

DPI

Public Declaration of Interest WONCA Europe 2026 Conference

I, **Andry RABIAZA** 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: General practitioner associate

Place of practice: Maison Médicale Deauville Côte Fleurie, Deauville, Normandy, France

Start year: 2016

End year: Current position

Activity: CME editor

Place of practice: exercer, the francophone journal of general practice

Start year: 2019

End year: Current

Activity: Part-time lecturer

Place of practice: University of Caen Normandy, Caen, Normandy, France

Start year: 2024

End year: Current

Activity: In-practice fellow

Place of practice: University of Caen Normandy, Caen, Normandy, France

Start year: 2016

End year: 2024

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:

None

3. Involvement in organizations

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

Organization: Collège de la médecine générale

Start year: 2020

End year: Current

Organization: Fayr-GP, the French association of young researchers in general practice

Start year: 2017

End year: 2022

4. Ownership of financial interests

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

None

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:

None

6. Other Elements

Any other elements you wish to declare

None

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

Done in Deauville, on 06/06/2025

Signature:

