



**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](http://eaccme.uems.eu) - [accreditation@uems.eu](mailto:accreditation@uems.eu)

## **Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: **Clare L. Cutland**  
NAME: .....

AFFILIATION: **Wits Health Consortium (WHC)**  
AFFILIATION: .....

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:

Grants to Institution: BMGF- educational & core support  
GVDN- to conduct BRAVE project

Receipt of honoraria or consultation fees:

DSMB committee- IVI, SPEAC

Participation in a company sponsored speaker's bureau:

Speaker at ISSAD-2023 for Pfizer (travel support),  
Speaker for Sanofi SA- maternal immunisation

Stock shareholder:

Nil

Spouse/partner:

No conflicts

Other support (please specify):

Nil

**Signature:**

**Date:** 18 June 2025



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**Conflict of Interest Disclosure Form**

(to be completed by Scientific/Organizing Committee Members)

NAME: OMBERA OLIVER MALANDE  
AFFILIATION: MOI UNIVERSITY / EAST AFRICA CENTRE  
for vaccine & immunization (ECAM)

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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:

20/06/2025

UEMS<sub>asbl</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: 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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☐ 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*



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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

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:

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:

N Thacker

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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**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

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