Guidelines for Authors: General Instructions

MEDICC Review is an open-access quarterly journal, founded in 1999 and peer-reviewed since 2007. MR is indexed in PubMed; SciELO; Latindex; Thomson-Reuters; SCOPUS and Embase (Elsevier); CABI Global Health; Tropical Diseases Bulletin; Latindex and Redalyc. Available in EBSCO Host, ISI Web of Knowledge, and HINARI. *MEDICC Review* publishes the experience in medicine and public health (mainly, but not only) from Cuba and the rest of Latin-America and Caribbean. Our mission is contribute to reducing health inequities by facilitating knowledge sharing for strengthening health systems and improving health outcomes. Preference is given to articles about primary prevention and population health, and those particularly relevant to achieving health equity, universal coverage and quality health care in resource-constrained settings or for medically underserved populations. This includes manuscripts about health strategies, surveillance and human resource development, among others. *Manuscripts that introduce technology or on rare diseases, or that are essentially biomedical without implications for population health will be returned to the authors with recommendation to submit to a specialized journal.*

The *MEDICC Review* editorial team will work with you to ensure a high-quality article that meets international standards for scientific publications, but we can only help you if you follow these instructions carefully.

Presentation	All manuscripts should be submitted electronically to: editors@medicc.org, together with • Author Agreement (signed) • Your recommendation for 4 possible reviewers (if the manuscript is for Original Research Article, Review Article, Perspective or Lessons from the Field sections) able to read the manuscript in its original language; without conflict of interests with manuscript content, its authors or their institutions; 2 of them must be from a country other than the study's country of origin.
Resources to consult in the preparation of your manuscript	Citing Medicine, The NLM Style Guide for Authors, Editors, and Publishers *MEDICC Review* Author Agreement, *MEDICC Review* Policies on Authorship, Conflict of Interest and Transparency *MEDICC Review* Editorial Ethics
Format	The manuscript should be written in your native language • in Word, in 12-point Times New Roman, normal margins (1 in.), left aligned • singled spaced, double space between paragraphs, • Do not use any preset or automatic formatting or style features. (Note: the *Endnotes function is permitted*) • All macros must be disabled Maximum word length words, graphics and references according to journal section Use checklist below at time of manuscript submission.
Units of Measurement	Use International System of Units (ISU); measurements should be in metric, temperatures in degrees Celsius. NOTE: In decimal units, use periods, not commas (e.g., 0.15 or 3.1%)
Author's Copies	Lead authors will receive five complimentary copies of the issue of *MEDICC Review* in which their work appears. Each coauthor will receive one copy.
Questions?	Contact mediccrev@infomed.sld.cu ***NOTE: If you are reading a printout of these guidelines, please note that the digital version with all website links indicated below can be found at*** www.medicc.org/mediccreview/index.php?issue=&id=64&a=vp

Checklist for Manuscript Submission		Notes
Title Page	Title	Should reflect manuscript content, without creating false expectations. Should not include abbreviations (except MeSH terms, e.g., VIH). Should avoid phrases which fail to convey information (for example: Study of….., Use of……, Treatment with….). Should begin with a term suggesting the most important aspect of the article. Subordinate terms (such as study design) can appear in a subtitle.
	Authors	Name, degree, discipline or specialty, institutional affiliation and email of each author. (See Definitions of Author & Contributor).
	Contact Information	Email, mailing address and work/home/cell phone numbers of corresponding author. *Information will be exchanged only with the corresponding author.*
	Importance of the work	One ≤30 word-phrase that summarizes the importance of the work.
Abstract	Per journal section	Original Research, Review: structured abstract Perspective, Lessons from the Field: nonstructured abstract
Keywords	3–10 keywords	Provide MeSH terms (See Medical Subject Headings)
Acknowledgments	Contributors	Mention individuals who contributed to the manuscript, but whose contribution does not justify authorship. (See Definitions of Author & Contributor). Financial and material support should also be acknowledged. Author is responsible for asking persons and institutions permission to be acknowledged
References	Maximum per journal section	Format as indicated in *Citing Medicine* (*NLM Style Guide or Authors, Editors, and Publishers*) For abbreviations of journal titles cited, see Index Medicus Include the most current relevant literature and wherever possible refer to original research rather than review articles. References should be numbered consecutively in the body of the text and appear within brackets after punctuation and without space, for example: ,[2] Include only documents that could be consulted by the readers. Provide primary sources of data, never data cited from a third party. Authors are responsible for checking that no reference corresponds to a retracted article. The list of references appears after Acknowledgments.

Checklist for Manuscript Submission		Notes
Graphic elements	Maximum per journal section	Digital files, with explanatory names (example: Pérez Fig.1.jpg, Pérez Tablas.xml) Numbered using Arabic numerals in order of appearance in the text. All graphic elements with included text should be EDITABLE, if content is in a language other than English. Include title and data source (if applicable; it is not necessary if the data are of the same study). Title and caption should provide information essential for comprehension without needing to access text (include acronym definitions in a legend, even if defined in text). Authors must guarantee in writing that they have the right to publish photos and images subject to copyright and that they alone bear full responsibility in case of infringement, exonerating *MEDICC Review* of all responsibility. (See Author Agreement)
Tables	Maximum per journal section	Include variability indices when pertinent (SD, SEM) Name rows and columns clearly and without ambiguity. Indicate denominators for calculation of percentages, so readers can check them. *Do not use a table if data could be expressed narratively in a single sentence.*
Figures, images & photographs	Maximum per journal section	Each figure in a separate file. Resolution ≥300 dpi, uncompressed. • In grayscale or color (ideally CMYK, though RGB files are acceptable). • Do not send GIF images or files in 256-color format. Accepted formats: • original files in Illustrator, Corel Draw, MS Word, Freehand, Excel or PowerPoint • postscript files (*.ps) • bitmap file (in any of the following formats: TIFF (*.tif), Adobe Photoshop (*.psd), JPEG (*.jpg), PDF (*.pdf) or Photoshop EPS (*.eps) Do not embed images or photographs in Word documents, since resolution will not be adequate. Do not send images or illustrations downloaded from the Internet. *MEDICC Review* publishes in black and white; avoid using color images. If color is essential, they will be made available online.
Author Agreement	Form signed by all authors (or by corresponding author on their behalf , with their authorization)	Read *MEDICC Review* Policy on Conflict of Interests before send Author Agreement. Disclose any relationship that could be considered a possible conflict of interests. Conflicts of interest could be economic, institutional, personal or professional. The existence of conflict of interest does not reduce the value of your manuscript, but its concealment violates ethical principles. Complete and sign the *MEDICC Review* Author Agreement, which includes • Declaration of Conflict of Interest, • Declaration of Personal Contribution of each author, and • Declaration of Transparency, and send it together with the manuscript.

Policies on Authorship, Conflict of Interest and Transparency	
Definitions of Author & Contributor (according to the International Committee of Medical Journal Editors)	An Author is someone who complies with all the following four conditions: 1) makes substantial contribution to conception and design, or acquisition of data, or analysis and interpretation of data 2) drafts the article or reviews it critically for important intellectual content 3) approves the final version of the manuscript 4) take responsibility for all the aspects of the work, guaranteeing appropriate investigation and resolution of any issues related to accuracy, reliability and integrity of any part of the work o All persons designated as authors should qualify for authorship, and all those who qualify should be listed. o ***MEDICC Review*** requires the declaration of personal contribution of each author as part of the Author Agreement. o The order of authorship on the byline should be a joint decision of the coauthors. o When there is a large number of authors, group authorship is an option. The corresponding author should clearly identify all individual authors as well as the group name. All members of the group should fully meet authorship criteria. o The group should identify the individual who signs the Author Agreement on its behalf.
Conflict of Interest	o ***MEDICC Review*** is guided by the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URM)*, which stipulate that "all participants in the peer review and publication process must disclose all relationships that could be viewed as presenting a potential conflict of interest." o All authors and reviewers of articles submitted as *Original Research, Review, Lessons from the Field, Perspective and Viewpoint* state explicitly whether or not a potential conflict exists. This statement is a part of the *Author Agreement* and the reviewer assessment, and is signed by each of the authors (or by the corresponding author on their behalf) and by the reviewers of those articles. Potential conflict of interest declared by authors will be published with articles appearing in the journal. o *MEDICC Review* uses double-blind peer review and excludes reviewers affiliated with the same institutions as authors of a particular manuscript. Reviewers must provide written disclosure of any conflicts of interest that could bias their evaluation of a manuscript, and must disqualify themselves from reviewing any manuscript if the potential for bias exists. *MEDICC Review* abides by the URM requirement that "editors making final decisions about manuscripts must have no personal, professional or financial involvement in any of the issues they might judge." o Authors should disclose in the *Author Agreement* any relationship that could be considered a possible conflict of interest (economic, institutional, personal or professional). These will be mentioned in the article. The existence of conflicts of interest does not minimize your manuscript, but its concealment violates ethical principles.
Transparency	***MEDICC Review*** asks, as a part of the *Author Agreement*, to sign the *Declaration of Transparency*, in which authors guarantee: o that the manuscript is an honest, exact and transparent description of the study reported, o that no important aspect of the study has been omitted and o that any discrepancy from the initial planning of the study or its registration has been appropriately explained. ***MEDICC Review*** publishes the affiliation of the authors of all the accepted manuscripts.

Instructions for specific sections

Original Research Article *reports results of clinical research, qualitative research and other studies in public and population health, biotechnology, pharmaceutical development, global health cooperation, education in medical sciences or social and anthropological aspects of the public health. The text, from Introduction through Acknowledgments, is limited to ≤5000 words (≤6000 words in Spanish), plus ≤5 tables/figures/images and ≤50 references. All submissions to this section are subject to double-blind peer review.*

Manuscript section	Notes
Abstract • structured • ≤400 words • Without references and abbreviations	**Introduction:** study context and background **Objective:** purpose of the study **Methods:** main materials and methods used, including subject selection; study design; description of observational methods, measurements and other activities; and data collection/processing, statistical and other analyses. Reports of clinical trials must include registration number and country of the public clinical trial registry where it is registered. **Results:** main qualitative and quantitative findings **Conclusions:** main findings, recommendations. **Key words:** 3–10 MeSH terms (Ver Medical Subject Headings)
Introduction	Indicate the context or background for the study in the country/region where it was carried out, as well as global significance of the problem or issue addressed. In the last paragraph state the specific research objective of, or the hypothesis tested by (only if the guiding thread of the work was a hypothesis).
Methods	It is recommended to structure this section in subsections entitled according to their content. *Design and population:* • Type and design of the study • how and where it was carried out • participant selection (universe and/or samples, selection criteria, number of participants in each studied group) *Study variables:* variables considered and their categorization *Procedures/ data collection and processing:* • methods used for assessments and when they were carry out • equipment and reagents (name, brand, country) • modifications carried out to a reported method • specify software programs used and their version *Analysis:* • Describe methods of statistical analysis with sufficient details to allow verification of results from the data • Inform indicators of measuring error or uncertainty (as confidence intervals) • Avoid being based only in statistical testing of hypothesis, as the use of p values, which do not provide information about the magnitude of the effect. • For more information about the selection and correct report of the statistical methods, consult SAMPL The clinical trials should be registered; the public register number will be reported. *MEDICC Review* adopts clinical trial definition accepted by the International Committee of Medical Journal Editors: *a clinical trial is any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention and a health outcome. Health-related interventions are those used to modify a biomedical or health-related outcome; examples include drugs, surgical procedures, behavioral treatments, and process-of-care changes.* *Ethical aspects:*

	State the approval of the study by the ethic committee of the institution. The studies that involve human subjects should be carried out according to the principles of the Helsinki Declaration. Informed written consent must be obtained from the participants o their legal representatives. It is the responsibility of the author to keep approval documents of the ethic committee and informed written consent; *MEDICC Review* may request them. Authors who are members of business enterprises or financed by them should respond to the guidelines of the Good Publication Practice. *MEDICC Review* supports the international initiatives to raise the quality in the medical reports and welcomes the recommendations and guidelines of the Enhancing the Quality and Transparency of Health Research EQUATOR Network. We recommend you to consult the EQUATOR network indications for the specific type of clinical trial and send, together with the manuscript, the corresponding checklist as indicated.
Results	Submit the results in the logical sequence of the studied variables, highlighting first the more relevant findings, with the appropriated numerical indicators and include confidence intervals where applicable. Report the absolute values as well as the percentage ones. If you include information from data not shown, *MEDICC Review* may request them. If necessary, *MEDICC Review* could publish additional long material (for example, questionnaires, long tables) that will appear only in its digital version.
Discussion	Explain why the study was carried out with the present design. Comment the context in which the results were obtained and are applicable, their importance and usefulness. Compare your results with other relevant studies. Do not repeat outcomes or introduce new data not provided in Results. Examine the mechanisms or theories that could explain the findings Emphasize original and important aspects. Limitations of the current study should be clearly stated. Include suggestions of new studies to complete issues not covered and your recommendations for the future development of the subject.
Conclusions	Link to the study objectives, and describe implications of findings for future research and practice. Avoid generalizations not entirely supported by the current research. Avoid references to economic benefits and costs if the article has not included economic data or analysis.

Review Article *summarize findings on a particular subject related to population health or clinical medicine, with preference for topics relevant to improving quality of care or quality of life for developing countries or medically underserved populations. It may also be a retrospective on the history of medicine, public health or medical education globally, regionally, or in a specific country. The review article should communicate the author's critical evaluation based in his experience. The text, from Introduction to Acknowledges, including both, is limited to ≤5000 words (≤6000 words in Spanish), plus ≤5 tables/figures/images and ≤50 references. All submissions to this section are subject to double-blind peer review.*	
Manuscript section	**Notes**
Abstract • structured • ≤400 words • Without references and abbreviations	**Introduction:** context and importance of the review **Objective:** purpose of the review **Evidence Acquisition:** data sources, selection and access methods **Development:** main findings, based on strongest evidence. Indicate where evidence may be lacking or weak **Conclusions:** possible application of current, evidence-based knowledge; clarify if your conclusions are country or region-specific. **Key words:** 3–10 MeSH terms (See Medical Subject Headings)
Introduction	Indicate the national, regional and/or global context of the specific topic reviewed, and why this review is important.
Objective	State the specific purpose of the review (may include factors such as cause, diagnosis, prognosis, therapy or prevention, as well as information about the population, intervention, and outcomes.) The objective could be stated in question form, but it is not compulsory.
Evidence Acquisition	Summarize data sources, selection criteria, and methods used to access them. Describe inclusion or exclusion criteria for studies reviewed, as well as criteria for weighing the strength of the evidence. You are not expected to carry out a systematic review of all the literature, but to base your review on a comprehensive understanding of the existing literature and to consult systematic reviews such as Cochrane and others (with this exception, avoid secondary references).
Development	Author has the freedom to structure the text at his convenience, but observing its coherence (For example: the results are discussed inasmuch as they are presented). Show the principal findings based on the studied information. If the review is about clinical trials, include the most reliable evidence. State the author's critical opinion about the revised subject. Highlight and discuss or analyze the main results based on the most reliable evidence. Point out the insufficiencies in the knowledge, the differences in the findings of several studies about the subject, and the research actions or directions that should be executed to develop the study.
Conclusions	Clearly answer the defined objective and state possible applications of the current knowledge based on the compiled information and, in the case of the clinical trials, based on evidence. Clarify if your conclusions are country or region-specific.

Lessons from the Field are *brief reports describing interventions or strategies in population health, health sciences education, global health cooperation or clinical practice, and their outcomes. The text, from Introduction to Acknowledges, including both, is limited to ≤2500 words (≤3000 words in Spanish), plus ≤2 tables/figures/images and ≤20 references. All submissions to this section are subject to double-blind peer review.*

Manuscript section	Notes
Abstract non structured ≤300 words	Do not include references or abbreviations. 3–10 MeSH terms (See Medical Subject Headings)
Introduction	Describe the problem addressed. Include methods used to identify the problem (such as community health diagnosis, patient surveys, review of clinical records, etc.) and define its scope. Refer to relevant aspects of the global, national, or local context that were considered when adopting the particular intervention or strategy to address the problem.
Intervention	Describe the program, health strategy or actions employed to address the problem, including: Objective(s) Justification: indicate reasons supporting the particular intervention, strategy, program or action adopted. Participants or population involved. Activities (include time and place; materials and methods used, if appropriate). Outcome or process indicators, if appropriate. Ethical aspects **(**State the approval of the study by the ethic committee of the institution, Informed written consent from the participants). (See Original Research Article)
Lessons learned	Present findings, lessons, recommendations. Specify in which context the lessons could be applied.

Perspective *is an essay that provides insightful, well-referenced discussion of current topics in health care, medicine, population health, ethics, international health cooperation, training of health professionals, or health policies and practice, including their implications for health equity, quality of health care or social wellbeing in general. The author critical assessment on the topic and his profound analysis are indispensable and constitute the main contribution and the sustenance of its originality. Editors prefer articles using concrete experience as a reference point for discussion. Author should focus attention in a single issue. If it is a complex issue, it is better to focus attention only in some aspects. The text, from Introduction to Acknowledges, including both, is limited to ≤2500 words (≤3000 words in Spanish), plus ≤2 tables/figures/images and ≤20 references. All submissions to this section are subject to double-blind peer review.*

Manuscript section	Notes
Abstract non structured ≤300 words	Summarize the key points, recommendations or arguments of the essay. Do not include references or abbreviations. 3–10 MeSH terms (See Medical Subject Headings)
Text • *≤2500 words (≤3000 words in Spanish),* • *≤2 tables/ figures/images* • *≤20 references*	There is no only one way to write a Perspective. In general, its structure is Introduction, Development and Conclusions, although sections could be entitled according with their content. Write clear, concise, and derive conclusions from a strong evidence base. Headings should reflect a logical progression from statement of the issue to be addressed and its relevance, through the information, evidence (and experience) consulted, statement of the original and critical point of view of the author(s) , until the conclusions.

Viewpoint *is a short essay, reflecting the author's personal professional opinion, making reference to specific experiences in Cuba or elsewhere. Manuscripts should focus on a single concrete topic. El manuscrito debe enfocarse en un aspecto de un tema específico. They should not be descriptive of programs or achievements, except as these serve to buttress opinion. ≤1000 words in English (≤1200 in Spanish), without graphic elements; ≤2 references.*

Manuscript section	Notes
Text	Write in first person, in defense of a point of view. The style should be fresh, precise and polemical. Broad generalizations, abstract arguments or didactic presentations are not appropriate. Keep in mind that most MEDICC Review readers are health professionals familiar with global health issues.

Letters to the Editors *MEDICC Review welcomes correspondence in English or Spanish related to topics covered in the journal. ≤350 words in English (≤400 in Spanish), without graphic elemts; ≤2 references.*

The editors reserve the right to edit letters for length, grammar and journal style. All correspondence must be accompanied by author's contact information, academic degrees and institutional affiliation. Send letters to the editor to: editors@medicc.org