



**Alzheimer's Disease
International**

The global voice on dementia

Conflict of interest policy

Background

The purpose of the following policy and declaration is to prevent and avoid conflicts of interest that may arise between the Board and staff leadership and the best interests of ADI.

The underlying principle is that Board and staff leadership must establish by example and attitude an atmosphere of personal integrity. Some situations need only a brief informal comment to maintain that climate. In other situations a decision may be delayed because of the need to ensure that the decision has been made truly in the best interests of ADI.

There are three simple safeguards can go a long way towards preventing and avoiding conflicts of interest.

1. A conflict of interest policy and declaration, signed by all board members at the time they join the Board and renewed annually.
2. Establishing disclosure as a normal habit or practice. Board members should find it customary for someone to say, for example, "This next agenda item relates to joining a collaboration with another organisation. As I am a board member of that organisation I have a potential conflict of interest and I am going to excuse myself for this discussion." Disclosures and excusal from voting should be recorded in the meeting minutes.
3. If major purchases/services are contemplated where a board member may financially benefit, competitive written bids should be obtained to ensure that prices and products are comparable and the board member should not take part in any discussion relating to the proposed purchase.

Examples of interests to declare:

Relationships with other Alzheimer organisations

- Employment as a staff member or contractor
- Voluntary - board member of national association, volunteer on helpline for association branch, board member of regional group
- Financial support to attend ADI meetings

Relationships with pharmaceutical companies or ADI sponsors

- Personal financial gain - payment for advice or employment
- Financial support to attend ADI meetings
- Advisor
- Institutional/Employer benefit - you or your employer are an investigator for clinical trial

Relationships with related organisations

Board member / advisor:

- WHO
- Partner organisations
- Other related associations / foundations / government organisations

Research groups

- 10/66 Dementia Research Group
- Universities in projects where ADI participates
- Receive funding from ADI or other organisations for connected work

Business

Conference organising, printing, travel, communications, PR, legal, financial, where you offer services that could be used by ADI in relation to a specific activity

Professional

Where your day to day work could be influenced by policy decisions/position statements/standards of ADI e.g. nursing home/day care administrator

Family

Also consider if any of your family have something which may be a potential conflict of interest for you.

Conflict of Interest Policy

The standard of behaviour at Alzheimer’s Disease International is that all staff, volunteers, and board members scrupulously avoid any conflict of interest between the interests of ADI on one hand, and personal, professional, and business interests on the other. This includes avoiding perceptions of conflicts of interest as well as actual conflicts of interest.



I understand that the purposes of this policy are: to protect the integrity of ADI’s decision-making process, to enable our constituencies to have confidence in our integrity, and to protect the integrity and reputation of volunteers, staff and board members.

Upon or before election, employment or appointment, I will make a full, written disclosure of interests, relationships, and holdings that could potentially result in a conflict of interest. This written disclosure will be kept on file and I will update it as appropriate.

In the course of meetings or activities, I will disclose any interests in a transaction or decision where I (including my professional interests, business or other voluntary/ charitable/ non-profit affiliation), my family and/or my significant other, employer, or close associates will receive a benefit or gain. After disclosure, I understand that I will be asked to leave the room for the discussion and will not be permitted to vote on the question.

I understand that this policy is meant to be a supplement to good judgment, and I will respect its spirit as well as its wording.

Please check the examples listed before answering.

I have the following interests to declare (if none, write “None”):

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Name:

Signed:

Date: