**DECLARATION OF INTERESTS FOR BUSINESS ENTITIES**

**(including entities which are part of a consortium)**

Unitaid is committed to ensuring the highest level of integrity and public confidence in its work on public health and global market issues, as well as the perception by others of its objectivity and independence. Unitaid’s work requires the assistance of external experts or service providers. Such experts or service providers may be individuals or business entities, including consortiums of business entities. This Declaration of Interests (DOI) form is intended for business entities.

**Who should complete this declaration?** This form should be completed by the Authorized Representatives of each business entity intending to undertake contractual work or activities for Unitaid, whether alone or together with other entities, as part of a consortium. A separate form should be completed by each of the Authorized Representatives of each of the individual business entities within a consortium.

**Definition of “business entity”:** For the purposes of this form, a “business entity” is defined broadly and includes, but is not limited to, all categories of companies, partnerships and “sole traders”, as well as not-for-profit or other organizations. The Unitaid Secretariat is available to provide further guidance on the scope of application of the form.

**What type of interest needs to be declared?** A business entity’s team members may have interests related to their expertise.Unitaid therefore requires all business entities serving in an advisory role to disclose any potential conflict of interest related to the subject of the work or activity in which they will be involved. Any interest that may affect, or may reasonably be perceived to affect, the business entities’ objectivity and independence must therefore be disclosed with respect to all team members who would be performing the work or carrying out activities for Unitaid.

**How to complete this declaration:** The Authorized Representative of each business entity should complete and submit this DOI form to the Unitaid Secretariat prior to undertaking any contractual work or activity on behalf of Unitaid. The business entity must also promptly inform the Unitaid Secretariat if there is any change in the information provided on this form prior to, or during the course of, the work or any other activity carried out for Unitaid.

**Assessment and outcome:** Answering “No” to question no. 1, or "Yes" to question no. 2 on this form does not automatically disqualify the business entity or the consortium to which it belongs (if applicable), or limit the participation of the business entity or the consortium in a Unitaid activity. Answers will be reviewed by the Unitaid Secretariat to determine whether there is a relevant conflict of interest. The outcome will depend on the circumstances (e.g., nature and magnitude of the interest, timeframe and duration of the interest). The Secretariat may:

1. conclude that no potential conflict exists or that the interest is irrelevant or insignificant;
2. determine the declared interest to be potentially or clearly significant, in which case one or more of the following three measures for managing the conflict of interest may be applied. The Secretariat may:
   1. allow full participation, with public disclosure of the business entities’ interest;
   2. mandate partial exclusion (i.e., the entire consortium, the business entity or the individual team member will be excluded from that portion of the work related to the declared interest and from the corresponding decision making process); or
   3. mandate total exclusion (i.e., the entire consortium, the business entity concerned or the individual team member will not be able to participate in any part of the meeting or work).

**Undisclosed interests:** If the business entity is unable or unwilling to disclose the details of an interest that may pose a real or perceived conflict, the business entity must disclose that a conflict of interest may exist and the Unitaid Secretariat may decide that the business entity or the entire consortium be totally recused from the work concerned, after consulting with the business entity.

The Unitaid Secretariat may also decide that the business entity or the entire consortium must be totally recused from the work concerned if it becomes aware through other sources of an undisclosed conflict of interest. The failure to disclose a conflict of interest may also represent grounds for termination of contract by Unitaid.

**PROJECT TITLE:**  **Consultancy services to provide an overview of medicines, including pipeline products, for treatment of hepatitis B and/or hepatitis D**

**DATES:**  October 2024 to February 2025

**BUSINESS ENTITY:** Enter name of business entity being represented

**Please respond to the following request for information:**

1. Can you confirm that you have performed an Internal Conflict Check with respect to this project and that no conflicts of interest were detected or that appropriate action has been taken to address any conflicts of interest?

Yes  No

1. Have any of your business entity’s team members who would be performing the work or carrying out activities for Unitaid previously had any employment or other professional relationship with Unitaid or any entity which is known to be the subject of or connected to the work or activities which will be carried out for Unitaid? Is there anything else that could affect the objectivity or independence of your business entity’s individual team members in the performance of the work or activities for Unitaid, or the perception of others of their objectivity and independence?

Yes  No

*If appropriate, please provide brief details below or on a separate page:*

|  |
| --- |
|  |

CONSENT TO DISCLOSURE. By completing and signing this form, you, as the business entity’s Authorized Representative consent to the disclosure of the contents of this form, together with any additional required information provided subsequently in relation to relevant conflicts of interest. I acknowledge that a summary of all declarations and action taken to manage any declared interests will be published in the resulting report or work product.

**DECLARATION. I hereby confirm that the business entity has made best efforts to ensure the accuracy of the information provided on behalf of all team members. I declare 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 responsible staff within the Unitaid Secretariat and complete a new Declaration of Interests form that describes the changes. This includes any change that occurs before or during work itself and through the period up to the publication of the final results or completion of the activity concerned.**

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