

## **DECLARATION OF INTERESTS FORM FOR PMNCH BOARD MEMBERS**

This form accompanies the PMNCH Conflict of Interest and Key Funding Principles ("the Principles") adopted by the PMNCH Board at its 9<sup>th</sup> Board Meeting (15 November 2010, India). To ensure the highest integrity and public confidence in its activities, PMNCH requires that Board Members disclose any circumstances that could give rise to a potential conflict of interest related to their role as Board Members.

Board Members are requested to disclose on this Declaration of Interest (DOI) form any financial, professional or other interest relevant to the subject of the work of the Board and any interest that could be affected by the outcome of Board Decisions. You must also declare relevant interests of Associated Persons or the direct financial benefit of an Associated Institution as defined below.

Please complete this form and return it to the Secretariat so that it is received at least one week prior to the opening of the Board meeting. You are requested to also promptly inform the Secretariat if there is any change in this information prior to, or during the course of Board meeting. All Board members are required to complete this form before participation in a PMNCH Board meeting.

Your answers will be reviewed by the Secretariat to determine whether you have a conflict of interest relevant to the work of the Board meeting. The Secretariat will report relevant interest to the full board along with a recommendation on how such interest should be managed in accordance with the PMNCH Conflict of Interest Principles.

This form shall remain confidential to the Secretariat and the Board and its contents may only be disclosed to third parties with your prior consent.

**Name:**

**Board Member designation:**

**Email:**

Please answer each of the questions below. If the answer to any of the questions is "yes", briefly describe the circumstances on the last page of the form.

- The term "you" refers to yourself and an Associated Person.
- An Associated Person means a Board member's spouse, child or domestic partner.
- An Associated Institution means (i) any organization, corporation or government in which a Board Member is serving as an officer, director, trustee, partner or employee, that receives or may receive funding from PMNCH or with which PMNCH has an agreement, contract, or relationship; or (ii) any person, organization, corporation, government or similar institution with whom a Board member is negotiating or has an arrangement concerning prospective employment.
- A Commercial entity includes any commercial business, an industry association, research institution or other enterprise whose funding is significantly derived from commercial sources with an interest related to the work of the Board.
- Organization includes an international or non-profit organization or foundation.

## EMPLOYMENT AND CONSULTING

**Within the past 4 years, have you received remuneration from a commercial entity or other organization with an interest related to the work of the PMNCH Board?**

- 1a Employment Yes ☐ No ☐
- 1b Consulting, including service as a technical or other advisor Yes ☐ No ☐

## FINANCIAL SUPPORT

**Within the past 4 years, have you or your unit received support from a commercial entity or other organization with an interest related to the work of the PMNCH Board?**

- 2a Research support, including grants, collaborations, sponsorships, and other funding Yes ☐ No ☐
- 2b Non-monetary support valued at more than US \$5 000 overall (include equipment, facilities, research assistants, paid travel to meetings, etc.) Yes ☐ No ☐
- 2c Support (including honoraria) for being on a speakers bureau, giving speeches or training for a commercial entity or other organization with an interest related to the subject of the meeting or work? Yes ☐ No ☐

## INVESTMENT INTERESTS

**Do you have current investments (valued at more than US \$10 000 overall) in a commercial entity with an interest related to work of the PMNCH Board? Please also include indirect investments such as a trust or holding company. You may exclude mutual funds, pension funds or similar investments that are broadly diversified and on which you exercise no control.**

- 3a Stocks, bonds, stock options, other securities (e.g., short sales) Yes ☐ No ☐
- 3b Commercial business interests (e.g., proprietorships, partnerships, joint ventures, board memberships, controlling interest in a company) Yes ☐ No ☐

## INTELLECTUAL PROPERTY

**Do you have any intellectual property rights that might be enhanced or diminished by decisions of the Board?**

- 4a Patents, trademarks, or copyrights (including pending applications) Yes ☐ No ☐
- 4b Proprietary know-how in a substance, technology or process Yes ☐ No ☐

## ADDITIONAL INFORMATION

- 5a To your knowledge, would the decisions of the Board directly benefit or adversely affect the direct interests of others with whom you have substantial common personal, professional, financial or business interests (such as your adult children or siblings, close professional colleagues, administrative unit or department)? Yes ☐ No ☐
- 5b Excluding PMNCH and your employer, has any person or entity paid or contributed towards your travel costs in connection with this PMNCH Board meeting? Yes ☐ No ☐
- 5c Have you received any payments (other than for travel costs) or honoraria for speaking publicly on the subject of PMNCH work? Yes ☐ No ☐

## EXPLANATION OF "YES" RESPONSES

If the answer to any of the above questions is "yes", check above and briefly describe the circumstances on this page.

Nos. 1 - 4: Type of interest, question number and category (e.g., Intellectual Property 4.a copyrights) <u>and</u> basic descriptive details	Name of company, organization, or institution	Belongs to you, a family member, employer, research unit or other?	Amount of income or value of interest (if not disclosed, is assumed to be significant)	Current interest (or year ceased)
<p><b>Nos. 5:</b> Describe the subject, specific circumstances, parties involved, time frame and other relevant details</p>				

**CONSENT TO DISCLOSURE:** By completing and signing this form, you consent to the disclosure of any relevant conflicts to other PMNCH Board meeting participants.

**DECLARATION:** I hereby declare on my honour that the disclosed information is true and complete to the best of my knowledge.

Should there be any change to the above information, I will promptly notify the PMNCH Secretariat and complete a new declaration of interest form that describes the changes. This includes any change that occurs before or during the PMNCH Board meeting.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_