INVESTIGATING THE RELATIONSHIP BETWEEN HEALTH CONSUMER ORGANISATIONS AND THE PHARMACEUTICAL INDUSTRY IN AUSTRALIA

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Conflict of interest declaration

- This project was supported by a small funding from the University of South Australia
- No funds from a commercial party were received in support of this project
- Senior Research Fellow, Quality Use of Medicines and Pharmacy Research Centre, University of South Australia
- Executive committee Cancer Voices SA
- Member Healthy Skepticism
- Member Health Action International Europe
Background

- Partnerships between all health sector stakeholders, including prescribers, pharmaceutical industry, government organisations and consumer organisations is widely believed to be of benefit to individuals and public health

- Partnership is a key principle of the Australian National Medicines Policy and the National Strategy for Quality Use of Medicines (QUM)
  - “Active and respectful partnerships are considered essential to achieve QUM in Australia”
Background

Stakeholders have overlapping but different, potentially conflicting interests

- All aim to get effective and safe drugs
- Pharmaceutical industry’s main interest is to develop and market drugs to maximize its profits and its shareholders’ satisfaction
- Government aims both at protecting public health and maintaining a profitable industry
- Health professionals care for their patients
- Health consumer organisations advocate for almost exclusively members’ special interests and (unrestricted) access to safe and effective drugs
Background

However....

There is strong evidence that partnership of pharmaceutical industry with health professionals can:

- unduly influence professional judgments, prescription of medicines and the quality of patient care
- threaten the integrity of scientific investigations (i.e. clinical trials)
- threaten the objectivity of professional education
- threaten the public’s trust in medicine
Background

- Growing concern on potential drawbacks of partnerships between pharmaceutical industry and health consumer organisations (HCOs)
  - HCOs increasingly recognised as legitimate participants into health policy processes at all federal, state and local levels.
  - Large power and information asymmetries
    - HCOs: small budgets, volunteers, information needs
    - Pharmaceutical industry: big budgets, professionals, information providers
  - Limited awareness of potential drawbacks among HCOs
Background

- Between a third and two-thirds of HCOs in developed countries receive corporate support in some form.
- Case reports of improper corporate influence:
  - “Astroturf” organisations (false claims to genuine consumer status)
  - The two consumer representatives on the Management Board of the European Medicines Agency are from HCOs mainly funded by the pharmaceutical industry.
Background

✦ Regulation of partnerships between the pharmaceutical industry and HCOs
  – Policies developed by consumer organisations
    ✦ Wide range from welcoming industry partners through graded awards to prescriptive or prohibitive of collaboration
    ✦ Reflect range of views from gratitude to alarm
  – Policies developed by the pharmaceutical industry
    ✦ The European Federation of Pharmaceutical Industries and Associations (EFPIA) code of practice for relationships between the pharmaceutical industry and patient organisations
Background

- Regulation of partnerships between the pharmaceutical industry and HCOs in Australia
  - In 2008, Consumers Health Forum of Australia (CHF), The peak body for Australian health consumer organisations, jointly with Medicines Australia, the Australian pharmaceutical industry organisation “Working Together: A Guide to Relationships between Health Consumer Organisations and Pharmaceutical Companies”
    - Principles: honesty, integrity, trust and respect
    - The benefits of collaborative relationships are highlighted without reference to possible drawbacks
    - Non-prescriptive and do not require explicit disclosure of industry support on organisations’ web sites or in their annual reports.
Background

- Regulation of partnerships between the pharmaceutical industry and HCOs in Australia
  - In 2010 the 16th edition of Medicines Australia’s code of conduct for marketing by its member firms added a section on relationships with health consumer organizations
    - Companies must list on their web sites HCOs to which they give financial or significant direct or indirect non-financial support with a brief description of the support
    - no requirement for disclosure of the amount of funding
Objectives

- To assess the extent and type of funding received by health consumer organisations from pharmaceutical industry
- To assess disclosure practices of the pharmaceutical industry and HCOs
Methods

- Survey of the websites of Australian drug companies, members of Medicines Australia and engaged in commercial production) (December 2010)
  - support to HCOs
  - number
  - names
  - period
  - amount
  - purpose
Methods

- Survey of the websites of HCOs January-March 2011
  - Selection: received funding from drug companies or were voting members of Consumers Health Forum (CHF)
  - Systematic click search of websites
    - Availability and type of information on drug company sponsorship in annual report
    - Availability and type of information on drug company sponsorship on website
    - Availability and type of policy on relationship with pharmaceutical industry.
Results: survey of websites of drug companies

- 39 drug companies
  - 8 had no website
  - 11 (28%) did not provide information on funding of HCOs
    - Time period 2009 (7 companies), 2010 (4 companies), no date (8 companies)
  - 20 (51%) provided information on funding
    - Most gave only names of funded HCOs
    - 15 (38%) gave information on funding purpose
    - 3 (8%) gave information on funding amount
Results: survey of websites of drug companies

- Range HCOs funded: 1 to 16
- 78 HCOs received at least one industry grant
  - 22 voting members of CHF (25% of CHF members)
  - 62 received one or two grants
  - 6 received three to six grants
Results: survey of websites of HCOs

- 142 HCOs (86 CHF members)
- 135 (95%) had a website
- 89 (66%) provided an annual report on website
- 19 (21%) gave information on drug company support
  - Limited information: mostly names of companies
  - One report gave amounts (Telethon)
Disclosure of funding by pharmaceutical industry in annual reports

Less than half funded HCOs disclosed funding
CHF versus non CHF members

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<th>Number</th>
<th>% of HCOs with websites</th>
<th>% of HCOs with annual report available on website</th>
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<tr>
<td>Total</td>
<td>29</td>
<td>21</td>
<td>32</td>
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<tr>
<td>CHF members</td>
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<td>20</td>
<td>29</td>
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<tr>
<td>Non-CHF members</td>
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<tr>
<td>Funded HCOs Total</td>
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<td>non-CHF members</td>
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<td>Non-funded HCOs</td>
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Disclosure of funding by pharmaceutical industry on websites

A third funded HCOs disclosed funding

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Results: survey of websites of HCOs

- 10 HCOs (7%) referred to a policy on relationships between HCOs and the pharmaceutical industry
  - 8 CHF members
  - 3 provided only a link to CHF guidelines
  - 4 other policies referred to CHF guidelines
Conclusion

- Around half of drug companies provided information on relationships with HCOs
  - Still limited implementation of Medicines Australia’s code of conduct
  - Limited information on purposes and almost nothing on financial amounts
  - Sharp contrast with obligation to disclose funding provided for continued medical education of health professionals
Conclusion

- Internationally, disclosure of funding by pharmaceutical industry is expanding:
  - Sunshine Act in the USA: all funding provided to all health professionals must be disclosed
  - Policy of full public disclosure by some companies (e.g. Glaxo Smith Kline, Eli-Lilly) including funding of HCOs
  - New French law: all funding of HCOs must be reported yearly to the French Medicines Agency and disclosed on the agency’s website
Conclusion

Less than half of funded HCOs disclosed funding from drug companies on their website

- Results similar to a UK study (26% disclosure), a US study (25% disclosure), lower than in an international study (45% disclosure)
- CHF guidelines are not prescriptive in terms of public disclosure
Conclusion

- Advocacy activities of HCOs and level of public trust they enjoy makes transparency obligatory

- Is transparency the answer?
- Which funding for HCOs?
- How to reconcile independence and funding (government, industry, private individuals and charitable foundations)?