ICMJE DISCLOSURE FORM

Date:		12/19/2024	12/19/2024			
Your Name:		Prof. Till Bärnighausen				
Manuscript Title:						
Manuscript Number (if known):		known):				
cont affe	tent of your manuscr	arency, we ask you to disclose all relationships/activition ript. "Related" means any relation with for-profit or no of the manuscript. Disclosure represents a commitme in doubt about whether to list a relationship/activity	ot-for-profit third parties whose interests may be nt to transparency and does not necessarily			
epic	lemiology of hyperte	os/activities/interests should be defined broadly. For one notion, you should declare all relationships with manuful entioned in the manuscript.				
	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)	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		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.	None	Click the tab key to add additional rows.			
		Time frame: past 36 month	S			
2	Grants or contracts from any entity (if not indicated in item #1 above).	National Institutes of Health Alexander von Humboldt Foundation German National Research Foundation (DFG) European Union German Ministry of Education and Research German Ministry of the Environment Wellcome KfW	Payment made to my 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)
3	Royalties or licenses	None None	
4	Consulting fees	None None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None PLOS	I currently serve as Editor-in-Chief of PLOS Medicine. For this role, I receive a small monthly honorarium.
6	Payment for expert testimony	None	
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or pending	None None	
9	Participation on a Data Safety Monitoring Board or Advisory Board	I serve as on two Scientific Advisory Boards for NIH-funded research projects in Africa on Climate Change and Health.	No payments.

		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)		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None			
11	Stock or stock options	Small stock ownership in CHEERS, an SME focusing on approaches to measure climate change and health-related variables in population cohorts	Total stock ownership EUR 5.000		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None			
13	Other financial or non-financial interests	None			
Please place an "X" next to the following statement to indicate your agreement: I certify that I have answered every question and have not altered the wording of any of the questions on this form.					