

## 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 improvement, economics, equity, ethics and access to services;

2 General Correspondence and Reviews on these issues.

PHA can be accessed electronically free of charge on Ingenta at <http://www.ingentaconnect.com/journals/browse/iatld/pha> or via the Union website <http://www.theunion.org/what-we-do/journals/pha>

### SUBMISSION OF ARTICLES

Articles are submitted online via Manuscript Central <http://mc.manuscriptcentral.com/pha>. Instructions are given on the site.

All other correspondence, such as suggestions for review articles, should be sent directly to: **PHA Editorial Office, 2 rue Jean Lantier, 75001 Paris, FRANCE. e-mail: [pha@theunion.org](mailto: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. 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 Publisher reserves the right to make editorial and literary corrections.

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

### AUTHORSHIP

To retain the interest of the reader, authors are encouraged to write in an interesting, readable style. Please highlight any innovative approaches your study has introduced (e.g., in digital technology, information technology, or diagnostic techniques).

We encourage young researchers to submit their work, especially on the use of innovative approaches to managing disease, or to improve the effectiveness of the overall health system, while also suggesting ways of translating science into public policy.

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.

**The author list should include at least one author from the country in which the research was performed.**

**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.

### 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). In particular they will find the Reporting guidelines for implementation and operational research (<http://www.who.int/bulletin/volumes/94/1/15-167585.pdf>) of practical value in improving the quality both of their research and of their articles.

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 studies submitted to the *Journal*.

All studies involving human subjects should provide clear 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/iatld/ijtld/2012/0000-0016/00000006/art00003>) and the STOP TB Partnership Language Guide ([http://www.stoptb.org/assets/documents/resources/publications/acsm/LanguageGuide\\_ForWeb20131110.pdf](http://www.stoptb.org/assets/documents/resources/publications/acsm/LanguageGuide_ForWeb20131110.pdf)).

**Data quality:** Articles must 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 rectangular 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.

**Conflicts of interest:** PHA requires all authors to declare potential conflicts of interest. To this end, authors of accepted articles 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.

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 are welcome to provide translations). Unstructured summaries may be submitted for review articles (250 words), Notes from the Field, Technical Notes and Short Communications (100 words).

**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 by 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 three or fewer; when there are more, list only the first author 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, volume number, first and last page numbers in full:

e.g., Gordon J B, Bennett A M. Tuberculosis in reindeer. *Scand Rev Respir Dis* 1978; 96 (Suppl): 217-219.

**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.

**References to a chapter in a book** should include the names of the authors as above, the title of the chapter with the word "In" preceding the reference of the work as above.

e.g., Girling D J. The chemotherapy of tuberculosis. In: Ratledge C, Stanford J, Grange J M, eds. *Biology of the mycobacteria*. London, UK: Academic Press, 1989: pp 285-323.

**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 with the DOI. 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. All text should be in black, not greyscale font.

**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.

**Legend:** Every Figure should have a brief explanatory legend that does not repeat information given in the text.

**Patient confidentiality:** Illustrations that show recognisable individuals are strongly discouraged and will be considered for publication only where fully justified. In such cases, consent must be obtained from the individual or legal guardian for publication. For portions of the image not essential to the illustration, authors should indicate where it can be cropped.

After acceptance, figures should be supplied in editable format (e.g., .ppt, .xls) to allow editorial modifications.

**Permission to reproduce illustrations or tables** should be obtained from the original publishers and authors, and submitted with the article. They should be acknowledged as follows: '*Reproduced with the kind permission of (publishers) from (reference)*'.

## ABBREVIATIONS AND UNITS

Avoid abbreviations in the title or summary. Abbreviations or unusual terms should be described at the first time of use.

Symbols and units of measure must conform to recognised scientific use, i.e., SI units. For more detailed recommendations, authors may consult the Royal Society of Medicine publication *Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors*.

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, 5 moderate-sized tables/figures and 35 references.

**Minireview:** text up to 2,000 words, a structured or unstructured summary of 250 words, 5 moderate-sized tables/figures and 50 references. Submitted to peer review.

**Editorials:** text up to 1,200 words and 10 references. Editorials are usually invited.

**Perspectives:** opinion pieces that challenge existing policies or practice or raise unanswered questions. Text up to 2000 words 5 moderate-sized tables/figures and 40 references.

**Strengthening Research Capacity:** descriptions of activities aimed at strengthening capacity for research, in particular operational and implementation research in low- and middle-income countries. Authors should describe the approach, explain the purposes and usefulness of the research for which capacity is being strengthened, and demonstrate as much as possible the outcomes and impact of the approach described. Text up to 1500 words and 12 references.

**Technical Notes, Short Communications and Notes from the Field:** text up to 1000 words, a summary of 100 words, 2 tables/figures and 10 references. These texts describe programme aspects of broad interest to readers.

**Qualitative research:** the *Journal* allows a higher word count to accommodate the specific methods used in this research. The usual word count limit may be extended to 3000 words and 35 references.

**Correspondence:** text up to 500 words (without tables or figures) and 5 references.

### **PUBLICATION CHARGES**

As an open access, online journal, all articles accepted for publication (correspondence pieces excepted) incur a publication fee of €2300 to cover the cost of reviewing, editing, typesetting and publishing each article.

These Open Access articles are also sent to PubMed Central and made available as full text html, as well as PDF articles for download.

Queries about methods of payment can be directed to the PHA Editorial Office [pha@theunion.org](mailto:pha@theunion.org)

**Excess page charge:** an excess page charge of €375 per page is applied for all articles that go over length (6 pp for Original Articles, 10 pp for and Review articles).

**Supplementary Data:** Additional tables and figures may be supplied as a PDF that is published online in association with the article. A charge of €325 is applied per 10pp of Supplementary Data. The PDF should be submitted with the manuscript for review. Authors are also requested to move any overlarge tables/figures spanning multiple pages to Supplementary Data.

### **PERMISSIONS**

Authors of articles published in PHA who wish to include material from other copyrighted sources must seek permission from the copyright holders and provide written evidence of this permission at the time the article is submitted.

### **PLAGIARISM**

In cases where plagiarism is suspected, PHA follows the guidelines set out in the flowcharts of the Committee on Publications Ethics (COPE) (<http://publicationethics.org/resources/flowcharts>). Please see the Journal website for details ([www.theunion.org](http://www.theunion.org))

### **LINKS FOR SUBMISSION OF ARTICLES**

<http://mc.manuscriptcentral.com/pha> and via [www.theunion.org](http://www.theunion.org)  
Full instructions on how to submit an article are given on the Manuscript Central site (click on 'Instructions and Forms', and then 'Online submission instructions'). **Please note that if any elements are missing on submission, the article will be unsubmitted and returned to the authors for correction, resulting in delays.**

### **REVISION OF PROOFS**

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.

**PHA Editorial Office:** International Union Against Tuberculosis and Lung Disease, Paris – FRANCE e-mail: [pha@theunion.org](mailto:pha@theunion.org)