

ANNEX I – DECLARATION OF CONFIDENTIALITY AND CONFLICT OF INTEREST FOR

Name: Samuel Okware

Professional Address: Uganda National Health Research Organisation

Phone: [REDACTED]

E-mail: [REDACTED]

Position:

- ☐ Chairperson of the Governing Board
- ☐ Representative/lead delegate/alternate of the Commission
- ☒ Representative/lead delegate/alternate of the EDCTP Association
- ☐ Member of the Scientific Committee
- ☐ Member of the Stakeholders Group
- ☐ Other (please specify)

I hereby declare to have received a copy of the Global Health EDCTP3 Joint Undertaking rules on confidentiality and conflict of interest and to have taken knowledge of the obligations for me deriving from these rules based on my position in the governance of the Global Health EDCTP3 Joint Undertaking.

I hereby undertake to act in the performance of my duties in the general interest of the Global Health EDCTP3 Joint Undertaking.

At each meeting of the _____ or, if relevant, 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 Global Health EDCTP3 JU, the Members of the Global Health EDCTP3 JU or of the participants in the activities of the Global Health EDCTP3 JU.

I shall not disclose sensitive information learnt during the activities of the Global Health EDCTP3 JU even after my duties have ended.

Done at [place], [date]

Kampala, 16th May 2024

Name and Signature

Samuel Okware

SAMUEL OKWARE

[REDACTED]

5/2024

ANNEX II – DECLARATION OF INTERESTS FOR

Name: Samuel Okware

Professional Address: Uganda National Health Research Organisation

Phone: [REDACTED]

E-mail: [REDACTED]

Position:

- ☐ Chairperson of the Governing Board
- ☐ Representative/lead delegate/alternate of the Commission
- ☒ Representative/lead delegate/alternate of the EDCTP Association
- ☐ Member of the Scientific Committee
- ☐ Member of the Stakeholders Group
- ☐ Other (please specify)

do hereby declare on my honour that, to the best of my knowledge, the only direct or indirect interest(s) I have in the global health research sector is/are 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.]

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.

No current activities [x..]

Current activities []

3. Current Financial Interests

Above a certain minimum threshold [value of EUR 10,000], 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 [x]

Interest(s) []

4. Any other relevant interests.

No interest declared [x]

Interest(s) []

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 [x]

Interest(s) []

If interest(s) declared, spouse's/partner's/dependent family members' name [..]

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 Global Health EDCTP3 Joint Undertaking.

[For members of one of the governance bodies of the Global Health Joint Undertaking, the Executive Director or a staff member, this annual declaration is made on:]

Done at [place], [date]

Kampala, 16th April 2024

Name and Signature

Samuel Okware

 OKWARE
6/05/2024