INSTRUCTIONS FOR AUTHORS

Public Health Action (PHA), an official Journal of the International Union Against Tuberculosis and Lung Disease (The Union), is an open access, online journal. It publishes:

1. Original articles on public health services issues in vulnerable and resource-limited communities, including policy, practice, systems, quality assurance / quality improvement, economics, equity, ethics and access to services;
2. General reviews on these issues.

All work must have been approved by all co-authors prior to submission. Correspondence, such as suggestions for review articles, should be sent directly to: PHA Editorial Office, The Union, 68 boulevard Saint-Michel, 75006 Paris, FRANCE. e-mail: pha@theunion.org

Simultaneous submission of a manuscript to more than one journal will automatically result in rejection by PHA.

Each manuscript will be examined by a scientific editor and two selected referees. Notification of acceptance or rejection will be sent within 1 month from date of receipt. If a revised version is requested, it should be returned to the Editor no later than 1 month after notification. A delayed revised article will be treated as a new manuscript.

The Editor reserves the right to make editorial and literary corrections.

Any opinions expressed or policies advocated do not necessarily reflect those of The Union.

AUTHORSHIP

All work must have been approved by all co-authors prior to submission.

Authorship credit should be based on the following criteria: 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for intellectual content; and 3) final approval of the version to be published.

Multicentre groups: When a multicentre group has conducted the study, all individuals who accept direct responsibility for the manuscript should be identified. When submitting a group author manuscript, the corresponding author should clearly identify all individual authors, as well as the group name.

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Copyright forms are submitted electronically. The corresponding author will be requested to log on and submit the form on the website after submission. On acceptance all authors must log on to submit the e-form.

PREPARATION OF MANUSCRIPTS

Manuscripts should conform to the Uniform Requirements for Manuscripts submitted to Biomedical Journals (http://www.icmje.org/index.html). Authors may find the AuthorAID website a useful resource (http://www.authoraid.info).

Authors should ensure that they have followed the relevant recommendations for reporting their findings (CONSORT, STARD, MOOSE, STROBE, PRISMA, STREGA).

Articles on clinical research should conform to the principles outlined by the World Medical Assembly Helsinki Declaration (http://www.wma.net/en/30publications/10policies/b3/index.html). Details of ethics review and approval (or a statement as to why it was judged not to be required) should be provided in the Methods section of all research submissions submitted to the Journal.

All studies involving human subjects should explicitly provide details of informed consent.

Stigmatising language: Authors are advised to avoid terms that may be perceived to be stigmatising, such as “TB suspect”. Authors can refer to the following publications: Zachariah R, Harries A D, Srinath S, et al., Language in tuberculosis services: can we change to patient-centred terminology and stop the paradigm of blaming the patients? Int J Tuberc Lung Dis 2012; 16: 714-717. http://www.ingentaconnect.com/content/iuatld/ijtld/2012/00000006/00000006/art00003 and the STOP TB Partnership Language Guide: http://www.stoptb.org/assets/documents/resources/publications/a016/00000006/art00003 and the STOP TB Partnership Language Guide: http://www.stoptb.org/assets/documents/resources/publications/a016/00000006/art00003 and the STOP TB Partnership Language Guide:

Articles include a clear statement on how data quality was assured, satisfying Good Clinical Practice (i.e., double entry and validation or demonstration of extended plausibility checks, no acceptance of data entered directly into a data management file, in order to be considered for publication in PHA.

The emphasis of the Journal is on health systems/services (operational) research. The focus of the critical review is primarily on the scientific methods described in the submission. Any submission assessed as not having a high level of scientific quality will not be considered for publication in the Journal. Any manuscript without a clear objective, question or hypothesis (without any comparison made) will be published only if there is a compelling rationale to justify its publication.

Conflict of interest: PHA requires all authors to declare potential conflicts of interest. To this end, authors are requested to fill out and submit the ICMJE Uniform Disclosure Form for Potential Conflicts of Interest to provide information about other interests that could influence how readers receive and understand the authors’ work. This can be accessed via the Manuscript Central site and on the PHA website.

FORMAT: PHA is published in English (US/UK), with summaries in French and Spanish.

The article should have 1.5 or double spacing and continuous line numbering, and, on separate numbered pages:

Title page: This should contain: 1) a concise, informative title of not more than 110 characters and spaces, without abbreviations; 2) the names and all affiliations of all contributing authors, clearly indicating who is linked to each institution; 3) a running head of not more than 45 letters and spaces; 4) a word count of the text, excluding summary, references, tables and figures; 5) 3-5 keywords not included in the title.

Summary: An informative structured abstract of not more than 200 words should be provided that can be understood without reference to the text (see Ann Intern Med 1990; 113: 69-76). For optimal clarity, the author should use the headings Setting, Objective, Design, Results, Conclusion. Abstracts will be translated into the two other languages on acceptance for publication (authors can refer to the following publications: Zachariah R, Harries A D, Srinath S, et al., Language in tuberculosis services: can we change to patient-centred terminology and stop the paradigm of blaming the patients? Int J Tuberc Lung Dis 2012; 16: 714-717. http://www.ingentaconnect.com/content/iuatld/ijtld/2012/00000006/00000006/art00003 and the STOP TB Partnership Language Guide: http://www.stoptb.org/assets/documents/resources/publications/a016/00000006/art00003 and the STOP TB Partnership Language Guide: http://www.stoptb.org/assets/documents/resources/publications/a016/00000006/art00003 and the STOP TB Partnership Language Guide: http://www.stoptb.org/assets/documents/resources/publications/a016/00000006/art00003 and the STOP TB Partnership Language Guide:

Text: Headings should be appropriate to the nature of the article. Normally only two categories of heading are used. Major headings should be typed in capital letters. Minor headings can be typewritten in lower case letters (starting with a capital letter) at the left-hand margin. The subtitles should not be numbered either with figures or alphabetically.
The text should be written as objectively as possible. For word limits, please refer to the section ‘Length of text’.

Numerals should be spelt out in full from one to nine (except when referring to a measurement), and when beginning a sentence.

1. Research and experimental papers should follow the usual conventions, as follows:

Introduction: Setting forth clearly the aim of the study or the main
hypothesis, with rationale and reference to previous studies.

Study population. Design and Methods: NB: Indicate the population studied, the study design, the manner in which information was gathered and what measures were taken to assure the quality of the data.

Results: Presented in logical sequence in the text, with tables and illustrations. All the results of the tables should not be repeated in the text; the most important results should be emphasised.

Discussion: Related to the aims and results of the study.

2. Other papers can be subdivided as the author desires; the use of headings enhances readability.

Acknowledgements: Acknowledge only persons who have made substantial contributions to the study, with their consent. All sources of support in the form of grants, author contributions, and all conflicts of interest should be mentioned.

References (Vancouver format): The accuracy of references is the responsibility of the author. They must be numbered in the order in which they are cited in the text, and identified by Arabic numerals in superscript. References that are cited more than once should retain the same number for each citation. The list of references at the end of an article should be arranged in numerical order. NB: Numbering in tables/figures corresponds to where the tables/figures are cited in the text.

The only acceptable references are those of publications that can be consulted.

References to an article in a periodical should include the names of the authors, followed by their initials (list all authors when six or fewer; when there are more, list only the first three and add 'et al.'), the full title of the article in its original language, the name of the journal in its usual abbreviated form (Index Medicus), year of publication, tome or volume number, first and last page numbers in full:


References to a piece of work (book/monograph) should include the names of the authors as above, the title of the piece of work in its original language, the number of the publication, the name of the editor, the place and year of publication, the number of the volume and the first and last page numbers:


Electronic references should be given only when an original citation is unavailable; as much information should be provided as possible, including html address and date of access.

References to an article to be published should give the name of the journal with the mention '{in press}' and only appear after having been accepted for publication. Articles under submission can be cited in the text.

Personal communications should be given in the text with the name of the individual cited and with his/her consent.

TABLES

Tables should be referred to consecutively in the text and placed after the references. They should be numbered in Arabic numerals which are used for reference in the text. A short descriptive title should appear above the table. Each column should have a short or abbreviated title. All abbreviations should be explained in a clear legend below the table. The number and size of the tables should be kept to a basic minimum to explain the most significant results.

FIGURES

Figures should be referred to consecutively in the text. They can be inserted into the Word document (after the tables) or uploaded separately as image files (.jpg, .ppt, .gif, .tif or .bmp).

Line drawings (curves, diagrams, histograms) should be in black and white, with solid black lines. For optimal clarity avoid shading.

The size of the symbols and lettering should be in scale with the figure. A sans serif font, such as Arial, should be used and be of uniform size. All figures should be the same point size.

Half-tone figures should be clear and highly contrasted in black and white. X-ray films should bring out the detail to be illustrated with the area of importance clearly indicated. These should be supplied at a resolution of at least 300 dpi.

Techniques should be defined.

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Designation of diseases must conform to the International Classification of Diseases. Designation of micro-organisms must conform to the norms of biology. Proprietary names of drugs, instruments, etc., should be indicated by the use of initial capital letters.

Names of instruments should be accompanied by the manufacturer's name, city, state and country.

LENGTH OF TEXT

Original articles: text up to 2500 words, a structured summary of 200 words, 7 moderate-sized tables/figures and 35 references.

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Correspondence: text up to 500 words without tables or figures and 5 references. No publication charge.

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Proofs are sent to the corresponding author by e-mail in PDF format. Authors should fax corrected galley proofs directly to the Editorial Office in Paris within 48 hours of receipt. Only minor corrections should be made.

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