



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)

RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS

T + 32 2 649 51 64

eaccme.uems.eu - accreditation@uems.eu

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

UEMS_{aisbl} – Union Européenne des Médecins Spécialistes

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Transparency Register ID 219038730914-92



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: CHARL CUTHAND

AFFILIATION: WITS HEALTH CONSORTIUM, UNIVERSITY OF THE WITWATERSRAND

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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:

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:

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

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

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☒ 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-imbursement of expenses in relation to the LEE has been provided.

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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



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: HOMBACH, JOACHIM

AFFILIATION: WHO-HQ, GENEVA

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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

UEMS_{asbl} – Union Européenne des Médecins Spécialistes

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Benjamin Kagina

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

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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



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: RANJANA KUMAR

AFFILIATION: GAVI, THE VACCINE ALLIANCE

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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):

Not applicable

Signature:

RKumar

Date:

04 June 2024



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME:
Stephan Lewandowsky

AFFILIATION:
University of Bristol

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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

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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-imbursement of expenses in relation to the LEE has been provided.

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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



EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: *HANNA KOHYNEK*

AFFILIATION: *FINNISH INSTITUTE FOR*

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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: *[Signature]*

Date: *4.4.2024*



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Marie-Denise PAEZIOSI

AFFILIATION: World Health Organisation

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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

UEMS_{asbl} – 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: Christoph STEFFEN

AFFILIATION: WHO

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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

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.

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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:

N Thacker

Date: 28/03/2024

UEMSaisbl – Union Européenne des Médecins Spécialistes

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

EU Transparency Register ID 219038730914-92



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Angus Thomson

AFFILIATION: Irimi

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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



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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

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

AFFILIATION:

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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

UEMS_{also} – Union Européenne des Médecins Spécialistes

VAT n° BE 0469.067.848 RPM Bruxelles-Brussels

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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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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

UEMS_{asbl} – Union Européenne des Médecins Spécialistes

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