

## Conflict of Interest Policy



**World  
Patients  
Alliance**

## Overview

As a patients non-profit organization, the WPA should be transparent in all its activities. It is the policy of WPA to conduct its organization and operations according to the high ethical standards. All people working on behalf of WPA (referred to as policy “covered persons” in this policy ) including Board Directors, staff, contractors, consultants, members and volunteers are expected to act with integrity when dealing with other organizations such as government agencies, corporate sector, NGO, other agencies, sponsors & donors, suppliers, media and the general public.

The WPA will conduct its affairs decently and above reproach and will operate with the highest level of integrity and avoid conflicts of interest. All the covered persons working for WPA have the responsibility to administer the affairs of the organization honestly and prudently, and to exercise their best care, skill and judgment for the sole benefit of transactions involved in their duties, and they shall not use their positions with the organization or knowledge gained therefrom for their personal benefit. The interests of WPA must have the first priority.

### Policy Statement

Unless disclosed to the WPA Board and approved by it as described below, no covered persons shall have any direct or indirect conflict of interest in his or her dealings on behalf of WPA. Without limiting the foregoing, covered persons shall abide by the following applications of this policy:

- No covered person shall seek or accept any gift, gratuity, entertainment, travel or other item or service of material value from any person or organization doing business or seeking to do business with WPA.
- Similarly, no covered person shall make or offer any gift, gratuity, entertainment, travel or other item or service of material value to any person or organization doing business with WPA or with whom WPA is seeking to do business.
- For purposes of this standard, reasonable and customary gifts of memento advertising (e.g. calendars, pens, bags, and the like), or an occasional meal shall not be deemed to be an item of material value.

## 1. Nature of Potential Conflicts

Conflicts or potential conflicts may be direct or indirect. Indirect conflicts may arise if any of the following have an interest:

- A family member of above mentioned covered persons.
- An estate or trust of which covered person or member of such person’s family is a beneficiary, personal representative, or trustee.
- A company of which a member of the family or covered person is an officer, director, or employee, or in which such person has ownership or other proprietary interest.

## 2. Disclosure and Procedure for Board Review

All covered persons such as Board Directors, staff, contractors and consultants shall disclose as soon as possible all real or apparent conflict of interest that they discover or that have been brought to their attention in connection with this organization’s activities.

Moreover, a conflict of interest form (Annex A) shall be signed by all board members at the time of joining the Board and renewed annually. Similarly, staff including contractors and consultants shall also sign the conflict of interest form (Annex A) at the time they join the organization and renewed annually. At the discretion of the Board or a committee thereof, a person with a real or apparent conflict of interest may be excused from all or any portion of discussion or deliberations with respect to the subject of the conflict.



## WPA Conflict of Interest Form

I understand that World Patients Alliance (WPA) is a charitable organization. I have received, read and understand WPA’s Conflict of Interest Policy. I agree to its terms and my actions have and will continue to be guided thereby. I declare that:

- I have not, to the best of my knowledge and belief, been in a position of possible conflict of interest as per WPA Conflict of Interest policy.
  
- I have the following disclosures to make as per WPA Conflict of Interest policy:

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Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

WPA Designation: \_\_\_\_\_

