

Governing ultra-processed food and alcohol industries: the presence and role of non-government organisations in Australia

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Harmful commodity industries (HCIs), including the alcohol and ultra-processed food industries, shape the noncommunicable disease (NCD) crisis in Australia and globally through their policies and practices that aim to make their products readily available, accessible and highly desirable for human consumption.¹⁻⁴ Such commercial forces are referred to as the commercial determinants of health (CDOH), which recognise the systems, practices and pathways through which commercial actors drive human health.⁵ A key challenge for contemporary governance for health is to understand 'who can do what and how' to regulate CDOH. In this study, we follow the broad definition of regulation as "influencing the flow of events",⁶ recognising that non-state actors play an important role in shaping food and alcohol policy and business practices at national and global levels.

Today, the processes of governing (denoting authoritative social steering toward a collective goal) involve a diversity of actors and organisational forms and span multiple sectors and levels.⁷ The neoliberal ideology that arose in the late 20th century saw a less central role for governments. It envisaged new collaborative modes of governance between businesses, international organisations and civil society,

Abstract

Objective: The roles of non-governmental organisations (NGOs) in regulating harmful commodity industries (HCIs) are understudied. The aim of this paper is to identify the NGOs and the roles that they play in the governance of the ultra-processed food and alcohol industries in Australia.

Methods: We undertook an exploratory descriptive analysis of NGOs identified from an online search based on the typology we developed of type, issue area and governance function.

Results: A total of 134 relevant Australian NGOs were identified: 38 work on food issues, 61 with alcohol issues and 35 are active in both. In the food domain, 90% of NGOs engage in agenda setting, 88% in capacity building, 15% in implementation and 12% in monitoring. In the alcohol domain, 92% of NGOs are active in agenda setting, 72% in capacity building, 35% in implementation and 8% in monitoring.

Conclusions: Australian NGOs are active actors in the food and alcohol governance system.

Implications for public health: There are many opportunities for NGOs to regulate HCI practices, building on their relative strengths in agenda setting and capacity building, and expanding their activities in monitoring and implementation. A more detailed examination is needed of strategies that can be used by NGOs to be effective regulators in the governance system.

Key words: non-government organisations, food industry, alcohol industry, commercial determinants of health, governance

including non-government organisations (NGOs).⁸ In Australia, the government has adopted a deregulation agenda, encouraging voluntary regulation of the food and alcohol industries.⁸⁻¹² Research consistently has shown, however, that voluntary approaches to industry regulation are often not effective.¹³ Research and policy

communities increasingly recognise that a more comprehensive understanding of ways to regulate HCIs is needed.^{14,15} The need for a shift in the regulation of HCI in Australia is particularly pronounced, as the country has the second-highest rates of obesity in the OECD and is above average in alcohol consumption.¹⁶

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The regulation literature has long identified NGOs as important actors in the governance system.^{12,17} NGOs are referred to as 'surrogate regulators' (actors that perform regulatory roles in tandem with the government, such as acting as an industry watchdog, informing government agencies or participating in policy development and implementation),^{12,17} and studies have highlighted the power of NGOs to influence the policies and practices of industry and government.^{12,18} For example, NGOs in Mexico were shown to play a key role in the introduction of the soda tax by the government.¹⁹ However, there remains a dearth of studies examining the role and strategies used by NGOs as part of CDOH regulation. In Australia specifically, NGOs' participation in the regulation of food and alcohol industries is even less well understood.

To address this gap, our research aims to expand the understanding of NGOs and their roles in the governance system to regulate the ultra-processed food and alcohol industries in Australia. We asked: "Which NGOs are engaged in food and alcohol issues in Australia?" and "What governance functions do they seek to perform?", and we described key opportunities for NGOs to be effective surrogate regulators of HCLs. It is not within the scope of this paper to assess the success or failure of NGO advocacy.

Methods

To answer our research questions, we undertook a descriptive analysis of information obtained about NGOs from an extensive online search.

Inclusion/exclusion criteria

An NGO is defined here as "a non-profit organisation that operates independently of any government, typically one whose purpose is to address a social or political issue".²⁰

We focused on the past five years (2017–2021) as a proxy for NGOs currently or recently active in the food and alcohol domains. Additionally, the following criteria were applied: focus on food (including infant formula and food safety) and/or alcohol; work specifically on diseases, broader health or other areas that are relevant to food and alcohol; operate nationally and/or by state/territory; and publicly report that they operate in the public interest. Organisations funded by industry were included if they

reported working to advance public interests and were legally independent of the industry. We used industry websites and policy documents to identify industry-funded NGOs that depicted themselves as advancing public health interests (e.g. DrinkWise Australia), as distinct from NGOs explicitly focused on advancing industry interests (e.g. Beverage Australia).

NGOs were not included if they focused on food security and sovereignty (as these areas do not tend to relate strongly to the regulation of ultra-processed food industries); operated only in local communities; or could clearly be identified as business interest NGOs.

Typology of NGOs

Drawing from the literature on existing NGO typologies, we developed a typology to categorise NGOs based on type, issue and governance function. NGO types included: public interest non-statutory organisation (not accountable to government); statutory organisation (semi-public administrative body outside government but receiving financial support from it); coalitions (an alliance of national or state/territory level organisations); industry-funded organisations; professional associations (representing a group of professionals); and private philanthropies (funded by private donors).

Issue areas were categorised according to risk factor (direct focus on food and/or alcohol); disease (main focus is on disease[s]); broader health (e.g. health promotion or child health); and other focus relevant to food or alcohol (e.g. environmental sustainability). These issue categories are not mutually exclusive but reflect the primary focus of the NGO.

For example, NGOs focusing on food issues are often also driven by the aim to prevent NCDs (disease focus) and also impact broader health issues.

Governance functions were classified as agenda setting, capacity building, implementation and monitoring; these are commonly cited in the governance literature as functions in which NGOs are involved.^{7,21–24} Agenda setting covers activities aiming to define a problem and placing it on the policy agenda;²¹ this involves collecting and disseminating information and advocacy to government and industry.²¹ Capacity building refers to the provision of resources, including technical expertise or knowledge products, to improve the ability of government, industry,

NGOs or the public to influence government or industry practices.²⁵ Implementation includes the execution of rules (policies) and delivery of own programmes/interventions.²⁶ Monitoring functions of NGOs considered here encompass formal and informal roles in overseeing and reporting on actors' activities and compliance with rules, including those functions delegated by states and international organisations, as well as those arising from engagement in multi-stakeholder initiatives or with industry standards.^{22,27}

Data collection and analysis

An online search of government and NGO websites was undertaken to identify NGOs that met the study inclusion criteria. Initially, a search was made of publicly available records of the Australian Federal and State Governments' consultations on food and alcohol policy between 2017 and 2021. No universal registry of government consultations is available online; however, several government agencies have consulted on food and alcohol issues in Australia in the past five years; thus, the Public Health Association of Australia (PHAA) submissions on food and alcohol issues were also searched to identify other government consultations related to these commodities. Every consultation listed on the PHAA website was searched in Google, and those with publicly available records were identified, thus enabling the identification of NGOs that engaged in consultations on food and alcohol issues. Additionally, a snowballing technique was used to find other relevant NGOs by searching each already identified NGO's website.

A database of the NGOs was compiled in Microsoft Excel. Information relating to the type, issue and governance function (the typology) of each NGO was identified based on the content of the NGO website (including published annual reports). Initially, the websites were searched manually for NGO aims, missions, objectives, affiliations, funding and activities. This was supplemented by reading the latest annual reviews or reports when available. Additionally, the terms 'food', 'diet', and 'alcohol' were searched with the NGO website search function. Activity in *agenda setting* was recorded if the NGO reported participating in relevant government consultations through submission or testimony; published relevant

position papers; or declared working with policy makers on relevant policy issues and providing suggestions for policy formulation. Activity in *capacity building* was established if the NGO provided knowledge materials on its website; organised information events, workshops, trainings, webinars, or conferences; and reported providing technical assistance to government or industry actors. Activities were identified as *implementation* if they were related to executing government policies/regulations; or running their own projects/programmes such as healthy cooking courses or alcohol harm reduction activities or health promotion activities such as media campaigns. Involvement in *monitoring* was established if the organisation regularly reported on government or industry activities (such as compliance) for accountability purposes; applied tools such as indexes to measure their performance in relevant areas; or acted in a watchdog capacity. Once the database was completed, a descriptive analysis was conducted following the typology.

Results

One hundred and thirty-five Australian NGOs were identified: 38 NGOs were active on food issues (but not in alcohol), 62 in alcohol issues (but not in food), and 35 NGOs presented themselves as working on both. Table 1 provides a breakdown of the NGOs according to the typology. The full list of NGOs and their governance functions is presented in Supplementary File 1. In the following analyses, food and alcohol issues are discussed separately to allow the identification of differences and similarities between NGOs focusing on the two commodity types. Figures 1 and 2 show the proportion of NGOs performing each governance function by type in the food and alcohol areas, respectively.

Who's who in the NGO sphere

Most NGOs active in the food and alcohol domains were non-statutory organisations, followed by professional associations and coalitions (Table 1). In food, most of the NGOs worked on broader health issues, while in the alcohol domain, a higher proportion of

organisations were risk factor focused (Table 1).

NGOs active on food issues

Several (N=73) NGOs were actively involved in food issues at the state, territory and/or national level. While 13 NGOs were identified as only focusing on risk factors, other relevant organisations worked on disease-specific areas (n=19), broader health issues (n=32), or other areas (n=9) but with activities in the food domain (Table 1). For example, like many of the 17 coalitions whose remit is disease-specific, the Obesity Policy Coalition played a key role in food-related issues. The PHAA was one of the 15 professional associations that had a broader health focus while actively contributing to food governance.

The four relevant statutory organisations active on food issues were found to be either focusing on disease(s) or broader health matters. For example, the McCabe Centre for Law and Cancer concentrated on cancer-related issues, and VicHealth had a much broader focus on health. The Minderoo Foundation was the only identified private philanthropy working on food-related topics;

Table 1: The distribution of Australian NGOs active on food and alcohol issues by type, issue, and governance function.

	Food													
	Type of NGO													
	Non-statutory		Statutory		Coalition		Professional Association		Private Philanthropy		Industry funded		Total	
	N = 31	%	N = 4	%	N = 17	%	N = 19	%	N = 1	%	N = 1	%	N = 73	%
Issue														
Risk Factor	6	19%	0	0%	3	18%	3	16%	0	0%	1	100%	13	18%
Disease	13	42%	1	25%	4	24%	1	5%	0	0%	0	0%	19	26%
Broader Health	7	23%	3	75%	7	41%	15	79%	0	0%	0	0%	32	44%
Relevant Other	5	16%	0	0%	3	18%	0	0%	1	100%	0	0%	9	12%
Governance function														
Agenda setting	29	94%	4	100%	17	100%	16	84%	0	0%	0	0%	66	90%
Capacity building	27	87%	4	100%	13	76%	18	95%	1	100%	1	100%	64	88%
Implementation	6	19%	3	75%	1	6%	0	0%	1	100%	0	0%	11	15%
Monitoring	4	13%	0	0%	5	29%	0	0%	0	0%	0	0%	9	12%
	Alcohol													
	Type of NGO													
	Non-statutory		Statutory		Coalition		Professional Association		Private Philanthropy		Industry funded		Total	
	N = 49	%	N = 4	%	N = 23	%	N = 19	%	N = 1	%	N = 1	%	N = 97	%
Issue														
Risk Factor	16	33%	0	0%	13	57%	4	21%	1	100%	1	100%	35	36%
Disease	13	27%	1	25%	1	4%	0	0%	0	0%	0	0%	15	15%
Broader Health	6	12%	3	75%	7	30%	14	74%	0	0%	0	0%	30	31%
Relevant Other	14	29%	0	0%	2	9%	1	5%	0	0%	0	0%	17	18%
Governance function														
Agenda setting	43	88%	4	100%	22	96%	18	95%	1	100%	1	100%	89	92%
Capacity building	38	78%	4	100%	13	57%	13	68%	1	100%	1	100%	70	72%
Implementation	24	49%	2	50%	3	13%	3	16%	1	100%	0	0%	33	34%
Monitoring	3	6%	0	0%	4	17%	1	5%	0	0%	0	0%	8	8%

it had a wide range of activities that included food governance, such as government submissions on food labelling. The Kitchen Garden Foundation – funded by industry actors Coles, Saputo Dairy Australia, and General Mills – provided technical assistance for schools to establish kitchen garden programs.

NGOs active on alcohol issues

A broad spectrum of NGOs (N=97) worked on alcohol-related topics in Australia. A total of 35 solely focused on alcohol; however, several other NGOs were relevant through their work on alcohol in relation to disease-specific areas (n=15), broader health issues (n=30) and other topics (n=17), see Table 1. For example, the National Aboriginal Community Controlled Health Organisation influenced alcohol policy through government submissions in addition to other health concerns. Families Australia was one of the 14 non-statutory organisations that primarily worked on a variety of non-health-related topics, but some of its activities were directly related to alcohol issues, such as providing knowledge resources to families to curb alcohol consumption; thus, it was classed within the ‘other focus’ category. Similarly, Step Bank Think was also listed in this category. As well as focusing on awareness-raising to reduce violence it also lobbied for stricter alcohol regulation.

Three of the four identified statutory organisations primarily focused on broader

health issues, which also include alcohol: for example, VicHealth had an alcohol harm prevention portfolio. While some coalitions, such as the Aboriginal Drug and Alcohol Residential Rehabilitation Network or the National Alliance for Action on Alcohol worked on alcohol issues, others, like the Lowitja Institute Health System Coalition, worked on broader health matters. As in the food domain, professional associations (n=14) tended to be active on broader health concerns while engaging in alcohol-related activities as well, often by government submissions on alcohol policy and training health professionals; PHAA was a good example of these organisations. The Russell Family Fetal Alcohol Disorders Association, with a concentrated activity on reducing alcohol consumption among pregnant women, was the only private philanthropy identified as being relevant for this study.

Who is doing what: NGO governance functions

NGOs active on food issues

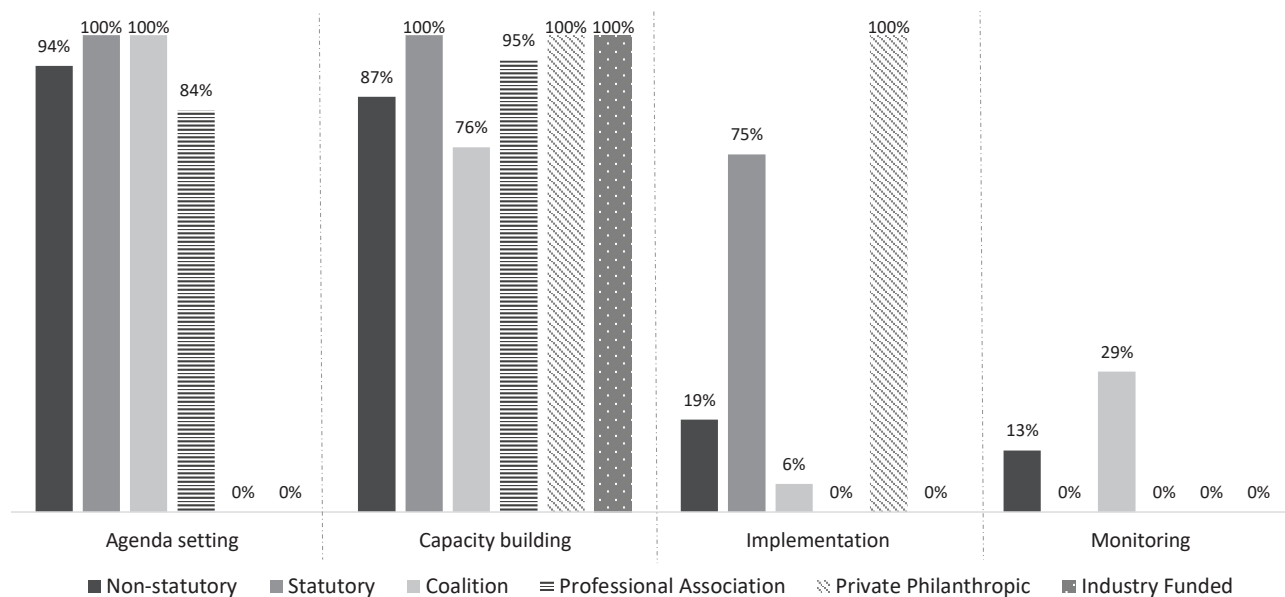
Agenda setting and capacity building were the most common governance functions among the NGOs engaged in food issues, with implementation and monitoring receiving considerably less attention (Figure 1).

Agenda setting: The main NGO agenda-setting activities related to government consultations. Ninety per cent (n=66) of

NGOs active on food issues engaged in policy agenda setting through government consultations (Table 1, Figure 1). All statutory NGOs and coalitions exercised this function, as well as the majority of non-statutory NGOs (94%) and professional associations (84%), see Figure 1. The industry-funded NGOs and private philanthropy did not publicly present themselves as engaging in this function.

Capacity building: This function was exercised by 88% of NGOs (n=64) in the food domain (Table 1, Figure 1). All statutory organisations, the private philanthropy, and the industry-funded NGOs regularly reported conducting capacity building activity, followed by professional associations (95%), non-statutory NGOs (87%) and coalitions (76%). Capacity building mostly consisted of providing materials and organising events such as webinars, workshops or conferences. NGOs targeted civil society or their members (67%) and the public (52%) most often with such initiatives (Supplementary File 1). For example, Choice as a non-statutory organisation educated the public on consumer rights regarding food products, and the Obesity Policy Coalition maintained an evidence hub for health professionals. The government and industry actors were rarely targeted by such capacity building initiatives. Only The Obesity Collective, the McCabe Centre for Law and Cancer, and the Breastfeeding Advocacy of Australia provided capacity building to government officials. Industry actors were targeted by Nutrition

Figure 1: Governance functions of NGOs active on food issues.



Australia, VicHealth and the Healthy Kids Association (Supplementary File 1). The latter worked with the food industry to provide healthier food options in schools.

Implementation: 15% of NGOs (n=11) engaged in implementation. Seventy-five per cent of the statutory NGOs implemented programs and/or projects, followed by non-statutory organisations (19%), coalitions (6%) and private philanthropy (Table 1, Figure 1). The Climate and Health Alliance, the only coalition active in implementation, ran a network program for hospitals and health service providers, which encouraged members to purchase and serve sustainably grown, healthy food. The Australian Breastfeeding Association, as one of the non-statutory NGOs, implemented programs to encourage breastfeeding (instead of feeding infant formula). The professional associations and the industry-funded NGO appeared to not engage in implementation (Supplementary File 1).

Monitoring: 12% of NGOs (n=9) had measures in place to monitor and hold HCIs or the government accountable (Table 1). The government is monitored by the Obesity Policy Coalition, the People’s Health Movement Australia, the Australian Fair Trade and Investment Network, and Breastfeeding Advocacy Australia. Industry actors were monitored by the People’s Health Movement Australia, the Breastfeeding Coalition Tasmania, Parents’ Voice, and the Australian Council on Children and the Media

(Supplementary File 1). Choice encouraged its members to report HCI practices.

NGOs active on alcohol issues

NGOs working on alcohol issues demonstrated a similar pattern of participation in governance functions to those active in food. Agenda setting and capacity building were performed by the majority of organisations, while monitoring remained in the background. Implementation happened more frequently than in the food domain (Table 1, Figure 2).

Agenda setting: Almost all (92%) of NGOs (n=89) engaged in agenda setting (Table 1, Figure 2). All statutory, industry-funded and private philanthropic organisations engaged in agenda-setting activities, with the other types close behind: 96% coalitions, 95% professional associations, and 88% non-statutory NGOs (Figure 2). Each of the private philanthropy and industry-funded NGO was active in agenda setting via government submissions.

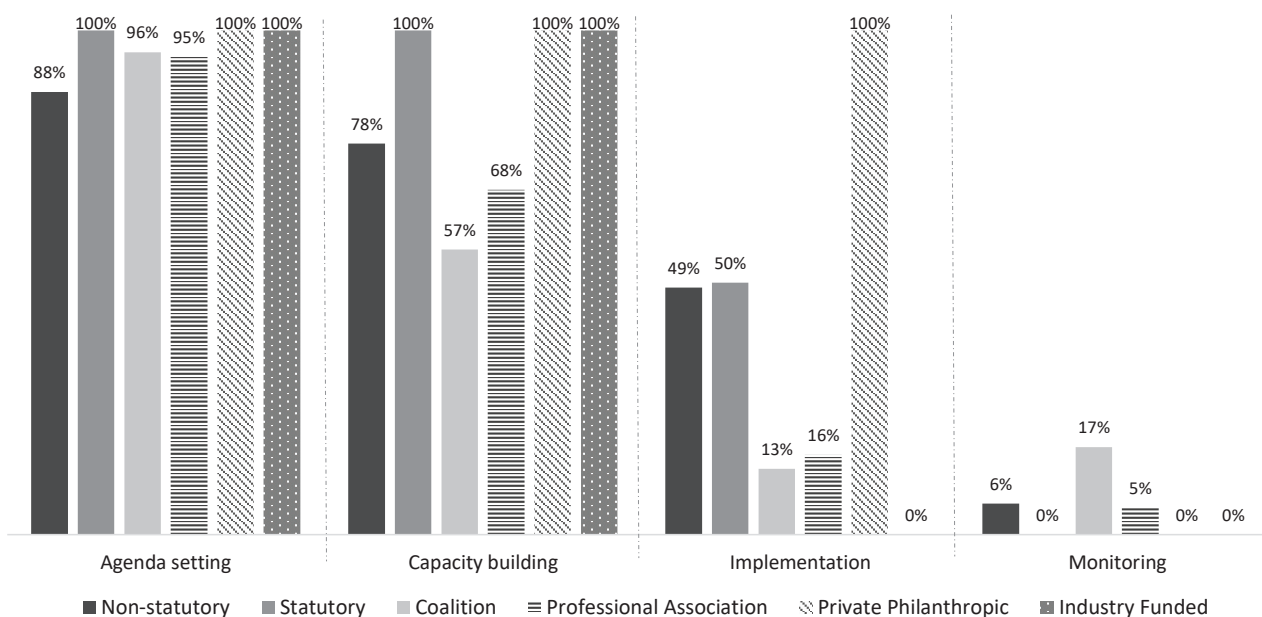
Capacity building: Similarly to NGOs working in the food domain, capacity building activities were performed by 72% of NGOs (n=70) active on alcohol issues (Table 1). All statutory, industry-funded, and private philanthropic organisations regularly conducted capacity building. Most NGOs provided capacity building to civil society groups (48%) and the public (46%); such activities touched on a broad spectrum of topics regarding alcohol (Supplementary

file 1). For example, the Aboriginal Health Council of South Australia educated the public and health professionals about the harmful use of alcohol, while the People’s Health Movement Australia raised awareness about alcohol industry influence over policy making. Government actors were targeted by the McCabe Centre for Law and Cancer, which provided training for policy makers on making better public policy to regulate the alcohol industry. No NGO presented themselves as working with alcohol industry actors (Supplementary File 1).

Implementation: 35% of NGOs (n=34) working on alcohol issues implemented initiatives; this is 20% more compared to food (Table 1). Half of statutory and 49% of non-statutory NGOs ran programs and/or projects, while 21% of professional associations, 13% of coalitions, and the private philanthropy did so (Table 1, Figure 2). The industry-funded NGO was not engaged in this function. The initiatives most often related to alcohol harm reduction. For example, among the non-statutory organisations, the Alcohol and Drug Foundation and the Foundation for Alcohol Research and Education ran initiatives focusing on alcohol harm prevention. Altogether, 34% of NGOs (n=33) active on alcohol issues ran their own initiatives, and one actor, the Police Federation of Australia, had a role in implementing government regulations (Supplementary File 1).

Monitoring: Only 8% of NGOs (n=8) working on alcohol issues were active in monitoring

Figure 2: Governance functions of NGOs active on alcohol issues.



alcohol industry or government actors (Table 1, Figure 2). The government was targeted by the Network of Alcohol and other Drugs Agencies, the People's Health Movement Australia, the Australian Fair Trade and Investment Network, Queensland Network of Alcohol and Other Drug Agencies. Four organisations monitored alcohol industry activities: the People's Health Movement Australia, Foundation for Alcohol Research and Education, Australian Council on Children and the Media, and the Gunbang Action Group (Supplementary File 1). Statutory, industry-funded, and private philanthropic NGOs were not involved in such activities. This may be because sectoral or internal standards are primarily monitored by companies themselves rather than 'arm's length' philanthropies (Table 1, Figure 2).

Connecting the issues: NGOs active on both food and alcohol issues

Of the total number of NGOs identified (N=135), a relatively small number (N=35) of NGOs worked on both food and alcohol issues. Fourteen of the disease-specific NGOs, such as Cancer Council Australia and state cancer organisations, were active on both issues. Similarly, 17 NGOs working on broader health concerns, like the Consumers Health Forum of Australia, and four of the NGOs outside of the health sphere addressed both food and alcohol, for example, the Uniting Church of Australia.

The NGOs that presented themselves as active on both food and alcohol issues all engaged in agenda setting, 91% (n=32) conducted capacity building, 31% (n=11) implement initiatives, and 9% (n=3) had monitoring measures in place (Supplementary File 1). These organisations performed agenda setting more commonly than the NGOs working either in food (82%) or alcohol issues (87%). The same pattern emerged for capacity building: this function was used by 84% of organisations active only in food and 61% of NGOs working only with alcohol.

Discussion

This study identified NGOs currently active in food and alcohol governance in Australia, with a particular focus on organisation type and governance function. We found that a broad range of NGOs was involved in governing food and alcohol in Australia,

from individual non-statutory organisations to professional associations and coalitions; however, private philanthropic and industry-funded NGOs were rare in these domains. The organisations focused on a variety of food and alcohol topics, such as promoting healthy diets or consumer rights, shaping public policy, or monitoring HCI activities. Regarding governance functions, agenda setting and capacity building were most frequently practised among NGOs. Engagement with agenda setting most often happened through participating in government consultations. Capacity building activities often targeted the public and NGO members; HCIs and the government were rarely the target of capacity building initiatives. Implementation activities (other than capacity building) tended to focus on the organisations' own programs or projects; the NGOs seemed to have no role in implementing food and alcohol rules.

Our finding that agenda setting was the most commonly exercised government function among NGOs can be explained by the notion that in comparison to implementation and monitoring, advocacy might be easiest in the agenda-setting stage. In addition, NGOs are openly invited to participate in government consultations, while the same is rarely true for policy implementation or monitoring.

Based on our analysis of website content, NGOs used government consultations to engage in agenda setting. However, despite the strong presence of NGOs working in food issues in Australia, Cullerton et al. suggest that limited progress has been made in strengthening food regulation, indicating that these actors are not necessarily successful in influencing policy makers.²⁸ Carey et al. describe public health actors' fragmentation as constraining NGOs shaping of food policy.²⁹ Arup et al. identified similar points when analysing the influence of the Obesity Policy Coalition on food industry practices.⁹ Industry actors often purposefully fragment civil society to reduce its ability to influence policy making collectively.²⁶ Reeve's study on the development of the Alcoholic Beverages Advertising Code suggests those working on alcohol issues operate in similarly challenging contexts.¹⁰ In addition, the Australian Government's tendency to discourage NGO advocacy has been noted in recent years.³⁰⁻³² This is likely to have created a chilling effect on NGOs' advocacy and agenda-setting activities. Indeed, NGOs and government operate within entrenched economic

systems shaped by neoliberal ideas about the prominence of the market over the state.³³ This framing limits the role of government to facilitating private enterprise and constrains engagement with NGOs and the public particularly when their objectives are not aligned with those of economic growth.

Only two NGOs that received primarily industry funding met the study criteria of being legally independent of industry and having their stated objective as advancing the public interest (DrinkWise Australia and the Kitchen Garden Foundation). This suggests that the food and alcohol industry tends to rely more on other avenues to influence regulation – a point that is supported by the CDOH literature noting the range of strategies used by commercial forces to influence government policy and regulation.^{3,4,34} Many organisations openly representing industry interests participate in government consultations in Australia³⁵⁻⁴¹ and shape the regulatory environment through strong lobbying activities.^{11,29,42} Greater exploration of public interest NGOs' use of similar avenues and strategies is key to understanding their effectiveness at regulating HCI practices and influencing government policy regulatory approaches.

Although the literature identifies a potentially significant role for NGOs in monitoring HCIs and holding them to account,^{43,44} our results indicate that this function is not central to the work of Australian NGOs engaging in food and alcohol issues. Gunningham and Darren suggest that governments' reluctance to involve NGOs is a key barrier to their engagement in monitoring and implementation.¹² Arup et al. suggest that NGOs in Australia might refrain from practising monitoring and accountability activities because they are afraid of being criminalised.⁹ Furthermore, disagreements between the organisations that make up a coalition can weaken their collective advocacy efforts;^{9,29} these could further weaken NGOs whose capacity constraints inhibit them to engage in monitoring and accountability activities.^{9,45,46}

Implications for public health

We identified four distinct opportunities to strengthen NGOs' governance activities in the food and alcohol domains in Australia. First, the majority of NGOs that use their apparent focus and relative strengths in capacity building targeting the public, health

professionals and their members could expand their activities to involve government agencies in their initiatives, particularly to help them formulate better regulatory policies. Doing so could serve as another avenue to balance out the influence of HCI interests in policy making.

The second opportunity relates to agenda setting. This is a common activity among the NGOs who engage in food and alcohol issues, and even more so among those who work across both domains. This presents an opportunity for already engaged NGOs to support coalition building to advance collective action on CDOH more generally.⁴⁷ For example, public health and consumer groups with an interest in food and alcohol have been jointly advocating against the changes proposed to the *Food Standards Australia New Zealand Act 1991* that would elevate trade interests over health in food regulation.⁴⁸ Another example is the work led by VicHealth around a unified approach regarding the marketing of unhealthy products on digital platforms.⁴⁹ Such coalitions could be better supported by government mechanisms that privilege engagement of NGOs rather than commercial actors in policy and regulation development processes.

Third, our data suggest that NGOs active on food and alcohol issues in Australia rarely consult, collaborate or provide capacity building for HCIs. This can be explained by the common understanding of the conflicts of interest between private, profit-oriented industries and public health.^{42,50,51} Available evidence indicates that partnerships between NGOs and HCIs ultimately tend to serve vested interests due to the inherent power imbalance between the private and civil sectors, whereby NGO participation in multi-stakeholder platforms may legitimate governance arrangements that privilege commercial sector interests.^{50,52,53} There are many opportunities for NGOs to engage in monitoring both HCIs and the government to advance health governance. Coalitions are already leading monitoring initiatives and are well placed to assess compliance in the private sector. This study of governance roles could support a coordinated review of NGOs' work and capacities to best utilise the aggregated resources of member organisations. The resources required for such work to be sustainable are, however, significant and often under-estimated.⁴³ Establishing rigorous international

monitoring of the tobacco industry, for example, has entailed a US\$20 million investment by Bloomberg Philanthropies.⁵⁴ Adequate funds to support monitoring activities from government or philanthropy could ensure that NGOs have the capacity to perform this function. However, receipt of such funds must not be conditional and so limit NGOs' capacity to advocate.^{9,11,46} In addition, government measures to increase the transparency of HCI activities by requiring regular and consistent disclosure would help NGOs to hold industry actors to account.^{55,56}

Fourth, government agencies in Australia should not only recognise NGOs as surrogate regulators of HCIs but actively create an enabling environment for them to engage in formulating and implementing public policies. As Gunningham et al. write, "in the absence of external [government] intervention, many of the potential opportunities for the third party interventions may never be realised".¹⁷ Institutionalising the presence of NGOs in policy making,^{9,11,57} ensuring their legal protection,^{17,57} and increasing government funds,^{9,11,17,57} could help in levelling the playing field between civil society and industry actors. Moreover, government agencies can support NGOs to act as surrogate regulators by providing them with greater access to information about corporate political activity.¹⁷

Limitations

There are limitations to the research. First, the lack of universal registry and the limited public availability of records on government consultations made the identification of all relevant NGOs challenging. Using government consultations as an entry point to identify NGOs necessarily misses those NGOs who did not engage in the consultations. However, the application of a snowballing method helped to decrease omitted organisations. Second, not all NGOs described their activities publicly on their website and in their reports.⁵⁸ For example, it was hard to judge the extent of NGOs' involvement in agenda setting and policy formulation other than their participation in consultations through submissions to government. Third, the study did not allow differentiation of organisations based on their influence on food and/or alcohol governance. Our exclusion criteria may have led to us inadvertently omitting some NGOs active on these two issues. Finally, the collaborations between Australian

NGOs and other key stakeholders such as researchers (e.g. INFORMAS), think tanks (e.g. Sax Institute) and international NGOs (e.g. Movendi International), which help enable Australian NGO involvement in a number of governance functions, are not captured in the analysis. Nor are industry NGOs that are based overseas but working to influence the regulation of industry in Australia. The findings highlight the need for further research that addresses these limitations through methods such as in-depth interviews and expert focus groups.

Conclusions

This study expanded the understanding of NGOs and their roles in the governance system regulating the ultra-processed food and alcohol industries in Australia. While the Australian NGOs can be considered active players in food and alcohol governance nationally and/or in states/territories, their role as surrogate regulators needs a more detailed examination. There are many opportunities for them to shape HCI policies and practices, building on their focus on agenda setting and capacity building, and expanding their activities in monitoring and implementation.

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Supporting Information

Additional supporting information may be found in the online version of this article:

Supplementary Table 1: NGOs active in food issues in Australia, their type, issue area, and governance functions.

Supplementary Table 2: NGOs active in alcohol issues in Australia, their type, issue area, and governance functions.