

# DECLARATION OF CONFLICT OF INTEREST FOR THE INNOVATIVE HEALTH INITIATIVE JOINT UNDERTAKING GOVERNING BOARD MEMBERS

Name: FLORA GIORGIO

E-mail: [REDACTED]

Position: Head of Unit D3 DE SANTE EC

Chairperson of the Governing Board

Representative/lead delegate/alternate of the Commission

Representative/lead delegate/ alternate of  RAINER BECKER

Other (please specify)

do hereby declare on my honour that, to the best of my knowledge, the only direct or indirect interests I have in the [pharmaceutical, medical technology, biotechnology, digital health, vaccines, etc] sector[s] [are][is] those listed below:

## 1 Past activities:

[posts held over the last 5 years in foundations or similar bodies, educational institutions, companies or other organisations (the nature of the post and the name of those bodies should also be indicated); other membership/affiliation or professional activities held over the last 3 years, including services, liberal professions, consulting activities, and relevant public statements.] EUROPEAN COMMISSION

## 2. Current activities:

[posts held in foundations or similar bodies, educational institutions, companies or other organisations (the nature of the post and the name of those bodies should also be indicated); other membership/affiliations or professional activities, including services, liberal profession, consulting activities, and relevant public statements.] EUROPEAN COMMISSION

## 3. Current Financial Interests

[Above a certain minimum threshold [xxx], any direct financial interests, (managerial stakes in companies, including ownerships of patents or any other relevant intellectual property rights), or assets (shares and/or securities held in companies) or grants or other funding which might create a conflict of interests in the performance of their duties, with an indication of their number and value, as well as the name of the company/provider of the grant/funding.]

[No Interest Declared] / ~~Interest...~~

## 4. Any other relevant interests.

[No Interest Declared] / ~~Interest...~~

## 5. Family Member Interest

[Spouse's/partner's/dependent family members' current activity and financial interests that might entail a risk of conflict of interest.]

[No Interest Declared] / ~~Interest...~~

I confirm the information declared on this form is accurate to the best of my knowledge and I consent to my information being stored electronically by the Innovative Health Initiative Joint Undertaking.

Furthermore, 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.

Done at [place] [date] BRUXELLES 9/2/2024

Name and Signature FLORA GIORGIO

[REDACTED SIGNATURE]