

ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

The purpose of this form is to provide readers of your manuscript with information about your other interests that could influence how they receive and understand your work. The form is designed to be completed electronically and stored electronically. It contains programming that allows appropriate data display. Each author should submit a separate form and is responsible for the accuracy and completeness of the submitted information. The form is in six parts.

1. Identifying information.

2. The work under consideration for publication.

This section asks for information about the work that you have submitted for publication. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. The requested information is about resources that you received, either directly or indirectly (via your institution), to enable you to complete the work. Checking "No" means that you did the work without receiving any financial support from any third party -- that is, the work was supported by funds from the same institution that pays your salary and that institution did not receive third-party funds with which to pay you. If you or your institution received funds from a third party to support the work, such as a government granting agency, charitable foundation or commercial sponsor, check "Yes".

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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

5. Relationships not covered above.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Andrew 2. Surname (Last Name) Karlynn 3. Date 08-July-2020

4. Are you the corresponding author? Yes No

5. Manuscript Title
Testing mHealth Solutions at The Last Mile: Insights from a Study of Technology-Assisted Community Health Referrals in Rural Kenya

6. Manuscript Identifying Number (if you know it)
mHealth-19-261

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Bill and Melinda Gates Foundation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Opportunity ID: OPP1181202

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Section 4. Intellectual Property -- Patents & Copyrights

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Dr. Karlyn reports grants from Bill and Melinda Gates Foundation, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Stephen	2. Surname (Last Name) Odindo	3. Date 02-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew Karlyn
5. Manuscript Title Testing mHealth Solutions at The Last Mile: Insights from a Study of Technology-Assisted Community Health Referrals in Rural Kenya		
6. Manuscript Identifying Number (if you know it) mHealth-19-261		

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1. Given Name (First Name) Rohin	2. Surname (Last Name) Onyango	3. Date 02-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew Karlyn
5. Manuscript Title Testing mHealth Solutions at The Last Mile: Insights from a Study of Technology-Assisted Community Health Referrals in Rural Kenya		
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Section 1. Identifying Information

1. Given Name (First Name) Caroline	2. Surname (Last Name) Mbindyo	3. Date 03-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew Karlyn
5. Manuscript Title Testing mHealth Solutions at The Last Mile: Insights from a Study of Technology-Assisted Community Health Referrals in Rural Kenya		
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1. Given Name (First Name) Tabitha	2. Surname (Last Name) Mberi	3. Date 03-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew Karlyn
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4. Intellectual Property.

This section asks about patents and copyrights, whether pending, issued, licensed and/or receiving royalties.

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Royalties: Funds are coming in to you or your institution due to your patent

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Gideon

2. Surname (Last Name)
Too

3. Date
02-July-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Andrew Karlyn

5. Manuscript Title
Testing mHealth Solutions at The Last Mile: Insights from a Study of Technology-Assisted Community Health Referrals in Rural Kenya

6. Manuscript Identifying Number (if you know it)
mHealth-19-261

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

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Living Goods	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 5. Relationships not covered above

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- Yes, the following relationships/conditions/circumstances are present (explain below):
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Section 6. Disclosure Statement

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Dr. Too reports grants from Living Goods, during the conduct of the study; .

Evaluation and Feedback

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ICMJE Form for Disclosure of Potential Conflicts of Interest

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name)
Joseph

2. Surname (Last Name)
Dalley

3. Date
03-July-2020

4. Are you the corresponding author? Yes No
Corresponding Author's Name
Andrew Karlyn

5. Manuscript Title
Testing mHealth Solutions at The Last Mile: Insights from a Study of Technology-Assisted Community Health Referrals in Rural Kenya

6. Manuscript Identifying Number (if you know it)
mHealth-19-261

Section 2. The Work Under Consideration for Publication

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Are there any relevant conflicts of interest? Yes No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Living Goods	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grant was provided by Living Goods to Busara Center (a research advisory firm I work for) to independently evaluate the impact of the technology assisted health referral system)

Section 3. Relevant financial activities outside the submitted work.

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Are there any relevant conflicts of interest? Yes No

ICMJE Form for Disclosure of Potential Conflicts of Interest

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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Mr. Dalley reports grants from Living Goods, during the conduct of the study; .

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) _____ Isaac

2. Surname (Last Name) _____ Holeman

3. Date _____ 07-July-2020

4. Are you the corresponding author? Yes No Corresponding Author's Name _____ Andrew Karlyn

5. Manuscript Title _____ Testing mHealth Solutions at The Last Mile: Insights from a Study of Technology-Assisted Community Health Referrals in Rural Kenya

6. Manuscript Identifying Number (if you know it) _____ mHealth-19-261

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

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
Living Goods	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	My employer was a sub-grantee on the grant Living Goods received from the Bill and Melinda Gates Foundation to complete this work

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Are there any relevant conflicts of interest? Yes No

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Do you have any patents, whether planned, pending or issued, broadly relevant to the work? Yes No

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I am a co-founder and a member of the board for directors of Medic Mobile, a 501c3 non-profit organization. Medic Mobile serves as the technical steward of the Community Health Toolkit, an open source project discussed in this manuscript. As part of the leadership team at Medic Mobile, I have an interest in ensuring that the Community Health Toolkit achieves Medic Mobile's charitable purpose of advancing health equity. I have no financial interests or relationships to disclose.

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ICMJE Form for Disclosure of Potential Conflicts of Interest

Section 1. Identifying Information

1. Given Name (First Name) Beatrice	2. Surname (Last Name) Wasunna	3. Date 05-July-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Andrew Karlyn
5. Manuscript Title Testing mHealth Solutions at The Last Mile: Insights from a Study of Technology-Assisted Community Health Referrals in Rural Kenya		
6. Manuscript Identifying Number (if you know it) mHealth-19-261		

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Are there any relevant conflicts of interest? Yes No

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Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Opportunity ID OPP1181202

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