

# 30TH WONCA EUROPE CONFERENCE

June 30th - July 3rd 2026 Paris

Acting for more liberty, equity and fraternity



# Public Declaration of Interest WONCA Europe 2026 Conference

I, **Arabelle RIEDER**, 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:** Physician in General Internal Medicine (General Practitioner) Place of practice: 54, rue de Lausanne, 1202 Geneva, Switzerland

Start year: 2007 End year: Continues

Activity: Senior Lecturer in Family Medicine

Place of practice: University Institute of Family Medicine, Geneva Medical School, 1, rue

Michel Servet, 1206 Genève, Geneva, Switzerland

Start year: 2010 End year: continues

# 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: EURACT (European Academy of Teachers in Family Practice/General

Medicine) Start year: 2019 End year: continues

Organization: SAFMED (Swiss Academy of Family Medicine)

Start year: 2019 End year: continues

#### 4. Ownership of financial interests

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

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#### None

Date or period:



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# 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 Geneva, Switzerland, on 15.06.2025

Signature:

