

Assessment of the interests declared pursuant to Article 37(1) of the of the Regulation (EC) No 178/2002 of the European Parliament and of the Council

The present note provides an assessment on whether the newly declared interests by the Management Board members and alternate members represent a conflict in accordance with EFSA's independence regulatory framework. Based on this assessment, the Board should reach a conclusion and, where appropriate, recommend a follow-up.

Alexandru Nicolae BOCIU – Management Board member representing Romania

DoI submission date: 3 October 2022

Assessment: Mr Bociu holds the position of President Secretary of State of the Romanian National Sanitary Veterinary and Food Safety Authority (ANSVA). His job entails the performance of risk Management activities in areas pertaining to the remit of EFSA, which he carries out in the public interest. In view of the mandate of the Management Board, that primarily looks at the regularity and legality of EFSA's processes without entering into the merit of any scientific activity carried out by the other bodies of EFSA, the risk management activities carried out by Mr Bociu do not represent conflicts of interest.

Conclusion: No conflict of interest identified. Ahead of the Management Board meetings, it is suggested that the Management Board re-examines the interests declared by Mr Bociu to assess whether any conflicts may arise when discussing specific items in agenda (e.g.: inclusion of organisations in the Art. 36 list or EFSA's outsourcing programmes).

The Romanian National Sanitary Veterinary and Food Safety Authority hosts EFSA's Focal Point in Romania. In his capacity of President of ANSVSA, Mr Bociu holds contractual relationships with EFSA regarding the grant agreement awarded to the Romanian Focal Point. Subject to the adoption of the Code of Conduct of the Management Board, his role in the management of contractual relationships with EFSA may need reconsideration.

Hrönn JÖRUNDSÓTTIR – Management Board member representing Iceland

DoI submission date: 26 September 2022

Assessment: Dr Jörundsdóttir holds the position of Director General of the Icelandic Food and Veterinary Authority. Her job entails the performance of risk Management activities in areas pertaining to the remit of EFSA, which she carries out in the public interest. In view of the mandate of the Management Board, that primarily looks at the regularity and legality of EFSA's processes without entering into the merit of any scientific activity carried out by the other bodies of EFSA, the risk management activities carried out by Dr Jörundsdóttir do not represent conflicts of interest.

Conclusion: No conflict of interest identified.



The Icelandic Food and Veterinary Authority (MAST) hosts EFSA's Focal Point in Iceland. In her capacity of Director General of MAST, Dr Jörundsdóttir holds contractual relationships with EFSA regarding the grant agreement awarded to the Icelandic Focal Point. Subject to the adoption of the Code of Conduct of the Management Board, her role in the management of contractual relationships with EFSA may need reconsideration.

Pierdavide LECCHINI – Management Board alternate member representing Italy

DoI submission date: 1 October 2022

Assessment: Dr Lecchini holds the position of Director General of the General Directorate of Animal Health and Veterinary Drugs. He covers the position of Italian Chief Veterinary Officer. His job entails the performance of risk Management activities in areas pertaining to the remit of EFSA, which he carries out in the public interest. In view of the mandate of the Management Board, that primarily looks at the regularity and legality of EFSA's processes without entering into the merit of any scientific activity carried out by the other bodies of EFSA, the risk management activities carried out by Dr Lecchini do not represent conflicts of interest.

Dr Lecchini is a delegate for Italy at the Food and Agriculture Organisation of the United Nations (FAO) and a delegate for Italy at the World Organisation for Animal Health (OIE). The activities performed by Dr Lecchini in collaboration with the above-mentioned organisations are carried out in the public interest and do not represent conflicts of interest.

Conclusion: No conflict of interest identified. Ahead of the Management Board meetings, it is suggested that the Management Board re-examines the interests declared by Dr Lecchini to assess whether any conflicts may arise when discussing specific items in agenda (e.g.: inclusion of organisations in the Art. 36 list or EFSA's outsourcing programmes).

Annex: Declaration of Interest of:

- Alexandru Nicolae Bociu
- Hrönn Jörundsdóttir
- Pierdavide Lecchini

ANNUAL DECLARATION OF INTERESTS (ADoI)

Title (Prof, Dr, Mr, Ms, Mrs)	Mr.
Name	AlexandruNicoale
Family name	BOCIU
Profession	Veterinarian
EFSA involvement(s)	Member Management Board (MB)

- ☐ Any modification made to the structure and content of the present template will make the document invalid.
- ☐ Please fill in all fields, as appropriate.
- ☐ Please declare any interest overlapping with EFSA's complete set of responsibility that you or your close family members¹ currently have or have had in the past five years.

¹ "Close Family Member" means: i. a spouse, meant as the person engaged in the marital relationship with the concerned individual; ii. a partner with whom a Concerned individual has contracted a registered partnership, on the basis of the legislation of the relevant legal system; iii. the direct descendants and ascendants who are financially dependent on the Concerned individual.

I.FINANCIAL INVESTMENTS

I. Financial investments	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³
			No interest

1. Please specify the relevant period of time each activity took place in month/year.

2. Please indicate name and location of the organization on which the investment has been made.

3. Please indicate any investment such as economic stake or share in an entity with an interest directly or indirectly falling within EFSA's remit, including its stocks, equities or bonds, or of one of its subsidiaries or of a company in which it has a holding. Please provide a description of the investment, including whether you have influence over it (e.g. "no control as it is a fund managed by a professional company with no possibility of deciding the fund's strategy"; or "complete control as this corresponds to ordinary shares I can sell or buy at will") and the field activity of the organisation on which the investment is made.

II.MANAGERIAL ROLE

II. Managerial role	Period ¹ From/To (Month/Year)	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
	11.2021 - now	National Sanitary Veterinary and Food Safety Authority, Bucharest, Romania	President Secretary of state of NSVFSA. With 42 territorial structures, NSVFSA is the central competent authority for veterinary and food safety matters, with legal personality, subordinated to the Government and coordinated by the Prime Minister through the Prime Minister Office. National authority's mission is achieved by protecting the health all along the food chain - in every stage of production, from farm to fork - preventing food contamination and promoting food hygiene and transparent information to consumers on food and health and animal welfare	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input checked="" type="checkbox"/> >25%
	11.2021	National Sanitary Veterinary and Food Safety Authority, Bucharest, Romania	Vice-president – sub secretary of state of NSVFSA Entitled to coordinate departments; exercising duties established by the president secretary of state	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input checked="" type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.

2. Please indicate name, legal nature and location of the organization.

3. Please indicate any participation, paid or unpaid, in the internal decision-making process (such as board membership, directorship, etc.) of an entity with an interest falling within EFSA's remit. Please describe your tasks and responsibilities, the remit of the organisation and how its activities relate to the remit of EFSA. Please indicate also whether the organisation carries out risk management activities, whether you are personally empowered to validate or take management actions/decisions and if you serve as a member of a regulatory committee advising on risk management matters.

4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication needs to be given also for past interests older than one year prior to the submission of the ADoI.

III.MEMBER OF A SCIENTIFIC ADVISORY ENTITY

III. Member of a scientific advisory entity	Period ¹ From/To (Month/Year)	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
			No interest	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.

2. Please indicate name, legal nature and location of the entity.

3. Please indicate any participation in the works of a scientific advisory entity with an interest falling directly or indirectly within EFSA's remit and other than those organised by EFSA (such as membership of Scientific Panels, Working Groups, Peer review meetings, Networks, etc.). Please provide a description of the remit of the advisory entity, the subject matter (e.g. substances, products, guidance documents, policies, etc.), your precise role (e.g. Chair, member, etc.), the nature of the advice delivered (e.g. opinion, statement, advice, etc.), the recipient of the advice, and how the subject matter of the advisory entity relates to the remit of EFSA and/or of the relevant EFSA scientific group(s). Please indicate whether the entity carries out risk management activities, whether you are personally empowered to validate or take management actions/decisions or not, or whether you serve as member of a regulatory committee advising on risk management matters.

4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication needs to be given also for past interests older than one year prior to the submission of the ADoI.

IV.EMPLOYMENT

IV. Employment	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
	2018 – nov 2021	National Sanitary Veterinary and Food Safety Authority, Bucharest, Romania	Counsellor within NSVFSA - Methodology, Planning, Strategy and Operative Control Service. Performing official controls at national level in animal welfare area. Taking part in audit mission carried out by audit structures of the European Commission (Health and Food Safety Department, European Court of Auditors, European Funds Management Department). Monitoring of official control activities carried out both on the basis of own plans and control activities delegated by national payment agencies. Participate in the development of documentation, official control methodologies used by county DSVSA inspectors in official control activities	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input checked="" type="checkbox"/> >25%
	Nov 2015 - 2018	National Sanitary Veterinary and Food Safety Authority, Bucharest, Romania	Counsellor within NSVFSA – Sanitary Veterinary Animal Police Department. Official controls of registered/authorised units subject to sanitary veterinary control. Collection and analysis of data transmitted by territorial veterinary services regarding the control actions carried out, recorded results.	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input checked="" type="checkbox"/> >25%
	Ian 2015 - Nov 2015	County Sanitary Veterinary and Food Safety Directorate Valcea	Counsellor – Anti fraud Department Carrying out official inspection and control activities (public health and food safety) Deepening the concepts of official control, the	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input checked="" type="checkbox"/> >25%

			responsibilities of official inspector, the limits of competence	
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1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any form of regular occupation or business, part-time or full-time, paid or unpaid, including self-employment, and any consultancy activities performed in the context of employment and provided to individual business operators or other private parties and indicate their identities. Please describe the remit of the employing entity or organisation, your precise role, tasks, responsibilities and the nature or area of your work, what the activity is about (e.g. types of substances, products, guidance documents, processes or policies) and how it relates to the remit of EFSA and/or of the relevant EFSA scientific group(s). Please indicate whether the employing entity or organisation carries out risk management activities, whether you are personally empowered to validate or take risk management actions/decisions or not, or whether you serve as member of a regulatory committee advising on risk management matters.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADoI.

V.OCCASIONAL CONSULTANCY

V. Occasional consultancy	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
			No interest	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.

2. Please indicate name, legal nature and location of the organization.

3. Please indicate any consultancy activity occurring rarely so that it does not become a regular occupation, and in which the you provide advice or services, paid or unpaid, to companies, trade associations or other bodies with an interest falling directly or indirectly within EFSA's remit. Please provide a description of what the consultancy/advice is about, the topic of the delivered consultancy and the nature of the associated deliverable (e.g. study, report, assessment report, etc.). Please indicate whether the occasional consultancy implies risk management activities, whether you are personally empowered to validate or take risk management actions/decisions or whether you serve as member of a regulatory committee advising on risk management matters.

4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADoI.

VI. RESEARCH FUNDING

VI. Research funding	Period ¹ From/To (Month/Year)	Organisation ²	Subject matter ³	Does the funding received from the private sector during the two years preceding the submission of the ADoI exceeds 25% of the total research budget that is managed by you for the area under concern ⁴ ?
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

1. Please specify the relevant period of time each activity took place in month/year.

2. Please indicate name, legal nature and location of the organization providing the research funding.

3. Please indicate any funding for research or development work received from any public or private entity either in a personal or professional capacity and falling within EFSA's entire set of responsibilities. It includes grants, rents, reimbursement of expenses, sponsorship and fellowship. Please indicate the topic of the research activity and the nature of the associated output (e.g. study, report, publication, etc.).

4. Please include also research funding received by your employing organisation.

VII. INTELLECTUAL PROPERTY RIGHTS

VII. Intellectual property rights	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
			No interest	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.

2. Please indicate name, legal nature and location of the organization.

3. Please indicate the all works resulting from human intellectual creativity (e.g. patents, trademarks, inventorship, etc.) for which you have been granted rights, irrespective of whether they grant a financial gain, and that fall, directly or indirectly, within EFSA's remit. Please indicate if the intellectual property is still valid or if it expired and provide a description of the topic covered by the granted right (e.g. GMO, pesticides, feed, etc.), your role (e.g. patent holder, contributor etc.) and how the intellectual property right relates to the remit of EFSA and/or of the EFSA relevant scientific group.

4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADoI.

VIII. OTHER MEMBERSHIP OR AFFILIATION

VIII. Other membership or affiliation	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
			No interest	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.

2. Please indicate name, legal nature and location of the organization.

3. Please indicate any membership or affiliation with entities with an interest falling within EFSA's remit not falling under the categories defined above and relevant for the purposes of the EFSA decision on Competing Interest Management. This shall include roles and membership in professional associations, learned society, Non-Governmental-Organisations and comparable entities. Please provide a description of your precise role, tasks, responsibilities, the activities of the entity or person with whom the activity is engaged, of its remit, and when possible of its funding, and how the activity relates to the remit of EFSA and/or of the EFSA relevant scientific group.

4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADoI.

IX.OTHER RELEVANT INTEREST

IX. Other relevant interest	Period ¹ <i>From/To (Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
			No interest	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.

2. Please indicate name, legal nature and location of the organization.

3. Please indicate any interest not falling under the other eight categories above (such as prizes, gifts, awards and hospitality) and relevant for the purposes of the EFSA decision on Competing Interest Management. Please provide a description of the interest, such as the subject matter of the activity (e.g. GMO, pesticides, feed, etc.), your precise role, tasks, responsibilities, deliverables and, if any, the context in which the activity takes place, the field of activities of the organisation and how this relates to the remit of EFSA and of the EFSA relevant scientific group(s).

4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADoI.

I confirm that:

☒ I think **I do not have a conflict of interest** with respect to my activity(ies) at EFSA

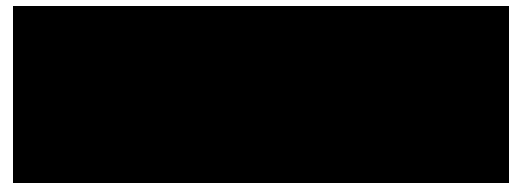
OR

☐ I think **I have a conflict of interest** with respect to the following EFSA activity _____ and for the following reasons _____

I hereby declare that I have read the [EFSA Decision on Competing Interest Management](#) implementing EFSA's Policy on Independence and that the above declaration is truthful and complete.

Date: 03.10.2022

Signature:



If you need more sheets to declare your interests, do not hesitate to use blank ones or to ask for them, but please sign each one of them and attach them to this form.

Note regarding the processing of personal data:

EFSA processes all Declarations of Interests (DoIs) in accordance with Regulation (EU) 2018/1725. DoI processing is necessary in order to safeguard the independence of EFSA and enable the Authority to carry out its mission and comply with its obligations under Regulation (EC) No 178/2002.

The Executive Director of EFSA is the data controller with respect to the handling of DoIs.

Concerned individuals have the right to access, rectify, erase and object to the processing of their ADoI at any time. Nevertheless, for certain categories of individuals (e.g., experts), it may be a mandatory requirement to submit a DoI to EFSA so as to verify the absence of conflicts of interests and thus protect

the independence of EFSA. Concerned individuals will be contacted if EFSA becomes aware of information that is not consistent with the declared interest such as on the occasion of compliance monitoring activities outlined in the relevant [Standard Operating Procedure](#).

Certain ADoIs shall be made publicly available in accordance with Article 38(1)(d) of Regulation (EC) No 178/2002. Furthermore, ADoIs may be transferred to bodies in charge of monitoring, auditing or inspection in conformity with EU Law.

The conservation period for ADoIs per category of data subjects is 10 years from the date of submission of the relevant ADoI.

Concerned individuals may direct any queries regarding personal data processing by EFSA to the data protection officer DataProtectionOfficer@efsa.europa.eu. They are entitled to submit a complaint at any time to the European Data Protection Supervisor: <http://www.edps.europa.eu>

The legal basis for ADoI processing is provided for in Articles 22, 37 and 38 of Regulation (EC) No 178/2002.

ANNUAL DECLARATION OF INTERESTS (ADOI)

Title (Prof, Dr, Mr, Ms, Mrs)	Dr
Name	Hrönn
Family name	Jörundsdóttir
Profession	Director General Icelandic Food and Veterinary Authority
EFSA involvement(s)	MB

- ☐ Any modification made to the structure and content of the present template will make the document invalid.
- ☐ Please fill in all fields, as appropriate.
- ☐ Please declare any interest overlapping with EFSA's complete set of responsibility that you or your close family members¹ currently have or have had in the past five years.

¹ "Close Family Member" means: i. a spouse, meant as the person engaged in the marital relationship with the concerned individual; ii. a partner with whom a Concerned individual has contracted a registered partnership, on the basis of the legislation of the relevant legal system; iii. the direct descendants and ascendants who are financially dependent on the Concerned individual.

I. FINANCIAL INVESTMENTS

I. Financial investments	Period ¹ From/To (Month/Year)	Organisation ²	Subject matter ³

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name and location of the organization on which the investment has been made.
3. Please indicate any investment such as economic stake or share in an entity with an interest directly or indirectly falling within EFSA's remit, including its stocks, equities or bonds, or of one of its subsidiaries or of a company in which it has a holding. Please provide a description of the investment, including whether you have influence over it (e.g. "no control as it is a fund managed by a professional company with no possibility of deciding the fund's strategy"; or "complete control as this corresponds to ordinary shares I can sell or buy at will") and the field activity of the organisation on which the investment is made.

II. MANAGERIAL ROLE

II. Managerial role	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any participation, paid or unpaid, in the internal decision-making process (such as board membership, directorship, etc.) of an entity with an interest falling within EFSA's remit. Please describe your tasks and responsibilities, the remit of the organisation and how its activities relate to the remit of EFSA. Please indicate also whether the organisation carries out risk management activities, whether you are personally empowered to validate or take management actions/decisions and if you serve as a member of a regulatory committee advising on risk management matters.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication needs to be given also for past interests older than one year prior to the submission of the ADol.

III. MEMBER OF A SCIENTIFIC ADVISORY ENTITY

III. Member of a scientific advisory entity	Period ¹ From/To (Month/Year)	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
	2016-2018	SAFE Consortium	<p>Secretary General. The main tasks of the consortium coordinated by the SAFE Office:</p> <ul style="list-style-type: none"> - Develop science-based position papers for European and national food safety authorities - Strengthen scientists' ability to form, maintain and work in suitable networks, e.g. developing common initiatives in food safety sciences - Organize scientific congresses, conferences, seminars and workshops, participate in events organized by others, and exchange food safety research systems' knowledge among interested parties - Develop and promote interdisciplinary research projects and partnerships in the Framework Programs of the European Commission, national governments and food authorities - Provide assistance in partner search, in the organization of the projects and in writing management paragraphs - Maintain an effective interaction with representatives of the European 	<input checked="" type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

		<p>and national research administration, and the European Food Safety authorities</p> <p>- Provide information of general interest about SAFE and about programs and opportunities to its members on a regular basis.</p> <p>An example of SAFES' publications https://issuu.com/safeconsortium</p>	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the entity.
3. Please indicate any participation in the works of a scientific advisory entity with an interest falling directly or indirectly within EFSA's remit and other than those organised by EFSA (such as membership of Scientific Panels, Working Groups. Peer review meetings, Networks, etc.). Please provide a description of the remit of the advisory entity, the subject matter (e.g. substances, products, guidance documents, policies, etc.), your precise role (e.g. Chair, member, etc.), the nature of the advice delivered (e.g. opinion, statement, advice, etc.), the recipient of the advice, and how the subject matter of the advisory entity relates to the remit of EFSA and/or of the relevant EFSA scientific group(s). Please indicate whether the entity carries out risk management activities, whether you are personally empowered to validate or take management actions/decisions or not, or whether you serve as member of a regulatory committee advising on risk management matters.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication needs to be given also for past interests older than one year prior to the submission of the ADoI.

IV. EMPLOYMENT

IV. Employment	Period ¹ From/To (Month/Year)	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
	08.2022 - present	Icelandic Food and Vet. Auth.	Director General	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input checked="" type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any form of regular occupation or business, part-time or full-time, paid or unpaid, including self-employment, and any consultancy activities performed in the context of employment and provided to individual business operators or other private parties and indicate their identities. Please describe the remit of the employing entity or organisation, your precise role, tasks, responsibilities and the nature or area of your work, what the activity is about (e.g. types of substances, products, guidance documents, processes or policies) and how it relates to the remit of EFSA and/or of the relevant EFSA scientific group(s). Please indicate whether the employing entity or organisation carries out risk management activities, whether you are personally empowered to validate or take risk management actions/decisions or not, or whether you serve as member of a regulatory committee advising on risk management matters.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the AD01.

V. OCCASIONAL CONSULTANCY

V. Occasional consultancy	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any consultancy activity occurring rarely so that it does not become a regular occupation, and in which the you provide advice or services, paid or unpaid, to companies, trade associations or other bodies with an interest falling directly or indirectly within EFSA's remit. Please provide a description of what the consultancy/advice is about, the topic of the delivered consultancy and the nature of the associated deliverable (e.g. study, report, assessment report, etc.). Please indicate whether the occasional consultancy implies risk management activities, whether you are personally empowered to validate or take risk management actions/decisions or whether you serve as member of a regulatory committee advising on risk management matters.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADOL.

VI. RESEARCH FUNDING

VI. Research funding	Period ¹ From/To (Month/Year)	Organisation ²	Subject matter ³	Does the funding received from the private sector during the two years preceding the submission of the ADoI exceeds 25% of the total research budget that is managed by you for the area under concern ⁴ ?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization providing the research funding.
3. Please indicate any funding for research or development work received from any public or private entity either in a personal or professional capacity and falling within EFSA's entire set of responsibilities. It includes grants, rents, reimbursement of expenses, sponsorship and fellowship. Please indicate the topic of the research activity and the nature of the associated output (e.g. study, report, publication, etc.).
4. Please include also research funding received by your employing organisation.

VII. INTELLECTUAL PROPERTY RIGHTS

VII. Intellectual property rights	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate the all works resulting from human intellectual creativity (e.g. patents, trademarks, inventorship, etc.) for which you have been granted rights, irrespective of whether they grant a financial gain, and that fall, directly or indirectly, within EFSA's remit. Please indicate if the intellectual property is still valid or if it expired and provide a description of the topic covered by the granted right (e.g. GMO, pesticides, feed, etc.), your role (e.g. patent holder, contributor etc.) and how the intellectual property right relates to the remit of EFSA and/or of the EFSA relevant scientific group.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADol.

VIII. OTHER MEMBERSHIP OR AFFILIATION

VIII. Other membership or affiliation	Period ¹ From/To (Month/Year)	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.

2. Please indicate name, legal nature and location of the organization.

3. Please indicate any membership or affiliation with entities with an interest falling within EFSA's remit not falling under the categories defined above and relevant for the purposes of the EFSA decision on Competing Interest Management. This shall include roles and membership in professional associations, learned society, Non-Governmental-Organisations and comparable entities. Please provide a description of your precise role, tasks, responsibilities, the activities of the entity or person with whom the activity is engaged, of its remit, and when possible of its funding , and how the activity relates to the remit of EFSA and/or of the EFSA relevant scientific group.

4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADol.

IX. OTHER RELEVANT INTEREST

IX. Other relevant interest	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any interest not falling under the other eight categories above (such as prizes, gifts, awards and hospitality) and relevant for the purposes of the EFSA decision on Competing Interest Management. Please provide a description of the interest, such as the subject matter of the activity (e.g. GMO, pesticides, feed, etc.), your precise role, tasks, responsibilities, deliverables and, if any, the context in which the activity takes place, the field of activities of the organisation and how these relates to the remit of EFSA and of the EFSA relevant scientific group(s).
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADotI.

I confirm that:

☒ I think **I do not have a conflict of interest** with respect to my activity(ies) at EFSA

OR

☐ I think **I have a conflict of interest** with respect to the following EFSA activity _____ and for the following reasons _____

I hereby declare that I have read the [EFSA Decision on Competing Interest Management](#) implementing EFSA's Policy on Independence and that the above declaration is true

Date: 26.09.2022 Signature _____

If you need more sheets to declare your interests, do not hesitate to use blank ones or to ask for them, but please sign each one of them and attach them to this form.

Note regarding the processing of personal data:

EFSA processes all Declarations of Interests (DoIs) in accordance with Regulation (EU) 2018/1725. DoI processing is necessary in order to safeguard the independence of EFSA and enable the Authority to carry out its mission and comply with its obligations under Regulation (EC) No 178/2002.

The Executive Director of EFSA is the data controller with respect to the handling of DoIs.

Concerned individuals have the right to access, rectify, erase and object to the processing of their ADoI at any time. Nevertheless, for certain categories of individuals (e.g., experts), it may be a mandatory requirement to submit a DoI to EFSA so as to verify the absence of conflicts of interests and thus protect

the independence of EFSA. Concerned individuals will be contacted if EFSA becomes aware of information that is not consistent with the declared interest such as on the occasion of compliance monitoring activities outlined in the relevant [Standard Operating Procedure](#).

Certain ADOIs shall be made publicly available in accordance with Article 38(1)(d) of Regulation (EC) No 178/2002. Furthermore, ADOIs may be transferred to bodies in charge of monitoring, auditing or inspection in conformity with EU Law.

The conservation period for ADOIs per category of data subjects is 10 years from the date of submission of the relevant ADOL.

Concerned individuals may direct any queries regarding personal data processing by EFSA to the data protection officer DataProtectionOfficer@efsa.europa.eu. They are entitled to submit a complaint at any time to the European Data Protection Supervisor: <http://www.edps.europa.eu>

The legal basis for ADOL processing is provided for in Articles 22, 37 and 38 of Regulation (EC) No 178/2002.

ANNUAL DECLARATION OF INTERESTS (ADoI)

Title (Prof, Dr, Mr, Ms, Mrs)	Dr
Name	Pierdavide
Family name	LECCHINI
Profession	Director General of the General Directorate for Animal Health and Veterinary Pharmaceuticals at the Italian Ministry of Health
EFSA involvement(s)	Management Board alternate member

- ☐ **Any modification made to the structure and content of the present template will make the document invalid.**
- ☐ **Please fill in all fields, as appropriate.**
- ☐ **Please declare any interest overlapping with EFSA's complete set of responsibility that you or your close family members¹ currently have or have had in the past five years.**

¹ "Close Family Member" means: i. a spouse, meant as the person engaged in the marital relationship with the concerned individual; ii. a partner with whom a Concerned individual has contracted a registered partnership, on the basis of the legislation of the relevant legal system; iii. the direct descendants and ascendants who are financially dependent on the Concerned individual.

I. FINANCIAL INVESTMENTS

I. Financial investments	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³
			NO INTEREST

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name and location of the organization on which the investment has been made.
3. Please indicate any investment such as economic stake or share in an entity with an interest directly or indirectly falling within EFSA's remit, including its stocks, equities or bonds, or of one of its subsidiaries or of a company in which it has a holding. Please provide a description of the investment, including whether you have influence over it (e.g. "no control as it is a fund managed by a professional company with no possibility of deciding the fund's strategy"; or "complete control as this corresponds to ordinary shares I can sell or buy at will") and the field activity of the organisation on which the investment is made.

II. MANAGERIAL ROLE

II. Managerial role	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
	XX/XX/XXXX to date	Italian Medicines Agency for Veterinary Drugs	Head of the Agency.	<input checked="" type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
				<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any participation, paid or unpaid, in the internal decision-making process (such as board membership, directorship, etc.) of an entity with an interest falling within EFSA's remit. Please describe your tasks and responsibilities, the remit of the organisation and how its activities relate to the remit of EFSA. Please indicate also whether the organisation carries out risk management activities, whether you are personally empowered to validate or take management actions/decisions and if you serve as a member of a regulatory committee advising on risk management matters.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication needs to be given also for past interests older than one year prior to the submission of the ADoI.

III. MEMBER OF A SCIENTIFIC ADVISORY ENTITY

III. Member of a scientific advisory entity	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
			NO INTEREST	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the entity.
3. Please indicate any participation in the works of a scientific advisory entity with an interest falling directly or indirectly within EFSA's remit and other than those organised by EFSA (such as membership of Scientific Panels, Working Groups, Peer review meetings, Networks, etc.). Please provide a description of the remit of the advisory entity, the subject matter (e.g. substances, products, guidance documents, policies, etc.), your precise role (e.g. Chair, member, etc.), the nature of the advice delivered (e.g. opinion, statement, advice, etc.), the recipient of the advice, and how the subject matter of the advisory entity relates to the remit of EFSA and/or of the relevant EFSA scientific group(s). Please indicate whether the entity carries out risk management activities, whether you are personally empowered to validate or take management actions/decisions or not, or whether you serve as member of a regulatory committee advising on risk management matters.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication needs to be given also for past interests older than one year prior to the submission of the ADoI.

IV. EMPLOYMENT

IV. Employment	Period ¹ <i>From/To (Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
	11/12/2020 to date	Italian Ministry of Health	Director General of the General Directorate of Animal Health and Veterinary Drugs. Chief Veterinary Officer (CVO) for Italy.	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input checked="" type="checkbox"/> >25%
	01/05/2018 - 10/12/2020	Italian Ministry of Health	Director of Office III of the General Secretariat of the Italian Ministry of Health. Coordination between the General Directorates of the activities of health prevention, international affairs, communication, food, veterinary and research bodies.	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input checked="" type="checkbox"/> >25%
	10/03/2016 - 30/04/2018	Italian Ministry of Health	Director of Office III of the General Directorate for Animal Health and Veterinary Drugs of the Italian Ministry of Health. Coordination of activities for the control of animal health and veterinary emergencies.	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input checked="" type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any form of regular occupation or business, part-time or full-time, paid or unpaid, including self-employment, and any consultancy activities performed in the context of employment and provided to individual business operators or other private parties and indicate their identities. Please describe the remit of the employing entity or organisation, your precise role, tasks, responsibilities and the nature or area of your work, what the activity is about (e.g. types of substances, products, guidance documents, processes or policies) and how it relates to the remit of EFSA and/or of the relevant EFSA scientific group(s). Please indicate whether the employing entity or organisation carries out risk management activities, whether you are personally empowered to validate or take risk management actions/decisions or not, or whether you serve as member of a regulatory committee advising on risk management matters.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADoI.

V. OCCASIONAL CONSULTANCY

V. Occasional consultancy	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
			NO INTEREST	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any consultancy activity occurring rarely so that it does not become a regular occupation, and in which the you provide advice or services, paid or unpaid, to companies, trade associations or other bodies with an interest falling directly or indirectly within EFSA's remit. Please provide a description of what the consultancy/advice is about, the topic of the delivered consultancy and the nature of the associated deliverable (e.g. study, report, assessment report, etc.). Please indicate whether the occasional consultancy implies risk management activities, whether you are personally empowered to validate or take risk management actions/decisions or whether you serve as member of a regulatory committee advising on risk management matters.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADoI.

VI. RESEARCH FUNDING

VI. Research funding	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Does the funding received from the private sector during the two years preceding the submission of the ADoI exceeds 25% of the total research budget that is managed by you for the area under concern ⁴ ?
			NO INTEREST	<input type="checkbox"/> YES <input type="checkbox"/> NO

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization providing the research funding.
3. Please indicate any funding for research or development work received from any public or private entity either in a personal or professional capacity and falling within EFSA's entire set of responsibilities. It includes grants, rents, reimbursement of expenses, sponsorship and fellowship. Please indicate the topic of the research activity and the nature of the associated output (e.g. study, report, publication, etc.).
4. Please include also research funding received by your employing organisation.

VII. INTELLECTUAL PROPERTY RIGHTS

VII. Intellectual property rights	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
			NO INTEREST	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate the all works resulting from human intellectual creativity (e.g. patents, trademarks, inventorship, etc.) for which you have been granted rights, irrespective of whether they grant a financial gain, and that fall, directly or indirectly, within EFSA's remit. Please indicate if the intellectual property is still valid or if it expired and provide a description of the topic covered by the granted right (e.g. GMO, pesticides, feed, etc.), your role (e.g. patent holder, contributor etc.) and how the intellectual property right relates to the remit of EFSA and/or of the EFSA relevant scientific group.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADoI.

VIII. OTHER MEMBERSHIP OR AFFILIATION

VIII. Other membership or affiliation	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
	September 2020 to date	Food and Agriculture Organisation of the United Nations	FAO delegate for Italy	<input checked="" type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
	September 2020 to date	World Organisation for Animal Health (OIE)	WOAH (OIE) delegate for Italy	<input checked="" type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%
	XX/XX/XX – 30/06/2022	European Food Safety Authority	Member of the EFSA Advisory Forum.	<input checked="" type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any membership or affiliation with entities with an interest falling within EFSA's remit not falling under the categories defined above and relevant for the purposes of the EFSA decision on Competing Interest Management. This shall include roles and membership in professional associations, learned society, Non-Governmental-Organisations and comparable entities. Please provide a description of your precise role, tasks, responsibilities, the activities of the entity or person with whom the activity is engaged, of its remit, and when possible of its funding , and how the activity relates to the remit of EFSA and/or of the EFSA relevant scientific group.
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADoI.

IX. OTHER RELEVANT INTEREST

IX. Other relevant interest	Period ¹ <i>From/To</i> <i>(Month/Year)</i>	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
			NO INTEREST	<input type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%

1. Please specify the relevant period of time each activity took place in month/year.
2. Please indicate name, legal nature and location of the organization.
3. Please indicate any interest not falling under the other eight categories above (such as prizes, gifts, awards and hospitality) and relevant for the purposes of the EFSA decision on Competing Interest Management. Please provide a description of the interest, such as the subject matter of the activity (e.g. GMO, pesticides, feed, etc.), your precise role, tasks, responsibilities, deliverables and, if any, the context in which the activity takes place, the field of activities of the organisation and how these relates to the remit of EFSA and of the EFSA relevant scientific group(s).
4. Please indicate the impact of the activity on your annual earnings, by selecting one of the values provided. This indication has to be given also for past interests older than one year prior to the submission of the ADoI.

I confirm that:

☒ I think **I do not have a conflict of interest** with respect to my activity(ies) at EFSA

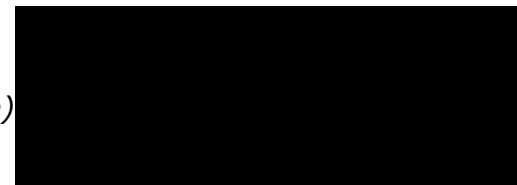
OR

☐ I think **I have a conflict of interest** with respect to the following EFSA activity _____ and for the following reasons _____

I hereby declare that I have read the [EFSA Decision on Competing Interest Management](#) implementing EFSA's Policy on Independence and that the above declaration is truthful and complete.

Date: 28/09/2022

Signature: *(either physical or electronic signature)*



If you need more sheets to declare your interests, do not hesitate to use blank ones or to ask for them, but please sign each one of them and attach them to this form.

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The legal basis for ADoI processing is provided for in Articles 22, 37 and 38 of Regulation (EC) No 178/2002.