

DPI

Public Declaration of Interest WONCA Europe 2026 Conference

I, **Mathilde MINET**, 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:

Place of practice: Hospital Lozère, GP hospitalier

Start year: 2024

End year: in progress

Activity:

Place of practice: MSP Mende Lozère, GP

Start year: 2013

End year: 2024

Activity:

Place of practice: Éducation Nationale, GP

Start year: 2023

End year: in progress

Activity:

Place of practice: Faculté de Montpellier, MCA

Start year: 2021

End year: in progress

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: Groupe de travail

Funder: HAS

Compensation: à la réunion

Date or period: 2023

Activity: Writer

Funder: Le Figaro santé

Compensation: A la fiche

Date or period: 2024

3. Involvement in organizations

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

Organization: CRGE
Start year: 2021

Organization: NPIS
Start year: 2021

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: MINIDUCA
Start year: 2023

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 Mende, on 2/08/2025

Signature:

