

Alliance Against Conflict of Interest (AACI)

30/04/2019

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Dr. Sujeet K Singh,
Director,
National Centre for Disease Control,
MOHFW Government of India
22 Sham Nath Marg, Delhi -110054.

Ref. your letter NCDC/AMR/State Action Plan/AACI/3194555, Dated 04/04/2019.

Dear Dr. Singh,

We appreciate taking note of the grievance from Alliance Against Conflict of Interest (AACI) and forwarding the same to Director Health Services, Government of Kerala.

AACI is happy to reach out to you in the above matter and requests you for taking into consideration its recommendations to avoid Conflicts of Interest in the implementation of National Plan of Action on AMR. Copy of recommendations is attached, which can be incorporated in formulating a national guideline.

NCDC can also learn from global standards available for identifying and managing conflict of interest. The Organisation for Economic Co-operation and Development (OECD) provides guidance and tools to identify, prevent and manage conflicts of interest.

<https://www.oecd.org/gov/ethics/managingconflictsofinterestinthepublicservice.htm>

Article 5.3 of the WHO Framework Convention on Tobacco Control guides on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry.

https://www.who.int/fctc/guidelines/article_5_3.pdf

These tools may be useful to adapt for developing the guideline for implementing AMR. NCDC, being the coordinating agency for the National AMR Action plan implementation and Secretary, MOHFW Government of India, the Chair of Inter-sectorial Coordination committee (ICC-AMR), may issue an advisory to all the states and Union territories regarding this and must be advised to follow the Guideline thus developed to eliminate or reduce COI.

We hope it will receive your utmost attention and would appreciate that NCDC formulates a guideline for the States. AACI would be willing to contribute.

Look forward to a positive response from you.

Sincerely,



Dr. Arun Gupta
Convener Alliance Against Conflict of Interest (AACI)
arun.ibfan@gmail.com

Cc: - Ms. Preeti Sudan, Secretary, MoHFW Government of India
Dr. Sarita R.L, Director Health Services Government of Kerala

Annex-1

Recommendations to avoid Conflicts of Interest (COI) in the National AMR Action plan implementation.

Industry is an important stakeholder in the global efforts to tackle AMR. At the same time, we need to ensure that the industry doesn't unduly influence the AMR action plan implementation process or the stakeholders involved, for their marketing activities. If Government organisations/institutions or initiatives with the involvement of Government organisations or institutions, wish to go ahead with Public Private Partnership (PPP) model with pharmaceutical companies, we should ensure adherence to the following measures, to avoid Conflicts of Interests (COI).

1. All members of the AMR committee and other individuals involved in the educational, training, research or surveillance activities; whenever there is a direct or indirect industry involvement, must disclose their Conflicts of interest, in the WHO COI disclosure format. These disclosure should be made available in the website of the organisations.
2. Industry support to AMR activities, if any, should be in the form of unrestricted grant, with multiple companies providing grants to a common pool. World Health Organisation document pertaining to the subject of PPP (Options for Sustainable Funding of a Voluntary Pooled Fund to Support Health Research and Development. WHO/EMP/PHI/2016.08) clearly states, "Pharmaceutical companies would have to be willing to contribute collectively, for example, through their industry associations".
3. To eliminate or at least reduce COI (Conflicts of Interests), no single company can be selected as a partner to a specific AMR related educational or surveillance activity.
4. States may be encouraged to formulate an "AMR Fund". Fund provided by the government sources and AMR grants from various pharmaceutical, device manufacturing companies and other sources can be pooled into this AMR fund. This can help smooth and coordinated financial collaboration with various funding sources. Industry can provide unrestricted grant to this common pool. State DME and DHS can coordinate the utilization of fund and activities, under the supervision of Health Secretary.
5. AMR/AMS data generated by private health institutions affiliated with the National/State AMR action plan surveillance or stewardship network will be utilized for the National and State policymaking process. Hence, we must implement measures to avoid COI and biased data. These private Institutions, can accept unrestricted grants from pharmaceutical companies, for their AMR related activities. Individual pharmaceutical companies should not be allowed to conduct AMR related academic activities in these institutions. If industry sponsorship is accepted for any such activity, unrestricted grant from at least two companies in the same field should be involved (for e.g. two device manufacturers producing similar competing products or two drug companies marketing drugs in the same therapeutic area). Individual sessions in such meetings should not be sponsored by/ dedicated to specific pharmaceutical companies. Conference organiser can

acknowledge names of all the sponsors of the conference before the sessions, if necessary. Only those Institutions willing to comply with the recommendations should be permitted to be a part of the Action plan, directly or indirectly.

6. As per the existing rules of our country, foreigners attending Indian conferences as speakers must travel on speaker visa and not on tourist or business visa. Foreign speakers entering the country on business visa issued as per the invitation of pharmaceutical companies, should not be allowed to speak at AMR conferences organized as a part of the National or state AMR action plan implementation process.
7. Medical Societies and NGOs are very important stakeholders in the AMR Action plan and their opinion will have significant influence in the policy formulation and implementation process. It is extremely important to ensure unbiased input from these organisations. Medical societies or NGOs who have tie up with individual industry partners for AMR activities should not be a part of the National or State AMR action plans. Organisations must declare that they have no COI with the industry in their AMR activities. This can be ensured by these organisations adhering to the recommendations suggested for private institutions (unrestricted grants from at least two pharmaceutical or device manufacturing companies in the same field should be involved in the AMR activities conducted by these organisations/societies). It is ideal for these organisations to have their own independent pooled fund for AMR.