

Guidelines for Authors: General Instructions

<p><i>MEDICC Review</i> 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. <i>MEDICC Review</i> 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 to 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. <i>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.</i></p> <p>The <i>MEDICC Review</i> editorial team will work with you to ensure a high-quality article that meets international standards for scientific publication, but we can only help you if you follow these instructions carefully.</p>	
Presentation	<p>All manuscripts should be submitted electronically to: editors@medicc.org, together with</p> <ul style="list-style-type: none"> • 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	<p>Citing Medicine, The NLM Style Guide for Authors, Editors, and Publishers</p> <p><i>MEDICC Review</i> Author Agreement,</p> <p><i>MEDICC Review</i> Policies on Authorship, Conflict of Interest and Transparency</p> <p><i>MEDICC Review</i> Editorial Ethics</p>
Format	<ul style="list-style-type: none"> • 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 preset or automatic formatting or style features. (Note: The Endnotes function is permitted) • All macros must be disabled <p>Maximum word length words, graphics and references according to journal section Use checklist below at time of manuscript submission.</p>
Units of Measurement	<p>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%)</p>
Author's Copies	<p>Lead authors will receive five complimentary copies of the issue of <i>MEDICC Review</i> in which their work appears. Each coauthor will receive one copy.</p>
Questions?	<p>Contact mediccrev@infomed.sld.cu</p> <p>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 http://www.medicc.org/mediccreview/documents/guidelines-for-authors.pdf</p>

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., HIV). Should avoid phrases that fail to convey information (e.g., 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. <i>Information will be exchanged only with the corresponding author.</i>
	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 for 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 (e.g., Our findings are consistent with those of López.[2]) Include only documents that could be consulted by readers. Provide primary sources of data, never data cited by 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	<p>Digital files, with explanatory names (e.g., Pérez Fig.1.jpg, Pérez Tablas.xml)</p> <p>Numbered using Arabic numerals in order of appearance in the text.</p> <p>All graphic elements with included text should be EDITABLE, if content is in a language other than English.</p> <p>Include title and data source (if applicable; unnecessary if data are from same reported in the manuscript).</p> <p>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).</p> <p>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 <i>MEDICC Review</i> of all responsibility. (See Author Agreement)</p>
Tables	Maximum per journal section	<p>Include variability indicators when pertinent (SD, SEM)</p> <p>Name rows and columns clearly and without ambiguity.</p> <p>Indicate denominators for percentage calculation, so readers can check them.</p> <p><i>Do not use a table if data could be expressed narratively in a single sentence.</i></p>
Figures, images & photographs	Maximum per journal section	<p>Each figure in a separate file.</p> <p>Resolution ≥ 300 dpi, uncompressed.</p> <ul style="list-style-type: none"> • In grayscale or color (ideally CMYK, though RGB files are acceptable). • Do not send GIF images or files in 256-color format. <p>Accepted formats:</p> <ul style="list-style-type: none"> • Original files in Illustrator, Corel Draw, MS Word, Freehand, Excel or PowerPoint • Postscript files (*.ps) • Bitmap files (in any of the following formats: TIFF (*.tif), Adobe Photoshop (*.psd), JPEG (*.jpg), PDF (*.pdf) or Photoshop EPS (*.eps)) <p>Do not embed images or photographs in Word documents, since resolution will not be adequate.</p> <p>Do not send images or illustrations downloaded from the Internet.</p> <p><i>MEDICC Review</i> publishes in black and white; if color is essential, the image will be made available online.</p>
Author Agreement	Form signed by all authors (or by corresponding author on their behalf, with their authorization)	<p>Read <i>MEDICC Review</i> Policy on Conflict of Interest before sending Author Agreement.</p> <p>Disclose any relationship that could be considered a possible conflict of interests (economic, institutional, personal or professional.)</p> <p>The existence of conflict of interest does not reduce the value of your manuscript, but its concealment violates ethical principles.</p> <p>Complete and sign the <i>MEDICC Review</i> 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.</p>

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 data acquisition, 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) takes 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
- All persons designated as authors should qualify for authorship, and all those who qualify should be listed.
 - *MEDICC Review* requires the declaration of personal contribution of each author as part of the Author Agreement.
 - The order of authorship on the byline should be a joint decision of the coauthors.
 - 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.
 - The group should identify the individual who signs the Author Agreement on its behalf.

Conflict of Interest

- *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.”
- 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.
- *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.”
- 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's Author Agreement*, includes a Declaration of Transparency, in which authors guarantee:
- that the manuscript is an honest, exact and transparent description of the study reported,
 - that no important aspect of the study has been omitted, and
 - that any discrepancy from initial study planning or registration has been appropriately explained.
- MEDICC Review* publishes the author affiliations of all accepted manuscripts.

Instructions for specific sections

<p>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 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.</p>	
Manuscript section	Notes
<p>Abstract</p> <p>structured</p> <p>≤400 words</p> <p>Without references and abbreviations</p>	<p>Introduction: study context and background</p> <p>Objective: purpose of the study</p> <p>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.</p> <p>Results: main qualitative and quantitative findings</p> <p>Conclusions: main findings, recommendations.</p> <p>Keywords: 3–10 (See Medical Subject Headings)</p>
<p>Introduction</p>	<p>Indicate the context or background of the study in the country/region where it was carried out, as well as global significance of the problem or issue addressed.</p> <p>In the final paragraph, state the specific research objective of, or the hypothesis tested by (only if the guiding thread of the work was a hypothesis).</p>
<p>Methods</p>	<p>It is recommended to structure this section in subsections entitled according to their content.</p> <p><i>Design and population:</i></p> <ul style="list-style-type: none"> 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) <p><i>Study variables:</i> variables considered and their categorization</p> <p><i>Procedures/ data collection and processing:</i></p> <ul style="list-style-type: none"> 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 <p><i>Analysis:</i></p> <ul style="list-style-type: none"> Describe statistical methods in sufficient detail to allow verification of results Provide indicators of measurement error or uncertainty (e.g., SD, SEM, confidence intervals) Avoid exclusive reliance on p values, which do not provide information about effect magnitude. For more information about selection and correct reporting of statistical methods, consult SAMPL. <p>Clinical trials should be registered; the public registry number will be reported.</p> <p><i>MEDICC Review</i> adopts the definition of clinical trial accepted by the International Committee of Medical Journal Editors: <i>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.</i></p>

	<p>Ethics: Declare approval by institutional ethics committee(s). Studies that involve human subjects should be carried out according to the principles of the Helsinki Declaration. Informed written consent must be obtained from participants or their legal representatives. It is the author's responsibility to keep approval documents from ethics committee(s) and informed written consent; <i>MEDICC Review</i> may request them. Authors who are members of business enterprises or financed by them should respond to Good Publication Practice guidelines.</p> <p><i>MEDICC Review</i> supports 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 the checklist together with the manuscript.</p>
Results	<p>Present results in a logical sequence of variables studied, first highlighting the most important findings, with the appropriate results, including confidence intervals where applicable. Report absolute and relative frequencies. If you include information from data not shown, <i>MEDICC Review</i> may request them. If necessary, <i>MEDICC Review</i> could publish online appendices with more extensive material (for example, questionnaires, long tables) than is feasible in the print copy.</p>
Discussion	<p>Explain why the study was carried out with this particular design. Comment on the context in which 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 (i.e., information from the study not provided in Results). Discuss mechanisms or theories that could explain your findings Emphasize original and important aspects. Study limitations should be clearly stated. Include suggestions for new studies to address issues not covered and your recommendations for future development on the subject.</p>
Conclusions	<p>Link to study objectives and describe implications of findings for future research, policy and/or practice. Avoid generalizations unsupported by the research. Avoid references to economic benefits and costs if the article has not included economic data or analysis.</p>

<p>Review Article <i>summarizes findings on a particular subject related to population health or clinical medicine, with preference for topics relevant to improving health, quality of care or quality of life in 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 assessment based in his/her experience. 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.</i></p>	
Manuscript section	Notes

Abstract <ul style="list-style-type: none"> • 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. Keywords: 3–10 (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 population, intervention, and outcomes.) The objective may be stated in question form.
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 strength of 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 (E.g., results are discussed as they are presented). Present the main findings based on the information reviewed. If the review is about clinical trials, include the most reliable evidence. State the author’s critical opinion about the subject reviewed. Highlight and discuss or analyze the main results based on the most reliable evidence. Point out knowledge gaps, conflicting findings and actions or research needed.
Conclusions	Clearly answer the defined objective and state possible applications of current knowledge based on the information compiled and, in the case of clinical trials, based on evidence accrued. Clarify if your conclusions are country- or region-specific.

<p>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 through Acknowledgments, 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.</p>	
Manuscript section	Notes
Abstract <ul style="list-style-type: none"> • unstructured • ≤300 words 	Do not include references or abbreviations (except MeSH terms). 3–10 (See Medical Subject Headings)
Introduction	Describe the problem addressed. Include methods used to identify the problem (such as community health diagnosis, patient survey, clinical record review, 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. Ethics (Declare institutional ethics approvals, informed written consent from participants. See Original Research Article)
Lessons learned	Present findings, lessons, recommendations. Specify in which context(s) lessons could be applied.

Lessons in International Cooperation <i>are reports synthesizing experiences in international cooperation, their process, mechanisms, achievements, challenges, and benefits for population health. Authorship should include representatives from partnering institutions in countries involved. The text, from Introduction to Acknowledgments, including both, is limited to ≤3000 words (≤3500 words in Spanish), plus ≤2 tables/figures/images and ≤20 references. All submissions to this section are subject to double-blind peer review.</i>	
Manuscript section	Notes
Abstract <ul style="list-style-type: none"> • unstructured • ≤300 words 	Do not include references or abbreviations. 3–10 MeSH terms (See Medical Subject Headings)
Introduction	Describe the problem addressed and define its scope. Refer to relevant aspects of the global, national, or local context that were considered when embarking on a collaborative effort to address the problem.
Collaboration	Describe the initiative (program, health strategy, research project, etc.) undertaken collaboratively, including: Objective(s) Justification: Describe the origins of the collaboration relative to the problem addressed and indicate reasons supporting the initiative Participating institutions and their capacities to contribute to such a partnership Mechanisms for collaboration (e.g., MOU) and processes involved in arriving at same Activities: Include main activities to develop and implement the project, as well as their timetable, place, and participants Outcome or process indicators, if appropriate (including, but not limited to, publications and reports to relevant authorities) Ethics; Declare institutional approvals; if human subjects involved, see author guidelines for Original Research Article.
Analysis	Discuss challenges, achievements, any changes introduced in the original concept during project implementation and why, lessons learned to date and their relevance (e.g. legal, scientific, population health or policy related) and actual or expected benefits and results (depending on the stage of collaboration reached).
Importance	A statement (≤30 words) summarizing the value added by this collaboration, including who benefits and how (e.g., new knowledge, improved practice, better public policy, new precedents for cooperation, etc.).

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's critical assessment of the topic and profound analysis are indispensable and constitute the main contribution and support for its originality. Editors prefer articles using concrete experience as a reference point for discussion. Authors 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 through Acknowledgments, 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 <ul style="list-style-type: none"> • unstructured • ≤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 <ul style="list-style-type: none"> • ≤2500 words (≤3000 words in Spanish) • ≤2 tables/figures/images • ≤20 references 	There is no single way to write a Perspective. In general, its structure is Introduction, Development and Conclusions, although sections could be entitled differently, depending on their content. Write clearly and concisely; derive conclusions from a strong evidence base. Headings should reflect a logical progression from a statement of the issue to be addressed and its importance; through the information, evidence (and experience) consulted, statement of the original and critical point of view of the author(s); to the conclusions.

Viewpoint is a short essay expressing the author's personal, professional opinion, making reference to specific experiences in Cuba or elsewhere. The essay should not describe programs or achievements, except as these serve to support the author's 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 <i>MEDICC Review</i> readers are health professionals familiar with global health issues.

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

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