**Declaration of Interests**

**name of the committee**

The purpose of a National Immunization Technical Advisory Group (NITAG) is to advise and make recommendations to your country’s Ministry of Health regarding vaccines and immunization strategies. The ACIP’s credibility will depend on it being independent of the ministry, and on its objectivity and impartiality with respect to pressure from other interested parties.

The members of an ACIP panel of experts or advisors are selected on the basis of their expertise and recognized experience. They participate in the committee on an individual basis and do not represent any institution or interest group. Their work in the ACIP requires independence and integrity. This enables them to avoid situations in which interests of any kind could interfere or compromise their impartiality during the recommendation process.

Neither advisors nor applicants to the expert panel are responsible for evaluating and determining whether their interests conflict with the performance of their role on behalf of name of the committee and ACRONYM in parenthesis. In this case, the commission in charge of selecting members for the expert panel of ACRONYM committee will use the information you provide in this form. This allows the commission to foresee a potential conflict of interest, understood as the risk that a decision made by ACRONYM committee could be influenced by other interests or that this perception could exist, in light of your past, current and future interests. The mere perception or suspicion of a potential conflict of interest could damage ACRONYM committee, the National Immunization Program, and eventually, the Ministry of Health.

This declaration-of-interest form will allow you to list all interests: professional, personal (direct or involving family members), non-personal (on behalf of the institution or organization to which you belong), financial (bonds, income, research funds, conference travel, patents, etc.), non-material (religious, political, or spiritual beliefs), and social (prestige, networks). Also, please declare the pertinent interests of direct family members and of third parties with which interests are shared and that can be perceived as likely to influence your role as  ACRONYM committee ´s member.

If you are appointed to the expert panel of ACRONYM committee, during your period of service as a member, you should notify the secretary or chair of your committee regarding any change in the information contained in this declaration as soon as possible. Furthermore, before each meeting or advisory process, you will have the opportunity to update the information on other interests you may have.

The interests declared here do not necessarily prevent you from joining the expert panel of ACRONYM committee. What is crucial is that they do not affect your ability to do your work free of bias~~es~~, rely on the available scientific evidence, and take a public health approach. Responding *yes* to a question on this form does not automatically mean disqualification. Your responses will be studied by the selection commission to determine whether a conflict of interest exists. If there is a potential or significant interest, one or more of the three following measures may be applied in order to manage the conflict of interest:

1. Allow your full participation, following public disclosure of your interest.
2. Partial exclusion, i.e., you will be excluded from the part of the meeting or work related to the declared interest, and from the corresponding decision-making process;
3. Total exclusion, i.e., you cannot participate in any meeting or work.

If you cannot or do not wish to reveal details of an interest that could lead to a real or apparent conflict, you must declare that a conflict of interest could exist and, following consultation with you, the selection commission may make a decision. The selection commission agrees to maintain the confidentiality of all information stated in this form.

**Name:**

**Email:**  **Date:**

**Declaration of Interests**

**name of the committee**

*Answer each question below.* *If you answer “yes” to a question, briefly describe the circumstances on the last page of the form.*

*The term "you” refers both to you and your direct family members (i.e., your spouse or partner with whom you have a similar personal relationship, and his or her children).* *"Commercial entity” means any business activity, industrial association, research institution, or company that is largely financed by commercial interests related to the subject of a given meeting or work.* *The term "organization” includes governmental, international, and nonprofit organizations. “Meeting*” *covers a set or cycle of meetings.*

**1.** **In the past**  **years, have you received remuneration from any entity with an interest related to vaccines or immunization strategies?**

1a Employee Yes [ ]  No [ ]

1b Consultant, especially technical advisor, or other Yes [ ]  No [ ]

1c Lecturer or trainer  Yes [ ]  No [ ]

**2.** **In the past**  **years, have you or your research unit received financial support**

**from any entity with an interest related to vaccines or immunization strategies?**

2a Donations, collaborations, sponsorships, or other forms of financing   Yes [ ]  No [ ]
2b Nonfinancial support: equipment, facilities, research assistants, registration, travel, or stays

 at conferences or meetings associated with your expertise, or other Yes [ ]  No [ ]

**3.** **Do you have or have you ever had investments (stocks, bonds, or other capital) in** **a**

**commercial entity with any interest related to vaccines or immunization strategies?**

**Include indirect investments, for example, in trusts or holding companies.**

**Exclude investment funds, pensions, or similar investments that are widely**

**diversified and in which you do not have a controlling interest**.

3a Currently Yes [ ]  No [ ]

3b In the past Yes [ ]  No [ ]

**4.** **Do you hold any intellectual property rights that could benefit from or be damaged by your access to confidential information associated with the work of** **ACRONYM committee** **or with its recommendations?**

 Yes [ ]  No [ ]

**5.** **Are you a member of any collaborative group, council, or advisory committee related to**

**pediatrics, infectious disease, epidemiology, or public health?**

 Yes [ ]  No [ ]

If so, which? And what is your role?

**6.** **Have you ever issued an opinion or given testimony on the subject of vaccines or immunization strategies, as part of an administrative, legislative, or judicial process?**

 Yes [ ]  No [ ]

If so, on what specific issue?

**7.** **In the next** **months, do you foresee that interests may arise or that your income may increase through consultancies, speeches, advisory services, or any another paid activity associated with vaccines and immunization strategies?**

  Yes [ ]  No [ ]

If so, describe these.

**8.** **Unless this information has been previously disclosed, please confirm whether you have worked for any business entity involved in vaccines;** **or whether your participation in** **ACRONYM committee** **will facilitate your access to the private, confidential information of a commercial or intellectual competitor;** **or whether your participation in** **ACRONYM committee** **will offer you a competitive advantage or benefit at the personal, professional, financial, or commercial level?**

 Yes [ ]  No [ ]

**9.** **Have you had any position or role, remunerated or otherwise, in which you represented an interest or defended a position related to vaccines or immunization strategies?**

 Yes [ ]  No [ ]

**10.** **To the best of your knowledge, could access to the confidential information, advisory processes, or recommendations of** **ACRONYM committee** **benefit or damage the interests of third parties with whom you have substantial common interests at the personal, financial, professional, or commercial level (e.g., your adult children or siblings, close professional colleagues, or your administrative unit or department)?**

 Yes [ ]  No [ ]

**11.** **Have you received any payment or contribution from any person or entity to finance travel expenses related to or the time you have invested in this application?**

 Yes [ ]  No [ ]

**12.** **In the next**  **months, do you foresee that interests may arise or that changes may occur in your company, academic or research center, or unit, with respect to vaccines or immunization strategies?**

  Yes [ ]  No [ ]

If so, describe these.

**13.** **Is there any other aspect of your background or current circumstances, not dealt with above, that could be perceived as likely to affect your objectivity and independence?**

 Yes [ ]  No [ ]

**EXPLANATION OF ‘YES’ RESPONSES**

If you answered **“Yes”** to any of the questions above**, briefly describe the circumstances in Tables 1 and 2 in the following pages, as appropriate**. **If you do not describe the nature of an interest or fail to provide the corresponding figure or value in your response, it will be presumed that the conflict is significant**.

**Table 1.** **Details on questions 1 to 4**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question number and letter (if any)** | **Name of the company, organization, or institution** | **Does it belong to you, a member of your family, your employer, your research unit, or another entity?** | **Income or value of the interest (if not stated, it will be presumed to be significant)** | **Current interest (or year** **it ended)** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|  |  |  |  |  |

**Table 1** **(continued)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Question number and letter (if any)** | **Name of the company, organization, or institution** | **Does it belong to you, a member of your family, your employer, your research unit, or another entity?** | **Income or value of the interest (if not stated, it will be presumed to be significant)** | **Current interest (or year it ended)** |
|       |       |       |       |       |
|       |       |       |       |       |
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**Table 2.** **Details on questions 8 to 11**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Describe the** **issue** | **Indicate the specific circumstances in which the situation occurred or could occur** | **Name the parties involved**  | **Indicate dates** **(if applicable)** | **Comments you wish to add** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Table 2** **(continued)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Describe the issue** | **Indicate the specific circumstances in which the situation occurred or could occur** | **Name the parties involved**  | **Indicate dates (if applicable)** | **Comments you wish to add** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

AUTHORIZATION. By completing, signing, and delivering this form, you are authorizing the selection commission for the expert panel of advisors of ACRONYM committee to study your interests.

**DECLARATION.** **I declare that the information provided in this form is true and complete to the best of my knowledge.**

**If any of this information should change, I will report it immediately to the corresponding member of** **ACRONYM committee****. I will complete a new declaration of interests form describing these changes and I will follow the instructions of** **ACRONYM committee** **regarding the new information on my interests.**

Name:

Signature:

Date: