement of UCIs in public health is considerable and complex. Thus the study of how to mitigate conflict of interests related to UCI engagement in public health would also benefit from a complex systems approach. This allows moving away from the predominantly individualistic lens, such as how a person’s financial interests might affect their decision-making. While individual risks should also be managed, a complex systems approach allows for more fundamental questions to be explored, including the institutional or structural implications of conflicts between the interests of UCIs and health goals. Interactions between public health policy stakeholders and UCIs carry systemic risks, including bias in research priorities and conduct, and interpretation of findings, leading to ineffective or delayed public health policy. Many agencies and individuals, including researchers, do not adequately recognise the risks of these interactions and few have policies in place to reduce them. Where UCIs are involved in areas of research or policy relevant to their interest, such as supply chains or implementation of market controls, effective safeguards are needed to manage conflict in the agendas. Again, here, a systems approach can provide a way of conceptualising these multiple factors, actors and interactions.

This analysis has also shown that there is a shared strategy across UCIs to shape both scientific evidence and narratives about a sub-optimal public health evidence base, to suit their interests. The production of evidence should therefore be supported by procedures that render public health policy-making more transparent and less subject to these tactics. To support this, a broader conception of what constitutes ‘good’ or ‘good enough’ evidence in this field is required, one which embraces a wider range of research. This will require the integration of mixed methods from diverse sources and disciplines including quantitative and qualitative traditions to provide insight into UCI engagement in public health policy-making, and into how networks across sectors create the circumstances under which public health and political actors operate. Innovative methods such as framing analysis of social media would be useful for tracing the trajectory of policy ideas, and investigating concepts such as ‘responsibility’, ‘moderation’ and ‘nanny state’, and how they are transmitted through policy communities of interest. Finally, it is important to emphasise that this approach does not obviate the need for single-commodity industry research. Rather, researchers need to be comfortable at both levels, and to be mindful of the need to compare and contrast findings to evidence of UCI activity within and across topics. Single-industry enquiry can elucidate fissures and differences in strategy both between and within industries, that may be important to understand in order to achieve public health gains. Further, there will always be a need to evaluate policies which apply to a single commodity, because these are particularly well understood and exploited by UCIs, and because of the likelihood that controls on one commodity may positively or negatively influence use of another. A cross-UCI programme of research would support single UCI research as well as encouraging greater recognition of the commonalities of corporate strategies.

The policy implications of the research reported here include the need for: clarity on processes and governance structures of public health policies; frameworks to understand the nature of relationships and accountability among policymakers or others influencing policy; guidelines and tools to gauge the extent to which the stated primary public health aims of policies may be compromised by corporate political strategies for example, as a result of explicit or hidden conflicts of interest; and ultimately more effective public health policy mechanisms.

CONCLUSION

The global NCD epidemic is largely driven by the consumption of harmful commodities such as alcohol, tobacco, gambling and UPP. There is conspicuous consistency across the UCIs that produce, promote and sell these goods employing corporate political strategies to maintain commercial interests through their involvement in public health policy-making. Given the magnitude of the NCD challenge and the similarity of strategies employed by UCIs, there is a strong rationale for researchers to investigate the links between these industries more systematically, taking a systems approach to do so. A convergent strategy taking a systems approach to research across UCIs is required to deepen shared understanding of this complex and interconnected area and also to inform a more effective and coherent response. Understanding common processes will allow for the identification and implementation of more effective interventions to regulate and manage the activities of UCIs. Taking a systems approach to conduct cross-UCI, multinational comparative analyses using appropriate and rigorous methodologies across a range of disciplines will also provide the opportunity for enhancing and supporting analyses of individual industries in single countries. Such an endeavour will not only deepen collective understanding of this complex area but also inform the development of more effective public policies related to one of the principal public health challenges in the world.
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