



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Jalaa' Abdelwahab .....

AFFILIATION: Gavi .....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement of expenses in relation to the LEE has been provided.

### **DISCLOSURE**

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date:**



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: ..... *Jakob Cramer* .....  
AFFILIATION: ..... *CEPI* .....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursement of expenses in relation to the LEE has been provided.

**DISCLOSURE**

- I have no potential conflict of interest to report  
 I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder: *INT (small number within a portfolio)*

Spouse/partner:

Other support (please specify):

Signature: *J. Cramer*

Date: *19 / April / 24*



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## Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: CHARLE CUTLAND

AFFILIATION: WITS HEALTH CONSORTIUM, UNIVERSITY OF THE WITWATERSRAND

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursment of expenses in relation to the LEE has been provided.

### DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

#### Type of affiliation / financial interest

#### Name of commercial company

Receipt of grants/research supports:

BMGF, PFIZER (TO INSTITUTION)

Receipt of honoraria or consultation fees:

PFIZER, SANOFI

Participation in a company sponsored speaker's bureau:

PFIZER, SANOFI, IAVI

Stock shareholder:

NIL

Spouse/partner:

NIL

Other support (please specify):

NIL

Signature:

Cutland

Date:

28 MARCH 2024



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## Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Anna P. Durbin

AFFILIATION: Johns Hopkins Bloomberg School of Public Health

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### DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Merck & Co.

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

*Anna P. Durbin*

Date:

12 APR 2024



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Mateusz Hasso-Agopsowicz.....

AFFILIATION: World Health Organization.....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement of expenses in relation to the LEE has been provided.

### **DISCLOSURE**

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

*Agopsowicz*

Date: 11 April 2024



## Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: HOMBACH, JOACHIM

AFFILIATION: WHO-HQ, GENEVA

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement of expenses in relation to the LEE has been provided.

### DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner: EMPLOYEE

PERCK KGaA

Other support (please specify):

Signature:

J. Hombach

Date:

4/4/24





## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Benjamin Kagina .....

AFFILIATION: University of Cape Town (UCT), South Africa

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbursment of expenses in relation to the LEE has been provided.

### **DISCLOSURE**

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *Benjamin Kagina*

Date: 9 May 2024



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: .....  
Stephan Lewandowsky

AFFILIATION: .....  
University of Bristol

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### **DISCLOSURE**

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date:** 5 April 2024





## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: ..... Aurélia Nguyen .....

AFFILIATION: ..... Gavi, the Vaccine Alliance .....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement of expenses in relation to the LEE has been provided.

### **DISCLOSURE**

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date:** 25 April 2024



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## Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: ..... *HANNA KOHYNEK* .....

AFFILIATION: ..... *FINNISH INSTITUTE FOR* .....

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement of expenses in relation to the LEE has been provided.

### DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature: *[Handwritten Signature]*

Date: *4.4.2024*



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: *Marie-Danielle PAEZIOSI*

AFFILIATION: *World Health Organisation*

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**DISCLOSURE**

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

*11 April 2024*



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Christoph STEFFEN

AFFILIATION: WHO

In accordance with criterion 13 of document UEMS 2023/07 "EACCME® Criteria for the Accreditation of Live Educational Events (LEEs)", all declarations of perceived or actual conflicts of interest for the last 3 years, whether due to a financial or other relationship, must be provided to the EACCME® upon submission of the application. COI declarations signed more than 6 months before the date of the event will not be accepted. Declarations must be made available online on the event website of the LEE. Declarations must include whether any fee, honorarium or arrangement for re-imbusement of expenses in relation to the LEE has been provided.

### **DISCLOSURE**

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date:** 29 April 2024





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## Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Dr Naveen Thacker

AFFILIATION: President, International Pediatric Association

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### DISCLOSURE

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 28/03/2024

UEMS<sub>alsbl</sub> – Union Européenne des Médecins Spécialistes

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Transparency Register ID 219038730914-92



## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Angus Thomson .....

AFFILIATION: Irimi .....

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### **DISCLOSURE**

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder: I hold shares in Sanofi

Spouse/partner:

Other support (please specify):

**Signature:**

**Date:** 15/4/24





## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: ..Marta.Tufet.Bayona.....

AFFILIATION: .....

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### **DISCLOSURE**

- I have no potential conflict of interest to report
- I have the following potential conflict(s) of interest to report

**Type of affiliation / financial interest**

**Name of commercial company**

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

**Signature:**

**Date:** 29 April 2024



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## Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: PIERRE VAN DAMME

AFFILIATION: UNIVERSITY OF ANTWERP

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### DISCLOSURE

I have no potential conflict of interest to report

I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

*Vaccine manufacturer, for  
conduct of trials  
funding goes to  
university*

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date: 3 April 2024



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: Chris Wolff  
AFFILIATION: Deputy Director, Bill & Melinda Gates Foundation

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**DISCLOSURE**

- I have no potential conflict of interest to report  
 I have the following potential conflict(s) of interest to report

Type of affiliation / financial interest

Name of commercial company

Receipt of grants/research supports:

Receipt of honoraria or consultation fees:

Participation in a company sponsored speaker's bureau:

Stock shareholder:

Spouse/partner:

Other support (please specify):

Signature:

Date:

April 16 2024