

ANNUAL DECLARATION OF INTERESTS (ADOI)

Title (Prof, Dr, Mr, Ms, Mrs)	Dr.
Name	Sebastian
Family name	HIELM
Profession	Food safety director
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 EFSAs 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
			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 participation, paid or unpaid, in the internal decision-making process (such as board membership, directorship, etc.) of an entity with an interest falling within EFSAs 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
	10/2017 – to date	National Nutrition Council	In 2017-2020, I chaired the National Nutrition Council (continuing as Vice-Chair 2020-2023), a horizontal body of 20 nutrition scientists and experts. The Council takes an active part in the formation of our notational nutrition policy, mainly by issuing dietary guidelines for the general population as well as for more specific groups.	<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 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
	08/2016 – to date	Ministry of Agriculture and Forestry, Finland	I work full time as Food Safety Director, heading the Finnish Government's Food Safety Unit, with a staff of 16. I am responsible for elaborating national food and feed safety policies, through the elaboration of EU and national legislation. Duties also include steering of the Finnish Food Authority, which sees to the practical implementation of the food and feed safety legislation, including nutrition policies.	<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 employing entity or 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 ADol.



V. OCCASIONAL CONSULTANCY

V. Occasional consultancy	Period ¹ From/To (Month/Year)	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
				NO INTEREST

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 ADol 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
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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 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 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%

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, inventions, 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 ADO1.



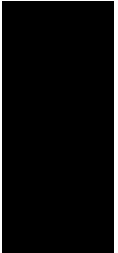
VIII. OTHER MEMBERSHIP OR AFFILIATION

VIII. Other membership or affiliation	Period ¹ From/To (Month/Year)	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
			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 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 ADot.

IX. OTHER RELEVANT INTEREST

IX. Other relevant interest	Period ¹ From/To (Month/Year)	Organisation ²	Subject matter ³	Impact on annual earnings ⁴
	08/2016 – to date	Codex Alimentarius Commission	Chairman of the Finnish delegation to the Codex Alimentarius Commission. Chairmanship of the Finnish delegation to the Codex Alimentarius Committee on Food Hygiene.	<input checked="" type="checkbox"/> 0% <input type="checkbox"/> >0% but <5% <input type="checkbox"/> >5% but <25% <input type="checkbox"/> >25%



			Member elected on geographical basis in the Codex Executive Committee (since 2022).	
	08/2016 – to date	Nordic Council of Ministers	Head of the Finnish delegation on food issues (Äk-Livs) to the Nordic Council of Ministers.	<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 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: 16/04/2024 Signature: _____ (Sebastian Hielm)