

## Annual Declaration of Interest form

European Centre for Disease Prevention and Control

- This form requests details of your personal data and ECDC involvement in part one.
- Part two contains 10 mandatory questions on your interests during the last 5 years.
- Only after you have completed *all* questions is your DoI considered to be valid.

First Name:

ARIANE

Last name:

BAUERNEFIND

Country:

SPAIN

Current Employer:

ANDAUSIAN SCHOOL OF PUBLIC HEALTH

Email address:

ariane.bauernefind.easp@junta.deandalucia.es

ECDC Involvement:

External Expert

(choose the relevant role)

Management Board Member

Management Board Alternate

Advisory Forum Member

Advisory Forum Alternate

Director ECDC

Member Senior Management ECDC

Head of Disease Programme ECDC

ECDC Expert

Hereby declares to have or have had in the previous 5 years the following interests<sup>1</sup>:

<sup>1</sup> Please complete each table when applicable.

**I. Do you have ownership or other investments, including shares?**

This is to be interpreted as meaning any financial interests in a company/entity operating in the health sector, including holding of stocks and shares, equity, bonds, partnership interests in the capital of a company, one of its subsidiaries or a company in which it has a holding. The holding of financial interests connected with a pension scheme or an equivalent financial instrument would not be considered a financial interest, provided that the individual has no influence on its financial management.

Yes If yes, please provide details below.

No

Starting year	Ending year	Name of the organization	Nature of organization and ownership
		ANDRUSIAN SCHOOL OF PUBLIC HEALTH	

**II. Are you a member of a Managing Body or equivalent structure?**

This is to be interpreted as meaning any participation in the internal decision-making (e.g. board membership, directorship) of a company, trade association or equivalent entity operating in a domain falling within ECDC's remit.

Yes If yes, please provide details below.

No

Starting year	Ending year	Name of the organization	Nature of organization and involvement



Starting year	Ending year	Name of the organization	Nature of activity

**VI. Have you received any research funding?**

This is to be interpreted as meaning any funding for research in relation to a matter or work financed by a private or public entity, including grants, rents, sponsorships and fellowships and received in a personal capacity and falling within ECDC's remit. Please specify the area of research (pathogen, microbiology, epidemiology, biotechnology, vaccination, etc.) and your personal involvement and responsibility if the grant is awarded to your institute.

Yes If yes, please provide details below.

No

Starting year	Ending year	Name of the organization	Nature of activity

**VII. Do you have any intellectual property rights?**

These are to be interpreted as meaning rights granted to creators and owners of works that are the result of human intellectual creativity and that pertain to a domain falling within ECDC's remit. These can be publications or can be in the industrial, scientific, technological and/or artistic domain. They can be in the form of an invention, a manuscript, a suite of software, or a business name (e.g. copyrights, patents, trademarks et cetera)

Yes If yes, please provide details below.

No

### III. Are you a member of a Scientific Advisory Body?

This is to be interpreted as meaning that the person concerned is participating or has participated in the works of a Scientific Advisory Body operating in a domain falling within ECDC's remit with a right to vote on the outputs of that entity (e.g. voting on scientific output adopted by that entity).

Yes If yes, please provide details below.

No

Starting year	Ending year	Name of the organization	Nature of organization and involvement

### IV. Please fill in employment in the previous five years, including your present employer.

This is to be interpreted as covering all forms of employment, part-time and full-time, either paid or unpaid, in any organisation.

Starting year	Ending year	Name of the organization	Function
2018		Andalusian School of Public Health	Professor

### V. Have you offered any consultancy or advice?

This is to be interpreted as an activity in which the concerned person charges or does not charge a fee for providing advice or services in a particular field falling within ECDC's remit. The nature of the activity should only indicate the domain in which the consultancy is/has been active.

Yes If yes, please provide details below.

No



Starting year	Ending year	Name of the organization	Nature of activity

**VI. Have you received any research funding?**

This is to be interpreted as meaning any funding for research in relation to a matter or work financed by a private or public entity, including grants, rents, sponsorships and fellowships and received in a personal capacity and falling within ECDC's remit. Please specify the area of research (pathogen, microbiology, epidemiology, biotechnology, vaccination, etc.) and your personal involvement and responsibility if the grant is awarded to your institute.

Yes If yes, please provide details below.

No

Starting year	Ending year	Name of the organization	Nature of activity

**VII. Do you have any intellectual property rights?**

These are to be interpreted as meaning rights granted to creators and owners of works that are the result of human intellectual creativity and that pertain to a domain falling within ECDC's remit. These can be publications or can be in the industrial, scientific, technological and/or artistic domain. They can be in the form of an invention, a manuscript, a suite of software, or a business name (e.g. copyrights, patents, trademarks et cetera)

Yes If yes, please provide details below.

No

Starting year	Ending year	Name of the organization	Nature of IP rights

**VIII. Do you have any other memberships or affiliations?**

This is to be interpreted as any membership or affiliation other than the above that can be perceived as an interest in the field of activity of the ECDC.

Yes If yes, please provide details below.

No

Starting year	Ending year	Name of the organization	Nature of membership/affiliation

**IX. Are there any interests of close family members?**

These are to be interpreted as meaning that they include known interests (e.g. ownership of shares or other investments, employment, research funding, etc.) held by family members and relatives belonging to the same household or under the care of the members of the household in a domain falling within ECDC's remit. In order to maintain privacy, their names do not need to be declared. The relationship (e.g. wife) should not be specified.

Yes If yes, please provide details below.

No

Starting year	Ending year	Name of the organization	Nature of interests



**X. Is there any other interest you want to declare?**

This is to be interpreted as meaning any activities or interests other than the above that could be perceived as an interest in an activity falling within ECDC's remit and/ or which could be perceived as compromising the ability of the individual to act in an independent manner in the public interest. Such interest can include, for example, participation into activities supported by grants or contracts concluded in the framework of the EU Public Health Programme if not declared above.

Yes If yes, please provide details below.

No

Starting year	Ending year	Name of the organization	Nature of interests

I declare on my honour that, to the best of my knowledge, all direct or indirect interests capable of compromising the objectivity in the context of my responsibilities are listed above.

I confirm that I have read and I am aware of the content of the Data Protection Notice.

I confirm my understanding that failure to disclose a relevant interest intentionally or negligently shall constitute a breach of trust and result in ECDC taking any necessary action required.

Should you need additional space to complete the declaration, please attach extra sheet(s) to the form and sign each one of them.

Number of additional sheet(s):

<sup>1,2</sup> Ariane Bauernfeind

Date: 14/01/2021

Place: Granada, Spain

Signature: Ariane Bauernfeind

<sup>2</sup> Please complete your first name and surname