

Declaration of confidentiality and conflict of interest for the attendees of the Innovative Health Initiative Joint Undertaking Governing Board Meetings

Name: Saila Rinne

E-mail: _____

Position: Head of Unit

☐ Chairperson of the Governing Board

☒ Representative/lead delegate/alternate of the Commission

☐ Representative/lead delegate/ alternate of [...]

☐ Other (please specify)

I hereby undertake to act in the performance of my duties in the general interest of the Innovative Health Initiative Joint Undertaking.

At each meeting of the Governing Board or before any decision is taken by written procedure, I shall declare any interest which might be considered to influence or bias my judgment and therefore be prejudicial to the way an item on the agenda is handled.

I undertake to ensure the confidentiality of sensitive information whose disclosure could damage the interests or the reputation of the Innovative Health Initiative JU, the Members of the Innovative Health Initiative JU or of the participants in the activities of the Innovative Health Initiative JU.

I shall not disclose sensitive information learned during the activities of the Innovative Health Initiative JU even after my duties have ended.

Done at Luxembourg, 13 January 2025


Saila Rinne