

ICMJE DISCLOSURE FORM

Date: 12/15/2023

Your Name: OLUWAGBEMIGA ABRAHAM OYELEYE

Manuscript Title: COVID 19: A NARRATIVE REVIEW OF THE NATIONAL COVID-19 GUIDELINES IN AFRICA

Manuscript number (if known): JPHE-23-113 (JPHE-2023-PCPHC-02)

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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		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>None</u>	
3	Royalties or licenses	<u>None</u>	
4	Consulting fees	<u>None</u>	

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10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	___ None	
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Date: 12/17/2023

Your Name: Gabriel Alugba

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