

## **30<sup>TH</sup> 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, Maeva JEGO-SABLIER 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

Activity: general practice

Place of practice: Marseille, France

Start year: 2016

#### 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

#### 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

Organization: GROUM.F

Start 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

1

None



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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 Marseille, on 26.06.2025

Signature: