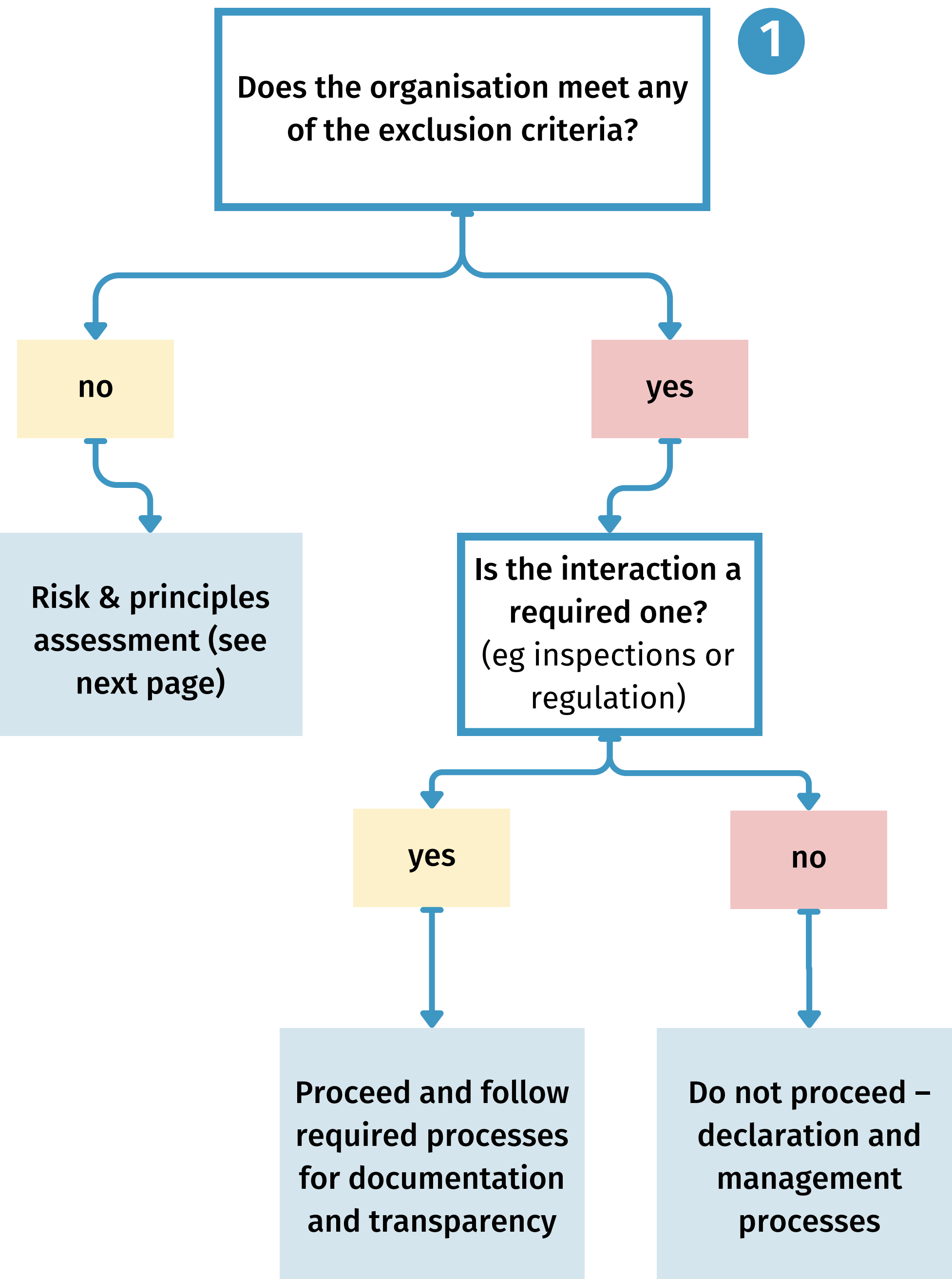


# Example risk assessment



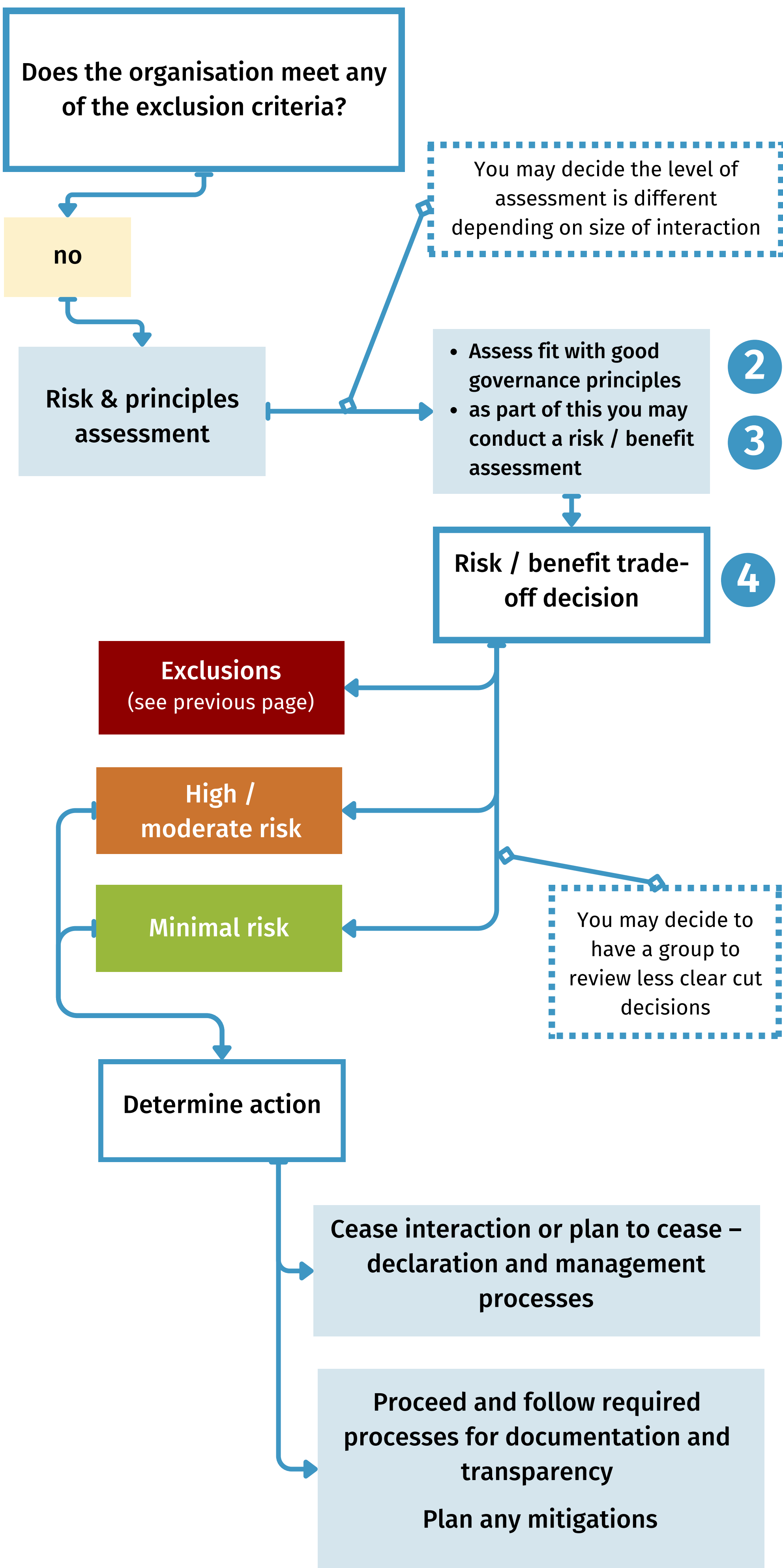
1

(1) Specify your exclusion criteria

for example:

- Specific practices (eg 'known to be complicit in human rights abuses' or 'known to have lobbied to delay or oppose implementation of public health measures, treaties and laws, breaches of government conventions or tax avoidance' etc)
- Specific industries (eg tobacco manufacturers as outlined in the Framework Convention on Tobacco Control) and their front groups

# Example risk assessment



You may decide the level of assessment is different depending on size of interaction

- Assess fit with good governance principles
- as part of this you may conduct a risk / benefit assessment

2

3

Risk / benefit trade-off decision

4

Exclusions  
(see previous page)

High / moderate risk

Minimal risk

You may decide to have a group to review less clear cut decisions

Determine action

Cease interaction or plan to cease - declaration and management processes

Proceed and follow required processes for documentation and transparency  
Plan any mitigations

- (2) Good Governance Principles**  
Specify your good governance principles and questions to help test fit with them \*(see next page)
- (3) Risk / Benefit Trade-Off**  
Set out risk / benefit checklists \*(see next page)
- (4) Risk Categories**  
Set out what falls into exclusions / high / moderate / minimal risk AND / OR the process by which this is determined



### Also consider:

- Are there alternatives that may achieve the benefits (or some of them) without as many risks?
- What mitigations could be put in place to reduce the risks?
- Do you have a quick exit strategy that won't incur substantial cost if the risks are higher and/or benefits are lower than expected?

2

## (2) Good Governance Principles

Specify your good governance principles and questions to help test fit with them



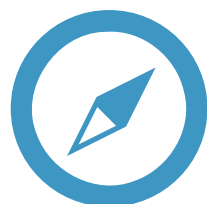
### Alignment between goals, values, policy & practice

#### About the organisation you are potentially interacting with

- Are the organisation's core activities and enacted values compatible with public health goals?
- Are their wider policies and practices (including support, funding or close links with other organisations) compatible with public health goals?

#### About the potential interaction

- What are the aims of the interaction? (are they aligned with public health goals & values?)
- Why is the interaction occurring? Is there a specific reason or is it ad hoc?
- Who makes the decisions about the interaction?
  - are their intentions and responsibilities aligned with public health goals? (intentions and responsibilities should not be assumed to be as they are stated – a judgement call will need to be made)
  - What qualifies them to make such decisions (eg expert by experience, public health training etc)
- Does the interaction meet the test that it improves public health and is an effective use of resources (bearing in mind opportunity cost and evidence base, risks and benefits)?
  - What are the potential benefits? (see checklist on next page for eggs)
  - What are the risks? (see checklist on next page for eggs)



### Independence

Is the interaction compatible with the organisation's remit and statutory functions? It should not compromise integrity, independence or credibility.



### Transparency

Does the interaction make adequate provision for:

- transparency? (are there any restrictions / limitations on communications or recording taking? Extent and terms of engagement should be open, risks and benefits should have been weighed up and communicated – as proportionate to the decision and interaction)
- independent monitoring and evaluation?



### Accountability

- Is it clear who is accountable and for what?
- What are the methods for scrutiny?
- Will there be public communication of the independent monitoring and evaluation? (as proportionate to the engagement)

### (3) Set out risk / benefit checklists

#### Benefits checklist

- ✓ Impact: does the interaction increase the organisation's ability to improve and protect public health?
- ✓ Reach and networks: does the interaction increase access to credible and respected networks, communities and diverse audiences that are likely to contribute to our ability to improve and protect public health?
- ✓ Knowledge and expertise: does the interaction give us access to knowledge or expertise that are likely to contribute to our ability to improve and protect public health?
- ✓ Are any interventions / approaches proposed as part of the interaction effective? (what does the evidence say? are they preventative? Do they meet public health goals?)
- ✓ Resources and financial commitment

#### Risks checklist

- ✗ Does the interaction create direct harm (to the population's health)?
- ✗ Does it normalise acceptance of harm / individual responsibility etc?
- ✗ How is the problem being defined and framed?
- ✗ Does it create dependence? For example, dependence on another organisation for expertise, funding or other resources. It is also worth thinking about less direct forms of dependence, for example, if a charity who is funded by an industry is delivering an intervention and then funding is stopped, is the local authority expected to pick up the funding?
- ✗ Is it a PR 'win' for an industry that contributes to health harms ('healthwashing')? – think about how the organisation will describe the interaction / how they are permitted to describe it if thinking about mitigations
- ✗ Are evidence-based / more effective / more preventative approaches being displaced? What's the opportunity cost?
- ✗ Is it more or less beneficial than doing nothing?
- ✗ Does it create risks for the organisation in terms of
  - reputation?
  - independence?
  - integrity? (eg does it provide perceived endorsement to a health-harming organisation? And/or is there an actual bias / conflict)