**Advisory Committee on Vaccination and Immunization Practices" (ACVIP)**

**Dear Valued IAP member,**

**In continuation of the democratic and transparent working of the CO IAP, we are hereby inviting nominations for “Advisory Committee for Vaccination and Immunization Practices” (erstwhile IAP Committee on Immunization).**

**The pre-requisites of candidates applying for nominations would be:**

**1. He/she must have undergone some training in the field of immunization and vaccines, such as courses conducted by IAP (SOV, ASOV, IAPVAC), or from other institutions like ADVAC (France), ADVAC (CHF-Inclen), INDVAC (CMC Vellore), ICMR, WHO, etc.**

**2. He/she must not have ANY conflict of interest. If any conflict is present, he/she must declare beforehand and try to resolve it prior applying to the post.**

**3. He/she must be ready to abide by a strict ‘Code of conduct’. (Appendix A)**

**4. He/she shall respect and guided by the ‘Terms of Reference’ of the committee (Appendix B )**

**There are FIVE (preferably one from each zone) post for the membership of the committee. The tenure of the committee shall be from 1st August 2015 to 31st December 2017.**

**Last date for submitting application is July 14th 2015.**

**Applications will be scrutinized by the President, President elect and immediate past president.**

**Method of Application**

**Please apply on a plain paper furnishing following information:**

**A.      General information:**

**1-Name, age and other relevant contact information**

**2-Current designation and Affiliation**

**3-Educational background & past professional experience**

**B.      Immunization related information\*, \*\*:**

**1-Experience (including training) in the field of vaccinology& immunization.**

**2- List of your most important publications (if any).**

**3- How do you think that this assignment may impact on field of vaccination in general (on vaccination strategies at national, regional or state levels) and on IAP’s policies related to vaccines and immunization field?  (Maximum 500 words).**

**4-List any other activity related to immunization.**

***\* Please indicate, with details, your most important vaccinology-related past experience and present activities.***

***\*\*Give details on your present or future responsibilities with a particular emphasis on what relates to vaccines or vaccination strategies- This information will be essential during the selection process.***

**Kindly read through the attachments carefully.**

**Looking forward.**

**Sincerely,**

**Dr. S. S. Kamath                               Dr. Pravin Mehta**

**President, IAP 2015                          Hon. Secretary General**

[**Appendix A-Code of conduct for IAP ACVIP**](http://www.iapindia.org/files/Appendix_A-Code_of_conduct_for_IAP_ACVIP.docx)

Appendix A.

**Code of conduct for IAP Office-bearers and Committee members (Optional for EB Members)**

**a) Cash or monetary grants:**

A member shall not receive any cash or monetary grants from Pharma industries and any vaccine manufacturer for individual purpose in individual capacity under any pretext.

**b) Travel facilities:**

A member shall not accept any travel facility inside the country or outside, including rail, air, ship, cruise tickets, paid vacations etc. from any pharma industry and vaccine manufacturer for self and family members for vacation or for attending conferences, seminars, workshops, CME programmeetc as a faculty or delegate.

**c) Hospitality:**

A member shall not accept individually any hospitality like hotel accommodation for self and family members from pharma industries and vaccine manufacturers under any pretext.

**d) Vaccine trials and other research projects:**

A member may participate in; work in research projects funded by pharma industries and vaccine manufacturers.

However, they are obliged to know that the fulfilment of the following items (i) to (v) will be an imperative for undertaking any research assignment / project funded by industry – for being proper and ethical. Thus, in accepting such a position a member shall:-

(i) Ensure that the particular research proposal(s) has the due permission from the competent concerned authorities.
(ii) Ensure that such a research project(s) has the clearance of ACVIP.
(iii) Ensure that it fulfils all the legal requirements prescribed for medical research.
(iv) Ensure that the source and amount of funding is publicly disclosed at the beginning itself.
(v) Ensure that while accepting such an assignment a member shall have the freedom to publish the results of the research in the greater interest of the society by inserting such a clause in the MoU or any other document / agreement for any such assignment.

**f) Maintaining Professional Autonomy while delivering any scientific talk/lecture/presentation:**

A member is expected to use his/her own slides/teaching material while delivering any talk/presentation in any CME/conference/update on any vaccine. A member/ office-bearer/advisor shall always ensure that there shall never be any compromise either with his / her own professional autonomy and / or with the autonomy and freedom of the committee.

**g) Affiliation as an advisory board member:**

A member/ office-bearer/advisor of ACVIP will notwork for any pharma industries/ vaccine manufacturer in advisory capacities, as consultants, as researchers, or in any other professional capacity.

**h) Endorsement of any product:**

A member/ office-bearer/advisor of IAP Committees shall not endorse any pharma and vaccine brand publicly. Any study conducted on the efficacy or otherwise of such products shall be presented to and / or through appropriate scientific bodies or published in appropriate scientific journals in a proper way.

However, a member/ office-bearer/advisor can accept the hospitality/travel grants (but no cash honoraria) from the organizing local IAP branch/other professional associations for delivering lectures/ppts in a meet/CME/symposium/conference or participating in discussion as a faculty member.

**i) A member should declare his financial interest including holding of share etc in pharma and vaccine industries**

**j) Declaration:**

All members/experts/advisor/invitees attending a meeting to develop guidelines or recommendations, as well as assessments of any kind of product, or methodology which would in any way be of relevance to a present or future commercial activity or interests, should declare any conflicts as per the instructions provided in a special self declaration form (vide Self Declaration Form enclosed as Appendix C) .

**Declaration:**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby

 (print or type first name, middle initial, last name)

Declarethat I have read all the above terms and conditions associated with working with IAP. I will abide by all the above termswhile discharging the duty assigned to me till my tenure/appointment/affiliation lasts.

In case of any conflict of interest, I will not only declare it to IAP, but will also resolve it before undertaking any such duty that may involve such issues.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name ) (Institution/Address)

[**Appendix B- ToR for IAP ACVIP**](http://www.iapindia.org/files/Appendix_B-_ToR_for_IAP_ACVIP.docx)

Appendix B.

**IAP Advisory Committee on Vaccines &ImmunizationPractices (ACVIP)(erstwhile known as ‘IAPCOI’)**

**Terms of reference (TOR):**

1. The new committee shall be called as “IAP Advisory Committee on Vaccines & Immunization Practices (ACVIP)”.
2. The tenure of the committee shall be from 1st August 2015 to 31st December 2017.
3. The committee shall function as a special subcommittee of the academy.
4. The committee shall be accountable to IAP executive board.
5. The committee members will be selected by a transparent selection process – President, President elect and immediate past president.
6. The applications for the posts of committee members shall be advertised in the official publications and websites of the academy well in advance. The eligibility and selection criteria are provided below (see Appendix A).
7. The committee shall have following structure:

Chairperson: One

Convener: One

Members: Five (representing different zones)

1. Hon. General Secretary, Chairperson & Convener of immediate past committee.
2. Selection criteria: The members shall be selected based on following broad criteria:
* Training in the field of immunization (including courses conducted by IAP)
* Affiliation with Govt. sector decision-making responsibilities
* Affiliation with professional body having vaccination recommendations capabilities
* Affiliation with international/national agency having vaccination implementation or monitoring responsibilities.
* Other affiliation with field of vaccination with decision-making, implementation, monitoring or recommendations responsibilities.
* Publications
* Other activity related to immunization
1. Only the members, convener and chairpersons will have the voting rights in case of any division of votes needed.
2. The committee may be allowed to have a space on IAP Website. Not a separate / independent website.
3. The website should provide information to general public and fellow members about immunization practices and will also include information for travelers on vaccination.
4. All the financial expenditure of the committee shall be borne by the parent body, i.e. the Indian Academy of Pediatrics. The sub-committee will not be permitted to open its separate bank account.
5. Each member/convener/chairpersons will be needed to sign a “Code of Conduct”(see Appendix A).
6. He/she must be abided by all the conditions enlisted in the code. Utmost precaution must be taken to avoid any violation in letter and spirit. Any violation/complaint shall be reviewed by the executive board to take necessary remedial action.
7. Each member/convener/ chairpersons will be required to declare and resolve any conflicts of interest as per the conditions mentioned in the declaration form (vide Appendix C).
8. The committee is entitled to hold a minimum of TWO meetings in a year.
9. The committee is not entitle to raise/arrange funds for its working including holding meeting, publications, programs, and other logistics involved in carrying out its duties.

**Responsibilities:**

1. The committee shall frame recommendations in two heads;
	1. for our own membersabout the usage of available licensed vaccines in the country – Primary responsibility
		1. The committee shall also devise an annual IAP Immunization Timetable on a yearly named basis.
		2. Should respond to the query of members – as and when directed by the COIAP.
	2. For the public or society – not contradicting the GoI.
		1. Shall formulate the suggestions for the GoI also which shall be sent from CO IAP to concerned departments.
		2. Will have meetings with GoI
2. The committee should also come out with white-paper(position paper) for individual vaccines as and when needed
3. The committee shall frame recommendations based entirely on ‘evidence-based’ process.
4. The detailed recommendations of the committee along with a brief background regarding arriving at a particular recommendation can be published in a small booklet, titled as a “Guidebook of IAP ACVIP” published once in every two years.
5. No donation shall be accepted from any vaccine manufacturer as a financial support to publish guidebook.
6. The committee shall also help appropriate agencies/committees/organizations/government on other critical aspects related to immunization like AEFI and VPDs surveillance, etc. through CO IAP
7. The committee shall also provide up-to-date information on vaccination to general public throughParent Website of IAP
8. The committee must aggressively counteract any misinformation campaign against vaccines, immunization and immunization programs of the country.

[**Appendix C--Self-declaration form for Conflicts of Interest-IAP ACVIP**](http://www.iapindia.org/files/Appendix_C--Self-declaration_form_for_Conflicts_of_Interest-IAP_ACVIP.docx)

Appendix C.

**“DECLARATION OF CONFLICT OF INTERESTS FOR IAP ACVIP MEMBERS/OFFICE-BEARERS/EXPERTS (2015 - 2017)” \_**

Name:

Institution:

Email:

Date and title of meeting/ work:

Description of your role:

Your current designation (in IAP ACVIP, if any):

**FORM A: DECLARATION OF INTERESTS**

Please answer each of the questions below. If the answer to any of the questions is "yes", briefly describe the circumstances In FORM B.

The term "you" refers to yourself, your employer and your immediate family members (i.e., spouse (or partner with whom you have a similar close personal relationship) and your minor children). "Commercial entity" includes -- aside from any commercial business -- an industry association, research institution or other enterprise whose funding is significantly derived from commercial sources having an interest related to the subject of the meeting or work. "Meeting" includes a series or cycle of meetings.

|  |  |  |
| --- | --- | --- |
| **1.**  | EMPLOYMENT , CONSULTING and FAVORS |  |
| 1a | **In the year 2014, have you received remuneration from a commercial entity with an interest related to the subject of the meeting or work? Please also report any application or negotiation for future work.** | Yes ٱ No ٱ |
| 1b | **In the year 2014, have you received any travel grant from a commercial entity with an interest related to the subject of the meeting or work? Please also report any travel grant or favor in near future from a commercial entity.** | Yes ٱ No ٱ |
|  |  |  |
| **2.** | RESEARCH SUPPORTIn the year 2014, have you or your department or research unit received support or funding from a commercial entity or other organization with an interest related to the subject of the meeting or work? Please also report any application or award for future research support. |  |
| 2a | Research support, including grants, collaborations, sponsorships, and other funding | Yesٱ No ٱ |
| 2b | Non-monetary support valued at more than Rs. 25,000 overall (include equipment, facilities, research assistants, paid travel to meetings, etc.) | Yes ٱ No ٱ |
|  |  |  |
| **3.** | INVESTMENT INTERESTSDo you have current investments (valued at more than Rs. 1,00,000 overall) in a commercial entity with an interest related to the subject of the meeting or work? Please also include indirect investments such as a trust or holding company.  |  |
|  |  |  |
| 3a | Stocks, bonds, stock options, other securities (e.g., short sales) | Yesٱ No ٱ |
| 3b | Commercial business interests (e.g., proprietorships, partnerships, joint ventures) | Yes ٱ No ٱ |
| **4.** | INTELLECTUAL PROPERTYDo you have any current intellectual property rights that might be enhanced or diminished by the outcome of the meeting or work? |  |
| 4a | Patents, trademarks, or copyrights (also include pending applications) | Yes ٱ No ٱ |
| 4b | Proprietary know-how in a substance, technology or process | Yes ٱ No ٱ |
|  |  |  |
| **5.** | PUBLIC STATEMENTS AND POSITIONS(2014) |  |
| 5a | As part of a regulatory, legislative or judicial process, have you provided an expert opinion or testimony, related to the subject of the meeting or work, for a commercial entity? | Yes ٱ No ٱ |
| 5b | Are you holding an office or other position, where you may be expected to represent interests or defend a position related to the subject of the meeting or work?  | Yes ٱ No ٱ |
|  |  |  |
| **6.**  | ADDITIONAL INFORMATION |  |
| 6a | If not already disclosed above, have you worked for the competitor of a product which is the subject of the meeting or work, or will your participation in the meeting or work enable you to obtain access to a competitor's confidential proprietary information, or create for you a financial or commercial competitive advantage?  | Yesٱ No ٱ |
| 6b | To your knowledge, would the outcome of the meeting or work benefit or adversely affect interests of others with whom you have substantial common personal, financial or professional interests (such as your adult children or siblings, close professional colleagues, administrative unit or department)?  | Yesٱ No ٱ |
| 6c | Is there any other aspect of your background or present circumstances not addressed above that might be affecting your objectivity or independence? | Yes ٱ No ٱ |
|  |  |  |
|  |  |  |

**FORM B: EXPLANATION OF "YES" RESPONSES:**

If the answer to any of the above questions is "yes", check above and briefly describe the circumstances on this page. ***If you do not provide, the amount or value of the interest, where requested, it will be assumed to be significant.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Nos. 1 - 4** **Type of interest, question number and category (e.g., Intellectual Property 4.a copyrights) and basic descriptive details.** | **Name of company, organization, or institution** | **Belongs to you, a family member, employer, research unit or other?** | **Amount of income or value of interest (if not disclosed, is assumed to be significant)** | **Current interest**  |
|  |  |  |  |  |
| **Nos. 5-6: Describe the subject, specific circumstances, parties involved, time frame and other relevant details**  |

(Signature)

Date:

Place: