

## DPI

### Public Declaration of Interest WONCA Europe 2026 Conference

I, **Serge GILBERG**, 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:** Honorary Professor

Place of practice: Paris Cité Faculty of Medicine

Start year: 1996

#### 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:** Collaboration on a meningococcal board

Funder: SANOFI

Compensation: 1 715 €

Date or period: 2022

**Activity:** Board

Funder: Abbott rapid diagnostic

Compensation: 948 € and 675 €

Date or period: 2022 and 2023

**Activity:** Board

Funder: PFIZER

Compensation: 1 715 €

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:** Member of the scientific council of the CNGE (Collège National des Généralistes Enseignant)

Start year: 2010

End year: 2025

**Organization:** Head of the Collège de la Médecine Générale's vaccination group

Start year: 2020

**Organization:** CNGE Formation (Collège National des Généralistes Enseignant)

Start year: 1995

**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 Paris, on 16.06.2025

Signature:

A handwritten signature in blue ink, appearing to be a stylized 'A' or 'J' followed by a flourish.