



Food industry influence in collaborative governance: The case of the Dutch prevention agreement on overweight

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ABSTRACT

Food policies to foster a healthy lifestyle are to an increasing extent developed through processes of collaborative governance in which public and private stakeholders negotiate voluntary agreements (VAs). The effectiveness of these VAs has been questioned repeatedly, because of the involvement of the food industry in drawing up these agreements.

In this article I further develop insights into food industry influence in collaborative governance through an in-depth analysis of negotiations on the Dutch prevention agreement on overweight which was concluded in 2018. Using documents obtained through a Freedom of Information request I show how the food industry succeeded in shifting the regulatory arena towards a collaborative governance set up that allowed them to co-design and propose appropriate measures. Secondly, in this arena the industry managed to weaken and modify most of the measures for which it would be responsible. Finally, the industry used backstage lobbying outside of the official arena to block a plan to introduce a sugar levy.

The case study confirms the weakness of voluntary agreements as an alternative to public regulation. This weakness results from the food industry's ability to capture collaborative governance processes and combine these with behind the scenes lobbying tactics. Policy-makers should therefore seriously reconsider the use of VAs for public health policies and governments should empower themselves to make a better use of public regulation both at national and EU level.

1. Introduction

In developing food policies governments are to an increasing extent substituting and supplementing traditional top-down methods of public regulation with more interactive forms of collaborative governance (Ansell and Gash, 2008; Siddiki et al., 2015). In this constellation governments deliberate with relevant stakeholders from the market as well as civil society with the aim of jointly agreeing on a set of measures through having each of the parties commit to taking distinct measures that serve public goals. These new hybrid forms of food governance (Verbruggen and Havinga, 2017) result in a wide range of voluntary agreements, covenants, pledges, pacts, public-private partnerships or 'deals' in which policy goals, ambitions and measures are spelled out. While the use of these agreements has been in particular prominent in environmental policies (Borck and Coglianese, 2009; Bryden et al., 2013; Delmas and Terlaak, 2001), collaborative governance processes are increasingly used in other policy domains (Bryden et al., 2013). This includes policies in the food-public health nexus with the issue of obesity and overweight being one of the most prominent areas of application

(Bekker et al., 2018; Swinburn et al., 2015).

Because tackling overweight and obesity inevitably involves considering measures regarding nutrition and food intake (WHO, 2007), food industry actors are routinely part of the group of stakeholders that deliberate and negotiate these voluntary agreements (hereafter VAs). Proponents of this approach argue that food producers, retailers, restaurants and caterers can effectuate a wide range of measures that improve public health outcomes such as through reformulating products, promoting the healthier option, making changes to menu-offerings, or adopting pricing strategies (Johnston and Finegood, 2015). Their involvement in these processes is at the same time reason for concern, because industry may use it to delay and weaken VAs making them in the end ill-suited to serve as a viable alternative to public regulation.

While there is a voluminous literature that examines the effectiveness of VAs as such (Bryden et al., 2013; Koehler, 2007; Prakash and Potoski, 2012), we know very little about the way the food industry exercises influence during the drafting of these VAs. A notable exception concerns research on the UK Public Health Responsibility Deal, which has enjoyed extensive attention from a wide range of researchers.

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(Durand et al., 2015; Flint, 2019; Knai et al., 2018a; Knai et al., 2015b; Knai et al., 2015c; Panjwani and Caraher, 2014; Ralston, 2021). These studies found that the industry was able to significantly weaken and soften the measures they pledged to undertake and thereby help explain why VAs are not very effective.

In this paper I seek to extend and elaborate this research approach by analysing food industry influence in another comprehensive health policy agreement: the Dutch prevention agreement on overweight, which was concluded in 2018.

In section 2 I first review the literature on collaborative governance and food industry involvement. I make use of the concept of arenas to highlight three interconnected strategies that the food industry uses: first it actively lobbies for the development of policies away from formal legislation and instead advocates the use of collaborative governance in order to draw up VAs. Secondly, inside this new arena it succeeds in keeping a close grip on measures that they have to implement and formulates these as ambiguously and weak as possible. Thirdly, it complements the co-opting of these measures inside the arena with extensive backstage lobbying outside the arena in order to maximize its leverage on the negotiations and block measures. In section 3 I outline the method of regulatory network analysis that I have used to reconstruct the decision-making process as well as trace food industry involvement in drafting this agreement.

In section 4 I reconstruct the process and outline participants, procedures and food industry tactics to weaken the agreement. I show how the food industry actively helped create the collaborative governance arena and once there created a sub-arena in which it was able to dominate negotiations on food-related measures. I subsequently show that the measures agreed upon were weak and difficult to monitor. In addition I show that the industry managed to completely block the introduction of a sugar levy. It did so by engaging in backstage lobbying and threatening the politically responsible Secretary of Health to walk out of negotiations. In section 5 I reflect on the process and provide additional explanations for the industry's success. In section 6 I draw conclusions on what this implies for the future of collaborative governance and recommend the use hard legislation as an alternative to VAs.

2. Voluntary agreements and food industry influence

2.1. Strengths and weaknesses of VAs

In the past decades VAs between governments and stakeholders have gained traction as an alternative to traditional public regulation (Bryden et al., 2013; Hernandez-Aguado and Zaragoza, 2016). These agreements are intricately connected to a distinct mode of policymaking that is best captured by what Ansell and Gash define as collaborative governance: 'a governing arrangement where one or more public agencies directly engage non-state stakeholders in a collective decision-making process that is formal, consensus-oriented and deliberative and that aims to make or implement public policy or manage public programs or assets' (Ansell and Gash, 2008). VAs have found wide application in those policy areas where firms are the subject of regulation and a modification of their activities is necessary in order to achieve publicly desirable outcomes. Whilst environmental policy clearly stands out as a domain of application (Borck and Coglianese, 2009), VAs can in principle be used in any policy domain, including food policies. When issues to be addressed are more complex and multifaceted a wide range of public and private actors from state, civil society and the market may be engaged: municipalities, health NGOs, educational institutions, health insurers, research institutes and sports associations may all join.

Governance scholars have identified a range of reasons for VAs to be used. The first is that VAs allow for a leveraging the expertise, knowledge, concerns and interests of a wide range of actors leading to outcomes that are both substantively better as well as can count on the support of key actors that are necessary for realizing the policy goals (Halfon and Hochstein, 2002). The expectation is that solutions to policy

problems will be better when arrived at through these deliberative processes than if they are imposed in a top-down manner. Moreover, when governments succeed in engaging a broad and balanced group of relevant actors from all relevant domains, a collaborative governance process may result in more comprehensive, intersectoral remedies, that may be superior to forms of regulation that only address a single sector (Fish et al., 2010).

A second reason is that VAs may yield a faster and more adaptable system of policies, compared to hard legislation. For example, agreements on improving the composition of products may be designed in an adaptable fashion, where commitments are regularly reviewed and strengthened based upon subsequent rounds of negotiation (Douglas and Ansell, 2021).

A third reason to conclude VAs is that processes of globalization and internationalization may have seriously constrained the ability of national governments to use public regulation in order to realize certain policy goals (Botterill and Daugbjerg, 2015; Knill and Lehmkuhl, 2002). This applies in particular to those measures that would affect the free trade of goods between countries and could constitute a trade barrier. A notable example within the context of the EU concerns a Belgian law to protect consumers health that set maximum salt levels in bread at 2 %. The Court of Justice of the European Union declared this law to be in violation of the EU rules on the free movement of goods and rejected the argument of the Belgian government that this was justified as a means to protect public health (MacMaoláin, 2015). Similar issues were encountered with respect to Minimum Unit Pricing for alcohol in Scotland (Holden and Hawkins, 2018).

A fifth and final reason to rely on voluntary agreements is that they may fit the national policy making style of a country: the default, standard operating procedures that governments use when confronting policy problems (Candel et al., 2020). A key dimension in the policy style repertoire concerns the imposition-consensus axis, where VAs are a common tool used by governments that embrace a consensual policy making style. Such a style is clearly visible in the Netherlands, where governmental policy making has been characterized as consensual, horizontal and informal (Candel et al., 2020).

Despite their widespread use and positive assessments, scholars have identified several potential weaknesses that are associated with the use of VAs.

A first weakness is their voluntary nature. In the end the agreements can never be legally enforced, so that governments will always have to rely on the goodwill of engaged parties to actually implement the measures they committed themselves to. Voluntariness also means that not all firms or companies will join certain initiatives, making the scope of a measures less comprehensive than desired (Henriksen and Ponte, 2018; Reeve and Magnusson, 2015).

A second weakness concerns the consensual nature of decision-making in drawing up VAs. Often this results in so called lowest common denominator outcomes that do not differ significantly from the status quo (Van de Kerkhof, 2006). In the words of Coglianese [...] 'consensus-building shifts the ultimate goal away from a quality decision and moves it toward reaching an agreeable one' (Coglianese, 1999, p. 31). In addition consensual decision-making may also delay and slow down decision-making processes.

A third weakness is the fact that interested parties themselves are co-designing and deliberating on policies. Private business interests may as a result be able to push outcomes away from what would be desirable from a public interest perspective (Hawkes and Buse, 2011). This risk is particularly prevalent in those constellations where there are serious power imbalances between different participants. Firms are often in a powerful position because their ability to adopt certain measures (for example reformulation, marketing restrictions etc) is critical in tackling the problems that need to be solved. Firms moreover are usually better resourced in terms of organizational and lobbying capacities, giving them better abilities to conduct negotiations (Ansell and Gash, 2008, p. 551; Berkhout et al., 2017). In doing so they can make use of privileged

information that is not accessible to other stakeholders. In food policies this consists of business sensitive knowledge about production processes and characteristics, product composition, market shares as well as the technical feasibility and costs of having to change products (Campbell et al., 2021).

2.2. The weakness of VAs in food policies

Several studies in the domain of food policy highlight the relation between involving the food industry in collaborative governance and the subsequent weakness of VAs.

The UK Public Health Responsibility Deal which was launched in 2011 is by far the best studied case of food industry influence in voluntary agreements (Flint, 2019). The deal was initiated by the UK government to engage public and private stakeholders in making agreements to foster public health in five domains: food, alcohol, physical activity, health at work and behavioural change. Process-tracing analyses of the pledge show that stakeholder involvement in the process was uneven, with food industry representatives clearly outnumbering health NGOs in the steering group (5 against 2) (Panjwani and Caraher, 2014). Analyses of subsequent drafts of the pledge show how commitments of industry actors to undertake action were weakened. Existing measures could be part of the pledge, quantitative measures for calorie reductions were removed and instead of having to report on progress made, the reporting of actions would be sufficient (Panjwani and Caraher, 2014).

The findings of these process-tracing studies are corroborated by a comprehensive analysis of the resulting food pledges in the Deal. It shows that a third of the pledges were already effectuated or in progress at the time of drawing up the pledge, whilst only 26 % of pledges was considered to be clearly a result of the pledge process itself (Knai et al., 2015a). In addition researchers were unable to find clear progress in calorie-reduction pledges, partly because industry did not supply the necessary data to assess these achievements and was not required to report in a structured and regular manner. Despite claims by the Food and Drink Federation that calorie-reduction had been achieved, researchers noted an overall increase in calorie-consumption in the years following the pledge (Knai et al., 2015a).

These patterns and outcomes with respect to food can also be seen in the Responsibility Deal Alcohol Network (RDAN) that pertained to reducing alcohol consumption. The alcohol industry exploited the voluntary nature of the pledge process to agree on measures that target the individual responsibility of consumers, and were able to divert stricter and more effective measures aimed at population level (Hawkins and McCambridge, 2019, 3). In doing so they were helped by the fact that public health bodies decided to walk away from the pledge process, precisely because of the government's unwillingness to consider stricter measures such as Minimum Unit Pricing. As I will further discuss in section 2.3, for the industry the attractiveness of these co-regulatory approaches lies precisely in making such forms of hard regulation off limits, whilst at the same time giving them the opportunity to show that they are very much willing to collaborate with the government in addressing health issues caused by food and alcohol consumption.

A comprehensive review of salt reduction initiatives across the world shows that most reformulation strategies make use of a voluntary approach, and that these result in a less effective reduction of salt levels compared to mandatory targets and levels (Hyseni et al., 2017; Winpenny et al., 2014). A case study of the UK salt reduction strategy finds that the initial successful process of the setting of scientifically warranted reduction targets by the Food Standards Agency were watered down when the UK secretary of Health decided to make industry itself responsible for this as part of the Responsibility Deal (MacGregor et al., 2015). Likewise in Portugal the food industry managed to negotiate down salt reduction targets in a food industry co-regulation agreement that was concluded in 2019 (Goiana-Da-Silva et al., 2019).

Evaluations of several commitments and voluntary agreements in

France point in a similar direction. The pursuing and embracing of these types of voluntary agreements is part and parcel of the French's food industry's strategy of 'policy substitution' in order to avoid public regulation (Mialon and Mialon, 2018). In the VAs concluded under the banner of the French Nutritional and Health Program (PNNS) most firms opted for individual commitments rather than engaging in sector wide agreements, thereby limiting the scope of measures (Réquillart and Soler, 2014; Sebillotte, 2019). Moreover agreements at times seemed to merely register efforts already made instead of creating new commitments. For example in 2014 the French government concluded an agreement with the soft drinks industry on a 5 % overall sugar reduction effort for the 2010–2015 period, hence at a moment where most of the reductions had been achieved already (Ministère de l'agriculture et de l'alimentation, 2014).

Overall then there is a contrast between the general and often positive assessment of VAs by governance scholars and the evidence presented above. Whilst those that embrace a governance perspective believe that leveraging the expertise of these firms constitutes a core condition for finding effective policy solutions (Ansell and Gash, 2008; Hernandez-Aguado and Zaragoza, 2016), another group of scholars points out that this engagement may actually results in processes of co-optation (Caraher and Perry, 2017; Jaffee and Howard, 2010; Lacy-Nichols and Williams, 2021; Martinez et al., 2007) where firms succeed in weakening standards and agreements.

2.3. How the food industry shapes collaborative governance

The above reviews about the nature and scope of VAs in food policies, clearly suggest that the food industry has been able to significantly weaken, delay and sometimes even block effective measures. Several studies suggest that by and large three complementary strategies account for their ability to do so: the creation of an institutional void outside of existing legislative frameworks through arena-shifting, the proposing of measures that are weak and difficult to monitor inside this arena, and the use of supplementary backstage lobbying to further influence deliberations and outcomes in the frontstage setting.

First, processes of collaborative governance often take place within a context of what Hajer has characterised as an 'institutional void': 'There are no clear rules and norms according to which politics is to be conducted and policy is to be agreed upon [...]. [A]ctors not only deliberate to get to favourable solutions for particular problems but while deliberating they also negotiate new institutional rules (Hajer, 2003, p.175–176). These observations point to the importance of analysing the way interested actors actively shape the setting in which policies are being made. A key element of this concerns arena-shifting (Flinders and Buller, 2006) where decision-making is 'de-politicized' by moving it away from the legislative arena where politicians can directly control and scrutinize decision-making to another setting where stakeholders and executive agencies are mandated to take the lead. Whilst Flinders and Bulmers highlight arena-shifting as a tactic used by politicians to avoid blame and responsibility, firms on their part also have an interest in shifting decision-making to these fora, This has been observed for example in UK alcohol policy where industry actors pledged for a 'partnership approach' as an alternative to legislation (Hawkins and Holden, 2013, p.62). The collaborative governance arena allows them to directly co-design and negotiate policies, rather than having to resort to lobbying activities aimed at civil servants and politicians. These observations prompt us to take institutional settings not for granted and investigate the way the food industry actively tries to create and – during the process may seek to adjust - arenas in order to advance their interests. Firms will actively support and foster such a regulatory approach and deliberately seek the use of VAs as a form of policy substitution that prevents hard regulation (Durand et al., 2015; Mariath and Martins, 2022; Mialon and Mialon, 2018).

This then brings us to the second industry tactic: negotiating the measures inside the arena. Here groups exploit the active empowering of

private parties as co-regulators and the voluntary nature of them to enter into ‘commitments which are vague, and focused on education and information for consumers, while being hampered from a public health policy perspective by limited monitoring and reporting’ (Knai et al., 2018b, p.10). On top of this studies show how during the process of drafting VAs, industry actors often press for a softening and weakening of commitments. In this process industry makes advantage of its privileged position with respect to the knowledge it has about sales figures and market shares. By qualifying this as commercially sensitive information industry can demand full control over the monitoring of progress (Campbell et al., 2021).

The third and final means of influence concerns the way the food industry uses backstages to increase its leverage. Drawing upon the work of Ervin Goffman Ralston (2021) shows how in the UK Public Health Responsibility Deal food industry actors and the Food and Drink Federation in particular engaged in ‘backstage negotiations’ as a means to effectuate changes, that could not be realized in the frontstage deliberations. Behind the scene the food industry was able to negotiate directly with civil servants without civil society actors present. All in all this resulted in a de-facto constellation where industry representatives were able to push the pledge contents very closely to their preferred position and the effectiveness of the pledge measures was significantly reduced. Proposals that seemed to emanate from civil servants were in fact strongly edited by industry groups before being presented in the frontstage negotiations. A similar constellation could be found in the Responsibility Deal’s Alcohol Network where public health groups noted that the industry enjoyed easy access to government officials who were keen on adopting voluntary measures whilst at the same time making clear to public health groups that binding regulation was simply off limits (Hawkins and McCambridge, 2019, p. 6).

The above review makes clear that investigating food industry influence in the drafting of VAs requires more than just observing the collaborative governance process itself, but also to take into account processes before and after as well as alongside the arena in which negotiations take place.

3. Methods & data

So far the UK Public Health Responsibility Deal has been the most well studied case employing all these methods of investigation. The present study seeks to deepen our understanding by analysing another VA in a comparable manner: the Dutch prevention agreement on overweight, which was concluded in 2018.

In analysing this agreement I draw upon the method of regulatory network analysis. This approach has been developed by scholars of regulatory studies who see processes of public and private regulation as ‘the result of ongoing interactions (contests, conflicts, alliances, modelling, and mimicry) by multiple actors (government, industry, and civil society)’ (Parker et al., 2017, p. 370). In order to see how the network interacted and operated I comprehensively studied the coming about of this agreement from begin to end, starting with the decision to draw this up through collaborative governance all the way up to the

signing of the agreement a year later.

In order to collect all relevant information, a request was filed under the Dutch Public Access to Government Information Act. The request was formulated in a comprehensive manner and aimed at gathering all relevant information and communication, in whatever form, relating to three main aspects: 1) the selection of organisations 2) all documents relating to (the preparation of) meetings and all the communication of the Ministry and between the Ministry and relevant actors 3) all drafts of the agreement in its various stages including the feedback and comments on these drafts provided by the different participants as well as experts consulted.

The request resulted in the release of 246 documents – which were sometimes partly blurred -, whilst 107 documents were not released because of one of the exception grounds that the law provides for.¹ The files contain minutes of meetings, preparatory notes for the Secretary of Health, letters from interest groups, internal memos of the Ministry, annotated drafts of different versions of the agreement, emails of civil servants and letters and emails from stakeholders to civil servants and to the Secretary of Health himself. Documents will be referenced through the number that was assigned by the Ministry upon release of the files (Doc[number]).

Additional to the document analysis interviews were conducted in order to gather relevant insights on process dynamics and lobbying processes both frontstage and backstage. Interviews were conducted through telephone with the independent chair of the overweight roundtable, with the representative of the Dutch retail association CBL and with the representative of the public health NGOs. In addition, written responses to questions were obtained from the representative of the Dutch food manufacturers FNLI, the Dutch Employer organisation VNO/NCW and the State Secretary for Health. Finally, two off the record interviews took place with two persons who were closely involved in the negotiations and were able to provide insight on the strategies employed by different participants. These two interviewees asked to remain anonymous given their continued involvement with many of the participants in the roundtable.

The analysis spans the full period of setting up the collaborative governance arena through the ‘overweight roundtable’ in late 2017 until the formal signing of the covenant on 23 November 2018. The results are presented in such a way that they highlight the three different influence strategies that were identified above, whilst also taking account of the chronology of the process.

4. Results

4.1. How the food industry created a lopsided arena

In the fall of 2017 the new Dutch government presented its policy plans by means of a coalition agreement which included the provision that ‘A national preventive healthcare agreement will be concluded with patient organisations, care providers, health insurers, municipalities, sports clubs and associations, businesses and civil society organisations. The focus of the agreement will be on tackling smoking and obesity’

¹ The request and the documents can be found at <https://www.rijksoverheid.nl/documenten/wob-verzoeken/2020/06/03/besluit-wob-verzoek-over-het-nationaal-preventieakkoord-thematafel-overgewicht>. The request was made on 27 February 2019. The ministry released a total of 239 documents on 2 and 23 April 2020, thereby severely exceeding the legally prescribed term of 8 weeks within which such requests should be dealt with. After filing an appeal an additional 7 documents were released on 7 September 2020. The most important reason for not releasing documents or parts thereof concerns the ‘personal opinions’ of civil servants which are not considered to be part of official governmental policy. Documents were also withheld in case they were meant for deliberation or decision-making in meetings of the Council of Ministers, as information about these meetings is kept confidential for 50 years in order to ensure the unity of cabinet government.

(Government of the Netherlands, 2017, p.17). This provision in the agreement was almost literally copied from a letter that societal stakeholders had sent to the negotiating parties earlier that year. In the letter they emphasized the need for ‘a modern prevention approach’ to tackle an unhealthy lifestyle through a comprehensive set of ‘goals, actions, measures’ formulated and implemented by societal stakeholders (VNO-NCW, 2017). The letter was signed by amongst others the Dutch peak organization of employers VNO-NCW, several patient and healthcare organisations as well as the Dutch Federation of Food Producing Industries (FNLI).

The Ministry of Health, Welfare and Sports and its junior minister – which in Dutch is called ‘state secretary’ (which I will call Health Secretary) - was subsequently tasked with seeing to it that a prevention agreement could be drawn up with the full support of societal stakeholders.

In November of 2017 civil servants drew up a list of potentially relevant organizations, many of which consisted of so-called peak associations. The ministry in the end hosted a total of 73 organizations in five roundtable meetings to explore what the agreement should focus upon and how it should come about (Doc 3). One large group consisted of organizations representing health care providers, including hospitals. The other large group consisted of a wide range of health NGOs. Many of these in the form of ‘funds’ that are engaged in a combination of research and health advocacy relating to specific issues, such as heart diseases, diabetes, or respiratory issues. During this process the association of small and medium enterprises (MKB Nederland) complained to the Ministry about the lack of representation of business interests in the roundtables. They were invited for a meeting and assured that in the actual process a more balanced composition of stakeholders would be ensured (Doc 13).

Following these meetings civil servants further discussed the process of organizing the agreement in several sessions with the Health Secretary in January and February 2018 (Doc 16, Doc 20). The civil servants advised him to set up three separate thematic tables that would each be responsible for drawing up partial agreements for smoking, problematic use of alcohol and overweight. Fig. 1 provides an overview of the overall structure of the prevention agreement whilst in Table 1 the participants of the Overweight Table are listed. The food sector was present through four umbrella organizations that represented all the significant parts of commercial food operations: food producers, retailers, food caterers and the hotel-café-restaurant sector. These tables were to be chaired by an external, independent person.

Looking at the overall composition of the table, one might conclude that it reflects a balanced composition of key stakeholders in different domains: food, health care, education, sports and care are all represented.

The picture becomes different however when looking at the composition of so-called ‘subtables’. The creation of these subtables was the direct result of additional pressure by the food sector itself after the

process of drafting the agreement had gotten underway. In a letter to the Health Secretary they complained about the lack of independence of the person chairing the process and the too strong ambitions that he expressed in terms of measures that should be aimed for. On 25 May 2018 - in a preparatory meeting before the Overweight Table would meet again - the Health Secretary and chairs of the tables decided to subdivide the group into smaller sub-tables as a way to the ‘overcome resistance, without however giving in on the ambitions’ (Doc 70). These subtables were made responsible for developing measures falling within the remit of that table.

Five subtables were created: food, care and support, environment, sports and exercise and integral perspective. All four food industry organizations were allocated to the food table and joined by a single NGO, the SGF, representing all the health NGOs and a representative from the Ministry. As a result, food industry actors dominated the food subtable in a 4–1 constellation, where the defending of public health interests needed to be taken care of by a single NGO.

The process above shows first how stakeholders successfully lobbied to create a distinct collaborative governance arena where they would be directly involved in developing prevention policies. After the food businesses realized they would be clearly in the minority, they successfully pushed for the creation of thematic subtables which allowed them to have the upper hand for the most crucial part of the exercise: the formulation of concrete measures.

In the next section I will show how the food industry’s minority position in plenary made them unable to block stricter ambitions, whilst their majority position in the food subtable enabled them to formulate weak, concrete measures.

4.2. How the food industry watered down concrete measures

As far as substantive goals were concerned the coalition agreement did not specify any targets in terms of a reduction in overweight and obesity levels that should be aimed for. This meant that aims, goals and measures needed to be decided in the process of drawing up the prevention agreement itself. In the end it was decided that a three staged framework of ambitions – goals – measures would be used.

First, a scientifically validated level of *ambition* regarding obesity and overweight levels in 2040 needed to be established. This should be followed by a set of concrete *goals* relating to necessary changes in the way people consume food as well as their exercise behaviour and accompanying changes in food environments to facilitate this. Lastly, concrete *measures* were to be agreed upon in order to meet those goals. The nature of these measures could vary and both consist of financial stimuli for certain programs, self-regulation and the use of public regulation (Doc 16). To warrant the effectiveness an independent scientific expert was added to the table and the National Institute for Public Health and the Environment would be asked to calculate the effects of measures.

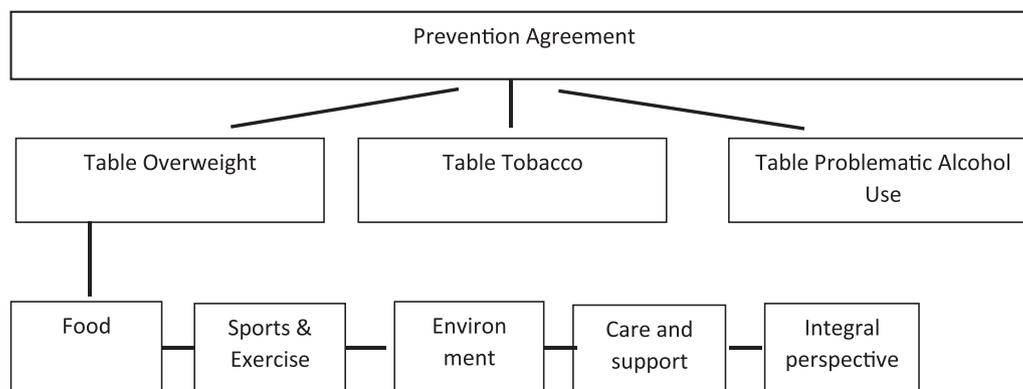


Fig. 1. Main tables and subtables for Overweight Table in the prevention agreement (Source: Doc 16, Doc 111).

Table 1

Composition of Overweight Table and subtable memberships (members of food subtable in bold) Source: Doc 111.

Name	Represents	Type	Domain	Subtable Membership				
				Food	Sports	Environment	Care	Integral perspective
VWS	Ministry of Health Welfare and Sports	State	State	x	x	X	x	x
FNLI	Food Manufacturers	Market	Food	x				
VENECA	Food Caterers	Market	Food	x				
CBL	Food Retailers	Market	Food	x				
KHN	Hotels/Cafes/Bars	Market	Food	x				
SGF	Health Funds Umbrella	NGO	Health	x				
ENFB	Cyclist and Hiking Associations	NGO	Sports		x	X		
IVN	Alliance Nature Organizations	NGO	Other		x	X		
NOC/NSC	Sports associations	NGO	Sports		x			
Special Heroes	Sports and handicaps	NGO	Sports		x			
VSG	Sports and Municipalities	NGO	Sports		x			
Diabetes Fonds	Diabetes Association	NGO	Health			X	x	
JOGG	Youth at Healthy Weight	NGO	Health			X	x	
Platform Overgewicht	Platform Obesity	NGO	Health				x	
Voeding in de Zorg	Alliance Food and Care	NGO	Health				x	
PO/MBO/VO Raad	Primary/secondary schools	NGO	Education					x
GGD/GHOR	Public health agencies	State	Health					x
Boink	Child care providers	NGO	Children					x
VNG	Association for Municipalities	State	State					x
ZN	Health Insurers	Market	Health					x

In March 2018 the Ministry shared a first set of ambitions and a range of possible goals and measures in order to arrive at these with the participants of the Overweight Table (Doc 32). The overall ambition for overweight that the ministry proposed consisted of making sure that by 2040 the proportion of overweight would still be at the current 49 % of the population, whilst achieving a significant decrease of the rates of overweight in young adults and the rates of obesity in adults compared to the 2015 figures. The ministry had two general aims: to get the consumption behaviour of adults and children more in line with the official dietary advice of the Dutch government (the so-called Wheel of Five) and to reduce the consumption of calories and sugars in particular.

These ideas were discussed in the second plenary meeting of the Overweight Table on 25 May 2018. In the meeting three food industry actors (CBL, VENECA, KHN) called the ambitions 'not realistic', whilst the fourth one (FNLI) rejected the idea of starting out with ambitions and proposed to start with measures instead. The FNLI also rejected the idea of focusing on the dietary guidelines, as this would for example prevent the possibility to market sugar free soft drinks which are not part of the recommended diets, whilst it could contribute to reducing obesity (Doc 80).

Still, the other organizations at the table and the scientific advisor wanted stronger ambitions however and were able to get these agreed upon in the 6 July meeting. The parties agreed that by 2040 adult and youth obesity rates should have gone down to the level of 1995. This for example meant that *overweight* rates of adults should go down from 48 % to 38 %, whilst *obesity* rates should be halved from 14,5 % to 7,1 %. Compared to the Ministry's original ambitions, the plenary table thus succeeded in agreeing on more ambitious reduction targets, despite opposition from the food industry. These made it into the final agreement and were never renegotiated along the way.

Arriving at an agreement on the concrete measures that would help achieve these ambitions proved to be much harder, however. These concrete measures were developed and proposed at the different subtables.

Food industry actors declared themselves to be fully in charge of those actions that would require a policy change on their part. At the food subtable this generated a tense dynamic with the SGF health NGO and the representative for the Ministry. The food industry rejected any suggestions made by the SGF for example reduce the packaging size of candy bars, or those from the Ministry to be more ambitious in sugar reduction targets. Draft documents of possible measures show how the representatives of the retailers at several points inserted remarks such as: 'who did present this? Not proposed by retailers'.

The talks in the end resulted in 25 actions which were subdivided in three rubrics: *facilitating the healthy choice*, *less calories* and *healthy canteens and restaurants*. Table 2 lists the 17 action points that involved one or more food industry actors. Each of them has been categorized in terms of the nature of the intervention using the 4P-framework (Price, Product, Place and Promotion) (Lloyd-Williams et al., 2014) as well as in terms of its concreteness by checking to what extent the intervention meets SMART criteria: Specific, Measurable, Achievable, Realistic and Timebound (Van Herten and Gunning-Schepers, 2000).

In the *facilitating the healthy choice* category most actions revolve around better informing consumers, but no SMART criteria are formulated. An example concerns the measure that 'retailers will seduce consumers to eat more products that belong to the Wheel of Five dietary advice'. It is absolutely unclear what efforts this will entail, what the timeframe is within this will be done and when a sufficient level of seduction can be said to have been achieved. In other cases the scope is more clearly defined (educating 750 employees on healthy food annually), but the contents of the action remains unspecified (what will the education consist of?).

In the category *less calories* only one measure – 5 % less sugar in dairy drinks by 2020 - meets all the SMART criteria, but is not very ambitious. The other measures are unspecified, still to be formulated or do not formulate actions at all. The commitment to 'decrease of sugar consumed through A-brand sodas by 25 % in 2020 and by 30 % in 2030', is in fact not a measure but a goal. It does not tell who is responsible to achieve this and no specific action on the part of the industry – reformulation, promoting calorie-free drinks or smaller packages - is specified. Moreover, as we shall see below, the commitment was very easy to meet as the year 2012 served as the baseline and most of the sugar reduction had already been achieved at the time the agreement was made.

In the category of *healthy canteens and restaurants* voluntary guidelines dominate. The only SMART measure is the promise of soft drinks manufacturers to stop selling regular soft drinks to schools. However, because most schools do not buy these drinks directly from manufacturers, but through caterers, this is an easy promise to make.

Part of the reason why the measures ended up being so weak, is that they were weakened along the way. A first example concerns the range of measures that aimed to stimulate people to bring their consumption better in line with the official Wheel of Five dietary guidelines of the Dutch Nutrition Centre. Whilst the September 2 version of the agreement still contained the commitment that 'retailers strive to generate a 5 % increase in the annual turnover of products belonging to the Wheel of

Table 2

Commitments in prevention agreement involving food industry actors. Source: (Ministry of Health Welfare and Sports, 2018). Key phrases extracted and key verbs highlighted by author. Targets classified using the 4-P framework (Lloyd-Williams et al., 2014).

Nr	Target	Subtype	SMART
<i>FACILITATING HEALTHY CHOICE</i>			
1	Retailers, horeca and caterers aspire an increase in consumption of products belonging to Wheel of Five	N/A (Goal)	
2	Retailers seduce consumers to eat more according to Wheel of Five	Promotion	Campaigns
3	Retailers educate 750 employees annually on healthy food	Promotion	Campaigns x
5	Government and CBL will research how marketing efforts can contribute to increase in Wheel of Five consumption	N/A (research)	
6	Government, CBL and Veneca will develop actions to structurally increase fruit and vegetable consumption	Promotion	Campaigns
8	Veneca will advise its members to facilitate the healthy choice at catering locations by 2022	Promotion	Campaigns
9	KHN encourages its members to stimulate the drinking of water and sugarfree drinks instead of regular soft drinks	Promotion	Campaigns
10	Retailers and food manufacturers limit use of licensed media characters targeting under 13 year olds using nutritional guidelines and incorporate this in advertising code	Promotion	Advertising x
11	Retailers limit of use of branded characters using WHO criteria.	Promotion	Advertising x
<i>LESS CALORIES</i>			
13(1)	Retailers and food manufacturers will decrease sugar content of dairy products with 5 % by 2020.	Product	Reformulation x
13(2)	Food manufacturers will make agreements on reduction of portion size of snacks, ambition for 70 % of A-brands by 2020.	Product	Reformulation
13	The amount of calories sold through A-brand soft drinks will decrease with 25 % by 2020 and 30 % by 2025	N/A (Goal)	
(3a)			
13	Retailers commit to a substantial reduction in amount of calories in private label softdrinks and make a plan before March 2019	Product	Reformulation
(3b)			
<i>HEALTHY CANTEENS, RESTAURANTS AND FOOD ENVIRONMENT</i>			
17	FNLI will make food manufacturers aware of Advertising Code for Food in relation to sport sponsoring	Place	Guidelines
19(2)	Soft drinks manufacturers will advise caterers to only sell low calorie and zero calorie softdrinks to schools from 1 January 2019.	Place	Guidelines
19 (3)	Soft drinks manufacturers will discontinue selling regular soft drinks to schools	Place	Guidelines x
21	KHN stimulates its members to serve smaller portion sizes in restaurants	Place	Guidelines

Legend: CBL: association of retailers, VENECA association of caterers, FNLI association of food manufacturers, KHN association of hotels, restaurants and cafes.

Five' (Doc 202, p.5), the final version states that 'retailers, restaurants and caterers *aspire to have the turnover of products from the Wheel of Five increase on an annual basis*' (Doc 332, p.35). Here the goals become more diffuse and the range of actors responsible is broadened so that it is unclear who in the end bears what responsibility.

A second example is the stimulation of drinking water. Where in a draft version of 3 September it said that '*Restaurants will provide for making tapwater as accessible as possible*' (Doc 202, p. 6), in the final version this was reduced to the pledge that the 'restaurant association KHN will *encourage* its members to *stimulate the drinking of water and zero-calorie drinks instead of regular softdrinks*' (Doc 332, p.6). Concrete actions of restaurants itself are replaced by a promise of their interest association to recommend these to its members, and instead of focusing on stimulating tap water consumption, any zero calorie drink suffices.

As a third and last example we can mention the consumption of fruits and vegetables. In the 3 September version of the agreement bringing this up to the levels specified by the Wheel of Five was still included as a specific ambition and would imply striving for an intake of 250 g of vegetables and 200 g of fruit. In the final version of the agreement this ambition was watered down to achieving a *structural increase* in the consumption of fruit. (Doc 332, p. 36).

All in all this review of frontstage negotiations shows how the dominance of food industry representatives at the food subtable resulted in the formulation of weak measures. The procedural set-up of the collaborative governance process allowed food industry actors to get away with these measures, because they had managed to take control over the formulation of food measures at a dedicated subtable. Moreover, given the fact that they had to take the measures themselves, they did not accept suggestions from other parties.

4.3. Going backstage: How the food industry blocked the sugar levy

Throughout the process of drafting the prevention agreement one measure clearly dominated the industry's list of concerns: the potential introduction of a sugar levy. I trace the course of events surrounding this measure to illustrate the dynamics between front and backstage interactions. (Online appendix A provides an extensive timeline that summarizes frontstage and backstage events and the evolution of measures in this dossier.).

The Health Secretary started out with clear ambitions to introduce a sugar levy that was inspired by the successful UK sugar levy. These ideas already circulated in the very first drafts of potential measures to be considered, and would provide an important element of the ministry's desire to put in a dedicated commitment on its part, just as all the other parties to the agreement would do. After much deliberations the Health Secretary in the end proposed a modification of the existing user levy for all drinks which stood at 8,83 cents per litre. In the proposal mineral water and sugar free drinks would be exempted from this levy and the loss in revenue as a result of this would be recaptured by increasing the levy for sugared drinks. That levy would increase to 12,75 eurocents per litre.

The food industry fiercely opposed these proposals. They did so both openly in the meetings of the Overweight Table as well as through extensive backstage interactions. The food producers association FNLI and the retailers association CBL both wrote letters with their concerns as well as demanded and were granted repeated meetings with the Health Secretary (Doc 194, Doc 213). They provided three types of objections. The first was that the own efforts of the industry to reduce the amount of sugars consumed through sodas had proven to be much more effective than a levy could achieve and hence were the right way to continue. A second argument, brought in by CBL, was that agreeing to such a measure would violate competition law. A third argument was that the measure did not belong in a covenant given the fact that it came from the government itself and not the societal stakeholders. Hence a tax measure did not sit well in such a covenant, according to the organizations.

The backstage lobbying efforts were very well coordinated as evidenced by the timing of letters sent and calls made. Moreover the lobby extended beyond the formal participants of the Overweight Table and included the peak association of employers, VNO-NCW. On 12 September 2018 the chairman of VNO-NCW made a phone-call with the Health Secretary, as evidenced by notes of his civil servants (Doc 238). He made clear that the levy was a vital concern for the food industry and as an alternative proposed an intensification of the existing sugar reduction strategies by industry. On 24 September 2018 the association subsequently chaired a large delegation of food industry representatives from both the Overweight Table as well as the alcohol table in a two hour meeting with the Health Secretary. This meeting as well took place

outside of the formal framework of the prevention agreement deliberations and was unknown to the other participants (Doc 240). The backstage nature of this is exemplified by the fact that even the chair of the Overweight Table was not aware about these activities. 'No, I did not know this, but it does not surprise me', was his reply when this course of events was revealed to him in an interview to reconstruct this process. (Author interview with chair table overweight)

Despite these pressures the Health Secretary initially stuck to the plan to include the levy in the agreement and certainly did not go along with the 'offer' from VNO-NCW to 'take more sugars out of the market'. His advisers wrote: 'most of this has been achieved already so it is not advisable to accept this in return for dropping the tax measure' (Doc 238). Accordingly the measure was still included in the fourth draft text of the agreement that was presented in the beginning of October 2018.

From that point on however opposition from the food industry became so persistent that it imperilled the conclusion of the agreement as a whole. In the plenary meetings of the Overweight Table, all food industry actors indicated that they would in that case not sign the agreement and walk away from the negotiations (Doc 254).

Then as by surprise on 31 October 2018 the participants received an e-mail message that the tax measures would be taken out of the agreement. Instead the Health Secretary would now announce this levy separately in the letter accompanying the agreement to parliament (Doc 299). From the interviews it becomes clear that this was an effort by the Health Secretary to still rescue the levy. After all, by not including it in the agreement itself, the food industry would not have to consent to it anymore and hence would not have a reason to walk out. This attempt failed however. In an internal email of the department of Health of 13 November it was mentioned that as part of the latest modifications the levy in the end had been taken out of the letter to parliament (Doc 313). The available documentation does not provide further evidence on how this precisely came about, but it is very likely that the measure was again the result of backstage lobbying by the food industry.

In a phone interview one lobbyist for the food industry acknowledged that he 'maybe should have claimed the taking out of the levy in the letter to parliament as one of our successes'. It had been blocked by one of the coalition parties, the liberal conservative People's Party for Freedom and Democracy (VVD). Asked whether he had asked them to do so he answered: '[...] Do not quote me on this, but the VVD has intervened forcefully to prevent a couple of things. We did indeed talk to Hayke Veldman [the MP handling prevention policies HL] and he has subsequently made his own judgement of the situation. Our policy is to use every channel available to make our viewpoints clear as will other interest group do as well. It ain't over until the fat lady sings, as the English use to say' (Author interview with food industry representative). This account of events is confirmed by the chair of the Overweight Table: 'it was absolutely clear that keeping the levy in would not be supported by the liberal conservative party, and Hayke Veldman was the important member of parliament here because it was his portfolio and his advice would be leading for the party-stance' (Author interview chair Overweight Table).

All in all then the process surrounding the sugar levy shows how the food industry almost constantly engaged in a parallel backstage lobbying effort to block one of the most significant measures that would be introduced. In return little extra efforts were included on the part of the industry. A-brands - the large brands with leading shelf positions - committed to a further reduction of the amount of sugar consumed through sodas to 30 % by 2030, but as was outlined above, most of that reduction was already achieved at the point of signing the agreement on 23 November 2018.

5. Discussion

The in depth-analysis of the drafting of the Dutch prevention agreement on overweight highlights a lot of the concerns that health policy scholars have voiced on the basis of comparable analyses of VAs

in other countries. The food industry used every possibility to weaken measures and the final agreement had all the characteristics of a lowest common denominator agreement. This was the direct result of the consensual nature of decision-making that is characteristic of negotiating voluntary agreements.

This at the same time begs the question as to why NGOs and the Health Secretary himself were still content enough with the results. Why did not they walk out of the negotiations?

As for the Health Secretary himself, the decision to still allow the industry to 'get away' with rather weak commitments came as a result of the decision of the Dutch government to develop preventive policies through a covenant that would have broad support from all societal stakeholders, including firms. In other words, the assignment for the Health Secretary was mostly procedural. Hence, when several members of parliament at a later stage asked him why a sugar levy was left out, he responded that indeed the food industry was against such a measure, but that all participants in the end had consented to 'a package of measures which was supported by all signatories' (Tweede Kamer, 2020, p.72), including the alternative for sugar reduction offered by the industry.

Here we can see how the procedural requirement of keeping everyone on board and getting the full support of all stakeholders was more important than the substantive requirement of ensuring an agreement that would be truly effective. This perspective was also embraced by the chair of the overweight roundtable: 'If they would have asked me to write the text of the agreement on my own, it would have contained much stricter measures. However, we had to seek a compromise in order to keep businesses and NGOs on board. Moreover a more substantive agreement would have never received the support of all the coalition parties in the government' (Author interview chair Overweight Table).

This then begs the question why other stakeholders in the end accepted this package. A first explanation for this lies in the interconnectedness of the different negotiations at the different tables. In an interview the SGF spokesperson pointed out that it was very clear that the threat of the industry to walk out of the agreement was credible and would have meant that firms and retailers would have walked away from the other negotiation tables on alcohol on which they also had a seat. This would have imperilled measures agreed upon there, which would have generated health improvements. In the end therefore the SGF and many other NGOs decided that a weak agreement would be better than no agreement at all.

A second explanation concerns the fact that for some stakeholders the agreement ensured a continuation or expansion of public funding for their preventive health activities. For the implementation of the agreement a total sum of 61 million euros was made available (Staatssecretaris van VWS, 2019) and many NGOs would directly or indirectly benefit from this. Schools for example could apply for subsidies to get water taps installed and insisted on using the existing program on Healthy Schools as the channel to fund preventive measures for the educational sector. Likewise the NGO JOGG (Youth at a healthy weight) was very active in carving out a set of measures that would give them a significant role and accompanying funding in setting up programs to tackle overweight in adolescents. A failed agreement would have implied that these funds would not have become available.

A third explanation for the weakness of the resulting agreement lies in the far superior skills of the food industry lobbyists, in particular those representing the food producers (FNLI) and the retailers (CBL). The chair of the Overweight Table reflected on this by saying that 'From a professional viewpoint it was an absolute delight to see how they played the game. I would immediately hire these people, for whatever kind of lobbying assignment. Whilst the NGOs often got bogged down in endless debates about minor details, they kept track of the big picture'. He fully accepted the fact that the food industry in addition engaged in backstage lobbying: 'This is how you play the game. The NGOs should have done the same' (Author interview chair Overweight Table). Whilst one of the health NGOs also engaged in extensive backstage lobbying, these efforts by a single NGO could not rival the elaborate and concerted lobbying

barrage that came from the food industry. A key element in this strategy concerned the mobilization of the VNO-NCW, which is generally considered to be the most powerful lobbying organization for businesses in the Netherlands (Andeweg and Irwin, 2005).

6. Conclusion: Are VAs still worth the effort?

On paper processes of collaborative governance might provide for an inclusive, interactive and open deliberative process that could result in effective voluntary agreements improving public health. As this case study has shown, the actual practice of arriving at these agreements falls significantly short of the ideal-typical process that advocates of collaborative governance prescribe. This results in a set of measures that are insufficient to achieve the goals that have been set at the beginning of the negotiations, because they have been weakened along the way. Through this food policies partly escape the scrutiny that can be found in the legislative arena when governments need to defend legislative measures (Beveridge, 2012, p.53-54). But while they take place outside of the formal political arena, they are at least as political (Flinders and Buller, 2006) and hence allow for disproportionate influence of the most powerful and skilful lobby groups in the food industry.

Food industry groups can do so first because all other stakeholders are critically dependent upon the willingness of food industry to take and implement measures themselves. Whilst public regulation could simply force the food industry to take certain measures, voluntary agreements rely on the goodwill of industry to be 'part of the solution' (Lloyd-Williams et al., 2014). The consensual nature of decisionmaking and the voluntary nature of the endeavour makes it impossible to override them.

Secondly, in these processes food industry actors possess crucial informational resources regarding product composition, pricing, market shares and other features. These allow them to delay the negotiation process as well as to strategically choose and negotiate targets that are easily within reach and do not require drastic revisions of production or marketing processes (Campbell et al., 2021).

Thirdly, the case study has shown that the food industry employed a dual track lobbying strategy and in this way exacerbated the power imbalances already present (Ralston, 2021). Frontstage participation in the formal negotiation process was accompanied by an elaborate system of backstage lobbying targeting the Health Secretary as well as key legislators through meetings, phone calls and letters. The use of such backchannels runs completely against the consensual trust based context in which collaborative governance processes are supposed to take place (Ansell and Gash, 2008).

The industry has a vested interest in using and maintaining the collaborative governance arenas as it contributes to the 'institutionalisation of a highly favourable policy regime [...] in which they can regularly engage policymakers, shape the policy agenda and steer resources away from potentially damaging policy developments' (Hawkins and McCambridge, 2019, 8). For public health groups on the other hand, this arena presents them with a difficult conundrum. If they decide to play along, they run the risk of contributing to the legitimization of co-regulation and the subsequent suboptimal outcomes it produces. However if they decide to not participate or at some point walk out, they can be easily accused of being non-constructive partners that frustrate policy-making processes.

7. Policy implications

This case study has - once again - shown that VAs are clearly a second best alternative to public regulation to develop health policies. It results in a severely circumscribed policy space (Hawkins and McCambridge, 2019) in which collaborative governance increasingly acquires a status as the preferred mode of policy-making and a classic regulatory approaches through legislation is being seen as a strategy of last resort, whilst it would in fact be able to produce superior public health

outcomes. At national level governments should seriously reconsider the added value VAs have given their limited effectiveness and the delays they generate in developing urgently needed health policies (Caraher and Perry, 2017). It is telling that the UK government in the end decided to introduce a sugar levy, because the voluntary approach turned out to be not as effective as they had hoped for. In a similar vein the new Dutch government that took office in January 2022 included a soft drinks levy in its coalition agreement, after several evaluations by the Dutch institute of public health showed that the measures agreed upon proved to be insufficient. In a farewell interview the outgoing Health Secretary said he would have loved to continue his work in the newly constituted government: "I would have been extremely eager to implement the sugar levy that the new government has announced" (Den Hartog and Van Soest, 2022). More than four years after concluding the prevention agreement the government finally had decided to resort to this much more effective price instrument in order to realize health benefits.

If governments still prefer to (first) engage the food industry in a process of co-regulation or collaborative governance, they are advised to do so through a system of legislative scaffolding (Reeve and Magnusson, 2015). If used at all voluntary approaches require a much clearer and straightforward institutional set up and rules of the game (Siddiki et al., 2015) where governments clearly position themselves as 'gorillas in the closet' (Verbruggen, 2013). In such a constellation the shaping of voluntary agreements takes place in the shadow of a clear and credible public regulatory alternative that incentivises stakeholders to agree on ambitious measures, in order to avoid public regulation (Henriksen and Ponte, 2018; Reeve and Magnusson, 2015). Here public health goals are to be set and determined in the formal political arena and a clear regulatory 'threat' has to be formulated in case the VA fails to meet goals. Classic regulatory instruments such as taxes and levies can be complemented by novel informational based tools such as regulatory shaming (Martinez et al., 2007; Yadin, 2019) where governments deliberately expose and condemn those companies that fail to meet targets that have been agreed upon. Secondly, negotiations between parties should be based on the basis of an informational level playing field that ensures that market parties do not withhold information that is relevant for assessing the viability and impact of measures. In case this information is business sensitive, trusted third parties can be enlisted to aggregate and assess this so as to not compromise a firm's market position. Monitoring agreements has been identified as a key condition for making VAs work (Ngqangashe et al., 2021). Lastly and most importantly, the process of drafting agreements should be transparent, and information on steps taken needs to be available to the public, media and politics. This can be achieved by posting minutes of meetings and draft versions of the agreement during the process.

A more fundamental but also more difficult way to overcome the problems associated with VAs, would be to make sure governments recapture regulatory authority. Within the context of the European Union a first option could consist of boosting regulatory capacity at EU level, so that a level playing field is ensured and the EU internal market does not become fragmented. In its farm-to-fork strategy the European Commission has proposed to further facilitate healthy choices by expanding labelling requirements and 'launching initiatives to stimulate reformulation of processed food, including the setting of maximum levels for certain nutrients' (European Commission, 2020). At present it is not clear how binding these measures will be and how much support these proposals will enjoy from EU-member states and the European Parliament (Schebesta and Candel, 2020). While it is certainly true that the food industry will mobilize its lobbying resources in order to affect these legislative trajectories, research also shows that at EU level both the European Commission and the European Parliament are generally inclined to at least as much taking into account public health and consumer interests (Hoff et al., 2016; Kurzer and Cooper, 2013).

A second way in which the EU can increase regulatory capacities is by giving its member states more regulatory leeway. A promising avenue in this context concerns a more differentiated system of value-added

taxes to allow the healthy choice, which was approved by EU member states in December 2021 (European Commission, 2021). By increasing such regulatory powers at domestic level, governments will be better able to achieve public health objectives, either through applying these measures directly, or using them as a possible regulatory option that stimulates stakeholders in collaborative governance to agree to a set of effective measures.

CRedit authorship contribution statement

Herman Lelieveldt: Conceptualization, Investigation, Methodology, Writing – original draft, Writing – review & editing.

Declaration of Competing Interest

The author declares that he has no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Appendix A. Supplementary material

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.foodpol.2022.102380>.

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