ICMJE DISCLOSURE FORM

	te:20/05/2021		
	ur Name:Valdano Manue		
			and Congenital Heart Surgery in Sub-Saharan Africa:
	allenges and Opportunitie		
Ma	anuscript number (if known):ASJ – 21- 34	
relipation reliable to the mass of the mas	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest, e following questions apply muscript only. e author's relationships/act the epidemiology of hypertedication, even if that medication.	manuscript. "Related" mede affected by the content of necessarily indicate a bias. It is preferable that you do to the author's relationship ivities/interests should be ension, you should declare eation is not mentioned in a poort for the work reported.	ips/activities/interests as they relate to the <u>current</u> <u>defined broadly</u> . For example, if your manuscript pertains all relationships with manufacturers of antihypertensive
		Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)
1	All support for the present		i planning of the work
_	manuscript (e.g., funding,	XNone	
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
2		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated	_ XNone	
	in item #1 above).		
3	Royalties or licenses	_ XNone	
3	Noyalties of ficelises	_ ^None	
4	Consulting fees	X None	

6	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events Payment for expert testimony	XNone	
7	Support for attending meetings and/or travel	_ XNone	
8	Patents planned, issued or pending	XNone	
9	Participation on a Data Safety Monitoring Board or Advisory Board	_ XNone	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone	
11	Stock or stock options	_ XNone	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	_ XNone	
13	Other financial or non- financial interests	_ XNone	
Pic	ease summarize the above of	onflict of interest in the foll	owing 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.

ICMJE DISCLOSURE FORM

Da	te:20/05/2021			
	ur Name:Leonardo A. Mia			
			c and Congenital Heart Surgery in Sub-Saharan Africa:	
	Challenges and Opportunities in a New Era			
Ma	anuscript number (if known)):ASJ – 21- 34		
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Ill relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment s. If you are in doubt about whether to list a lo so. hips/activities/interests as they relate to the current	
ma	anuscript only.			
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e defined broadly. For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. The manuscript without time limit. For all other items,	
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate	(e.g., if payments were made to you or to your institution)	
		none (add rows as	institution)	
		needed)		
		Time frame: Since the initia	al planning of the work	
1	All support for the present manuscript (e.g., funding, provision of study materials,	_ XNone		
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	medical writing, article processing charges, etc.)			
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	medical writing, article processing charges, etc.)			
	medical writing, article processing charges, etc.)			
2	medical writing, article processing charges, etc.) No time limit for this item.	Time frame: pas	t 36 months	
2	medical writing, article processing charges, etc.) No time limit for this item. Grants or contracts from	Time frame: pas	st 36 months	
2	medical writing, article processing charges, etc.) No time limit for this item.		st 36 months	

None

Consulting fees

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5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or		
6	educational events Payment for expert	X None	
	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 in other board, society,	XNone	
	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		
Ple	ease summarize the above o	onflict of interest in the f	ollowing box:
	None		

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ICMJE DISCLOSURE FORM

Da	te:20/05/2021				
Yo	Your Name: Frank Edwin				
Ma	Manuscript Title: Narrative Review in Pediatric and Congenital Heart Surgery in Sub-Saharan Africa:				
Ch	Challenges and Opportunities in a New Era				
Ma	anuscript number (if known)):ASJ – 21- 34			
rel pa to rel Th	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of If you are in doubt about whether to list a poso. Ips/activities/interests as they relate to the current		
to		ension, you should declare	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript.		
	item #1 below, report all su e time frame for disclosure i	• •	ed in this manuscript without time limit. For all other items		
	•	Name all entities with whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)		
	•	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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the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution)		
the	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	Name all entities with whom you have this relationship or indicate none (add rows as needed) Time frame: Since the initia	Specifications/Comments (e.g., if payments were made to you or to your institution) I planning of the work		
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None

Consulting fees

5	Payment or honoraria for lectures, presentations,	XNone	
	speakers bureaus, manuscript writing or		
6	educational events Payment for expert	X None	
	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 in other board, society,	XNone	
	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		
Ple	ease summarize the above o	onflict of interest in the f	ollowing box:
	None		

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