Date:March 31st, 2021	
Your Name:Ophélie Poirier	
Manuscript Title: Modelli	ing forest degradation and risk of disease outbreaks in mainland Equatorial Guinea
Manuscript number (if known):	JPHE-20-97-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)  Time frame: Since the initial	Specifications/Comments (e.g., if payments were made to you or to your institution)  planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X None			
5	lectures, presentations,	^_NUILE			
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
	ğ ,				
8	Patents planned, issued or	XNone			
	pending				
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society, committee or advocacy group, paid or unpaid				
11	Stock or stock options	X None			
	·				
12	Receipt of equipment,	X_None			
	materials, drugs, medical				
	writing, gifts or other				
	services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				

Please place an "X" next to the following statement to indicate your agreement:

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

**Ophélie Poirier** 

None.

Date: 7<sup>th</sup> March 2021

Your Name: Rafael Ruiz de Castaneda

Manuscript Title: Modelling forest degradation and risk of disease outbreaks in mainland Equatorial Guinea

Manuscript number (if known): JPHE-20-97-R1

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		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	
5	Payment or honoraria for	X None	
	lectures, presentations, speakers bureaus,		

	manuscript writing or educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or pending	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	X None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

None.			

Please place an "X" next to the following statement to indicate your agreement:

\_\_X\_ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

Rafael Ruiz de Castaneda

Date:\_\_\_\_March 31st, 2021\_\_\_\_

in item #1 above).

Royalties or licenses

Consulting fees

\_X\_\_None

X\_\_None

You	Your Name:Isabelle Bolon				
Manuscript Title: Modelling forest degradation and risk of disease outbreaks in mainland Equatorial Guinea					
Manuscript number (if known): JPHE-20-97-R1					
In th	ne interest of transparency,	we ask you to disclose all ı	relationships/activities/interests listed below that are		
part to ti	ies whose interests may be	affected by the content of ecessarily indicate a bias.	ns any relation with for-profit or not-for-profit third the manuscript. Disclosure represents a commitment If you are in doubt about whether to list a so.		
	following questions apply to nuscript only.	o the author's relationship	s/activities/interests as they relate to the <u>current</u>		
to tl	• •	nsion, you should declare a	lefined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive me manuscript.		
	em #1 below, report all sup time frame for disclosure is	•	in this manuscript without time limit. For all other items,		
		Name all entities with	Specifications/Comments		
		whom you have this	(e.g., if payments were made to you or to your		
		relationship or indicate	institution)		
		none (add rows as			
		needed) Time frame: Since the initia	Inlanning of the work		
_			planning of the work		
1	All support for the present manuscript (e.g., funding,	XNone			
	provision of study materials,				
	medical writing, article				
	processing charges, etc.)				
	No time limit for this item.				
		Time frame: past	36 months		
2	Grants or contracts from	XNone			
	any entity (if not indicated				

5	Payment or honoraria for	XNone				
	lectures, presentations,					
	speakers bureaus,					
	manuscript writing or					
	educational events					
6	Payment for expert	X None				
Ŭ	testimony					
	testimony					
7	Command for adding	V Nove				
7	Support for attending	XNone				
	meetings and/or travel					
8	Datasta planned issued as	V None				
8	Patents planned, issued or	XNone				
	pending					
9	Participation on a Data	X None				
,	Safety Monitoring Board or	XNone				
	Advisory Board					
40	•	V N				
10	Leadership or fiduciary role	XNone				
	in other board, society,					
	committee or advocacy					
	group, paid or unpaid					
11	Stock or stock options	X None				
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12	Descipt of annique and	V Name				
12	Receipt of equipment,	X_None				
	materials, drugs, medical					
	writing, gifts or other					
	services					
13	Other financial or non-	X None				
13	financial interests					
	illianciai iliterests					
Plea	Please summarize the above conflict of interest in the following box:					
1						

None.			

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Isabelle Bolon

Date: March 31st, 2021	
Your Name:Nicolas Ray	
Manuscript Title: Modelling forest degradation and risk of disease outbreaks in mainland Equa	torial Guinea
Manuscript number (if known): JPHE-20-97-R1	
	that are
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The following questions apply to the author's relationships/activities/interests as they relate to the <u>current manuscript only</u>.

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3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	X None	
0	testimony		
	testimony		
7	Support for attending meetings and/or travel	XNone	
	, , , , , , , , , , , , , , , , , , ,		
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
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12	Receipt of equipment,	X_None	
	materials, drugs, medical		
	writing, gifts or other services		
13	Other financial or non-	XNone	
	financial interests		

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None.		

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Nicolas Ray

