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Science & Technology in childhood Obesity Policy**



Science and Technology in  
childhood Obesity Policy

## **Science & Technology in childhood Obesity Policy**

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### **D10.4: STOP accountability framework, final report for stakeholders engagement in the areas of nutrition, physical activity and childhood obesity at the EU level, with recommendations**

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Science and Technology in  
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Abbreviation	Definition
COI	Conflicts of interests
CSR	Corporate social responsibility
EC	European Commission
EPHA	European Public Health Association
EU	European Union
IGO	Intergovernmental Organization
INFORMAS	International Network for Food and Obesity/non-communicable diseases, Research, Monitoring and Action Support
MSP	Multistakeholder platform
NCD	Non-communicable disease
NGO	Non-governmental organization
NIJZ	National Institute of Public Health Slovenia
PSAT	The Program Sustainability Assessment Tool
STOP	Science and Technology in childhood Obesity Policy
UL-FSS	Faculty of Social Sciences, University of Ljubljana
WCRF	World Cancer Research Fund
WHO	World Health Organization
WOF	World Obesity Federation
WP	Work Package

#### Dissemination Level

PU	Public	<input checked="" type="checkbox"/>
PP	Restricted to other programme participants (including the Commission Services)	
RE	Restricted to a group specified by the consortium (including the Commission Services)	
CO	Confidential, only for members of the consortium (including the Commission Services)	



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## 1 Executive Summary

The STOP stakeholder engagement process is an integral component of the STOP project and specifically to the work conducted in Work Package (WP) 10. One of its main aims is to make recommendations to national authorities and the European Commission (EC) on how to manage stakeholder engagement in an effective and sustainable way to help address childhood obesity. Multi-stakeholder engagement and platforms with shared decision-making provide an opportunity to bridge the gap between the research and translation, and implementation of new evidence in real-world practice settings. However, multi-stakeholder engagement also comes with substantial challenges and risks including governance and ethical issues, lack of trust, transparency, evidence base, sustainability and equity dimension. Power imbalances are present between different interest groups. While there is an increasing interest for a variety of stakeholders to engage in the topic of childhood obesity and associated policies, we need to ensure the work and objectives of the stakeholders' activities and commitments are focused on improving population's health and wellbeing in a meaningful way. To support this, it is essential to establish and enforce clear accountability and sustainability mechanisms, have clear principles for managing conflicts of interests (COI), while also strengthening capacities for engagement and promoting effective participation and joint implementation of priority development actions.

The aim of the work presented in this report is to:

- Reflect on the findings from the stakeholder work conducted in WP10 and the implications this has for multistakeholder engagement
- Identify the building blocks for an accountability framework to support sustainable multistakeholder engagement planning
- Identify principles for ensuring sustainable and effective multistakeholder engagement and make a series of recommendations for how we can more effectively use multistakeholder engagement to enhance policies addressing childhood obesity

Findings from the four STOP stakeholders' dialogues and two stakeholders' surveys identified several priority elements that should be considered and led for a broad call for the development of recommendations to support the sustainability of accountability mechanisms of multistakeholder engagement. Accountability systems help safeguard against COI, and ensure relevant stakeholders hold themselves responsible for progress, or lack thereof. A scoping review found that while the first two stages of Kraak et al's. accountability framework are regularly conducted, little evidence is available on the enforcement of change. Implementation gaps revealed several characteristics that should be considered to ensure effective multistakeholder engagement. Furthermore, sustainability of multistakeholder engagement builds and maintains trust among actors for the benefit of public health. Findings of this report allowed us to propose a series of recommendations to support both the sustainability of accountability mechanisms as well as the sustainability of multistakeholder engagement, available in Chapter 6.



## 2 Introduction

### 2.1 STOP project, exploring multistakeholder engagement

The STOP (Science and Technology in childhood Obesity Policy) Project is an initiative funded under the European Union (EU) Horizon 2020 research programme launched in 2018. The aim of the STOP project is to find the most successful and effective approaches to reduce the incidence of childhood obesity, and simultaneously identify policy interventions to support children already suffering from the disease. Over a four-year period, STOP aims to explore some of the determinants of childhood obesity, expand and consolidate multidisciplinary evidence base upon which effective and sustainable policies can be built to prevent and manage childhood obesity. Among other objectives, the project seeks to engage with relevant stakeholder groups in a systematic manner. To this end, STOP is adopting different engaging and participatory approaches to better understand stakeholders' views and positions, and get their reflections on the project's processes and outcomes.

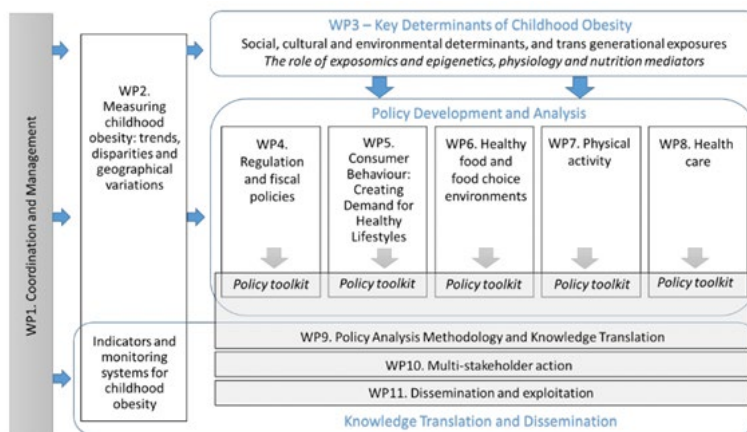


Figure 1A: Structure of STOP and links between the different WPs

WP10 is one of the three WP pillars, supporting knowledge translation and increasing the overall impact of the STOP project. Throughout the course of the project, WP10 brought together key actors from health, health enhancing physical activity, food and nutrition sector, and others together to promote a shared understanding of the challenges and necessary joint actions to define and implement solutions for childhood obesity. By doing that, three key questions were addressed during the project and in the final recommendations: how do we want to cooperate/collaborate with other stakeholders in the future, what do we need for that and who can provide what is needed?

As part of WP10 in STOP, various stakeholder activities have been undertaken and presented in Deliverables [D10.1](#) and D10.3 (Stakeholders surveys comparative final report). This included two stakeholders' surveys, conducted in 2019 and 2021, which were disseminated among stakeholders in the areas of nutrition, physical activity and obesity to collect and subsequently analyse their networking characteristics and the most accurate views towards different obesity policies. Results of the surveys were integrated into four STOP stakeholders' dialogues, of which the outcomes are



supporting the findings from the STOP project at various points and inform future stakeholder research and actions.<sup>1</sup> Recommendations are based in D10.3.

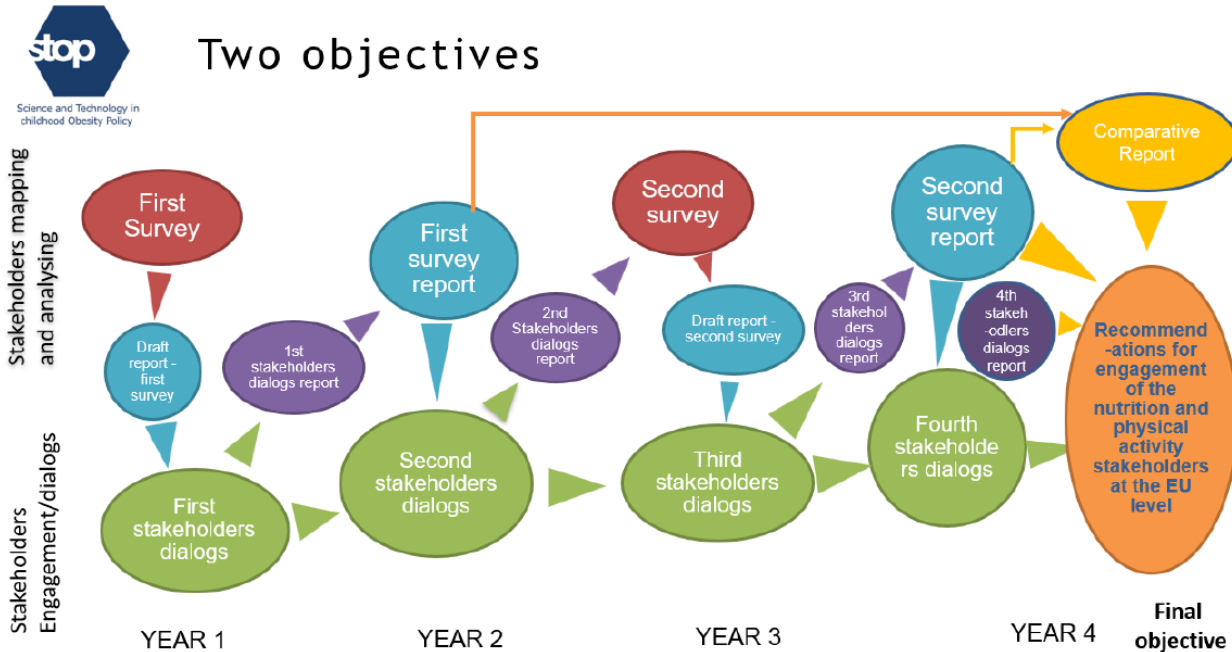


Figure 1B. Two parallel objectives of the STOP stakeholders’ process, summarized in a final objective Recommendations for policy makers for building the accountability framework and for sustainability planning

Stakeholders, with the highest proportion of representatives from non-profit formal organizations in general, support policy measures for the prevention of childhood obesity. In parallel, in rather small numbers, influential voices opposing specific policy option are substantially representing private for-profit sector. Power, trust, transparency, equity, and sustainability have a significant influence on relationships between stakeholders, who largely perceive their organization as moderately influential and most powerful at a national level. Stakeholders’ positions regarding the policy approaches, legislation, guidelines /standards, collaborative action, fiscal measures, or additional research, most promising for successfully changing the obesogenic environment to prevent childhood obesity, showed no significant changes in perceptions or opinions overall between 2019 and 2021 survey. This suggests that the surveyed pool of stakeholder was largely representative in both instances.

## 2.2 The urgency of addressing childhood obesity

Childhood obesity has reached epidemic proportions across Europe and continues to grow globally. According to the EC, in 2017 around 15% of children and adolescents were living overweight and

<sup>1</sup> Reports from the stakeholder dialogues can be found here:

- First stakeholder dialogues: [https://www.stopchildobesity.eu/wp-content/uploads/2022/05/Report\\_STOP-1st-conference\\_sept2019\\_final.pdf](https://www.stopchildobesity.eu/wp-content/uploads/2022/05/Report_STOP-1st-conference_sept2019_final.pdf)
- Second stakeholder dialogues: [https://www.stopchildobesity.eu/wp-content/uploads/2022/05/Report\\_STOP-2nd-dialogues\\_oct2020\\_final.pdf](https://www.stopchildobesity.eu/wp-content/uploads/2022/05/Report_STOP-2nd-dialogues_oct2020_final.pdf)
- Third stakeholder dialogues: [https://www.stopchildobesity.eu/wp-content/uploads/2022/05/Report\\_STOP-3rd-dialogues\\_nov2021\\_final.pdf](https://www.stopchildobesity.eu/wp-content/uploads/2022/05/Report_STOP-3rd-dialogues_nov2021_final.pdf)



5% were living with obesity in the EU<sup>2</sup>. Unfortunately, despite the agreement from European Member States to halt the rise in the prevalence of overweight and obesity, [WHO's recent European Regional Obesity Report 2022](#) found that almost one in three children (29% boys, 27% girls) in the European Region were living with overweight or obesity. Childhood obesity has several mental health consequences that lead to lower levels of self-esteem, higher likelihood of being bullied, poorer school attendance levels and poorer school achievements. It is also a risk factor for poor psychosocial outcomes, which are in part mediated by external and internal weight bias and obesity stigma. Psychological impacts include poor body image, anxiety, stress and depression. Childhood obesity is also a strong predictor of obesity in adulthood<sup>3</sup>.

Preventing and treating childhood obesity provides an important opportunity to halt a course to poor health and social outcomes in adulthood. In response to this, STOP has aimed to produce evidence both on the determinants and policies that could help halt a course to poor health, and support policy decision makers by providing effective measures to address childhood obesity. Among the different WPs, WP10 on multistakeholder engagement is building the evidence on how to provide better collaboration among stakeholders in the areas of nutrition, physical activity and obesity at the EU level.

### 2.3 Methodology

This deliverable builds on Tasks 10.3 and 10.4 as outlined in the Grant Agreement:

- **Task 10.3: Establishment of an accountability and monitoring framework**

STOP will adapt and extend the implementation of selected components of the INFORMAS (International Network for Food and Obesity/non-communicable diseases Research, Monitoring and Action Support) framework through the network of national public health agencies involved in the project, in the countries represented in that network, creating European benchmarks for progress by governments and the food industry, and monitoring the impacts of food and obesity policy actions. This task will bring together data collections and analyses undertaken in WP4 and WP6 using different INFORMAS tools, in a multi-stakeholder context.

- **Task 10.4: Preparation of a sustainability plan and reporting to policy makers**

Preparation of the sustainability plan will build up on the following questions for the stakeholders: (1) how do we want to cooperate/collaborate with other stakeholders in the future? What do we need for that? Who can provide what is needed? Reporting with recommendations for policy decision makers will be participatory, prepared with the inclusion of the stakeholders' views, in cooperation with WP9.

The general aim of the deliverable is to develop a set of principles to support the practical implementation of an accountability and monitoring framework for Europe towards relevant policy areas, and support stakeholders in the process. Based on the existing work done through INFORMAS, Food-EPI and BIA-Obesity, we will identify the building blocks for an accountability framework to support multistakeholder engagement, identify principles for ensuring sustainable and effective multistakeholder engagement and make a series of recommendations for how we can more effectively use multistakeholder engagement to enhance policies addressing childhood obesity. Specifically, we will:

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<sup>2</sup> Louro Caldeira, S. et al. (2017) Public procurement of food for health: TECHNICAL REPORT ON THE SCHOOL SETTING.

<sup>3</sup> Reilly JJ, Kelly J. Long-term impact of overweight and obesity in childhood and adolescence on morbidity and premature mortality in adulthood: systematic review. *International journal of obesity* (2005). 2011;35(7):891-8





Review and summarise existing work to identify key principles and indicators, drawing on INFORMAS, Food-EPI and BIA-Obesity;

- Review and consolidate the findings from the stakeholder reports from WP10;
- Conduct a scoping literature review of different types multistakeholder mechanisms and accountability and sustainability mechanisms;
- Explore multi-stakeholder processes and accountability systems;
- Explore the concept of sustainability in order to identify some of the factors required for both the sustainability of accountability mechanisms as well as the sustainability of multistakeholder engagement;
- Make recommendations on how (i) how to ensure the sustainability of accountability frameworks to underpin multistakeholder engagement and (ii) how to ensure the sustainability of multistakeholder engagement.

### 3 Multistakeholder initiatives in obesity need stronger accountability

#### 3.1 Multistakeholder initiatives: rationale, benefits, challenges and threats

Multistakeholder engagement can be defined as a joint collaboration of different actors to achieve a common goal<sup>4</sup>. Multi-actor and multistakeholder platforms (MSPs) to address obesity have existed for some time at the EU level as institutional processes centred on information exchange, formulation of pledges, and monitoring of progress. Indeed, [D10.1](#), which conducted a rapid assessment of the main multistakeholder platforms operating at the EU level, found that several structural opportunities exist in the framework of these platforms to raise obesity-related issues. At the same time, questions about the balance of representation in such platforms, the quality of outputs and the level of evaluation of platform activities were raised. Multistakeholder processes have also been enacted by individual countries, with a mixed reception by stakeholders and mixed outcomes.

In the 2018 report of High-Level Panel of Experts on Food Security and nutrition, five areas of action for MSPs were described<sup>5</sup>: (1) knowledge co-generation and capacity building, (2) advocacy, (3) standard setting, (4) action, (5) fundraising and resource mobilization. Similarly, Dentoni et al. (2018) developed innovative analytical framework describing MSPs in three processes<sup>6</sup>: (1) consultation, (2), decision-making, (3) enforcement. These domains can be of great help to practitioners and decision-makers in process of defining broad categories of MSPs.

Simultaneous engagement of different stakeholder groups can have several advantages:

- Particular benefit of MSPs is the potential for **efficient use of resources** (including financial, human and material) from different stakeholders. Resources can be complementarily used to address a collective problem, which one stakeholder alone could not address on their own. Joining different stakeholders into platforms can **foster teamwork and alliance and long-term relationships** resulting in coaction, shared risks and responsibilities and attract new resources and/or use existing resources more effectively. Through teamwork, the **impact of**

<sup>4</sup> Multi-stakeholder-processes. (2022). Fao.Org. <https://www.fao.org/capacity-development/resources/practical-tools/multi-stakeholder-processes/en/>

<sup>5</sup> HLPE. 2018. Multi-stakeholder partnerships to finance and improve food security and nutrition in the framework of the 2030 Agenda. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security, Rome.

<sup>6</sup> Dentoni, D., Bitzer, V., & Schouten, G. (2018). Harnessing Wicked Problems in Multi-stakeholder Partnerships. *Journal of Business Ethics*, 150(2), 333–356. <https://doi.org/10.1007/s10551-018-3858-6>





**Individual stakeholders' actions can be enhanced** and innovative ideas that lead to **changes for the common good of society**<sup>5</sup>.

- Multistakeholder initiatives can bring together actors from diverse fields, like NGOs, corporations, governments, international organizations and scientific communities. It also helps to establish a levelled playing field for all stakeholders and might **diminish traditional hierarchical relationships**, making sure that the real problems of all stakeholders are addressed<sup>7</sup>.
- Health-focused leaders and organizations embrace the responsibilities and opportunities to make choices that positively affect the health and well-being of all stakeholders with whom they engage. By designing and executing a strategy that places health at the centre of the business and operations, and expands across the organization, its offering, its community and its ecosystem<sup>8</sup>, health is the new frontier for ethical and sustainable business<sup>9</sup>.
- MSPs can **improve mutual understanding among partners, facilitate policy convergence and build consensus**. Platforms create space for **policy dialogues** and bring together differing views and interests. It is of utmost importance to consider interests and needs of all stakeholders involved to enable MSP to develop strategies, decisions and action plans, which are more widely accepted and more easily implemented by all parties involved, further on enabling sustainable development.

While there are several potential benefits to multistakeholder engagement, this approach can also lead to a number of challenges, especially when multistakeholder platforms involve parties with vested commercial interests in the topics covered by the platform:

- It is to be expected from partners in MSPs to have different interests and motivations, roles and responsibilities, as well diverging views on shared values, short- and long-term common objectives, priorities for action, resources and diagnosis of the situation. These **divergences present a major challenge** and limitation in the realization of MSPs potential and can lead to tensions among partners.
- **Power imbalances** and **strengthening the position of the more powerful** actors are the next probable challenges that MSPs face. Inclusiveness, transparency and accountability of each stakeholder are crucial to address this issue. To avoid this potential challenge, it is important to ensure full involvement and participation of the less powerful partners, giving them capacity to speak and influence the decisions.
- MSPs can be **more time, energy and resource consuming** than processes where stakeholders act separately.
- Strong and precise **forms of accountability are often not defined**, which can be advantageous to corporations in pursuing their interests<sup>10</sup>.

<sup>7</sup> Böhling, Kathrin. "Emergence of stakeholder governance in the United Nations: an outcome of institutional work?" (2011).

<sup>8</sup> Why ESG must include health equity (no date) World Economic Forum. Available at: <https://www.weforum.org/agenda/2022/04/why-esg-must-include-health-equity> (Accessed: May 23, 2022).

<sup>9</sup> Why we need to add health to ESG (2021) Corporate Compliance Insights. Available at: <https://www.corporatecomplianceinsights.com/adding-health-to-esg/> (Accessed: May 23, 2022).

<sup>10</sup> Nick Buxton, Transnational Institute. (2019). Multistakeholderism: a critical look. <https://www.tni.org/en/publication/multistakeholderism-a-critical-look>



A six-step method has been proposed that can contribute to addressing the limitations and challenges identified above by building trust and fostering synergies among partners, addressing power asymmetries and reducing long-term transaction costs<sup>11</sup>.

1. identify the relevant stakeholders to be involved and agree on the problem statement;
2. elaborate a shared vision;
3. clearly define the roles and responsibilities of the different partners;
4. create the governance structure;
5. design and implement a common strategy;
6. regularly monitor and evaluate the results and the process.

If we can identify ways to mitigate the impact of the abovementioned challenges, joint action of different stakeholders can present a useful and meaningful way for helping achieve public health goals, provided the latter were established based on health needs and solutions are approached on the basis of public health evidence about the most effective way forward. Amongst these challenges, the absence of clearly defined accountability mechanisms is of particular interest and will be further explored.

### 3.2 Performance of multi-stakeholder initiatives: findings from a scoping review

A scoping review of literature was conducted discussing the aims, challenges, governance, accountability and conflict of interest provisions of multistakeholder mechanisms and accountability mechanisms that use a multistakeholder approach to the development, implementation, enforcement and/or monitoring and evaluation of policies with respect to obesity, nutrition or non-communicable diseases (NCDs). The scoping review included 20 global, European, national and local mechanisms. It yielded a following characterisation of the reviewed mechanisms (methodology is described in Appendix 7).

- **Legal basis:** Only five out of 20 mechanisms had a legal basis. All others were either informal or based on a policy document.
- **Membership:** Members included governments, academia, civil society (professional associations, NGOs), intergovernmental organizations (IGO), and the private sector. It is notable that there is no or only very little representation of the beneficiary populations of the multistakeholder mechanism. While the beneficiaries might be represented through NGOs, it is not clear if this really happens and if NGO partners in mechanisms are selected to represent the populations who should benefit from the mechanism (e.g., women, a nation's population, children, patients, consumers).
- **Members' interest in participating:** The aim was to understand why stakeholders participate in a multistakeholder mechanism. Obvious motivations are for governments and IGOs to further policy endeavours; for industry, donors and NGOs to influence policy and achieve visibility; and for industry to use membership for corporate social responsibility (CSR). Beyond these motivations, many mechanisms also allow for networking, obtaining information, and receiving funding. While most mechanisms don't explicitly state what the benefit of joining is, some state the benefits of participating. Adding value is not a necessary component in mechanisms where membership is not voluntary, such as in some of the national and local examples that mandate certain government agencies and public officials to participate.

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<sup>11</sup> HLPE. 2018. Multi-stakeholder partnerships to finance and improve food security and nutrition in the framework of the 2030 Agenda. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security, Rome.



- **Aim:** Most of the mechanisms have very lofty aims which are quite wide-ranging and ambitious. It seems that with the difficulties that multistakeholder mechanisms face, such as complex member make-up and insufficient funding, narrower and more realistic aims would be preferable.
- **Stage of policy cycle:** Most mechanisms are involved in policy development of some sort, be it advocacy, evidence generation or expert advice. Few mechanisms provide implementation support, e.g. capacity building and are engaged in enforcement, although some are involved in monitoring and evaluation. It is often not clear from the underlying policy documents or publicly available information how involved the mechanisms really are in each of the policy cycles stages as the language describing their activities is often quite lofty. However, it can be said in general that policy development is where multistakeholder engagement happens the most, followed by monitoring. Generally, implementation and enforcement needs to happen at national or sub-national levels. Government bodies are therefore often the primary body responsible for such enforcement, but often either lack resources and capacity to enforce, or political motivation to support the enforcement of regulations. Too often, different stakeholder groups working towards a common objective are competing for same sources of fundings. The severe lack of resources and financing available results in prioritisation of topics with the strongest political support and engagement. Unfortunately, the lack of political will, partly based in different influences, to address some of the drivers of childhood obesity often leads to it to be deprioritised.
- **Governance:** It is difficult to fully comprehend the governance structures for many of the mechanisms, i.e., which governance bodies exist, who reports to whom, how members are appointed and for what duration, what each body's exact authority within the mechanism is, etc. The mostly private-sector dominated mechanisms are least transparent about their governance structure while global mechanisms and those with a legal foundation seem to generally have a more developed structure system in place. However, an analysis is difficult since most mechanisms don't publish their internal policies and documents related to governance.
- **Tasks, responsibilities:** The responsibilities of mechanisms are often formulated in quite vague terms, making it difficult to understand what the actual, concrete tasks are that are carried out by the mechanism. This might be intentional to allow for flexibility (or to allow room for non-action if one wants to be cynical), but it could also hinder effective discharge of responsibilities and evaluation of activities and achievements.
- **Funding:** For many mechanisms, it was not clear how they are funded. Many receive funds from donors; some are probably funded through country budgets. The scoping review emphasised that funding is an issue, and the fact that many mechanisms are dependent on donor money (both for set-up and ongoing operations) would suggest that funding is a crucial issue for the sustainability and effectiveness of a mechanism. The number of investors factoring sustainability issues in their investment decisions is increasing. Funds with sustainable attributes may be viewed as more stable in the long run. Focus on social impact or environmental performance and governance practices (ESG) can potentially lead to higher profitability and may be better long-term investments<sup>12</sup>, sustainability embedded into core

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<sup>12</sup> Sustainable Signals: Individual Investor Interest Driven by Impact, Conviction and Choice (2019) Morganstanley.com. Available at: [https://www.morganstanley.com/pub/content/dam/msdotcom/infographics/sustainable-investing/Sustainable\\_Signals\\_Individual\\_Investor\\_White\\_Paper\\_Final.pdf](https://www.morganstanley.com/pub/content/dam/msdotcom/infographics/sustainable-investing/Sustainable_Signals_Individual_Investor_White_Paper_Final.pdf) (Accessed: May 23, 2022).



organizational strategies becoming attractive for investors<sup>13</sup>. Non-financial factors become an important part of the investment process applied as part of mandatory financial reporting<sup>14</sup>.

- **Accountability mechanism:** For many mechanisms, it was difficult to understand if there is an effective internal accountability mechanism. External accountability generally doesn't exist. Most mechanisms are not independently evaluated and lack clear targets and indicators (be they process or output/outcome indicators). A lot of reporting is based on self-reporting and trusting that the stakeholder is honest. Most mechanisms also don't seem to have a plan for remediation if expectations or goals are not met or processes don't function as planned. In general, the accountability mechanisms are weak.
- **Conflict of interest (COI) policy:**
  - **Existence of COI policy:** All global multistakeholder mechanisms have a publicly available COI policy in place, but most others do not. This is problematic given the potential of COIs in multistakeholder mechanisms.
  - **Legal basis:** Most COI policies weren't anchored in law.
  - **Governance:** Some initiatives have a due diligence processes in place; however, most of the governance is based on trust. None of the mechanisms includes the option of an impartial outsider investigating the COI.
  - **Addressees of policy:** Some initiatives address governments but not other stakeholders of the mechanism. Some address board members but not other stakeholders. Some address only non-state actors. Only one reviewed mechanism addressed all stakeholders.
  - **Obligations of addressees:** report a real or potential COI; fill out a declaration of interest form in some instances.
  - **Consequences of a COI:** Most COI policies have different consequences depending on situation, i.e., there is discretion how to react. However, all agree that a COI needs to lead to some consequences, be it exclusion from an agenda item, resignation from a post, cancellation of a partnership agreement, or returning of funds.

While there is an increasing appetite for a variety of stakeholders to engage in the topic of childhood obesity and associated policies, it is essential to recognise the significant barriers to the practical functioning of stakeholder engagement process. To ensure that the work and objectives of the different stakeholders' work is steered towards improving population's health and wellbeing, we need to establish and enforce clear accountability and sustainability mechanisms while strengthening capacities for engagement and promoting effective participation and joint implementation of priority development actions by different stakeholder groups. As highlighted by the OECD<sup>15</sup>, 'policy change goes hand in hand with policy implementation,' which is in itself influenced by various contextual and structural factors. Successful implementation implies that 'agencies comply with the directives of the statutes, **agencies are held accountable** for reaching specific indicators of success, goals of the statute are achieved, local goals are achieved or there is an improvement in the political climate around the programme.' Policy implementation and enforcement is therefore an essential component of multistakeholder accountability.

<sup>13</sup> Tocchini, F. and Cafagna, G. (2022) The ABCs of ESG reporting: What are ESG and sustainability reports, why are they important, and what do CFOs need to know, Wolterskluwer.com. Available at: <https://www.wolterskluwer.com/en/expert-insights/the-abcs-of-esg-reporting> (Accessed: May 23, 2022).

<sup>14</sup> ESG Investing and Analysis (no date) CFA Institute. Available at: <https://www.cfainstitute.org/en/research/esg-investing> (Accessed: May 23, 2022).

<sup>15</sup> <https://www.oecd.org/education/ceeri/The%20Nature%20of%20Policy%20Change%20and%20Implementation.pdf>



## 4 The cycle of accountability

### 4.1 Multistakeholder processes and accountability systems

Accountability refers to *“the principle that individuals, organizations and the community are responsible for their actions and may be required to explain them to others.”*<sup>16</sup> When discussing accountability, two key questions need to be considered: (i) who is accountable? and (ii) to whom are they accountable? Accountability systems establish *“the process for monitoring, analysing, and improving the performance of individuals and institutions, and as such, it is a key mechanism for achieving good governance outcomes.”*<sup>17</sup> This can be helpful to promote evidence-based outcomes and clarify the necessary tools and processes to support the implementation, management and evaluation of initiatives. Accountability systems also help safeguard against COI and ensure the relevant stakeholders hold themselves and others responsible for progress, or lack thereof.

One example of such a framework is INFORMAS. Set-up in 2012 to monitor, benchmark and support public and private actions to increase healthy food environments and reduce obesity, [INFORMAS](#), originally established as an accountability framework, is based on a series of indicators drawn from the [WHO Global Action Plan on NCDs](#) and [WCRF’s NOURISHING Framework](#). A few years later, the [Food-EPI](#) tool for benchmarking public sector and [BIA-Obesity](#) for benchmarking private sector across different policy and governance domains against national best practice examples were developed, and both are comprehensive accountability frameworks.

As previously described, while there is a desire from different stakeholders to engage in the topic of childhood obesity and associated policies, some inherent challenges exist which could impact both the stakeholder engagement process as well as the subsequent implementation of policies. To ensure that the relationship between the different stakeholder groups does not present governance or ethical challenges, that the process is transparent and safeguarded from COI, and the potential presence of power imbalances is recognised, accountability mechanisms, embedded within multistakeholder engagement initiatives, need to be implemented to ensure each stakeholder is responsible, and can be held responsible, for their actions. This could be done by developing an accountability framework, similar to Food-EPI or BIA-Obesity, which can serve as a guiding framework or reference point to ascertain which stakeholders should engage in a process, and the role that they can play while being sensitive to the known risks. Kraak et al. developed an accountability cycle which includes four key stages, which will be explored in further details in the following section (Figure 2):

- **Stage 1, take the account**, aims to measure the situation and progress towards targets;
- **Stage 2, share the account**, is communicating the results to decision-makers and other actors; in other words, translating information from monitoring into accessible – and compelling – evidence for action;
- **Stage 3, hold the account**, entails providing appropriate incentives and disincentives to drive desired actions from each set of stakeholders;
- **Stage 4, respond to the account**, taking actions to improve specific areas, environments and/or domains.

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<sup>16</sup> Institute of Medicine (US) Committee on Public Health Strategies to Improve Health (2011) Measurement and accountability. Washington, D.C., DC: National Academies Press.

<sup>17</sup> Health Policy Project. (2014). “Capacity Development Resource Guide: Accountability Systems.” Washington, DC: Futures Group, Health Policy Project.



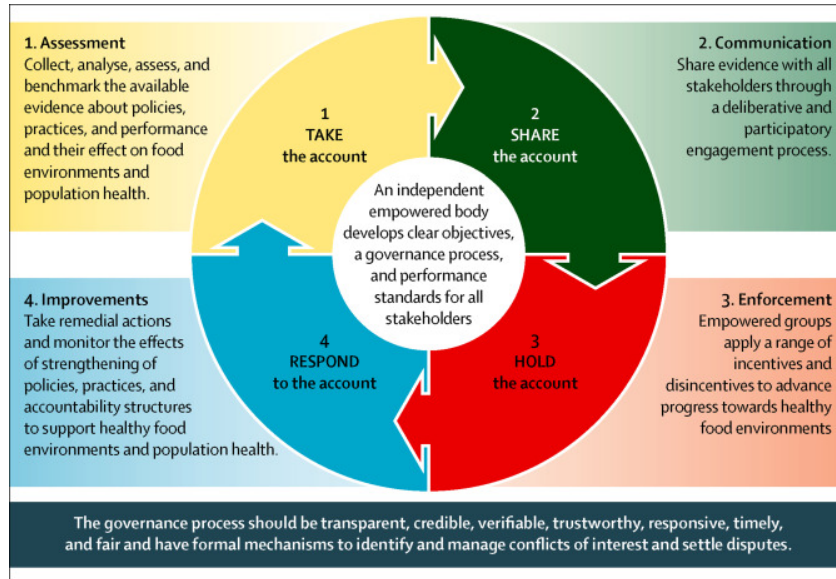


Figure 2. Kraak et al's. accountability framework to promote healthy food environments<sup>18</sup>

### TAKE the account

*“This step involves an independent body collecting, reviewing, verifying, monitoring and evaluating meaningful data to establish benchmarks and to analyse each stakeholder’s compliance with implementing policies and practices that impact food environments and diet-related population health.”*

INFORMAS is an example of a strategic monitoring framework that seeks to assess the performance of both government through Food-EPI (Swinburn et al, 2013b) and businesses through the BIA-Obesity framework (Sacks et al, 2019). Food-EPI, focused on government policies, includes seven policy domains that represent key aspects of food environments. The tool also includes six infrastructure support domains, supported by a total of 50 good practice indicators that encompass the directions necessary to improve the healthiness of food environments and help prevent obesity and diet related NCDs. Meanwhile, BIA-Obesity which focuses on corporate actions, provides a framework to benchmark food company policies and commitments related to obesity and population nutrition. The tool includes a range of indicators across six action areas, with tailored measures for food and non-alcoholic beverage manufacturers, quick service, restaurants and supermarkets. Ultimately, both Food-EPI and BIA-obesity aim to identify critical policy gaps, inform priority for actions, serve as a benchmarking tool against best practice, track progress overtime, and successfully provide an overarching picture of what is being done at the national level. These tools are useful for long-term monitoring of food environments, through the lens of government and business actions and provide a potential tool for periodic reporting at a national level, for instance every 5 years. Nevertheless, the sensitivity and complexity of the proposed indicators do not allow for more regular, periodic evaluations of progress.

<sup>18</sup> Swinburn, B. et al. (2015) “Strengthening of accountability systems to create healthy food environments and reduce global obesity,” *Lancet*, 385(9986), pp. 2534–2545. doi: 10.1016/S0140-6736(14)61747-5.

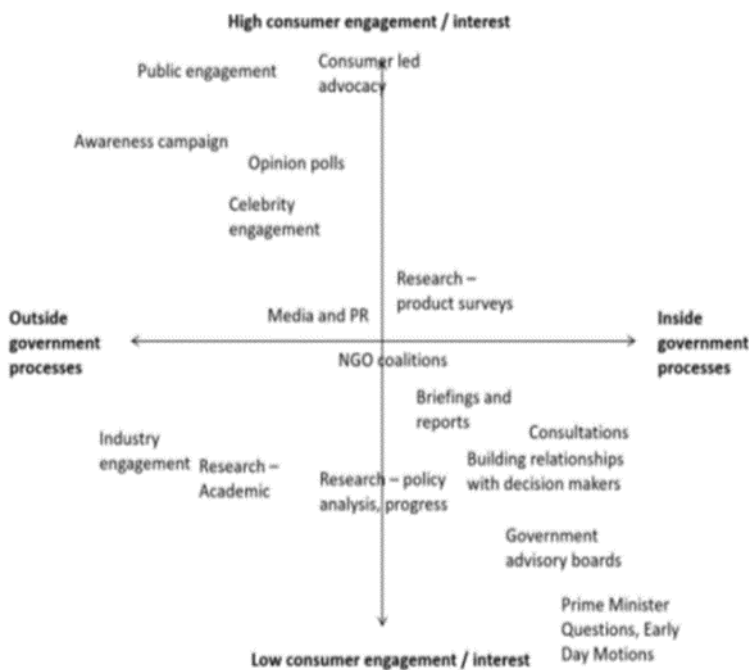


### SHARE the account

*“This step involves empowered body communicating results to all stakeholders through a deliberative and participatory engagement process. This step is important to encourage transparency and understanding among stakeholders about the development of the performance standards and accountability expectations; to foster dialogue among stakeholders who hold divergent views and positions on food environment issues; to facilitate shared learning among diverse stakeholders to foster understanding of positions and constraints; to develop timelines for action; and to inform accountability actions at subsequent steps.”*

Sharing the account also focuses on communicating the results to decision-makers and other actors. Essentially, this means translating the information from monitoring into accessible – and compelling – evidence for action. Based on which stakeholder group is being targeted, different communication tools should be used to ensure the information is shared and disseminated in the most appropriate format (Appendix 4).

When talking about the different types of advocacy activities available, it is important to consider whether these fall ‘inside’ or ‘outside’ the formal policy arena. **Inside advocacy** refers to activities “which aim to influence political outcomes through direct interaction with decision-makers.” Inside advocacy aims to win change through formal channels, focuses on influencing key business or government representatives, is focused on supporting policy development, and activities include consultations, roundtables and meetings. **Outside advocacy** refers to activities “which aim to influence outcomes by putting pressures on decision-makers through the mobilisation of public opinion.”



Outside advocacy aims to change the terms of the debate from outside the system, focuses on winning public support and mobilisation, engages a range of actors and techniques to communicate a message, focuses on awareness raising and agenda-setting, and activities include campaigns, media and lobbying. Figure 3 proposes a conceptual map of advocacy techniques further outlined and detailed in Appendix 6.

Figure 3. Conceptual map of advocacy;  
Source: Hannah Brinsden, 2021





## **HOLD to account**

*“Holding to account is the most difficult step in the framework because it involves an empowered group appraising and either recognising successful performers or enforcing policies, regulations and laws for non-participants or under-performers through institutional, financial, regulatory, legal or reputational mechanisms.”*

Arguably, holding to account is the most challenging step of Kraak et al.’s framework. Holding stakeholders to account requires four core elements:<sup>19</sup>

- An identified body with a clear charge to accomplish particular steps towards health goals;
- Ensuring that the body has the capacity to undertake the required activities;
- Measuring what is accomplished against the body’s clear charge;
- The availability of tools to assess and improve effectiveness and quality.

Holding different stakeholders to account will also require the establishment of measurable targets to evaluate progress (or its absence). Indicators to evaluate the short-, medium-, and long-term impact of activities conducted by stakeholders can help to strengthen overall accountability. Measurements are an efficient way to establish clear responsibilities among stakeholder groups, while sharing insight about efforts to date and needs moving forward to ensure the set objectives are achieved<sup>11</sup>. Measuring public health nutrition advocacy will require an understanding of public health nutrition itself, as well as the opportunities and challenges that are likely to arise. We need to consider both the feasibility of collecting the required data and potential cost implications. Indeed, as highlighted in a [report by the Food Standards Agency](#), “sharing information successfully at greater scale will require trust in the quality of the information that is passed along the chain and, critically, trust in the organisations that are sharing it.” It is likely that certain stakeholder groups will be more reluctant in sharing data due to a lack of trust both between stakeholder groups, often experienced by the food and beverage industry sector, as well as to the use of the collected data and role of privacy<sup>20</sup>. The potential role and influence of the data purchasing market to help improve data collection and subsequent evolution or hinderance of progress should be discussed early on with those who are to be held accountable and agreement should be reached on what they need to provide for the assessment.

Nevertheless, measuring advocacy is essential as it helps assess progress made to date and serves as an opportunity to reassess how to improve effectiveness and maximise health gains. Evaluation of advocacy is typically focused around key types of indicators – process, output, progress and impact (Table 1). When measuring advocacy in the context of policymaking, it can however be challenging due to the complexity of the policymaking process itself, issues of attribution and contribution when many different stakeholders are involved, as well as the absence of visible short-term impact of policy change.

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<sup>19</sup> Institute of Medicine, Board on Population Health and Public Health Practice and Committee on Public Health Strategies to Improve Health (2011) For the public’s health: The role of measurement in action and accountability. Washington, D.C., DC: National Academies Press.

<sup>20</sup> <https://www.oecd-ilibrary.org/sites/15c62f9c-en/index.html?itemId=/content/component/15c62f9c-en>



Table 1. Types of indicators and their description. Source: adapted from Brinsden and Lang, 2015

Indicator	Description
<b>Process indicators</b>	These assess the capacity, and whether or not advocates have done what they set out to do, rather than achievement
<b>Outcome indicators (short-term)</b>	Focus on the direct effect or changes that occur as a result of the activity rather than the degree to which advocacy has been able to meet long term goals, such as policy change or health improvement.
<b>Progress indicators (medium term)</b>	Can be used to assess and rate behaviour or language change that has result and help to identify milestones between outcomes and impact. Progress markers can be broken down into a) changes you would expect to see b) changes you would like to see d) changes you would love to see. Sometimes the terms outcome and progress are used interchangeably.
<b>Impact indicators (long-term)</b>	Used for looking at the long-term outcomes which are sought from an activity. In the case of health, an impact indicator would likely refer, either to a policy being implemented or to a reduction in disease or death at a population level. The final impact however is likely to happen much later than the advocacy activity, and also be a result of multiple actions rather than as a result of the advocacy alone. Food-EPI and BIA-Obesity are examples of impact indicators.

There should be consequences in cases of non-compliance with the monitored commitments or duties. Enforcement options which may be legal, quasi-regulatory, political, marketing mased, public or private communication need to be established to hold stakeholders to account. This includes the need to develop accountability relations and mechanisms for governments holding private sector companies to account, civil society holding governments to account, and civil society holding private sector companies to account (Appendix 5). Furthermore, publication of the information about compliance/non-compliance should be made publicly available as this might act as a nudging technique for stakeholder groups concerned about their reputational status. Non-compliance risks increasing a negative perception of a specific group, while compliance would do the opposite and highlight the groups' willingness to cooperate.

## RESPOND to the account

*“Responding to the account involves stakeholders taking remedial actions to improve their performance and strengthen systemic accountability structures. This step involves monitoring the fidelity of government policy implementation (which differs from monitoring stakeholders’ compliance with existing policies), as well as government’s enforcement of policies, regulations and laws. It also involves assessing how effectively and empowered authority applies incentives and disincentives to promote healthy food environments.”*

This step is essential to help build trust across the different stakeholder groups and ensure the health and wellbeing of individuals is safeguarded against commercial objectives. Despite arguably being one of the most important stages of accountability, hardly any frameworks respond to the account. Public health organizations have increasingly been adopting a ‘watchdog’ position, with the view of monitoring stakeholder groups in different ways based on their clearly defined and measurable



commitments to nutrition related policies<sup>21</sup>. Ensuring that different stakeholders respond effectively and transparently to matters attributed to them in the scope of their core work/business focus, and take responsibility for their role to improve health in a holistic, sustainable, and non-discriminatory manner, will be vital for ensuring effective multistakeholder engagement.

As alluded to, Food-EPI and BIA-obesity are two examples of accountability frameworks to evaluate progress of governments and businesses against national best practice examples. If repeated over time, they can provide insight as to whether governments and businesses have responded to the account by taking remedial action. However, while both frameworks serve as useful tools to hold governments and private sector stakeholders to account for their action or inaction in food and nutrition policy, both tools require extensive amounts of resources from a knowledge, financial and time perspective. Repeat Food-Epi and BIA-obesity processes can provide insight to changes that occur over time, however it would not be feasible to conduct these on a regular basis to assess short- and medium-term progress towards improvements. In the context of multistakeholder engagement, this means that these can serve as accountability frameworks to assess progress made at national level in the mid- to long-term and help ensure that goals have been met, but cannot easily provide rapid insight on progress, or detailed insight into the activities being undertaken by different stakeholders as part of multistakeholder engagement and in pursuit of the longer term policy goals and improvements to food environments.

Given the dynamic nature of multi-stakeholder engagement, a more regular assessment method of individual stakeholders and groups of stakeholders, supported by robust monitoring and evaluation mechanisms, grounded on evidence-base, especially at the local level. Food-EPI and BIA-Obesity are both excellent tools to assess the long-term impact of policy progress, and take the account. However, the other three stages of Kraak et al.'s accountability cycle – share, hold and respond – will not successfully be implemented unless we are able to account for the sustainability of accountability frameworks and of multistakeholder engagement itself.

In the following sections, we aim to highlight a set of principles to support the practical implementation of an accountability and monitoring framework for Europe towards relevant policy areas to help ensure sustainability of a multistakeholder process, and support stakeholders in the process. Without that, successful collaboration will not be achievable, as seen with the dismantlement of the former EU Platform on Diet, Physical Activity and Health.

## **5 Ensuring sustainability of multistakeholder engagement; practicalities and feasibility for accountability frameworks**

Sustainability planning is by definition a dynamic and collaborative process of partnerships between multiple stakeholders from different sectors that must be planned and monitored carefully. Multistakeholder engagement should be initiated as early as possible when developing policies to manage childhood obesity and pursued<sup>22</sup> throughout the entire implementation period, and beyond. In order for this to be successful, a clear understanding of the concept of sustainability is required. This will require all engaged stakeholders to be held accountable and hold others accountable for the success of sustainable childhood obesity policy actions. This will only be achievable if all four steps of Kraak et al.'s accountability cycle are effectively implemented.

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<sup>21</sup> Brinsden et al, 2013

<sup>22</sup> Term measures hereinafter refers to all activities, interventions, research and implementation projects and programmes in public health domain with different scope of resources



Sustainability planning to address childhood obesity has two components:

- Processes required to engaging multiple stakeholders in activities to manage this complex public health challenge;
- Factors pertaining to the influences on forming and maintaining long-term multistakeholder partnerships. This will also require formal structures to be established, with adequate resources and activities implemented to support the building of sustainable multistakeholder partnerships.

Engaging actors from different social, economic, legal, cultural, educational, and political environments sectors is a prerequisite for policy implementation. Therefore the process of multistakeholder engagement will require each group to clearly articulate and state their philosophy, mission, vision, values, goals, and objectives early on.

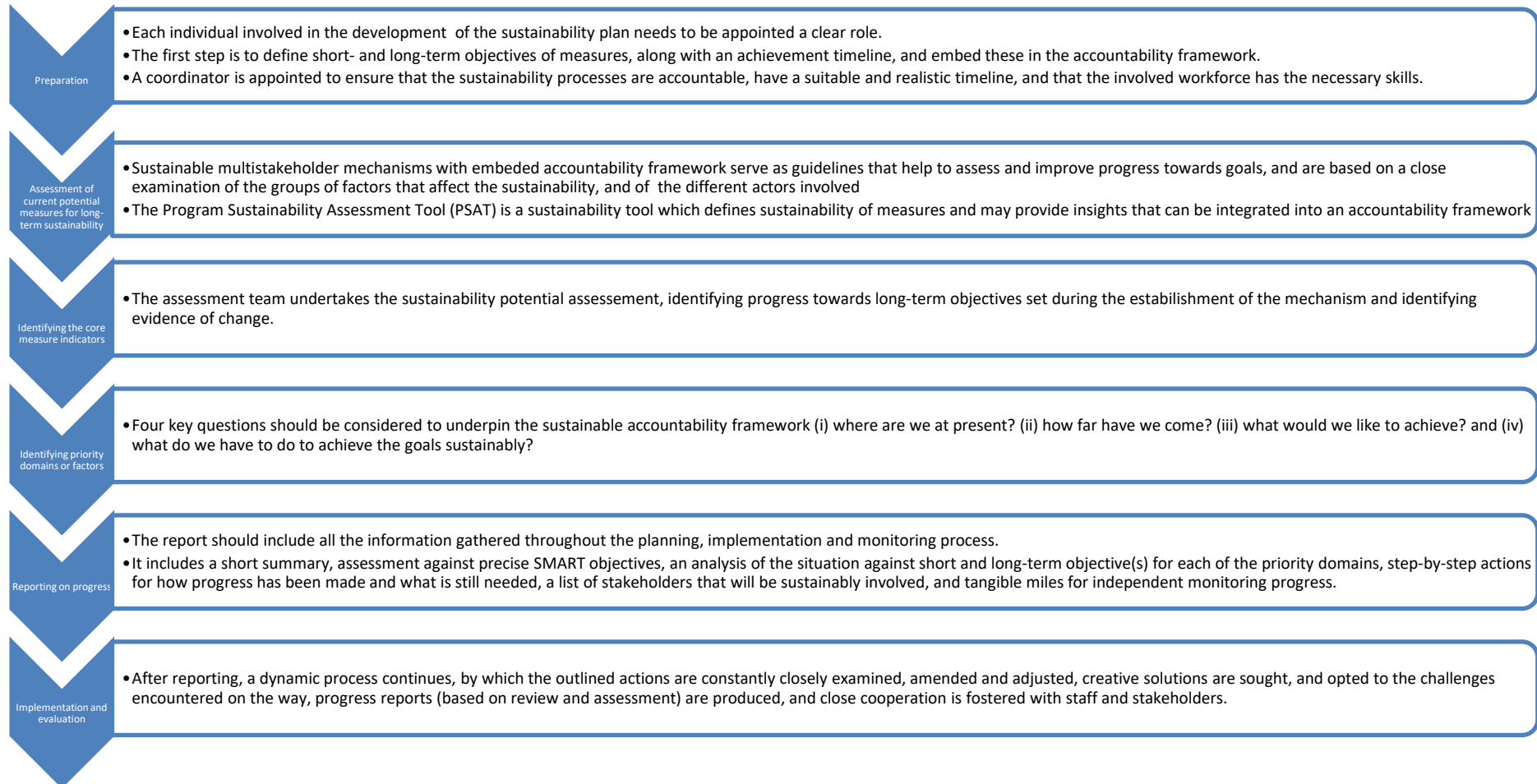
As described, an accountability mechanism that underpins multistakeholder engagement and monitors progress and effectiveness in the short- and long-term is needed to ensure that engagement is sustainable, free of COIs and other potential challenges are identified and addressed. Sustainability planning in public health policy is therefore of paramount importance to ensure the development of effective and sustainable multistakeholder relationships. This should consider staff capacities, time, financial security and political support, development or modification and continuation of certain activities, the beneficial effects on the target population, the system in which ones operate, and society. This should be seen as a participatory and interactive process and will require regular monitoring and evaluation of set objectives which includes the taking, sharing, holding and responding to account described previously.

### 5.1 Sustainability planning of multistakeholder engagement

Sustainability planning of multistakeholder engagement needs to consider staff capacities, time, financial security and political support, development or modification and continuation of certain activities, the positive effects on the target population, the system, and society. When assessing the sustainability of multistakeholder engagement and the accountability mechanisms within them, five components need to be considered:

1. **Time:** can multistakeholder engagement in designing and implementing measures and the accountability mechanisms that support this be maintained in the long-term?
2. **Maintenance:** what are the elements/components of multistakeholder cooperation that have proven successful, and how can accountability be effectively documented and undertaken on an ongoing basis?
3. **Positive impact:** has partnership between various stakeholders been culminated in the desired health outcomes of carried out measures? Have the achieved objectives resulted in positive changes at the individual or systemic level? Is there evidence that stakeholders have responded to the account as needed, both in the short and long term?
4. **Behaviour change:** has the mutual work resulted in behaviour change of the involved stakeholders and targeted populations?
5. **Evolution and adaptation:** based on emerging findings/progress (or lack of), is there flexibility to adjust some of the common actions driven by principle of multistakeholderism? What can be learned from experiences of good examples of stakeholders responding to account, as well as ineffective experiences?

Steps in sustainability planning and their characteristics are presented in Figure 4.



*Figure 4. Steps in sustainability planning and their characteristics.  
Source: Juder Kogler M, Gabrijelčić Blenkuš M, 2022.*

## 5.2 Factors that influence sustainability of multistakeholder engagement

During the process of establishing sustainable accountability framework for multistakeholder engagement, it is important to identify and understand various inter-dependent factors that will affect the long-term maintenance of developing sustainable relationships and the accountability processes. If a platform or established groups of stakeholders is to be sustainable, stakeholders will need to have at least one mid- to long-term common objective and action. Some of the influential characteristics of factors can be classified into three overarching groups (Figure 5)<sup>23</sup>.



Figure 5. Factors that influence the sustainability of multistakeholder engagement.

Source: Juder Kogler M, Gabrijelčič Blenkuš M, 2022.

Based on the STOP stakeholder research conducted in WP10 and summarised in D10.3, trust emerged as one of the most powerful concepts influencing the stakeholder's collaboration.

<sup>23</sup> Bodkin, A., Hakimi, S. Sustainable by design: a systematic review of factors for health promotion program sustainability. BMC Public Health 20, 964 (2020). <https://doi.org/10.1186/s12889-020-09091-9>





## 6 Recommendations to ensure the sustainability of accountability mechanisms and multistakeholder engagement at the EU level

Findings from the fourth STOP stakeholder dialogue identified several priority elements that should be considered and led for a broad call for the development of recommendations to support the sustainability of accountability mechanisms of multistakeholder engagement. Accountability systems help safeguard against conflicts of interest, and ensure relevant stakeholders hold themselves responsible for progress, or lack thereof. A scoping review found that while the first two stages of Kraak et al's. accountability framework are regularly conducted, little evidence is available on the enforcement of change. Implementation gaps revealed several characteristics that should be considered to ensure effective multistakeholder engagement. These include the need for a legal basis, members included, motivation to participate, consideration for the stage of the policy cycle, governance structures, distribution of tasks and responsibilities, funding available, and presence of a conflict of interest policy. Furthermore, sustainability of multistakeholder engagement builds and maintains trust among actors for the benefit of public health. Based on the findings from this report, we are now proposing a series of recommendations to support both the sustainability of accountability mechanisms as well as the sustainability of multistakeholder engagement.

### 6.1 Recommendations to ensure the sustainability of accountability mechanisms to underpin multi-stakeholder engagement

A scoping review was conducted providing a selection of academic thinking to inform the development of a set of principles to support the practical implementation of an accountability and monitoring framework for policy areas relevant to obesity prevention, and support stakeholders in the accountability process. The scoping review informed the development of a set of principles to support the practical implementation of an accountability and monitoring framework for policy areas relevant to obesity prevention, and support stakeholders in the accountability process. This review proposes the following key design elements of multistakeholder mechanisms associated with likely success in ensuring effective accountability:

- **Inclusion criteria:** develop clear criteria of which organizations may be included in the mechanism and under which circumstances a stakeholder may be excluded. Include as stakeholder the communities that the mechanism serves or provide other ways for their participation (e.g., consultations).
- **Governance:**
  - clearly define **roles and responsibilities of each stakeholder** in the mechanism, and ensure government leadership;
  - clearly define **roles and responsibilities of each governance body** and the governance processes, including clear reporting lines and communication and feedback mechanisms;
  - decision-making should be transparent, inclusive, and follow fair processes;
  - set **clear goals and measurable targets and indicators**;
  - develop clear criteria for activities, where necessary (e.g., which activities or public documents may be co-branded);





- **Secure sufficient and ongoing funding** for the mechanism's aim and functions; if funding is an issue, redefine the scope of work – better have a narrower aim that is achieved than an overly ambitious one that is missed.
- Develop and publish a **COI policy** that includes clear, widely accepted definitions of COI (both for personal and institutional COI); deals with both real and perceived COIs; contains a clear, specific governance mechanism; and defines consequences if there is a COI.
- Address **power imbalances** through good governance and the COI policy.
- A robust **accountability system** must be established, including sufficient budgeting, the appointment or establishment of an independent accountability body, adequate process and outcome indicators, evaluations, and a process to improve and remedy where necessary. The communities served by the mechanism should be included and able to report issues. It is recommended to set up a conflict resolution mechanism (e.g., ombudsman). Ultimately, accountability should be to the communities served, not to other stakeholders.
- **Consequences in case of non-compliance** with the aim of the mechanism or its COI policy, such as being excluded from the mechanism, losing voting rights until the breach is remedied, threat of regulation, or publication of the breach (shaming) (“hold to account”).
- **Formalise in writing** (contract, compact) all agreed terms.

Furthermore:

- Implementation and enforcement need to happen at the national or sub-national level and require different resources than the ones multistakeholder mechanisms have available (chapter 3);
- Responsibilities of mechanisms should be formulated clearly to make it easier to understand what actual, concrete tasks need to be carried out by the mechanism (chapters 3, 5);
- Sufficient funding/resources should be made available (chapters 3, 5);
- A COI policy should exist, with clear consequences in case of non-compliance (chapter 3);
- An identified body with a clear body of authority to accomplish particular steps towards health goals (chapter 4);
- Ensuring that the body has the capacity to undertake the required activities (chapter 4);
- Measuring what is accomplished against the body's clear authority, while considering the transparent and measurable commitments, available indicators, feasibility of data collection and cost implications (chapter 4);
- The availability of tools to assess and improve effectiveness and quality (chapter 4);
- Holding different to account will also require the establishment of measurable targets to evaluate progress (or its absence) (chapter 4);
- There should be consequences in cases of non-compliance with the monitored commitments or duties (chapter 4);
- BIA-Obesity and Food-EPI can serve as accountability frameworks to assess progress made at national level in the mid to long term and help ensure that goals have been met, and need to be completed with tools that can provide rapid insight on progress, or detailed insight into the activities being undertaken by different stakeholders as part of



multistakeholder engagement and in pursuit of the longer term policy goals and improvements to food environments (chapter 4);

- Sustainability planning must be planned and monitored carefully. It should be initiated as early as possible when developing policies to manage childhood obesity and pursued measures throughout the entire implementation period, and beyond. This process is a participatory and interactive process (chapter 5);
- Sustainability of multistakeholder engagement and the accountability mechanisms within them need to consider five components: time, maintenance, positive impact, behaviour change, and evolution and adaptation (chapter 5).

## 6.2 Recommendations to ensure the sustainability of multi-stakeholder engagement

- Multistakeholder partnerships need to be planned, initiated, and monitored within fully implemented accountability cycle in order to act as effective policy facilitators (chapter 5);
- For planning sustainability process, PSAT based approach should be used, that provides a long-term sustainability potential assessment (chapter 5);
- When assessing sustainable multistakeholder engagement time, maintenance, positive impact, behaviour change and adaptation/evolution should be considered (chapter 5);
- There should be better representation of the beneficiary populations of the multistakeholder mechanism (chapter 3);
- The governance structures for the mechanisms needs to be clear and transparent (chapters 3, 5). Clear expectations and levels of responsibilities should be considered between the different stakeholder groups:
  - **Intergovernmental and international development agencies:** specialized expertise and tools for health impact assessments, economic studies, project management and multisectoral coordination; financial resources; reach and experience of working with their respective line ministries, which are crucial to national NCD coordination mechanisms.
  - **Academia:** From the policy development viewpoint, the research impact framework is useful for multistakeholder initiatives aiming to facilitate collaborative decision-making in the design of policies, agendas, funding programmes and evaluation procedures. Scientific research output proved by different disciplines facilitates the increase of the impact of evidence based research on targeted populations and society. Latter can happen only if the scientific output is properly presented / "translated" into practice, i.e. making synthesis, dissemination and exchange. Successful transfer of scientific evidence to different stakeholders groups and general public would be supported not only by the improved health literacy but also by the sufficient level of statistical and "scientific" literacy of the recipients.
  - **Civil society<sup>24</sup>:** generate evidence, advocate for policies, provide technical support, partner in implementation, monitor commitments. It is important to

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<sup>24</sup> NGOs, social movements, civil society networks, and even individuals acting in their private capacities as civil society actors are defined in the article Raymond, M., & DeNardis, L. (2015). Multistakeholderism: Anatomy of an inchoate global institution. *International Theory*, 7(3), 572-616. doi:10.1017/S1752971915000081



make provisions for civil society to inform the work of multisectoral coordination mechanisms for NCDs. This can be achieved either by making them an integral part of the coordination mechanism, or by creating specific opportunities for them to provide inputs into developing and informing the agenda of its meetings and partnering in follow-up actions. Separate modalities of engagement need to be developed for civil society entities with potential conflicts of interest.

- **Private sector:** Given the role certain private sector industries play in contributing to the burden of NCDs, interactions between governments and the private sector need to be guided by public interest and transparency. Government interactions with the private sector entities with potential COI needs to be limited to those required to effectively regulate them and receive updates on their initiatives to comply with government requirements. Inputs from entities such as private health-care providers could often enhance implementation of the national multisectoral coordination plan. Mechanisms to channel their strengths need to be created. However, these mechanisms need to be operated in the most transparent manner and to the extent required for public welfare.
- Power imbalances need to be recognised and addressed (chapter 4);
- Results should be communicated to the decision-makers/other actors in an accessible and compelling evidence for action – information should be shared & disseminated in the most appropriate format (chapters 4, 5);
- Need to develop a rapid assessment method of individual stakeholders and groups of stakeholders at the local level is needed to complement comprehensive frameworks such as Food-EPI and BIA-obesity, albeit drawing on the principles of both, to ensure the sustainability of multistakeholder engagement (chapter 4);
- Engaging actors coming from different social, economic, legal, cultural, educational, and political environments is a pre-requisite for policy implementation. The process of multistakeholder engagement articulating and stating their philosophy, mission, vision, values, goals, and objectives whereas building ties with each other is dramatically affecting the policy-making and is essential (chapter 5);
- Identify and understand various inter-dependent factors affecting the long-term maintenance of developing relations and the accountability processes. Influential characteristics of factors can be classified into three over-arching groups: (i) factors pertaining to the internal context of multistakeholder engagement; (ii) organizational capacity reflected in the multistakeholder engagement; and (iii) factors pertaining to the wider external context of multistakeholder engagement (chapter 5).

## 7. Conclusion

Stakeholder engagement processes are increasingly used in dealing with complex development questions, particularly in terms of sustainability, to strengthen capacities for engagement, effective participation, and joint implementation of priority actions by different stakeholder groups. Recommendations for multistakeholder engagement are comprehensive and structured addressing the questions of how we want to cooperate in the future, what do we need for that, and who could provide what is needed.



Multistakeholder engagement enables individuals and institutions from different backgrounds with different expertise, levels of power and knowledge to work towards a common objective. If well-designed it can ensure equity in the participation of different groups, ensuring accountability and transparency in processes. It can lead to the establishment of partnerships and networks between different groups in society “for improved dialogue and decision-making in all stages of planning and implementation”. On the other hand, especially when faced with the involvement of private sector actors, the potential for COI and undue influence are important concerns.

## 8. Appendices

Appendix 1. Suggested monitoring framework based on the European Food-EPI.

Policy domains and associated STOP Work Package (WP)	Existing policies at EU-level <i>(based on European Food-EPI Evidence Report)</i>	Expert's rating of the strength of EU-level policies influencing food environments in the EU*	Indicators	Relevant national policies	Rating of the strength of the policy at the national level
Food labelling <b>WP4</b>	Regulation (EU) No 1169/2011 on the provision of food information to consumers	Moderate policy	Ingredient lists and nutrient declarations		
		Moderate policy	Nutrition and health claims		
	Commission Notice on the application of the principle of quantitative ingredients declaration (QUID)  Regulation (EC) No 1924/2006 on Nutrition and Health Claims	Weak policy	Front-of-pack labelling		
		Weak policy	Menu board labelling		
		Weak policy	Restricting unhealthy food promotion to		



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	EU Action Plan on Childhood Obesity 2014-2020		children (broadcast media)		
		Weak policy	Restricting unhealthy food promotion to children (online and social media)		
		Weak policy	Restricting unhealthy food promotion to children (non-broadcast media)		
		Weak policy	Restricting unhealthy food promotion in settings where children gather		
		No/very weak policy	Restricting unhealthy food promotion to children on packaging		
Food prices WP4	Council Directive (2006/112/EC of 28 November 2006)	Weak policy	Minimising taxes or levies on healthy foods		
	EU School Fruit and Vegetable Scheme (part of the Market Measures of the	No/very weak policy	Increasing taxes or levies on unhealthy foods		
		Weak policy	Food subsidies to favour healthy foods		



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<b>Food promotion</b> <b>WP5</b>	Common Agricultural Policy (CAP) of the EU	Weak policy	Food-related income-support for healthy foods		
	Fund for European Aid to the most Deprived (FEAD)				
<b>Food provision</b> <b>WP6</b>	European Fighting Obesity through Offer and Demand (FOOD) Programme  Communication from the Commission on Safer and Healthier Work for All (2017)	Weak policy	Policies in schools and early childhood education services provide and promote healthy food choices		
		Weak policy	Policies in other public sector settings provide and promote healthy food choices		
		Weak policy	Public procurement standards to provide and promote healthy food choices		
		Weak policy	Support and training systems (schools and other public sector organizations) to help meet the healthy food service policies and guidelines		





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<b>Food retail WP5 &amp; WP6</b>	Strategic Environmental Assessment (SEA, Directive 2001/42/EC)  Environmental Impact Assessment (EIA, Directive 2011/92/EU)	Weak policy	Support and training systems (private companies) to provide and promote healthy foods and meals		
		No/very weak policy	Zoning laws and policies to limit quick service restaurants and other outlets selling mainly unhealthy foods		
		No/very weak policy	Zoning laws and policies encourage outlets selling fruit and vegetables		
		No/very weak policy	Support systems to promote and encourage the relative availability healthy foods in stores		
		No/very weak policy	Support systems to promote and encourage the relative availability of healthy foods in foods service outlets		

Based on [https://www.ipi-pen.eu/images/reports/Food-EPI\\_EU\\_FINAL\\_20210305.pdf](https://www.ipi-pen.eu/images/reports/Food-EPI_EU_FINAL_20210305.pdf)



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\* The EU Food-EPI expert panel consisted of 29 independent experts, specialised in public health, nutrition, food- or health policy, obesity or chronic disease, and working in academia, health and food organisations, health professional associations and national health institutes. For each of the 50 good practice indicators, the panel rated the strength of existing EU-level policies, using the ‘evidence document’, i.e. an overview of EU-level policies influencing food environments and infrastructure support that helps facilitate effective policy implementation (available via this link). This ‘evidence document’ was validated by EU governmental officials.”

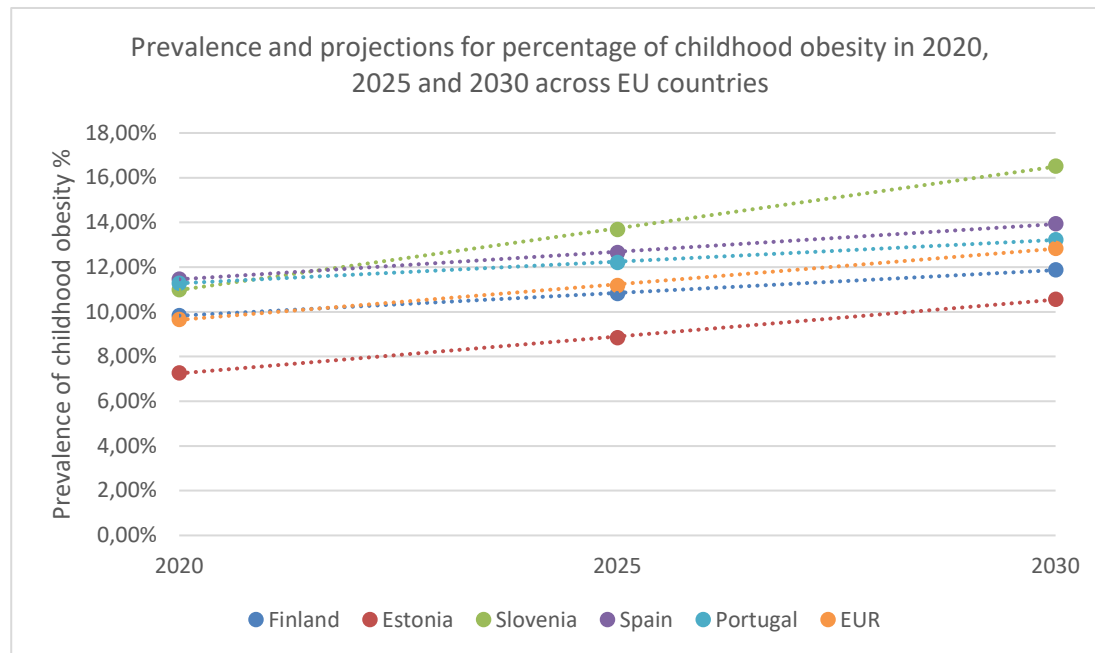
Appendix 2. Overall level of implementation of different policy and infrastructure support domains across EU countries using the Healthy Food Environment Policy Index.\*

Policies	Finland	Estonia	Slovenia	Spain	Portugal
Food composition	HIGH	LOW	MEDIUM	LOW	HIGH
Food labelling	LOW	LOW	LOW	LOW	LOW
Food marketing	MEDIUM	LOW	MEDIUM	LOW	MEDIUM
Food prices	MEDIUM	LOW	VERY LOW	LOW	MEDIUM
Food provision	HIGH	MEDIUM	MEDIUM	LOW	MEDIUM
Food retail	MEDIUM	LOW	VERY LOW	VERY LOW	LOW

\* This table has been developed based on D4.4. The level of implementation of food environment policies and infrastructure support was assessed, and key government recommendations were identified and prioritised in Estonia, Finland, Portugal, Slovenia, and Spain. The established Food-EPI tool and process was the framework that guided this study.



*Appendix 3. Prevalence of childhood obesity in children 5-19 years in 2020, 2025 and 2030 across five EU countries and overall average across the European region.*





*Appendix 4. Types of advocacy communication tools targeting the relevant STOP stakeholder audiences<sup>25</sup>*

Type of communication tool		Governments/ policymakers	Civil society organizations	Industry	Academia
	Written	Fact sheets/policy summaries Policy reports Policy briefs Working papers	Fact sheets/policy summaries Policy briefs Newsletters	Newsletters	Scientific publications
	Oral	Stakeholder forums Newsletters	Workshops Stakeholder forums	Workshops Stakeholder forums	Conference presentations Multi-stakeholder forums Events
	Audio-visual	Project website Social media channels	Project website Social media channels Specialist media	Social media channels Specialist media	

<sup>25</sup> Adapted from: 6.4.2 Choose communication tools to support advocacy activities (2014) Icpolicyadvocacy.org. Available at: <https://advocacyguide.icpolicyadvocacy.org/642-choose-communication-tools-to-support-advocacy-activities> (Accessed: May 13, 2022).



*Appendix 5. Accountability relations and mechanisms for enforcing accountability by governments and the private sector for actions and policies on food environments*

	<b>Governments holding private sector companies to account</b>	<b>Civil society holding governments to account</b>	<b>Civil society holding private sector companies to account</b>
<b>Legal</b>	<p>Direct regulation through laws and regulations specifying required conduct</p> <p>Regulatory institutions through monitoring of compliance, investigation of complains, and law enforcements by designated agencies, auditors, inspectors, commissioners</p> <p>Procurements contracts and grant requirements for government agreements requiring food supplies (e.g. to schools and hospitals) to meet nutrition standards</p> <p>Litigation against food industry for breaches of the law</p>	<p>Formal submissions to official inquiries, policy development, and law reform processes</p> <p>Litigation against government policies (or inactions) that violate constitutionally-protected rights (e.g., the right to health) or international human rights obligations (e.g., Convention on the Rights of the Child)</p>	<p>Consumer protection through regulatory agencies, which have a mandate to protect consumer health and welfare, against harmful practices and deceptive claims by food companies</p> <p>Litigation for injuries caused by harmful products in order to vindicate constitutionally protected rights (e.g., the right to health or the right to food)</p>
<b>Quasiregulatory</b>	<p>Legislative and regulatory support to strengthen and improve private sector initiatives so they are more accountable, credible, and better able to achieve public interests and objectives</p>	<p>Codes of conduct and ethics guidelines can be invoked to maintain the integrity of the political process and to avoid corruption (e.g., conflict of interest policies, registers of financial interests, public disclosure of all interactions between government, and food industry to ensure transparency)</p>	<p>Codes of conduct and ethics guidelines: invoking the maintenance of professional ethics and standards of conduct within the private sector (e.g., for marketers and researchers working for or within the food industry)</p> <p>Voluntary commitments: invoking unilateral or multilateral pledges or commitments by</p>



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	Regulatory probability, in which governments create a credible expectation that, unless measurable improvements in voluntary performance are achieved, more direct forms of regulation will be introduced		food companies as a measure of performance
<b>Political</b>	<p>Policy directions in which government clearly communicates its policy directions and expectations of food industry stakeholders</p> <p>Access to policy processes by promoting civil society access to policy-making processes (e.g., membership on government committees) but restricting food industry if potential conflicts of interest exist</p>	<p>Formal policy processes to give governments feedback on performance through formal channels (e.g., policy advisory committees)</p> <p>Political party processes to gain support through party membership, campaign contributions, etc</p> <p>Elections and referenda in democratic processes at all levels of government</p>	Shareholder activism including proposing resolutions at companies' annual general meetings
<b>Market-based</b>	<p>Fiscal instruments such as taxes, subsidies, and concessions to influence market behaviour through their impact on price and by changing the costs of corporate and individual behaviour</p> <p>Government procurement to stimulate market dynamics in favour of healthier foods</p>		<p>Investment or disinvestment behaviours alter company share prices</p> <p>Consumer demand strengthened or weakened (e.g., through a boycott) for a company's products and services</p>
<b>Public communications</b>	Public feedback (praise or criticism) through the media from politicians on the performance of food companies	Public feedback on performance of governments and politicians by civil society (e.g., through the media,	Public feedback on performance to food companies with praise or criticism by civil society (e.g., through the media, advocacy



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		advocacy campaigns, opinion polls, social media, public forums, watchdog organizations, petitions, league tables, and demonstrations)	campaigns, opinion polls, social media, public forums, watchdog organizations, petitions, league tables, and demonstrations)
<b>Private communications</b>	Private feedback on performance to key people within companies or industry bodies from politicians or civil servants	Private feedback on performance to key people within government from civil society organizations or individuals	Private feedback on performance to key people within companies or industry bodies from civil society organizations or individuals

Source: Swinburn et al., 2015

*Appendix 6. Different type of advocacy activities.*

Type of advocacy activities	Description/purpose
<b>Media campaign</b>	<ul style="list-style-type: none"> <li>• “Policy-oriented approach to using mass media for public health promotion.”<sup>26</sup></li> <li>• This type of activity requires the clear identification of a target audience (primary, secondary and tertiary targets)</li> <li>• “Engaging stakeholders through the media can raise awareness of your issue, mobilise support and influence policy makers.”<sup>27</sup></li> <li>• Media campaigns help to give people an active voice in holding policymakers accountable, raise public awareness and focus on advancing policy change</li> <li>• There are three different types of media campaigns:               <ul style="list-style-type: none"> <li>- <b>Paid media</b> use to “provide further attention to your advocacy activities to ensure they gain further amplification and promote your target audience(s) to take action.”<sup>28</sup> <i>This was not undertaken as part of the STOP project.</i></li> </ul> </li> </ul>

<sup>26</sup> Johnson SA. Public health advocacy. Edmonton, Alberta: Healthy Public Policy – Alberta Health Services; 2009.

<sup>27</sup> Public health media advocacy action guide elements of A media advocacy campaign (no date) Advocacyincubator.org. Available at: <https://advocacyincubator.org/wp-content/uploads/2019/01/Media-Advocacy-Action-Guide-Final.pdf> (Accessed: May 13, 2022).

<sup>28</sup> Public health media advocacy action guide elements of A media advocacy campaign (no date) Advocacyincubator.org. Available at: <https://advocacyincubator.org/wp-content/uploads/2019/01/Media-Advocacy-Action-Guide-Final.pdf> (Accessed: May 13, 2022).





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	<ul style="list-style-type: none"> <li>- <b>Earned media</b> which “refers to coverage you have received through word of mouth or as a result of reaching out to media.”<sup>29</sup> Examples of earned media in the context of STOP include ...</li> <li>- <b>Owned media</b>, which refers to “content that is fully under your control.”<sup>30</sup> This includes content posted on the STOP Twitter account, press releases drafted by the Consortium as well as news articles published on the STOP website.</li> </ul>
<p><b>Commissioning &amp; publishing research</b></p>	<ul style="list-style-type: none"> <li>• Fund research to ensure the latest data is available on the policy areas of interest and ensure comparability of data. This also helps to ensure an impartial collection of data.</li> <li>• Commissioning research offers an opportunity to ensure the collection of the appropriate knowledge and information that would satisfy different competing agendas between different stakeholders.<sup>31</sup></li> <li>• Often, evidence-based policy makings the desired approach to implementation of public policies.</li> <li>• The STOP Project has published a large number of academic studies focused on the determinants of childhood obesity, the environment, the genetics and much more. In addition, the project has also released two Supplements.</li> </ul>
<p><b>Lobbying</b></p>	<ul style="list-style-type: none"> <li>• Ways in which advocacy organizations can try to influence policies and the role they play in setting agendas and raising awareness about issues, as well as ways in which organizations can act outside of the formal advocacy system.</li> <li>• Actions that can be carried out to directly target governments, with a focus on a more direct engagement with decisionmakers.</li> </ul>
<p><b>Consultations</b></p>	<ul style="list-style-type: none"> <li>• Consultations are used as a mean to ensure transparency, efficiency and effectiveness of other tools/policies in place.<sup>32</sup> The process involves “actively seeking the opinions of interested and affected groups. It is a two-way flow of information, which may occur at any stage of regulatory development, from problem identification to evaluation of existing regulation. It may be a one-stage process or, as it is increasingly the case, a continuing dialogue. Consultation is increasingly concerned with the objective of gathering information to facilitate the drafting of higher quality regulation.”<sup>33</sup></li> </ul>

<sup>29</sup> Public health media advocacy action guide elements of A media advocacy campaign (no date) Advocacyincubator.org. Available at: <https://advocacyincubator.org/wp-content/uploads/2019/01/Media-Advocacy-Action-Guide-Final.pdf> (Accessed: May 13, 2022).

<sup>30</sup> Public health media advocacy action guide elements of A media advocacy campaign (no date) Advocacyincubator.org. Available at: <https://advocacyincubator.org/wp-content/uploads/2019/01/Media-Advocacy-Action-Guide-Final.pdf> (Accessed: May 13, 2022).

<sup>31</sup> Wye, L. et al. (2015) “Evidence based policy making and the ‘art’ of commissioning - how English healthcare commissioners access and use information and academic research in ‘real life’ decision-making: an empirical qualitative study,” BMC health services research, 15(1), p. 430. doi: 10.1186/s12913-015-1091-x.

<sup>32</sup> Rodrigo, D. and Administrator, P. A. (no date) Background Document on Public Consultation, Oecd.org. Available at: <https://www.oecd.org/mena/governance/36785341.pdf> (Accessed: May 13, 2022).

<sup>33</sup> Rodrigo, D. and Administrator, P. A. (no date) Background Document on Public Consultation, Oecd.org. Available at: <https://www.oecd.org/mena/governance/36785341.pdf> (Accessed: May 13, 2022).



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## Roundtables

- Roundtables are an opportunity for participants to come together in an informal setting and examine issues specific to a particular topic. It is a mean to encourage in-depth discussions between experts. Stakeholder dialogues have been a central part of the STOP project.

### *Appendix 7. Methodology of the scoping review.*

The aim of the scoping review was to identify literature that discusses the aim, challenges, governance, accountability and/or conflict of interests of multistakeholder mechanisms and accountability mechanisms that use a multistakeholder approach to the development, implementation, enforcement and/or M&E of policies with respect to overweight/obesity, nutrition or NCDs. The search did not aim to be comprehensive like a Cochrane systematic review, but instead provide a useful selection of academic thinking on the topic to inform the development of a set of principles to support the practical implementation of an accountability and monitoring framework for policy areas relevant to obesity prevention, and support stakeholders in the accountability process.

Literature was included that (1) focused on obesity/overweight, nutrition and/or obesity; (2) discussed accountability, conflicts of interest or multistakeholder or multisectoral mechanisms; and (3) is policy related.

Freely accessible databases PubMed and Google Scholar were used as well as the Google search engine. Reference lists of identified literature was reviewed for further potential articles. The search was conducted in English and only English literature was included.

Used keywords include multistakeholder, multi-stakeholder, multisectoral, multi-sectoral, mechanism, partnership, framework, policy, accountability, conflict of interest, overweight, obesity, noncommunicable, non-communicable chronic diseases.

### **Limitations**

The search did not include any databases behind a paywall nor foreign language articles.



## Criteria

To analyse the identified multistakeholder mechanisms, information for the following criteria was included in the scoping exercise, if available:

- **Multistakeholder mechanism**
  - Name
  - Geographic scope (global, Europe, national, local)
  - Legal basis (if any)
  - Members (involved stakeholders)
  - Members' interest in participating
  - Aim
  - Stage of policy cycle (Development, Implementation, Enforcement, M&E)
  - Governance
  - Tasks, responsibilities
  - Funding
- **Accountability**
  - Stage in accountability framework (Take the account, Share the Account, Hold to Account, Respond to the Account)
  - Accountability mechanism
- **COI strategy**
  - Existence of COI strategy (yes/no)
  - Legal basis (if any)
  - Definition of COI
  - Governance
  - Addressees of policy
  - Obligations of addressees
  - Consequences of a COI
  - Support by or reference to any formal laws (e.g., anticorruption law)



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## Multi-stakeholder initiatives and accountability mechanisms reviewed

### 1. MULTI-STAKEHOLDER MECHANISMS

<b>Global</b>	FCTC WHO GCM/NCDs Partnership for Maternal, Newborn & Child Health (PMNCH) NCD Alliance Scaling Up Nutrition (SUN)
<b>Europe</b>	EU Pledge European Salt Action Network (ESAN) EU Code of Conduct on Responsible Food Business and Marketing Practices
<b>National</b>	National Nutrition Council (Finland) Advisory Council on Healthy Lifestyles (Malta) Public Health Responsibility Deal (discontinued) (UK) Partnership for a Healthier America (USA) Healthy Weight Commitment Foundation (USA) National Council for Food and Nutrition Security (Guatemala) National Coordinating Committee for Food and Nutrition (Malaysia) National Chronic NCD Commission (Barbados) Healthy Bahamas Coalition (Bahamas)



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## Health and Wellness Advisory Council (BVI)

- Local** Baltimore Food Policy Initiative
- California Health in All Policies Task Force

## 2. ACCOUNTABILITY MECHANISMS

- Global** Access to Nutrition Initiative
  - Status Report on National Implementation of the Code on Marketing of Breast-milk Substitutes
  - INFORMAS (International Network for Food and Obesity / NCDs Research, Monitoring and Action Support)
- Regional** Pacific Monitoring Alliance for NCD Action (MANA)
- National** Nigeria Independent Accountability Mechanism (NIAM)