

**ICMJE Form for Disclosure of Potential Conflicts of Interest****Section 1. Identifying Information**1. Given Name (First Name)  
John2. Surname (Last Name)  
Rose3. Date  
04-September-20204. Are you the corresponding author? ☒ Yes ☐ No5. Manuscript Title  
Metrics Without Borders: Advancing the Global Surgery Agenda Through Data6. Manuscript Identifying Number (if you know it)  
JPHE-2020-GS-09**Section 2. The Work Under Consideration for Publication**

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? ☐ Yes ☒ No**Section 3. Relevant financial activities outside the submitted work.**

Place a check in the appropriate boxes in the table to indicate whether you have financial relationships (regardless of amount of compensation) with entities as described in the instructions. Use one line for each entity; add as many lines as you need by clicking the "Add +" box. You should report relationships that were **present during the 36 months prior to publication**.

Are there any relevant conflicts of interest? ☐ Yes ☒ No**Section 4. Intellectual Property -- Patents & Copyrights**Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☒ No



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### Section 5. Relationships not covered above

Are there other relationships or activities that readers could perceive to have influenced, or that give the appearance of potentially influencing, what you wrote in the submitted work?

- ☐ Yes, the following relationships/conditions/circumstances are present (explain below):
- ☒ No other relationships/conditions/circumstances that present a potential conflict of interest

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### Section 6. Disclosure Statement

Based on the above disclosures, this form will automatically generate a disclosure statement, which will appear in the box below.

Dr. Rose has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Harsha

2. Surname (Last Name)  
Malapati

3. Date  
09-September-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John Rose

5. Manuscript Title  
Metrics Without Borders: Advancing the Global Surgery Agenda Through Data

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Chao

2. Surname (Last Name)  
Long

3. Date  
10-September-2020

4. Are you the corresponding author?

☐ Yes

☒ No

Corresponding Author's Name  
Rose, John

5. Manuscript Title

Metrics Without Borders: Advancing the Global Surgery Agenda Through Data

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Dr. Long has nothing to disclose.

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1. Given Name (First Name)  
Matchecane
2. Surname (Last Name)  
Cossa
3. Date  
10-September-2020
4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
Jhon Rose
5. Manuscript Title  
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Dr. Cossa has nothing to disclose.

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### Section 1. Identifying Information

1. Given Name (First Name)  
Kavitha

2. Surname (Last Name)  
Ranganathan

3. Date  
04-September-2020

4. Are you the corresponding author? ☐ Yes ☒ No Corresponding Author's Name  
John Roes

5. Manuscript Title  
Metrics Without Borders: Advancing the Global Surgery Agenda Through Data

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Dr. Ranganathan has nothing to disclose.

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