EUROPEAN UNION OF MEDICAL SPECIALISTS (UEMS)
EUROPEAN ACCREDITATION COUNCIL FOR CME (EACCME®)
RUE DE L'INDUSTRIE 24, BE- 1040 BRUSSELS
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eaccme.uems.eu - accreditation@uems.eu

Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: OMBERA OLIVER MALANDE

AFFILIATION: MOI UNIVERSITY / EAST AFRICA CENTRE FOR STRENGTH & IMMUNIZATION (EACAI)

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:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date:** 20/06/2025

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: DENISE NANICHE

AFFILIATION: SCIENTIFIC DIRECTOR AT BARCELONA INSTITUTE FOR GLOBAL HEALTH (ISGlobal)

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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: 16th June 2025

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Conflict of Interest Disclosure Form

NAME: SENOUCI, Kamel

AFFILIATION: University of Geneva, Switzerland

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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:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: 

Date: 26 June 2025

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

(to be completed by Scientific/Organizing Committee Members)

NAME: NAVEENKUMAR HARIRAM THACKER

AFFILIATION: Director, Deep children Hospital & Research Center

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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:	TAKEDA BIO PHARMCEUTICALS
Receipt of honoraria or consultation fees:	
Participation in a company sponsored speaker's bureau:	
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: NThacker **Date:** 20/06/2025

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Conflict of Interest Disclosure Form

(to be completed by Scientific/Organizing Committee Members)

NAME: Rodolfo Villena

AFFILIATION: Universidad de Chile

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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:	Pfizer and Bharat
Receipt of honoraria or consultation fees:	GSK, Sanofi, MSD and Pfizer
Participation in a company sponsored speaker's bureau:	GSK, Sanofi, MSD and Pfizer
Stock shareholder:	
Spouse/partner:	
Other support (please specify):	

Signature: **Date:** 25th June 2025