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The Ballad of Financial Dependency: sponsoring in public health professional societies

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The Ballad of Financial Dependency: sponsoring in public health professional societies

The European Public Health Association (EUPHA) has become one of the leading voices of public health in Europe. Its annual European Public Health Conference (EPH), jointly organised with the Association of Schools of Public Health in Europe (ASPHER), is now the main platform for direct exchange between scientists and public health practitioners. This is good. And yet there remains a constant irritant, repeatedly discussed in EUPHA boards, covered by a detailed “Code of Conduct”,¹ and still not resolved to everybody’s satisfaction: the issue of industry sponsoring, in particular by the pharmaceutical sector. ASPHER, the World Federation of Public Health Associations (WFPHA)² and many national public health professional societies face similar challenges.

Where we see a problem

EUPHA regularly accepts pharmaceutical industry support (usually as unrestricted grants) in the context of the EPH conferences. In 2014, for example, two vaccine manufacturers supported pre-conference activities on vaccination which were promoted in the conference programme booklet. WFPHA and the Indian Public Health Association (IPHA) invite prospective sponsors of the 2015 World Congress on Public Health to “impact [their] target audience” by covering travel expenses for keynote speakers and “nutrition breaks” of delegates. Moreover, for a contribution of 40,000 US\$, WFPHA/IPHA offer to endorse sponsors as “Public Health Champions”.³

Public health professionals who support such practice argue that professional attitudes and behaviours will not be influenced by industry funding.¹ Others perceive pharmaceutical industry sponsorship as indispensable to run large European conferences successfully and support participants from less wealthy countries. Some argue that vaccination is inherently beneficial, and that sponsoring from vaccine manufacturers thus is unproblematic.

We disagree. Public health experts, the participants of these (pre-)conferences, are stakeholders, e.g. in the evaluation and distribution of vaccines. Their opinion is decisive and has to be impartial.

Accepting sponsoring from pharmaceutical companies creates conflicts of interest and endangers the actual or perceived independence of professional societies and its members. Moreover, as sponsoring is booked as operating expenses (or donations) that lead to tax reductions for companies, it decreases tax revenues and shifts funding from state to industry, reducing democratic control and accountability in the process.

On accepting gifts

Sponsoring is a primarily social exchange, comparable to gifts that hosts of dinner invitations receive from their guests. Gifts foster a need to reciprocate and diminish the recipients' ability to remain objective. Even though gifts are perceived as voluntary and trivial, "in fact they are given and repaid under obligation".⁴ Sponsoring has thus an affective component. While the recipient may fail to perceive or rationalize the affective nature of sponsoring, it will almost inevitably unfold its emotional effect. Despite the overwhelming evidence of the impact of gift-giving generally and pharmaceutical industry sponsorship more specifically, professionals who engage in interactions with industry still seem to be prone to denial: they perceive a "sense of invulnerability to the biasing effects of conflicts of interest",⁵ and are convinced that the funding they benefit from does not influence their attitudes or behaviours. This is a naïve assumption. Commercial funding of medical and public health research (even if indirect and pooled) increases the reporting of pro-industry findings and promotion of industry-favoured solutions and commercial products.

Vested commercial interests

Pharmaceutical industry has massive economic interests at stake which may compel it to influence public health professionals, their research, and their decisions – in particular since blockbuster drugs have become a rarity. Three developments call for critical scrutiny:

Firstly, pharmaceutical industry is increasingly placing its bet on new diagnostics, including personalized medicine and public health genomics. Companies are well aware that it will be the public health community who is going to assess effectiveness and cost-benefit of such innovations.

Secondly, pharmaceutical industry attempts to medicalize minor ailments and offer pharmacological solutions for them. This “corporate construction of disease” is promoted by engaging in health education, funding of conferences and influencing public and academic debate.⁶ These two developments threaten to shift the focus from population health strategies, aimed at increasing overall population health and narrowing health inequalities, to individualised medicine and pharmacological solutions.

Thirdly, transnational pharmaceutical corporations are increasingly concerned with political questions relevant to public health, impinging e.g. on the Agreement on Trade-Related aspects of Intellectual Property Rights (TRIPS); their objectives are thus at odds with important public health goals.

“He who pays the piper calls the tune”

The public expects professional societies to take a leadership role in promoting public health, defining best practice, and providing impartial guidance. The scientific credibility of the public health community is at stake if we accept sponsoring from industry or organizations whose products or technologies we are supposed to critically assess. Even if professional societies act within the legal boundaries and according to their codes of conduct, the mere appearance of corruptibility has the potential to cause considerable damage.

EUPHA and other public health associations have had extensive discussions on sponsoring, but these need to continue. Their codes of good practice need to acknowledge that the interests of pharmaceutical companies (as well as of processed food and soft drinks companies) and those of

public health are often misaligned. To preclude the impression of financial dependency, public health associations should take corrective action and:

- fully disclose the amounts of all commercial donations, sponsorship and direct funding received;
- publish the budget of conferences;
- discontinue the current practice of promoting industry-sponsored pre-conference activities, endorsing industry sponsors, and inviting them to support travel or subsistence of delegates;
- adopt a policy of €0 industry funding by 2020; and in the meantime, restrict industry sponsoring to advertising pages in journals and conference programmes which are clearly marked as marketing activities;
- annually disclose their council and board members' financial links with industry (or the absence of these) on their organization's websites;
- use their political clout to argue that restricting sponsorship and replacing it by public funding is in the public interest as it will help to keep public health research and decision-making impartial.

Enacting these suggestions may require public health associations to change their mode of operation. Some activities, particularly in the context of conferences, may have to be discontinued due to a lack of financial resources. If public health associations decide *not* to reject sponsoring, they should at least be completely frank and honest – merely declaring a potential conflict of interest will not suffice. Professional societies which accept industry sponsoring need to explain to the public that doing so is likely to affect their judgment; and that their advice in matters relevant to public health must therefore be taken with a pinch of salt.

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