

Public declaration of interest

This form is meant to prevent conflicts of interest within the Health Data Hub (HDH).

It applies to members of the HDH bodies (General Assembly, Board of Directors), working groups, specialized advisory committees of the Board of Directors, as well as to the HDH's management and supervisory staff. Experts requested by the HDH and by the collaborators of the HDH members who contribute to the work of the HDH by providing expert support on an ad hoc basis are also subjected to the Code.

Public declarations of interest (PDI) must be updated every year, at the initiative of the declarants and, in any case, as soon as a change occurs in their professional or personal situation.

The information collected is processed electronically in order to comply with the HDH's obligations in terms of preventing conflicts of interest. The recipients of the data are the HDH staff in charge of PDI management. The public part (chapters 1 to 7) of the declaration is intended to be published on the website dpi.sante.gouv.fr/.

Declarations will be published for the duration of the functions or mission performed and for five years following the end of these functions or missions.

Declarations of interest are kept for a period of ten years from the date of their submission or update by the HDH.

I, the undersigned Bernard Rachet

Acknowledge that I am aware of the obligation to declare any direct or vicarious link of interest with companies, establishments or organizations whose activities, techniques and products fall within the scope of competence, in terms of public health and health safety, of the organization in which I perform my duties or of the collegial body, commission, council or working group of which I am a member or invited to contribute my expertise, as well as with companies or consulting organizations operating in the same sectors.

I am completing this statement as in my capacity as a member of the Scientific Advisory Board of the Health Data Hub.

Please specify the organization you represent: London School of Hygiene and Tropical Medicine

I agree to update my PDI as soon as there is a change in these links or new links are made, and at least currently without change.

It is your responsibility, upon receipt of the agenda for a meeting, to verify whether the links of interest that you have declared or that may appear from time to time are compatible with your presence at all or part of this meeting and to inform the designated contact person within the HDH and, if applicable, the chairperson of the meeting, if possible, before it is held. In the event of a conflict of interest, your presence may taint the decisions taken or the recommendations, references or opinions issued and lead to the cancellation of the decision taken or of any decision that the HDH may have taken on the basis of this deliberation.

1. Your main activity

1.1. Your current main activity

- **Liberal activity/profession**

Activity	Place of work	Start (month/year)	End (month/year)
None			

- **Other** (volunteer activity, retired...)

Activity	Place of work	Start (month/year)	End (month/year)
None			

- **Salaried activity**

Complete the table below

Main employer	Employer's address	Position held in the organization	Start (month/yer)	End (month/year)
London School of Hygiene and Tropical Medicine	Keppel Street WC1E 7HT London UK	Professor	July/2002	NA

1.2. Your main activities during the last 5 years

To be completed only if different from those completed in section 1.1

- **Liberal activity/profession**

Activity	Place of work	Start (month/year)	End (month/year)
None			

- **Other** (volunteer activity, retired...)

Activity	Place of work	Start (month/year)	End (month/year)
Invited professor	Harvard T.H. Chan School of Public Health, Harvard University MA 02115 Boston USA	11/01/2018	26/04/2018
Invited professor	Graduate School of Medicine and Faculty of Medicine, Osaka university 565-0871 Suita,Osaka Japon	04/05/2018	07/09/2018

Invited professor	Service Biostatistique, HCL- Université Lyon 1 69310 PIERRE BENITE FRANCE	17/09/2018	11/01/2019
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- **Salaried activity**

Complete the table below

Main employer	Employer's address	Position held in the organization	Start (month/year)	End (month/year)
London School of Hygiene and Tropical Medicine	Keppel Street WC1E 7HT London UK	Professor	July/2002	NA

2. Your secondary activities

2.1. You participate or have participated in a decision-making body of a public or private organization whose activity, techniques or products fall within the field of competence, in terms of public health and health safety, of the organization or collegial body that is the subject of the declaration

This includes healthcare institutions, companies and consulting organizations, professional organizations (learned societies, healthcare networks, CNPS) and patient associations.

I have no interest to declare in this section.

Currently or in the previous 5 years :

Organization (company, institution, association)	Position held in the organization	Compensation (amount to be entered in table A.1)	Start (month/year)	End (month/year)
		<input type="checkbox"/> No <input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		
		<input type="checkbox"/> No <input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		
		<input type="checkbox"/> No		

		<input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		
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2.2. You work or have worked as a consultant, advisor or expert for an organization in the field of public health and health security of the organization or collegial body that is the subject of the declaration

This may include consulting or representation, participation in a working group, auditing, writing articles or expert reports.

I have no interest to declare in this section.

Currently and over the past 5 years :

Organization <small>(company, institution, association)</small>	Position held in the organization	Compensation <small>(amount to be entered in table A.1)</small>	Start <small>(month/year)</small>	End <small>(month/year)</small>
DEPARTEMENT DE L'EVALUATION ET DU SUIVI DES PROGRAMMES, INSERM	Expert to review grant applications	<input checked="" type="checkbox"/> No <input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....	Jan 2016	2018
DUTCH CANCER SOCIETY-KWF	Expert to review grant applications	<input checked="" type="checkbox"/> No <input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization	01/09/2017	31/12/2017

		of which you are a member or employee (specify).....	Jan 2016	
French National Evaluation Committee of Registries	Vice-chair	<input type="checkbox"/> No <input type="checkbox"/> To the registrant <input checked="" type="checkbox"/> To an organization of which you are a member or employee LSHTM	January 2021	present
French National Evaluation Committee of Registries	Member	<input type="checkbox"/> No <input type="checkbox"/> To the registrant <input checked="" type="checkbox"/> To an organization of which you are a member or employee LSHTM	January 2017	Dec 2020

2.3. You participate or have participated in scientific work and studies for public and/or private organizations in the field of public health and health security of the organization or collegial body that is the subject of the declaration

Participation in scientific work must be mentioned, in particular the carrying out of clinical or pre-clinical trials or studies, epidemiological studies, medico-economic studies, observational studies on practices and prescriptions, etc.

I have no interest to declare in this section.

Currently and over the past 5 years :

Organization <small>(company, institution, association)</small>	Area and type of work	Name of the health product or subject	If clinical or pre-clinical trials or studies : specify:	Compensation <small>(amount to be entered in table A.3)</small>	Start <small>(month/year)</small>	End <small>(month/year)</small>
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			<u>Study Type:</u> <u>Your role:</u>	<input type="checkbox"/> No <input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		
			<u>Study Type:</u> <u>Your role:</u>	<input type="checkbox"/> No <input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		
			<u>Study Type:</u> <u>Your role:</u>	<input type="checkbox"/> No <input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		
			<u>Study Type:</u> <u>Your role:</u>	<input type="checkbox"/> No <input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		

2.4. You have written an article, spoken or spoken at congresses, conferences, symposiums, various public meetings or training courses organized or financially supported by private companies or organizations in the field of public health and health security of the organization or collegial body that is the subject of the declaration

I have no interest to declare in this section.

Currently and over the past 5 years :

Inviting company or organization (company, association)	Inviting company or organization (company, association)	Subject of the intervention The name of the targeted product	Coverage of travel expenses	Remuneration (amount to be entered in table A.4)	Start (month/year)	End (month/year)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		
			<input type="checkbox"/> Yes	<input type="checkbox"/> No		

			<input type="checkbox"/> No	<input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		

2.5. You are the inventor and/or owner of a patent or a product, process or any other form of non-patented intellectual property related to the field of competence, in terms of public health and health security, of the organization or collegial body that is the subject of the declaration

I have no interest to declare in this section.

Nature of the activity and name of the patent, product...	Structure that provides the patent, product...	Perception of profit-sharing		Compensation (amount to be entered in table A.5)		Start (month/year)	End (month/year)
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No <input type="checkbox"/> To the registrant <input type="checkbox"/> To an organization of which you are a member or employee (specify).....		

3. Activities you conduct or have conducted that have received funding from a for-profit organization whose purpose falls within the public health and safety jurisdiction of the organization being reported

The type of payment may take the form of grants or contracts for studies or research, scholarships or sponsorships, in-kind or cash payments, materials, apprenticeship taxes, etc.

This includes presidents, treasurers and members of the board of directors

I have no interest to declare in this section.

Currently and over the past 5 years :

Structure and activity receiving funding	For-profit funder (*)	Start (month/year)	End (month/year)

(*) The % of the amount of funding in relation to the structure's operating budget and the amount paid by the funder should be entered in table B.1

4. Financial interests in the capital of a company whose corporate purpose falls within the public health and health security jurisdiction of the organization subject to the declaration

I have no interest to declare in this section.

Currently:

Any financial interest: listed or unlisted securities, whether shares, bonds or other financial assets in equity; interests in a company or sector concerned, one of its subsidiaries or a company in which it holds part of the capital within the limits of your immediate and expected knowledge must be declared. It is requested to indicate the name of the institution, company or organization, the type and quality of the securities or percentage of capital held. (Investment funds in collective products such as SICAVs or FCPs - of which the person does not control either the management or the composition - are excluded from the declaration)

Concerned structure	Type of investment (*)

(*) The % of the investment in the structure's capital and the amount held should be entered in table C.1

5. Close relatives who are employees of and/or have financial interests in any structure whose corporate purpose falls within the scope of public health and health security of the organization subject to the declaration

The persons concerned are :

- *the spouse [spouse or cohabitant or partner], parents (father and mother) and children of the latter*
- *the children*
- *the parents (father and mother)*

This section must be filled in if the declarant is aware of the activities of his close relatives.

I have no interest to declare in this section.

Currently or, if known, during the previous 5 years:

	Organizations involved
Relative(s) with a connection to the following organizations	
(Relationship to be indicated in Table D.1)	

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6. Other links of interest that you consider should be made known to the organization subject to the declaration

I have no interest to declare in this section.

Currently and over the past 5 years :

Item or fact concerned	Comments <small>(The amount of money received is to be entered in table E.1)</small>	Start year	End year

7. If you have not filled in any items after 1, check the box : and sign the last page

Article L. 1454-2 of the French Public Health Code:

"A fine of 30,000 euros shall be imposed on the persons mentioned in I and II of article L. 1451-1 and in article L. 1452-3 for knowingly failing, under the conditions set out in the same article, to draw up or amend a declaration of interests in order to update the data contained therein, or for providing false information that undermines the accuracy of the declaration."

8. Table of mentions not made public

Table A.1

Organization	Amount received

Table A.2

Organization	Amount received

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Table A.3

Organization	Amount received

Table A.4

Organization	Amount received

Table A.5

Structure	Amount received

Table B.1

Organization	% of the amount of funding in relation to the structure's operating budget and amount paid by the funder

Table C.1

Structure	% of the amount of funding in relation to the structure's operating budget and amount paid by the funder

Table D.1

Organization	Salary	Shareholding	Relationship	Start	End
	Function and position in the structure <i>(indicate, if applicable, if it is a position of responsibility)</i>	Amount if ≥ 5000 euros or 5% of the capital		(month/year)	(month/year)

Table E.1

Item or fact concerned	specify the amounts received, if any

Done at London

Date 2 February 2022

*Signature required
(not made public)*

The information collected will be processed electronically and your declaration (with the exception of information relating to the amounts declared and the identity of relatives) will be published on the [PDI's website](#). The HDH is responsible for processing for the purpose of preventing conflicts of interest by comparing the declared links with the objectives of the mission envisaged within the HDH.

In accordance with the provisions of Law No. 78-17 of January 6, 1978, as amended, relating to information technology, files and freedoms, you have the right to access and rectify data concerning you. You can exercise this right by sending an e-mail to the following address: dpd@health-data-hub.fr