

Ethical Considerations for Resuming In-Person Interactions with Healthcare Professionals Post COVID-19: A Guidance Document

In this time of global pandemic, the work of the biopharmaceutical industry has never been more important. As a critical participant in the global healthcare system, we are bringing the full force of our scientific and medical expertise to address the coronavirus pandemic around the world.

We are focused on ensuring a reliable supply of medicines, providing healthcare professionals (HCPs) with the information they need to treat patients, pursuing scientific efforts with urgency to develop the safe diagnostics, treatments and vaccines needed to defeat this virus, while continuing our research and development efforts for other disease areas in a responsible and ethical manner.

Guided by our Ethos, the foundation that shapes how the R&D based biopharmaceutical industry sustains trust based on the core values of care, fairness, respect and honesty, the biopharmaceutical industry continues to demonstrate to the world that, especially in times of crisis, we act with integrity. In these unprecedented times of uncertainty, these values provide the necessary framework to anchor our decisions and should continue to provide the foundation for each and every member's conduct during this global pandemic and as we emerge from it.

Maintaining productive dialogue and scientific exchange with the medical community is central to our industry's purpose: to discover, develop, and deliver medicines and vaccines that improve the life of patients worldwide. As we navigate the COVID-19 crisis, our conduct should continue to reflect our deep responsibility to patients and society as a whole. Our Ethos requires nothing less.



As we begin to transition to a new way of working as a result of the COVID-19 pandemic, each IFPMA member company will make an independent determination regarding when and how to resume in-person interactions with HCPs and others within our health systems. Given the varied state of crisis and rapidly evolving environments around the world, these decisions are necessarily situational and must be based on local knowledge and judgment. Consistent with our Ethos, several considerations should be taken into account in making these decisions in order to protect the health and safety of patients, healthcare workers, our employees and communities.

While not an exhaustive list, the following factors should inform when and how member companies resume in-person meetings with HCPs within a defined geography/healthcare system*. Of course, any decision will be contingent upon general direction and guidance from national and local governments.



1. COVID-19 prevalence: measured at a country, state, or community level, a period of sustained case reduction (e.g., 14 days) indicates transmission control measures in the community are working. Further, even with sustained case reduction, the rate of emergence of new cases within the community should be monitored and inform decisions, particularly where spread is still common (e.g., significant communicable spread within a facility or city). Members should proceed gradually and make decisions based on what data shows about the virus' spread in the relevant communities.



2. Availability of COVID-19 testing, monitoring and tracing: wide-spread community testing, monitoring of presumed or confirmed cases, as well as tracing of close contacts are critical in containing the spread of COVID-19. In communities where testing, monitoring and tracing are not readily available, members should consider whether adequate protocols are in place before re-engaging with HCPs and other customers.



3. Hospital/HCP capacity and resourcing: hospitals' ability to treat both COVID-19 and other patients, and HCP caseload should be carefully considered prior to resuming in-person visits to avoid unnecessary systems burden. Particular attention should be paid to facilities treating those most vulnerable to the virus, such as senior care facilities, infusion centers, and other high-risk hospitals. The availability of personal protective equipment ("PPE") and other medical supplies should also be considered to ensure that sufficient resources are available for the protection of both HCPs and member company employees.



4. HCP receptivity: even where permitted by government and healthcare facility regulations, members should be especially sensitive to the toll the pandemic may be taking on HCPs, who may be too busy or preoccupied to engage with industry at this time. Efforts should be made to ensure HCPs are comfortable with renewed visits prior to re-engagement. We will look to HCPs and healthcare facilities to provide guidance on how to best engage with them during this challenging time, and we will respect that guidance. Member companies should consider meeting digitally, in-person, or not at all depending on local facts and circumstances.



5. Safe work practices: member companies should ensure continuous education and reinforcement of personal safety and hygiene practices, including social distancing by avoiding crowded waiting rooms, enhancing cleaning practices and ensuring availability of PPE to those who need them. Member companies should also ensure that employees who are not feeling well do not hold any in-person meetings.

The information provided reflects current understanding. The need for modification of this guidance as our understanding develops will be closely monitored and assessed.

IFPMA represents research-based pharmaceutical companies and associations across the globe. The research-based pharmaceutical industry's 2 million employees discover, develop, and deliver medicines and vaccines that improve the life of patients worldwide. Based in Geneva, IFPMA has official relations with the United Nations and contributes industry expertise to help the global health community find solutions that improve global health.

