

# DPI

## Public Declaration of Interest WONCA Europe 2026 Conference

I, **Pauline GIRARD**, 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 : Pôle de santé interprofessionnel of Saint-Martin d'Hères, 22 rue de Malfangeat, 38400 Saint-Martin-d'Hères

Start year: 2018

End year: on going

#### Activity:

Place of practice: GP department in Grenoble Alpes University

Start year: 2017

End year: on going

### 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:

Funder: HAS (Haute Autorité de santé)

Compensation: 600 €

Date or period: 2024

#### Activity:

Funder: Scientific committee of CMGF

Compensation: 2000 € per year

Date or period: 2023- on going

#### Activity:

Funder: Aide aux jeunes diabétiques, Supervision of medical-educational stays for children with diabetes

Compensation almost 2200 € per year

Date or period: 2012- on going

### 3. Involvement in organizations

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

**Organization:** Member of alliance santé planétaire (planetary Health)

Start year: 2023

End year: on going

**Organization:** member of Formindép

Start year: 2023

End year: on going

**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 Grenoble, on 16.06.2025

Signature:

