

## May corporations sponsor health workers?

Initially, Code Article 7.5 allowed corporations to sponsor health workers for fellowships, study tours, research grants, attendance at professional conferences or the like. In return for such sponsorship, corporations get to link their names to health workers, prestigious institutions and events which is good for public relations and consequently, business.

The worry that sponsorship presents is that it may give rise to conflicts of interest. Health workers or the institutions they represent may exploit a professional or official capacity for their personal or institutional benefit.

The only safeguard provided by Article 7.5 is the need for benefactors and recipients to disclose the contribution to the institution to which a recipient is affiliated. Unfortunately, disclosures do not resolve problems<sup>17</sup> created by conflicts of interest because they are usually unverifiable and their accuracy is uncertain. Disclosure may also be used to “sanitise” a problematic situation, suggesting that there is no ill effect from the disclosed relationship which is very often not the case.

Even where sponsorship is provided by benefactors with no strings attached<sup>18</sup>, it will go a long way towards providing goodwill and the possibility of the influence on the beneficiaries of their largesse should not be ignored.

Growing awareness about how sponsorship could compromise the health profession has resulted in several subsequent World Health Assembly resolutions on the subject.

Regulators and compliance officials should scrutinise proposals for commercial sponsorship and consider their ramifications following WHA resolution 49.15 [1996] which urges Member States to ensure that the financial support for professionals working in infant and young child health does not “create conflicts of interest”. The need to avoid conflicts of interest is extended to programmes in infant and young child health in WHA58.32 [2005] and reiterated in WHA61.20 [2008].

The following resolutions clarify Article 7, in particular on the issue of sponsorship and conflicts of interest.

### Subsequent World Health Assembly resolutions

The resolutions below warn about conflicts of interest that will arise from sponsorship in a variety of situations.

#### **WHA47.5 [1994]**

Member States are urged to ensure that all health personnel concerned are trained in appropriate infant and young child feeding practices, including the application of the principles laid down in the joint WHO/UNICEF statement on breastfeeding and the role of maternity services.

#### **WHA49.15 [1996]**

Member States are urged to ensure that the financial support for professionals working in infant and young child health does not create conflicts of interest, especially with regard to the WHO/UNICEF Baby Friendly Hospital Initiative.

#### **WHA58.32 [2005]**

Member States are urged to ensure that financial support and other incentives for programmes and health professionals working in infant and young child health do not create conflicts of interest.

#### **WHA61.20 [2008]**

Member States are urged to strengthen implementation of the International Code of Marketing of Breastmilk Substitutes and subsequent relevant WHA resolutions by scaling up efforts to monitor and enforce national measures in order to protect breastfeeding while keeping in mind the WHA resolutions to avoid conflicts of interest.

17 Brennan T.A. et al, “Health Industry Practices that Create Conflicts of Interest”, Journal of American Medical Association, 295:429-433 (2006).

18 Nestlé Policy and Instructions op.cit., p.18 claim that financial or other support does not “imply endorsement by the recipients”.

### The Hard Truth about Sponsorship

“Sponsorship is a hard-nosed business decision undertaken with positive ends in mind and with the intention of obtaining a proportionate return to the sponsor for the money invested.”

Sedgwick, A.R.M., “Sponsorship – the 4th arm of marketing”, in Denig, E. and van der Meiden, A., (eds.), *A Geography of Public Relations Trends*, Amsterdam, 3-7 June 1985, Martinus Nijhoff Publishers, Dordrecht, 1985, p.397

### Defining Conflicts of Interest

“Conflicts of interest occur when physicians have motives or are in situations for which reasonable observers could conclude that the moral requirements of the physician’s roles are or will be compromised. In terms of industry influence when physicians are tempted to deviate or do deviate from their professional obligations for economic or other personal gain.”

Brennan T.A. et al, “Health industry practices that create conflicts of interest”, *JAMA*, January 25, 2006; 295:429-433

## Drawing the line between the unacceptable and the permissible

Regulators and compliance staff will receive requests to assess and approve sponsorship to health workers and for infant and young child feeding programmes. Unless national laws include a specific ban on sponsorship and other interactions with industry, it will not always be possible to avoid every conflict of interest situation. Not all conflicts of interest are the same. Some may be very serious and should be prohibited at all costs. Others may be minor and could be permitted with appropriate management. The table below may help regulators and compliance staff to decide whether or not there will be a conflict of interest situation and if it is unacceptable or permissible. The types of sponsorship listed are beyond those envisaged by Article 7.5 for health workers but are included because they are activities covered by the Code and affect them and the organisations and associations they are affiliated to. It should be noted that the International Baby Food Action Network (IBFAN) is against sponsorship of any sort.

### What sort of sponsorship should be restrained or avoided<sup>19</sup>

Within an organisation or association	Reason for restraint or avoidance
The use of leaflets or posters displaying name and logo of a corporation.	Promotes corporation to public in trusted environment.
Development of publications, brochures etc. on infant and young child feeding.	Link with corporate name enhances the credibility of its products.
Support for teaching sessions or meetings.	Publicity will associate organisation with the company.
Support for staff salaries, equipment, or research	Organisation will be indebted to the company, tending to stifle expressions of doubt about their products or practices.
Support for programmes.	Conveys impression that a product supported by the programme is health giving even if it may cause harm to children’s health.
As an individual	Reason for restraint or avoidance
Accepting gifts of stationery, pens, clinical equipment.	Promote the corporation to patients by using or displaying the gifts.
Speaking at meetings sponsored by corporations.	Publicity will be used to promote the corporation and link health worker’s name to it.
Support for attending a conference or course.	Health worker will feel indebted to the corporation and be inclined to return the favour or may feel obliged to do so in order to benefit from such support in future.

<sup>19</sup> Adapted from Wright C.M., Waterston A.J.R., “Relationships between paediatricians and infant formula milk companies”, *Archives of Disease in Childhood*, 91: 383-385, 2006.