2021

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

GUIDELINES FOR RESEARCH INTEGRITY AND CONFLICT OF INTEREST

MARCH, 2021

Contents

LIST OF ABBREVIATIONS

COI	Conflict of Interest
DRP	Director of Research and Publications
FCOI	Financial Conflict of Interest
FFP	Falsification, Fabrication, and Plagiarism
MUHAS	Muhimbili University of Health and Allied Sciences
NIMR	National Institute for Medical Research
RIO	Research Integrity Officer
SRPC	Senate Research and Publications Committee
TMDA	Tanzania Medicines and Medical Devices Authority

BACKGROUND

Muhimbili University of Health and Allied Sciences (MUHAS) has a responsibility to ensure that research conducted by its staff, students and collaborators conforms with the highest possible standards of integrity. This booklet on guidelines on Conflict of Interest and Research Integrity provides guidelines on the proper conduct of research, and the standard of work performance and ethical conduct expected of all MUHAS staff, students and other persons engaged in research at MUHAS.

In accordance with article 36 the MUHAS charter on conflict of interest;

(1) Where any employee of the University behaves in such a way that he may have a conflict of interest; the employee shall promptly fully disclose in writing the conflict to the appropriate authority and shall refrain from participating in any way in the manner which the conflict relates until the conflict question has been resolved.

(2) No member of the academic staff, student or an employee of the university shall participate in or be party to any endeavour which works to the detriment of the people of the United Republic and humanity in general or the academic community or compromises scientific, ethical and professional principles and standards.

These guidelines then, are in line with existing policies and guidelines both within the university and outside. These include; National Research Integrity Framework of Tanzania, The MUHAS IRB standard operating procedures, the National Institute for Medical Research IRB standard operating procedures, the MUHAS Data sharing policy, and the Code of Ethics and Conduct for MUHAS staff. There is an onus on all staff and students to ensure that they are familiar with these guidelines of Research Integrity and Conflict of Interest in conjunction with other relevant existing policies and procedures at MUHAS.

Failure to comply with the University's Code of Good Research Practice may be grounds for instigating disciplinary proceedings.

Objective

These guidelines aim to provide clear procedural guidance to fairly dealing with conflict of interest in research and ensure research integrity for all research activities the university is associated with.

CHAPTER 1: GUIDELINES FOR RESEARCH INTEGRITY

Introduction

1. Purpose

These guidelines are being established so as to ensure that research at Muhimbili University of Health and Allied Sciences (MUHAS) is conducted in a manner that is appropriate to its academic goals in order to protect and maintain the integrity of research and of MUHAS. These guidelines are based on the principle that quality research requires adherence to the highest standards of integrity in proposing, conducting, and reporting research.

This guideline then, is in line with existing policies and guidelines both within the university and outside. These include; The MUHAS IRB standard operating procedures, the National Institute for Medical Research IRB standard operating procedures, the MUHAS Data sharing policy, and the Code of Ethics and Conduct for MUHAS staff.

2. Definitions

Research Integrity: Refers to "a commitment to intellectual honesty and personal responsibility for one's actions and to a range of practices that characterize responsible research conduct" (The US Department of Health and Human Services, 2018). These practices include but not limited to:

i. Honesty and fairness in proposing, performing, and reporting research, which includes the practices related to authorship and acknowledging inputs that do not qualify for authorship;
ii. Accuracy and fairness in representing contributions to research proposals and reports;
iii. Proficiency and fairness in peer review;
iv. Collegiality in scientific interactions, communications and sharing of resources including where appropriate research data, equipment, computer code, etc.;
v. Disclosure of conflicts of interest;
vi. Ethical treatment of humans in the conduct of research;
vii. Humane care of animals in the conduct of research;
viii. Adherence to the mutual responsibilities of mentors and trainees; and
ix. Responsible use of University, donor and public funds.

Research misconduct: Fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include honest error or differences of opinion.

Other misconduct: Some improper practices (Appendix 1) are not considered research misconduct under these guidelines, but are nonetheless considered misconduct under other University policies including, but not limited to, guidelines relating to conflict of interest, intellectual property, biosafety, use of human and animal subjects, use of University facilities, outside professional activities of faculty members, and teacher-student relations.
Disputes about the conduct of research that do not fall within the definition of research misconduct as stated in the definition of "research misconduct" above should be resolved in accordance with the requirements of appropriate University policy.

Allegation: An Allegation is any oral or written statement or other evidence of one or more apparent instances of Research Misconduct.

Complainant: A Complainant is a person who makes an Allegation.

Conflict of Interest: A Conflict of Interest exists when a relationship between a decision-maker and the Complainant, the Respondent, or the Research that is the subject of an Allegation creates the potential for compromised judgment or decision-making (see guidelines on conflict of interest).

Fabrication: Fabrication is making up data or results and recording or reporting them.

Falsification: Falsification is manipulating research materials, equipment, or processes, or changing or omitting data or results such that the Research is not accurately represented in the Research Record.

Inquirer: The faculty members or administrators assigned by the Director of Research and Publications (DRP) to conduct an Inquiry.

Inquiry: An Inquiry is an informal process for gathering information and initial fact-finding to determine, based upon Probable Cause, whether an Allegation warrants an Investigation.

Investigation: An Investigation is the formal examination and evaluation of all relevant facts to determine, based upon a Preponderance of the Evidence, whether Research Misconduct has occurred, and, if so, its extent and consequences and the responsible person or persons.

Plagiarism: Plagiarism is the appropriation of another person's words, ideas or research results without acknowledgement, and passing them off as one's own.

Guidelines: The guidelines are the MUHAS "Integrity of Research Guidelines".

Preponderance of the Evidence: There is a preponderance of the evidence when the greater weight of credible evidence shows that it is more likely than not that a Respondent committed the alleged act or omission.

Probable Cause: Probable cause is a reasonable belief based on a standard of proof such that a person of ordinary caution or prudence would be led to believe and conscientiously entertain a strong suspicion of such violation.

Research: Research means a systematic investigation, including development, testing, evaluation, or publication, to develop or contribute to generalizable knowledge.

Researcher: A Researcher is any person who is engaged in the design, conduct, or reporting of Research.

Research Integrity Officer (RIO): The RIO is the person who is responsible for assessing an allegation, determining when such allegation warrants an Inquiry and/or an Investigation, overseeing Inquiries and Investigations, and reporting on Research Misconduct proceedings to appropriate authority.

Research Records: Research Records are the records of data or results that embody the facts resulting from the scientific inquiry, and include, but are not limited to, Research proposals, laboratory records, both physical and electronic, progress reports, abstracts, theses, oral presentations, internal reports, and journal articles.

Respondent: A Respondent is a person against whom an Allegation is made.

Retaliation: Retaliation is any action taken by MUHAS or its employees that adversely affects the institutional status of a person who is employed by or affiliated with MUHAS, including Researchers, clinicians, technicians, fellows, students, and independent contractors, which action is taken as a direct or indirect result of such person's making of an allegation or cooperating in an Inquiry or Investigation, provided such person's conduct was

not in Bad Faith. An action is in Bad Faith if it is made with reckless disregard for or wilful ignorance of facts that would disprove the Allegation or if it is made falsely with malicious intent to harm the Respondent.

3. Guidelines

It is the policy of MUHAS to respond fully and fairly to all allegations of research misconduct and to comply with the reporting requirements of applicable funding agencies. The following components shall be the main elements of MUHAS guidelines on research integrity

3.1 Conflict of Interest: All researchers based at MUHAS should disclose financial and other conflicts of interest that could compromise the trustworthiness of their work in research proposals, publications and public communications as well as in all review activities.

3.2 Respect: This refers to operating in accordance with appropriate regulations, ethically accepted standards in relation to themselves, their colleagues, the wider scientific and academic community, their research participants as well as the environment and broader society. This includes respect for diversity and the specific responsibilities of researchers in their interaction with research participants of different languages, cultures and capacities/abilities, different species, and the environment.

3.3 Free and Informed Consent: Participants in research projects should understand what they are consenting to and should know that they are free (without coercion) to decide not to participate.

3.4 Vulnerable Persons or Groups: It is particularly important to consider the ethical obligations towards vulnerable persons or groups. They are entitled, on grounds of human dignity, caring, solidarity and fairness, to special protection against abuse, exploitation or discrimination. Animal participants must also be treated humanely because they cannot give consent.

3.5 Respect for Privacy and Confidentiality: Standards of privacy and confidentiality protect the access, control and dissemination of personal information and help to protect mental or psychological integrity.

3.6 High Quality Peer Review: Peer review is important for quality assurance in research. When asked to perform peer review MUHAS Researcher Community should only do so if the material/subject to be reviewed is within their field of expertise and they should do their best to provide fair, prompt and rigorous evaluations. High standard of confidentiality should be observed during and after such reviews.

3.7 Public Communication: MUHAS Researchers should limit professional comments to their recognized expertise when engaged in public discussions regarding the application and importance of research findings. Professional comments should be distinguished from opinions based on personal views.

3.8 Beneficence and Non-Maleficence: Researchers have an obligation to do no harm (non-maleficence) as well as to ensure, as appropriate or possible, that their research endeavours aim at overall good (beneficence). In the planning and execution of a study, the researcher should always take into consideration the ethical acceptability and the foreseeable consequences of the research where this indirectly or directly affects human beings and animals. This implies a cost-benefit analysis to ensure a balance between risks and benefits. Such an analysis needs to include human/animal discomfort/risks, and impact on the environment.

3.9 Respect for Justice and Inclusiveness: Justice refers to fairness and equity in terms of fair methods, standards and procedures. It is also emphasized on the distribution of benefits and burdens/harms of research. On the basis of this principle one hand, no segment of the society should be unfairly burdened with the harms of research and likewise, imposes duties to neither neglect nor discriminate against individuals and groups who may benefit from advances in research.

3.10 Reporting Irresponsible Research Practices: MUHAS Researchers should report any and all suspected research misconduct, including fabrication, falsification or plagiarism, and other irresponsible research practices that undermine the trustworthiness of research, such as carelessness, improperly listing authors, failing to report conflicting data, or the use of misleading analytical methods to the Research Integrity Officer either directly or preferably via the University Hotline

3.11 Responding to Irresponsible Research Practices: Research institutions, as well as journals, professional organizations and agencies that have commitments to research, should have procedures for responding to allegations of misconduct and other irresponsible research practices and for protecting those who report such behaviour in good faith. When misconduct or other irresponsible research practice is confirmed, appropriate actions should be taken promptly, including correcting the research record

3.12 Scientific Integrity: Research undertaken should be sound in terms of methodology and scientific validity and be conducted by researchers who are

technically competent. The highest standards of honesty and accuracy with respect to research data are expected at all times. This implies that experimental data should not be created, ignored or inappropriately manipulated. Researchers should keep clear, accurate records of all research activities in ways that will allow verification and replication of their work by others. Researchers should share data and findings openly and promptly, as soon as they have had an opportunity to establish priority and ownership claims

3.13 Authorship and Public Acknowledgement: Researchers should take responsibility for their contributions to all publications, funding applications, reports and other representations of their research. Lists of authors should include all those and only those who meet applicable authorship criteria. Researchers should acknowledge in publications the names and roles of those who made significant contributions to the research, including writers, funders, sponsors, and others, but do not meet authorship criteria.

3.14 Academic Bullying: It is recognised that academic bullying may arise in unequal power relationships that may involve supervisor and student or senior academic and junior academic. This usually involves but not limited to matters of authorship. All MUHAS Researchers should strive to guard against academic bullying in the research activities.

3.15 Respect for the Environment: In order to avoid or limit impacts of environment MUHAS Research community should carefully evaluate the potential impact of their research on the environment, and declare the possible impact, however unlikely. Where remedies are required, such plans should form part of the research design and execution.

3.16 Responsible use of University, Donor and Public Funds in Research Activities the MUHAS Research Community undertakes to use funds which are obtained internally or externally in such a manner that is compliant with University guidelines, funder agreements and national law.

4. Responsibility

All MUHAS researchers are subject to these guidelines and are expected to be aware of and to comply with all applicable policies and procedures of the University, campuses, and departments, as well as external entities funding their research.

All MUHAS researchers are expected to maintain intellectual integrity. MUHAS is committed to promoting the integrity of research and to meeting the obligations defined by extramural funding agencies, so long as these are in line with roles and procedures at MUHAS.

Any individual affiliated with MUHAS has an ethical responsibility to act if he or she suspects that research misconduct has occurred and to contact the Directorate of Research and Publications. Individuals associated with MUHAS are expected to cooperate with the Directorate and other institutional officials in the course of research misconduct proceedings.

Objectives

In dealing with an Allegation under these procedures, MUHAS shall be guided by the following general objectives:

1. Institutional responsibility for self-regulation shall be preserved.
2. Appropriate and timely action shall be taken to investigate and address all Allegations.
3. Funding agency requirements for timely notification shall be followed.
4. These Procedures shall be administered in a manner that fairly protects: (i) the due process rights of Respondents; (ii) the interests of Complainants and those serving as witnesses in the investigation of Research Misconduct; and (iii) the public interest in preserving the integrity of Research.
5. Efforts will be made to prevent misjudgements caused by bias or Conflict of Interest.
6. University officials shall administer these Procedures in coordination with other applicable policies and procedures.

General Provisions

The following are generally applicable to Allegations, Inquiries, and Investigations under these Procedures:

A. Director of Research and Publications (DRP) shall act as Research Integrity Officer (RIO)

B. Confidentiality: Throughout the process of responding to an Allegation, all persons involved, including the Director of Research and Publications/Research Integrity Officer, committee members, the Complainant, the Respondent, and witnesses, shall exercise great care to preserve the confidentiality of the proceedings to the extent consistent with government laws and regulations, University policies, any contractual obligations, an effective response to the Allegation, and public health and safety. Those who conduct both Inquiries and Investigations are expected to be extremely circumspect. Only the Inquirer or the office of the DRP may contact potential witnesses. Further, interviews of

witnesses outside of the University should occur only after consultation with the DRP to assure the necessity of such interviews and the development of an appropriate approach to maximize the confidentiality of the Inquiry or Investigation.

C. Sequestration of Records: The DRP shall take all reasonable and practical steps to obtain and/or secure Research Records necessary for an Assessment, Inquiry, or Investigation. Research Records belong to the University; all Research Records involved in a Research Misconduct DRP may engage a financial audit to secure or take possession of potentially relevant evidence.

D. Risk of Loss or Abuse of Funds, Equipment, or Materials: If, in the judgment of the DRP, there appears to be a risk of loss or misuse of funds from circumstances relating to an Allegation, or a risk of destruction or abuse of equipment or materials purchased with those funds, the DRP shall instruct the Respondent's supervisor to take immediate interim administrative actions to protect those funds, equipment, or materials or, as necessary, shall take immediate administrative actions as the DRP. When, in the judgment of the DRP, misuse of funds, equipment or resources is likely to have occurred, such information shall be reported to the Vice Chancellor for investigation.

E. Rights and Roles of Complainant.

   i. Confidentiality of Complainant's Identity: The Complainant may request that his or her identity be kept confidential, and, if so, efforts shall be made to protect the identity of the Complainant, but confidentiality cannot be assured. For example, it may be necessary for the Complainant to testify before an Inquirer or an Investigation committee in the course of an Inquiry or Investigation, and his or her identity may be subject to disclosure under various laws.

   ii. Disclosure of Allegations: Complainants are advised to raise Allegations through these Procedures rather than through public disclosure and are cautioned that public disclosure of an Allegation shall not be entertained.

   iii. Complainant as Witness: After making an Allegation, the Complainant's role is to serve as a witness if needed.

   iv. Retaliation Against Complainants or Other Persons: MUHAS employees who have made Allegations and who believe that they have been retaliated against for so doing, should report claims of actual or threatened Retaliation to the DRP, who shall under take diligent efforts to protect them from Retaliation. In addition, the DRP shall direct all participants in any aspect of

an Inquiry or Investigation, including an Inquirer and members of an Investigation committee, the Respondent, and witnesses not to retaliate against the Complainant or other witnesses at any time after an Allegation has been made.

v. Duty to Respond: The University is required to respond to an Allegation and to take it seriously. After receiving an Allegation, the University is legally obliged to undertake an Inquiry if the DRP determines that an Inquiry is warranted (Section B2).

vi. Respondent's Separation from University: The resignation or termination of employment, enrolment, or appointment of a Respondent shall not, in itself, result in the dismissal of a proceeding hereunder, although it may affect the imposition of discipline or other appropriate action.

vii. Delays: Delay in initiating or completing an Inquiry, Investigation, other process, or action within the time frames prescribed in these Procedures shall not be grounds for the dismissal of an Allegation.

viii. Retention of Records: At the closure of a case under these Procedures, a complete file of the case, including the Allegation, the reports from the Inquiry and/or Investigation, correspondence, and other records related to the case shall be maintained by the DRP in a secure manner. Essential evidence shall be kept for at least seven (7) years after the later of a final Inquiry report or a final Investigation report. Records shall be retained as required by government policy if applicable. Otherwise, the DRP may use his or her discretion in determining what constitutes essential evidence. Examples of factors to be considered are whether Research Misconduct was found, the importance of the evidence to the finding of Research Misconduct, the uniqueness of the materials, and the extent to which the evidence is needed in connection with on-going Research.

ix. Legal Advice: Throughout the process of handling an Allegation, the DRP, the Inquirer, and Investigation committee shall consult with University Legal Counsel, as needed, for advice and to ensure compliance with these Procedures. Complainants, Respondents, and witnesses may be accompanied by an advisor during any interview, but only for the purposes of observation and advice.

x. DRP Discretion: In the interest of fairness and consistent with the requirements of external funding agencies and other University policies, the DRP has the discretion to extend time frames based on a written showing of

good cause, expand the scope of the Inquiry or Investigation, or take other action he or she deems appropriate in applying these Procedures.

Allegations of misconduct

1. **Reporting Suspected Misconduct:** Allegations of Research Misconduct must be reported to the DRP. Under no circumstances should the Complainant pursue his/her own investigation into the Allegation.

2. **Initial Assessment of Allegation:** The DRP shall determine if the allegation (a) involves research misconduct and within the purview of the guidelines, (b) is covered by another University policy, (c) involves a research practice that does not constitute Research Misconduct, or (d) is groundless.
    a. ***Groundless Allegations:*** If the DRP determines that the Allegation is groundless or otherwise provides insufficient information or evidence to merit further review, he or she shall prepare and maintain a memorandum separate from the Respondent's personnel or academic file and shall inform the Complainant of the decision not to proceed. In such a case, the Respondent does not need to be informed of the Allegation.
    b. ***Dispute about Research Practices, including Authorship:*** If the Allegation is about a practice that does not fall within the definition of Research Misconduct, including authorship issues, then the Allegation shall be resolved under applicable policies, through mediation, or informally, at the discretion of the DRP.
    c. ***Allegations of Research Misconduct:*** If the DRP believes an Allegation involves Research Misconduct and provides sufficient information and/or evidence to merit further review, then he or she shall initiate an Inquiry. If the Complainant has not reported the Allegation in writing, then the DRP shall do so.
    d. ***Multiple Policies Involved:*** If an Allegation gives rise to investigative responsibilities under more than one University policy, the DRP shall consult with other appropriate administrative offices as necessary.

Inquiry

1. **Initiating an Inquiry:** Upon determining that an Inquiry is warranted, the DRP shall take the following actions: -
    a. ***Appointment of Inquirer:*** Within fourteen (14) calendar days, the DRP shall appoint a team of maximum 3 inquirers who shall be a faculty member or an administrator

with appropriate practice and experience. The Inquirer shall disclose any possible conflicts. The DRP shall not appoint as an Inquirer a faculty member or an administrator with a conflict of interest. The DRP shall provide the Inquirer with guidelines for carrying out the Inquiry.

b. ***Identification of Research Sponsors:*** The DRP shall identify all relevant research grants, sponsor and donors involved in the Research that is the subject of the Allegation.

c. Notification of Interested Parties:

i. Immediately after appointing an Inquirer, the DRP shall provide written notification of the nature of the Allegation and the appointment of the Inquirer to the Respondent. The DRP shall provide the Respondent with access to the Guidelines and these Procedures.

ii. Another institution shall be notified if the DRP has a reason to believe that the alleged Research Misconduct involved that institution or if the Respondent has a joint appointment at the institution and notification is required by an inter-institutional agreement. The DRP shall inform the appropriate funding agencies, consistent with law, agency requirements, and contractual agreements, that an Inquiry is being under taken. The DRP may also notify others with a need to know, at the DRP's discretion.

2. Time Limit: The entire Inquiry process including the Inquirer's preparation and submittal of the report, the Respondent's submission of comments, the DRP's acceptance or rejection of the findings of the Inquirer, and the DRP's notification of the decision, shall normally be completed within sixty (60) calendar days following the appointment of the Inquirer. Any extension of this time limit requires approval of the DRP, must be documented in the final report, and should comply with the applicable requirements of external funding agencies.

3. Responsibilities of the Inquirer: The Inquirer shall take the following actions:

a. Preliminary Fact-Finding: Examine relevant Research Records and materials, and conduct sufficient interviews and preliminary fact finding to determine whether there is Probable Cause to believe that an Allegation warrants an Investigation.

b. Interviews: Interview the Complainant, Respondent, and other key witnesses with respect to the Allegation.

c. Prepare Report: Prepare a report of the Inquirer's findings within 30 calendar days of the date of his or her appointment.

4. **Report of the Inquirer:** The written Inquiry report shall include:
   a. The name and title of the Inquirer and experts, if any, consulted by the Inquirer;
   b. The Allegation and individual(s) named;
   c. The funding sources for the Research;
   d. The procedures followed by the Inquirer to arrive at his or her findings;
   e. How and from whom relevant information was obtained;
   f. A list of the Research Records reviewed;
   g. Summaries of any interviews;
   h. For each Allegation, a finding (a) that there is Probable Cause as to all or part of the Allegation that Research Misconduct may have occurred, or (b) that the Allegation involves questionable research practices that do not meet the definition of Research Misconduct, or (c) that the Allegation is without substance.

5. **Finalizing the Report of the Inquirer:**
   a. ***DRP Review:*** The DRP shall review the Inquiry report within seven (7) calendar days of its receipt to ensure that: (i) the Inquirer has completed its charge; (ii) the report provides sufficient information to justify the Inquirer's findings;(iii) the report does not include information that is inappropriate; and (iv) the report is in proper form. If the report is inadequate in any of these respects, the DRP shall ordinarily request the necessary modifications. If the Inquirer fails to make the necessary changes, then at his or her discretion, the DRP may accept the report as is or appoint a new Inquirer.
   b. ***Revisions by Inquirer:*** If the report has been referred back to the Inquirer for modification or revision, the Inquirer shall submit a final, signed report, satisfactory to the DRP, within seven (7) calendar days of such request. If additional time is needed to revise the report or conduct further Inquiry, then the Inquirer shall request an extension of time from the DRP.
   c. ***Determination by the DRP:*** Within seven (7) calendar days of receipt of the final report, the DRP shall determine whether Research Misconduct may have occurred and that an Investigation is warranted.

6. **Notifications and Actions:** Upon acceptance of the final Inquiry report, the DRP shall promptly notify all interested par ties and take appropriate actions as follows:
   a. ***Notification of Respondent****:* The DRP shall provide the Respondent with the Inquiry report and the determination as to whether Research Misconduct may have

occurred. The Respondent may comment in writing within fifteen (15) calendar days and such response shall become part of the record of the Inquiry.

b. ***Notification of Interested Parties****:* At his or her discretion, the DRP may provide individuals notified of the Inquiry with a written summary of the Inquirer's findings and the DRP's determination in the case. Upon request and at the DRP's sole discretion, the Complainant and other witnesses may be provided with those portions of the report that address their role(s) and opinion(s) in the Inquiry.

c. Actions:

i. Finding that an Allegation Lacks Substance: If the DRP accepts an Inquirer's finding that the Allegation was without substance, he or she shall, in consultation with the Respondent and University Legal Counsel as needed, make reasonable efforts to notify appropriate individuals and organizations of the outcome of the Inquiry for the purpose of restoring the Respondent's reputation, if it appears to have been damaged by the making of the Allegation. Any written responses to these efforts shall be placed in the record of the Inquiry.

ii. Finding of Violations other than Research Misconduct: If the DRP accepts an Inquirer's finding that Research Misconduct probably did not occur, but that the Respondent may have violated commonly accepted Research standards or other University policies, the DRP may refer such possible violations in a separate summary memorandum to the appropriate administrative officer (who may be the DRP) and/or the Researcher's supervisor for discipline or other appropriate action. If appropriate, such information may be considered in the applicable performance review process.

iii. Finding that Research Misconduct May Have Occurred: If the DRP accepts an Inquirer's finding that there is Probable Cause to believe that Research Misconduct may have occurred, the DRP shall decide whether the Inquiry can serve in place of an Investigation (Section D7) or whether to proceed with an Investigation (Section E).

7. When the Inquiry Report Can Serve in Place of an Investigation:

a. The DRP may decide that the Inquiry shall serve in place of a formal Investigation if all of the following conditions are satisfied:

i. Finding of Research Misconduct: The Inquiry has resulted in a finding, by a Preponderance of the Evidence that Research Misconduct occurred.

ii. Thorough Inquiry: The Inquiry has been sufficiently broad and thorough that it is unlikely that an Investigation would uncover significant new information. For this to be the case, the Inquirer must have examined all relevant documentation, interviewed the Complainant, the Respondent, and other individuals with key information, and secured appropriate expertise to thoroughly evaluate the evidence.

iii. Concurrence of Counsel and External Agency: Campus or University Counsel and any appropriate external agency concur that the Inquiry may serve in place of a formal Investigation.

b. Agency Notifications: If the DRP decides that the Inquiry may serve in place of the formal Investigation, then he or she shall comply with agency notification requirements and refer the matter for appropriate action (see Section E6).

Investigation

1. **Initiating an Investigation:** Upon determining that an Investigation is required, the DRP shall take the following actions:

   a. ***Appointment of Committee:*** Unless proceeding under Section D7 above, within thirty (30) calendar days of receiving the final Inquiry report and making his or her determination for action, the DRP shall appoint an Investigation committee consisting of three (3) or more faculty members with appropriate expertise.

      i. Membership: If feasible, at least one member of the committee should have expertise relevant to the area of the Research in question. Preferably, no member of the committee should be from the same immediate department, departmental division, or Organized Research Unit as the Respondent. Faculty from other research institutions may be asked to serve on the committee.

      ii. Conflicts of Interest: Before appointing members to the committee, the DRP shall request that proposed members of the committee disclose any Conflicts of Interest and shall notify the Respondent of the proposed committee membership. If the Respondent submits a written objection within two (2) business days to any proposed member of the Investigation committee, and if the DRP agrees with the objection, that proposed member will not be selected. If the Respondent does not object within the two-days, he or she will be deemed to have accepted the proposed committee membership.

b. ***Guidelines:*** The DRP shall provide the Investigation committee with written instructions for carrying out the Investigation.

c. ***Notification of Interested Parties:*** Immediately after appointing an Investigation committee, the DRP shall notify the Respondent in writing of the nature of the Allegation and the appointment of the Investigation committee. The DRP shall inform the appropriate funding agencies, consistent with law, agency requirements, and contractual agreements, that an Investigation is being under taken.

   Affiliated institutions in which the Respondent has a joint appointment shall be notified if required by inter-institutional agreements. The DRP may also notify others with a need to know, at the DRP's discretion.

2. **Time Limit:** The entire Investigation process shall normally be completed within one-hundred and twenty (120) calendar days following the appointment of the Investigation committee. Any extension of this time limit requires approval of the DRP, must be documented in the final Investigation report, and should comply with the applicable requirements of external funding agencies. If MUHAS is unable to complete the Investigation within the time required by any applicable external agency, the DRP shall submit a written request to the agency requesting an extension in order to comply with its regulations; such a request must include an explanation for the delay that includes an interim report on the progress to date and estimated dates of completion of the report and other necessary steps.

3. **Responsibilities of the Investigation Committee:** The Investigation committee shall take the following actions as appropriate:

   a. ***Evidence:*** Examine relevant information and Research Records as needed to determine if Research Misconduct has occurred and who is responsible.

   b. ***Interviews:*** Interview the Complainant, the Respondent, and other witnesses with respect to the Allegation. The Investigation committee may, in its discretion, record, transcribe, and/or prepare summaries of these interviews.

   c. ***Respondent:*** Provide an opportunity for the Respondent to present additional information about the Allegation and the evidence developed by the committee.

   d. ***Expertise:*** Secure any necessary and appropriate expertise in consultation with the DRP.

   e. ***Prepare Report:*** The Investigation committee shall prepare a report of its findings within 75 calendar days of the date of its appointment.

4. **Report of the Investigation Committee:** The Investigation report shall contain: -
    a. A description of the nature of the Allegation of Research Misconduct;
    b. A description of the specific Allegation of Research Misconduct for consideration in the Investigation;
    c. The MUHAS policies and procedures under which the Investigation was conducted;
    d. The identification and summary of the Research Records and evidence reviewed;
    e. For each Allegation of Research Misconduct identified during the Investigation, a finding as to whether Research Misconduct did or did not occur; and if so—
        i. Whether the Research Misconduct was Falsification, Fabrication, or Plagiarism, and if it was intentional, knowing, or in reckless disregard
        ii. A summary of the facts and the analysis which support the conclusion and consideration of the merits of any reasonable explanation by the Respondent
    f. For each Allegation as to which the committee finds that Research Misconduct did not occur, but also believes that the Allegation may involve a violation of commonly accepted Research standards or other University policies, the committee should provide a summary of the facts and the analysis which support the finding and consideration of the merits of any reasonable explanation by the Respondent.

5. **Finalizing the Report of the Investigation Committee:**
    a. ***DRP Review:*** DRP review shall follow the same process as that set forth in Section D5.1 above.
    b. ***Revisions by Committee:*** If the report has been referred back to the Investigation committee for modification or revision, the committee shall submit a signed report, satisfactory to the DRP, within seven (7) calendar days of such request. If additional time is needed for revisions or further investigation, the committee may request an extension of time from the DRP prior to the expiration of the 7-day period. After revisions satisfactory to the DRP have been made, a signed report shall be submitted to the DRP.
    c. ***Review and Response by Respondent:*** The DRP shall provide the Respondent with a copy of the Investigation report. The Respondent shall submit his or her written comments or requested corrections of any factual errors to the DRP within fourteen (14) calendar days of receipt of the report. Upon receipt, the DRP shall

promptly forward the response to the Investigation committee, which may revise the report. The response shall become part of the record of the Investigation.

d. ***Revisions by Committee:*** If the committee revises the report after reviewing the comments of the Respondent, the committee shall submit to the DRP a final, signed report, satisfactory to the DRP, within seven (7) calendar days after the DRP has provided the committee a response from the Respondent. If the committee determines that no revisions are necessary, it shall notify the DRP in writing within the 7-day period. If additional time is needed to review the Respondent's response, conduct additional investigation, or correct any factual errors, the committee shall request in writing an extension of time from the DRP prior to the expiration of the 7-day period.

e. ***Determination by DRP:*** Within seven (7) calendar days of his or her receipt of the final report, the DRP shall determine whether a Preponderance of the Evidence in the Investigation committee report supports a finding of Research Misconduct.

6. Notifications and Actions: Upon acceptance of the final Investigation report, the DRP shall promptly notify all interested parties and take appropriate actions.

a. ***Notification of Respondent:*** The DRP shall provide the Respondent with a final copy of the Investigation report and the DRP's determination as to whether Research Misconduct has occurred.

b. ***Notification of Interested Parties:*** At his or her discretion, the DRP may notify those persons described in Section E1.3, above, as to the DRP's determination in the case.

c. ***Actions:*** Depending on the findings, the DRP shall take appropriate actions.

i. Finding that an Allegation is not Supported: If the DRP finds that an Allegation is not supported by a Preponderance of the Evidence, the DRP shall make diligent efforts to make known the outcome of the Investigation to appropriate individuals and organizations identified by the DRP, in consultation with the Respondent, with the intention of restoring the Respondent's reputation if affected by the Allegation. Written responses to the decision shall be placed in the record of the Investigation.

ii. Finding of Violations other than Research Misconduct: If the DRP accepts the finding that Research Misconduct did not occur, but that the Respondent may have violated commonly accepted Research standards or other University policies, the DRP may refer such possible violations in

a separate summary memorandum to the appropriate administrative officer and/or the Researcher's supervisor for discipline or other appropriate action. If appropriate, such information may be considered in the applicable academic staff performance review process.

iii. Finding of Research Misconduct: If the DRP finds that Research Misconduct has occurred, then he or she shall refer this matter for appropriate action and, in consultation with University Counsel, shall take any necessary corrective steps, including correction of the published record.

7. **Submission of Final Report:** Within seven (7) calendar days after the DRP's determination as to whether Research Misconduct has occurred, the DRP shall provide a copy of the final report to the appropriate funding agency and to affiliated institutions, in compliance with funding agency regulations or contractual agreements. The final report shall include the actual text or an accurate summary of the views of any Respondent found to have engaged in Research Misconduct, as well as:
    a. A copy of the report with all attachments;
    b. A statement as to whether MUHAS found Research Misconduct, and if so, who committed the misconduct;
    c. A statement as to whether MUHAS accepts the Investigation's findings;
    d. A description of any pending or completed administrative actions against the Respondent.

8. **Table findings to Senate Research and Publications Committee (SRPC):** The DRP shall table the report findings to SRPC for noting and recommendations.

Disciplinary actions

If a Research Misconduct has been established, the DRP shall refer the matter to the Staff Disciplinary committee of MUHAS.

CHAPTER 2: GUIDELINES FOR CONFLICT OF INTEREST

Introduction

Preamble

A conflict of interest (COI) occurs when an individual or organization is involved in multiple interests, one of which could possibly corrupt the motivation for an act in the other. A conflict of interest can only exist if a person or testimony is entrusted with some impartiality; a modicum of trust is necessary to create it. The presence of a conflict of interest is independent from the execution of impropriety. Therefore, a conflict of interest can be discovered and voluntarily defused before any corruption occurs.

COI is sometimes termed as competition of interest rather than "conflict", emphasizing a connotation of natural competition between valid interests rather than violent conflict with its connotation of victimhood and unfair aggression. Nevertheless, from a literal point of view, there is too much overlap between the terms to make any objective differentiation.

Definitions

1. Conflict of interest (COI)

A situation associated with an investigators' or other University staff members' participation in MUHAS research where it reasonably appears, on an actual or potential basis, that:

a) The investigator's significant financial interest could directly and significantly affect the design, conduct or reporting of research activities;

or

b) The investigator's situation could directly and significantly compromise his or her professional commitments or allegiance.

"Conflict of interest exists when an investigator (or the investigator's institution), has financial or personal associations with other persons or organizations that may inappropriately influence (bias) his or her actions" (TFDA, 2009; pp 34-5)

2. Investigator:

Means the principal investigator, the co-principal investigator and any other person (including faculty, staff and students) who is responsible for the design, conduct or reporting of research at MUHAS. Any individual responsible for a task that could have a significant effect on the research design, conduct or reporting is considered to be an investigator, even if the individual does not have the sole or primary responsibility for the task or the research.

3. ***Covered parties:*** include all but not exclusive to; investigators' institution, investigators collaborators and partners; staff, temporary and permanent, who are active in research at/ with MUHAS, Students registered with MUHAS, Government ministries and departments, MUHAS research partners and collaborators.

4. ***Non-MUHAS Investigator means any person who is:***

Responsible for the design, conduct or reporting of MUHAS research; and employed by an entity other than MUHAS, working pursuant to a sub-award with another entity, working as an independent contractor or collaborator, or otherwise not employed by MUHAS.

5. ***Close relative:***

Defined as first degree relative of self or spouse/domestic partner, or a dependent child regardless of whether he/she is a biological child or child under one's guardianship

6. ***Significant Financial Interest:***

Significant financial interest means anything of monetary value belonging to the investigator and his or her spouse or domestic partner and dependent children, including but not limited to:

a. Salary, royalties or other payments for services, such as consulting fees or honoraria, unless they are expected to total USD 10,000 or less over the next 12 months when aggregated for the investigator and his or her spouse and dependent children
b. Equity interests, such as stocks, stock options or other ownership interests, unless they amount to USD 10,000 or less in value.
c. Intellectual property rights, such as patents, copyrights, and royalties from these rights.

7. ***Financial Conflict of Interest (FCOI)***

Financial conflict of interest (FCOI) means a significant financial interest that could directly and significantly affect the design, conduct, or reporting of sponsored/funded research. Financial conflicts of interest in research involve situations in which an investigator has a

significant financial interest that may compromise, or have the appearance of compromising, professional judgment in the design, conduct, or reporting of research.

Conflict of commitment

1. The University encourages its members to interact with the wider community, by under taking sponsored research, consulting, and engaging in other activities which may benefit the University, the public, or the individual. Such activities must be consistent with the principles of openness, trust, and free enquiry. When a University staff member accepts a full-time appointment at the Muhimbili University of Health and Allied Sciences it is understood that he or she will accord the University his or her primary professional effort and will arrange outside professional obligations, financial interests, and activities so as not to conflict or interfere with this commitment to the University.
2. A conflict of commitment takes place when the commitment of a member of the University to external activities affects his/her ability to meet his/ her University commitments. Generally, University researchers have commitments to their teaching, research programs, research supervision, consultancies, services and their administrative duties. It is expected that these commitments will be fully met, not just in the formal requirements of the University policies and practices, but also in the spirit of the University vision of excellence.

Obligations of a researcher

The following guidelines should be abided by:

1. In under taking external activities, members of the University should consider the possibility of conflict of commitment.
2. Time allocated to external activities should in total amount to 100% when combined with time allocated for all academic commitments as indicated under bullet 2 above, taking into consideration a 45-hour working week (maximum allowable working hours as per Tanzania Labor Laws).

Disclosure of Conflict of Commitments

In the event a potential threat to academic commitments may arise, the University member should disclose this in a letter to the Head of Department, mechanisms that will be utilized to minimize such threat.

Financial Conflict of Interest

1. A potential conflict of interest exists when a University member:
    a. Holds a direct or indirect significant financial interest in an outside entity that conducts business in an area closely related to the MUHAS research or serving as a director, officer, partner, trustee, manager or employee in such an entity. Potential for conflict of interest should also be considered in all the above situations where the beneficiary may be a spouse or other close family member.
    b. Under takes or steers MUHAS research to serve the research or other needs of an outside entity, without approval of MUHAS or the research sponsor.
    c. Directs potential research efforts away from MUHAS and toward the investigator's outside entity, or an outside entity in which the investigator has a financial interest.
    d. Transmits to an outside entity without the sponsor's consent, or otherwise using for personal gain, sponsored work products, results, materials, records or information that are not generally made available.
    e. Uses privileged information acquired in connection with the investigator's sponsored MUHAS research activities for personal gain or for unauthorized purposes. Privileged information includes medical, personnel or security records of individuals, anticipated material requirements or price actions, possible new sites for government operations, and knowledge of for the coming programs or selection of contractors or subcontractors in advance of official announcements.
    f. Negotiates or influences the negotiation of contracts related to the investigator's sponsored MUHAS research between MUHAS and outside entities with which the investigator has consulting, equity or fiduciary relationships.
    g. Accept gratuities or special favours from entities with which MUHAS does or may conduct business in connection with sponsored MUHAS research. Potential for conflict of interest should also be considered in all the above situations where the beneficiary may be a close family member or extending gratuities or special favours to employees of the sponsor, under circumstances that reasonably might be interpreted as an attempt to influence the recipients in the conduct of their duties.

2. Examples of conflict of interest include situations where a staff member:
    a. Receives research funding from an entity and he/she, or a parent, or his/ her spouse, registered domestic partner or close relative:

i. Serves as a director, officer, partner, trustee, employee, or holds a position of management with the entity funding his/her research;
ii. Has an investment (including, but not limited to, stock options) in this entity;
iii. Receives income, including salary which is not paid through the University, or consulting fees from this entity;
iv. Has received personal gifts of USD 100 or more from funding entity;
v. Has an outstanding loan with the funding entity; or
vi. Has research travel reimbursement from the funding entity.

OR

b. Receives research funding from any government or other agencies that have adopted requirements for disclosure, and he/she, or his/ her parent, spouse, dependent child or other relative, has a financial relationship valued at over USD 3,000 in monetary value or 5% equity in a company which would reasonably appear to be related to his/her research.

OR

c. Serves as an Investigator in a clinical study and the Investigator (including parent, spouse/ domestic partner, dependent child or other relative) has any financial or other interest in an entity that might benefit from the research or he/she is studying the intellectual property that he/she has conceived. For purposes of this provision, "Investigator" is defined as anyone who has the "responsibility for the design, conduct, or reporting of the research." The disclosure threshold is zero".

3. A potential conflict of interest exists if an investigator disburses research funds to an entity that he/she, or his/her parent, spouse, domestic partner, dependent child or other relative, has a financial interest or relationship with.

Disclosure of conflict of interest

For all research protocols, a conflict-of-interest disclosure form (See Appendix II) must be submitted at the time of application for research ethics certification of the research protocol. In the event of a potential conflict of interest, the disclosure statement should include:

a. A statement of the nature of the potential conflict if present;
b. A proposal from the staff member of how the potential conflict of interest is to be managed.

The procedure for the management or elimination of the potential conflict will need to be acceptable to the university authorities and may demand varying levels of oversight, that may include prohibition of the activity.

Review of conflict-of-interest disclosure

1. All potential conflicts of interest shall be reviewed by MUHAS Senate Research and Publications committee. Where procedures for management or elimination of the conflict are deemed necessary approval of the Senate Research and Publications Committee's decision will be provided by the chair of the Senate prior to acceptance or disbursement of any research funds.
2. All disclosures will be reviewed by MUHAS Senate Research and Publication committee; the review process will focus on the related research activities putting emphasis on:
    i. Potential of disclosed interests to directly and significantly affect the design, conduct, or reporting of research funded by a PHS Awarding Component or other sponsor ("financial conflict of interest", or "FCOI"); and
    ii. Risks to the rights and safety of human research subjects; and
    iii. Impact on the integrity of research data; and
    iv. Risks to the rights and obligations of students and trainees participating in research; and impact on the availability of research results to the scientific community for use in the public interest; and
    v. Appearance of conflict of interest
    vi. Any other factor the Committee may consider necessary/applicable in the respective research
3. The Senate Research and Publications Committee shall review all sponsored research agreements, research gifts or consulting agreements where there is a potential conflict of interest, using the definitions set forth in these guidelines; or in accordance with the Code of Ethics and Conduct for the Public Service of the United Republic of Tanzania (dated January, 2005)
4. In situations where a University staff member has a conflict of interest in the research, and this conflict is deemed acceptable by the University, the University staff member shall disclose his or her relationship with the sponsor in any publications emanating from this research and in public discussions of the research
5. University academic staff and administrators shall withdraw from any decision-making by the University or the sponsor affecting the University in regard to a company in which they or their family members have a financial interest or relationship.

6. Any faculty member who serves on the Board of Directors of a for-profit company shall not be permitted to receive research funding from that company. This section may not apply for government sponsored Research programs facilitated by staff through the MUHAS systems.
7. Any university staff member who has an investment in a company, shall not be permitted to receive research funding from that company. This section may not apply for government sponsored Research programs facilitated by staff through the MUHAS systems.

Obligations of Researchers at MUHAS

1. Disclosure of Conflict of Interest:

All MUHAS and Non-MUHAS investigators must make disclosures to the institution of financial interests as outlined in these guidelines and other university policies.

Members of the University with a management or financial interest or relationship in a commercial entity that could pose a real or potential conflict of interest will disclose that relationship to the Head of Department.

2. Completion of conflict-of-interest training: All investigators (MUHAS and NON-MUHAS) must complete MUHAS conflict of interest training. The training must be completed;

a. Prior to engaging in research at MUHAS and
b. At least every four years
c. In any of the following circumstances;
    i. Where MUHAS revises its guidelines on conflict of interest in research;
    ii. If an investigator/ covered party is new to MUHAS; or where
    iii. MUHAS determines that an investigator or covered party is not in compliance with these guidelines or his/her assigned management plan.

3. Compliance with Institutional Management and Related Requirements: All investigators and Covered parties are required to comply with institutional conflict of interest management requirements and administrative conditions associated with financial interests related to research.

Determination and management of conflict of interests

1. The Committee will determine whether or not the disclosed interests constitute a financial conflict of interest (FCOI).
2. The committee shall submit its recommendations to the Director of Research and Publication.

3. The recommendations of the committee will also include proposed arrangements of how to handle the COI which may either be prohibition or permission subject to specific measures.
4. If the Committee does not find any conflict of interest, it may recommend administrative conditions.
5. If the Committee determines that a particular financial interest is not prohibited in the presence of related human subject research, it will recommend management plan or administrative conditions, which may include one or more of the following:
    a. Disclosure - Disclosure is required in most cases and generally includes:
        i. public disclosure of the financial interests of the investigator and of the University, if applicable, in all relevant publications, presentations (whether or not academic presentations), including presentations at the level of the covered party's primary department or higher,
        ii. disclosure to the appropriate co-investigators, members of the laboratory or research group, and students or trainees, and
        iii. disclosure on human subject consent forms;
    b. Restriction on Equity – this may include;
        i. placement of stock in escrow until a trigger date specified by the Committee, as be determined suitable and outlined in the MUHAS outlined in Intellectual Property Guidelines and associated policies, or
        ii. requirement that options, warrants, and similar instruments not be exercised without the prior permission of the Committee
    c. Limiting the Role of the Investigator with a Financial Interest - requiring that the role of the investigator with the financial interest be limited in some way (e.g., the investigator may not be allowed to
        i. serve as principal investigator,
        ii. analyse data,
        iii. determine whether potential subjects are eligible for enrolment,
        iv. solicit consent, or
        v. determine whether an adverse event report is required);
    d. Oversight - appointment of a disinterested individual or group to monitor the relevant research activity which include review of abstracts and manuscripts before submission for presentation or publication to ensure that the research is conducted and reported according to scientific and ethical standards and that there is compliance with conflict-of-interest management plans. Oversight of human subject

research might involve review of protocols, subject accrual, adverse events, and other issues as appropriate;

e. Divestiture - allow arrangements/ research activity to go forward contingent upon the sale or disposal of specified financial interests to eliminate or reduce the risks associated with the financial interests by a certain specified date;
f. Severance of relationships that heighten or create actual or potential conflicts - for example, relinquishing a seat on a board of directors or terminating a consulting arrangement with an outside entity in order to reduce the risks associated with the financial interest or fiduciary relationship.

i. The Committee may review again a reported conflict of interest if circumstances change or there is new information.
ii. After reviewing the recommendations of the Committee, a final decision will be rendered by DRP and shall communicate that decision with a description of management measures or administrative conditions to the involved researcher/covered party in writing.
iii. DRP shall serve a copy of his decision to the Chairperson of the Committee.
iv. Where the Committee is not satisfied with the decision of DRP and upon receipt of a copy of the decision of DRP, the Committee may appeal DRP to the Vice Chancellor and the decision of Vice Chancellor shall be final.

Appeals

1. If an investigator or covered party does not agree with the decision of DRP for reasons of bias or erroneous information, the aggrieved party may request for second review by the l Committee by submitting a written request to the Deputy Vice Chancellor – Academic Research and Consultancy (DVC-ARC) with relevant supporting documents and information if any.
2. DVC-ARC may reject or allow the appeal. Where DVC-ARC rejects an appeal he shall give reasons thereof.
3. If the Investigator/covered party is not satisfied with the second review by the Committee and second decision by the DRP, the investigator/ covered party may submit his appeal to the Vice Chancellor. The decision of the Vice Chancellor shall be final.
4. In the event the DRP decides not to adopt a Committee recommendation, the Committee may appeal DRP decision to the Vice Chancellor and the decision of Vice Chancellor shall be final.

Appendix I: Improper Misconduct

Historically, training for students engaged in research and scholarship has focused predominantly on avoiding three major forms of research misconduct: falsification, fabrication, and plagiarism (FFP).

MUHAS education goes beyond concern over FFP to examine a variety of questionable and problematic behaviours. These behaviours include, but are not limited to:

(i) Ignoring major aspects or circumventing minor aspects of human-subject requirements

(ii) Failure to disclose or manage conflict of interest, particularly ones with financial implications

(iii) Relationships with students, research subjects or clients that may be questionable

(iv) Unauthorized use of confidential information in connection with one's own research

(v) Making unauthorized copies of data or archival material

(vi) Inadequate literature reviews that fail to acknowledge existing contributions or previous scholarship within the field

(viii) Overlooking others' use of flawed data or questionable interpretation of data

(ix) Changing the design, methodology or results of a study in response to pressure from a funding source

(x) Publishing the same data or results in two of more publications without communicating with the editors

(xi) Inappropriately assigning authorship credit

(xii) Withholding details of methodology or results in papers or proposals

(xiii) Using inadequate or inappropriate research designs

(xiv) Dropping observations or data points from analyses without documentation of rationale

(xv) Inadequate record-keeping related to research projects

(xvi) Financial mismanagement of a project or grant

While emphasizing the importance of avoiding misconduct, MUHAS education also stresses the necessity of adopting responsible practices in mentoring; acquiring, managing, using, and sharing data; collaborating; protecting human and animal subjects; engaging in peer review; authoring and publishing articles and manuscripts; and disclosing and managing conflict of interest.

Appendix II: Disclosure Form – Conflict of Interest

Any staff member of the University, including staff employed in posts funded by outside bodies, is required to disclose to the Director or Dean of School or head of the department, or other appropriate line manager, any actual or perceived conflict of interest that may arise in the course of his or her work. Such disclosure may be made on this form or as an equivalent written submission. After completion, the disclosure must be lodged in the Directorate of Research and Publications. Failure to disclose a conflict of interest may lead to a disciplinary action.

Name of staff member making disclosure: ----------

Staff ID number: ----------

School: ----------

Department: ----------

OR

Name of non-MUHAS staff investigator making disclosure:

Staff ID number or relationship to MUHAS: ----------

Name of MUHAS collaborator: ----------

Staff ID number: ----------

School: ----------

Department: ----------

Check list

Tick “Yes” or “No” in the space provided for every question.

A. Financial Interest

Do you or a close member of your family have any financial interest (i.e. offers, your spouse or other family members discounts or concessions or offers other than financial benefits) in or affiliation with an institution, company, or individual that:	**Yes**	**No**
i) Funds or sponsors your research?		
ii) May benefit directly or indirectly from the purchase of major equipment by the University for your Research Project?		
iii) May benefit directly or indirectly from inappropriate delays or controls on the release or dissemination of the results of your research?		
In the event your research involves a clinical trial:	**Yes**	**No**
iv) Does the individual/company or organization sponsoring your study have a significant financial interest in the results of the proposed trial?		
v) And any other		

B. Other personal Interest

Will you, your spouse/domestic partner or members of your family receive any of the following?	**Yes**	**No**
vi) Discounts or concessions or other financial benefits from a company or individual with which an order is placed?		

vii) Discounts or concessions or other financial benefits from a company or individual that is awarded a contract?		
Will your spouse/partner any close member of your family	**Yes**	**No**
viii) Be employed from funds under your control?		

C. If responses to any of the above items are "Yes" then the applicant should:

i. Outline the nature of the potential conflict
ii. Describe in details any potential benefit to the University and the research program given the potential conflict
iii. Propose a mechanism for the management of the conflict

D. Agreed procedure for the management of observed conflict of interest

Certification:

I certify that I have disclosed everything relevant to the (Project/Program) I undertake to act according to the above management plan.

Signature of Investigator: ---------- Date: _____

(To be filled by the chair of the senate research and publications committee)

I have Reviewed the disclosure information presented and/or Discussed potential conflicts of interest with the investigator and Agree with the plan to manage disclosed potential conflict of interest I and will monitor compliance with the management plan

Signature of (Chair, SRPC) ..... Date: _____

Endorsement by Chair of the senate:
Date: _____

Guidelines status

This is a revised guidelines document for the University

Key stakeholders

These guidelines are meant to guide all research activities at MUHAS and the key stakeholders will include;

a. Staff, temporary and permanent, who are active in research at MUHAS
b. Students registered with MUHAS
c. Government ministries and departments
d. MUHAS Research partners and collaborators
e. Tanzania Community

Approval and endorsement

The university Senate will approve and endorse these guidelines.

Related policies and guidelines

All University policies will be used to guide research activities at MUHAS. In this regard the Research integrity and conflict of interest guidelines will rely on existing National and University policies and guidelines to ensure research activities are carried out effectively and efficiently with credible findings of international standard. These policies and documents are:

i. MUHAS University Charter
ii. IRB Standard Operating Procedures (MUHAS)
iii. IRB Standard Operating Procedures (NIMR)
iv. Material Transfer Agreement-COSTECH, MUHAS and NIMR
v. National Research Integrity Framework of Tanzania
vi. Intellectual Property Policy (MUHAS)
vii. TMDA/NIMR- Regulations on research misconduct
viii. The Code of Ethics and Conduct for the Public Service in Tanzania (May 2006)
ix. MUHAS Student bylaws
x. Postgraduate Student guideline
xi. MUHAS Gender policy
xii. MUHAS policy against Sexual Harassment

Effective date

These guidelines will come into effect from 18th March 2021.

Next review

These guidelines will be review in an event that any statement in the document is outdated or in need to introduce new statement arising as a result of changes in University environment, or market forces, or any other reason, such statements may be changed/modified following direction and approval of the MUHAS council. In any case the entire document will be reviewed after every 5 years.

Guidelines custodian

The Directorate of Research and Publication shall be the custodian of these guidelines.

Contact person

The Director, Research and Publication,
Muhimbili University of Health and Allied Sciences,
P. O. Box 65001, Dar es Salaam, Tanzania
Tel: +255-22-2150302
Mail to: drp@muhas.ac.tz

2021

GUIDELINES FOR RESEARCH INTEGRITY AND CONFLICT OF INTEREST