

# Declaration of interests for the Innovative Health Initiative Joint Undertaking Governing Board Members

Name: Andrzej Rys

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Position: Director responsible for Health systems, medical products and innovation in the Directorate General for Health and Food Safety (DG SANTE- European Commission)

Chairperson of the Governing Board

Representative/lead delegate/alternate of the Commission

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

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.]*

**Director in DG SANTE – 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.]*

**Director in DG SANTE – 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**

## 4. Any other relevant interests.

**No Interest Declared**

## 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**

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.

Done at Brussels, 15/12/2021

Name and Signature

