

## LETTER

### **Vaccination marketing by private healthcare sector: glaring malpractices**

*Published online on December 21, 2017. DOI:10.20529/IJME.2017.103.*

The editorial by Jesani and Johari in this journal raises some contentious yet relevant ethical issues pertaining to vaccination practices in India (1). Vaccination is one of the most important preventive measures against infectious diseases. The eradication of smallpox in the 70s and near eradication of polio are testimony to this. The Government of India (GoI) has recently added a few new vaccines in its Universal Immunisation Programme (UIP), one of the largest public health programmes across the globe. The number of vaccines delivered through this public health programme has doubled from six in 1985 to twelve in 2017 (2). However, important vaccines are still not part of UIP and hence are being given through the private sector. These include vaccines against typhoid, chickenpox, hepatitis-A, HPV, MMR, etc.

Proper pricing of vaccines in the private sector is a very contentious issue (3,4), since it is poorly regulated and not controlled by the GoI (5). There is no code of ethics for vaccine manufacturers. As a result, the vaccine companies are exploiting these lacunae to the fullest and profiteering. An unholy nexus between the vaccine companies, some academic bodies and prominent academicians called 'Key Opinion Leaders' (KOLs) has resulted in corrupt unethical practices in the private sector (6).

Almost all major vaccine manufacturers spend crores of rupees to promote their products in various scientific and non-scientific meetings of doctors. This is done through sponsorships of conferences, distributing freebies to delegates, meddling in the scientific content of these conferences and incentivizing bulk purchases by offering doctors anything from free doses to foreign trips.

Often these vaccine companies also create a massive difference in the maximum retail price (MRP) of a new vaccine and the price offered to a prospective prescriber. This sets off a tendency among practitioners to view vaccines as yet another profit generating commodity, rather than a public health tool, as there is no "cap" on the profits charged by these companies.

### **Nexus with academia and academic bodies**

Vaccine companies try to recruit top academicians/paediatricians/former or current office-bearers of academic bodies as their "advisory board members" in the guise of providing academic guidance for development and marketing of their products. The main objective is to create hype around a new or existing product of the company. These

KOLs often do their job by creating confusion in the minds of the doctors. They contradict the valid recommendations of reputed advisory bodies and thus undermine these national and international level academic bodies, in return for huge sums paid as honoraria; a clear violation of the existing MCI Code of Ethics.

Vaccine industry officials also try to "bribe" national level office-bearers (OBs) of academic bodies by sponsoring them personally or by acquiring key sponsorship of their major events to get favourable recommendations for their products. There are instances when these companies make a seemingly profitable investment in the campaigns of prospective presidential candidates of academic bodies during their elections. With the endorsement of products by prominent KOLs during major scientific events, the sales of these products soar. So this nexus works on a "quid-pro-quo" basis with both the vaccine industry and some doctors making money at the expense of consumers, ie the unsuspecting parents.

### **Need of the hour**

Most doctors are still contributing to overall improvement in immunisation coverage of key vaccine preventable diseases under the UIP. The problem exists in marketing practices pertaining to newer vaccines. There is a need for the appropriate authorities to investigate the above nexus and curb the prevalent corruption in the marketing of newer vaccines by the private sector. Earning kick-backs by taking advantage of the apprehensions and fears of society for its children is sheer criminal exploitation. Secondly, there is an urgent need to bring all vaccines under the Drug Price Control Orders (DPCO) category to make them affordable for the largest possible number of children.

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