



## Public Declaration of Interest WONCA Europe 2026 Conference

I, \_ JEGO-SABLIER Maeva the undersigned , hereby disclose all interests, whether direct or indirect, professional or personal, that are related to the healthcare field and that could potentially influence the content of my presentation or my involvement in the WONCA Europe 2026 Conference.

### 1. Professional activity over the past 3 years

**Activity:** University lecturer in general practice

Place of practice: Aix-Marseille University, Marseille, France

Start year: 2016

End year:

**Activity:** general practice

Place of practice: Marseille, France

Start year: 2016

End year:

### 2. Other paid or compensated activities

*Activities related to health (study, production, consulting, auditing, article/report writing, working group participation, training sessions, speaking engagements, work or leisure meetings, etc.), paid or compensated directly or indirectly, regardless of the funder (institution, industry, other), in the past 3 years:*

**Activity:** CPTS Marseille Santé – working group

Funder: CPTS Marseille Santé

Compensation: 6 hours (50 euros / hour)

Date or period: 2023-2024

**Activity:** coordination and involvement in the participative and collective activities of the MSP Peyssonnel – SECPA (participative coordinated practice structures) dispositive

Funder: MSP Peyssonnel - DGOS

Compensation: 1560 euros/month

Date or period: Since May 2023



# 30<sup>TH</sup> WONCA EUROPE CONFERENCE

*The European Conference on General Medicine*

JUNE 30 TO JULY 3, 2026

Palais des congrès de Paris

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### 3. Involvement in organizations

*Membership or involvement in health-related organizations, regardless of funding source, over the past 3 years*

**Organization:** CNGE – scientific council

Start year: 2021

End year:

**Organization:** GROUM.F

Start year: 2022

End year:

### 4. Ownership of financial interests

*Ownership of financial interests (copyrights, patents, shares, bonds, financial assets, etc.) related to health over the past 3 years*

**Interest:**

Start year:

End year:

**Interest:**

Start year:

End year:

### 5. Activities, involvements, and financial interests of relatives

*Professional or non-professional activities, involvements, or financial interests of a relative (parent, spouse, sibling, or child) related to health within the past 3 years:*

**Type of Relative:**

Activity:

Start year:

End year:

**Type of Relative:**

Activity:

Start year:

End year:

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## 6. Other Elements

*Any other elements you wish to declare*

I hereby certify that the information provided is accurate and complete.

Done in Marseille , on 26<sup>th</sup> June 2025

Signature :

Overcome

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