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Manuscripts must be solely the work of the author(s) stated, must not have been previously published elsewhere, and must not be under consideration by another journal. *The Lancet* journals are signatories of the [Uniform Requirements for Manuscripts Submitted to Biomedical Journals](#), issued by the International Committee for Medical Journal Editors (ICMJE), and to the Committee on Publication Ethics (COPE) [code of conduct](#) for editors. We follow COPE's guidelines.

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Manuscript submission

Manuscript submission to all *Lancet* journals is free. Payment of article processing fees is made after acceptance (see later). Manuscripts should be submitted online via the *The Lancet Global Health's* online submission and peer review website (known as EES) at <http://ees.elsevier.com/thelancetgh>

- Simply log on to EES and follow the on-screen instructions for all submissions
- If you have not used EES before, you will need to register first. In EES, the corresponding author is the person who enters the manuscript details and uploads the submission files
- Inclusion of illustrations (photographs, graphs, diagrams, etc) is a prerequisite for publication. Submission of original and editable artwork files is encouraged. Digital photography files should have a resolution of at least 300 dpi and be at least 107 mm wide
- In almost all cases, if you have a finished manuscript, you should submit it, rather than contacting *The Lancet Global Health* to enquire whether an unseen manuscript is likely to be accepted. Unless you have been asked by the Editor to submit by email, you should use the online system for all types of submission, including Correspondence
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- Use the covering letter to explain why your paper should be published in *The Lancet Global Health* rather than elsewhere

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Authors and contributors

- All authors, and all contributors (including medical writers and editors), should specify their individual contributions at the end of the text

First submissions to *The Lancet Global Health* should include:

- 1 Covering letter
- 2 Manuscript including tables and panels
- 3 Figures
- 4 Authors' contributions statement (see next section)
- 5 Conflicts of interest and source of funding statements (see next section)
- 6 In-press papers—one copy of each with acceptance letters
- 7 Protocols and CONSORT details for randomised controlled trials (see Articles)
- 8 We encourage disclosure of correspondence from other journals and reviewers, if previously submitted, and we might contact relevant editors of such journals

- *The Lancet Global Health* will not publish any paper unless we have the signatures of all authors
- We suggest you use the [author statement form](#) and either upload the signed copy with your submission, or fax to +44 (0) 1865 853 021
- Please include written consent of any cited individual(s) noted in acknowledgments or personal communications

Conflicts of interest

A conflict of interest exists if authors or their institutions have financial or personal relationships with other people or organisations that could inappropriately influence (bias) their actions. Financial relationships are easily identifiable, but conflicts can also occur because of personal relationships, academic competition, or intellectual passion. A conflict can be actual or potential, and full disclosure to the Editor is the safest course. Failure to disclose conflicts might lead to publication of a correction or even to retraction. All submissions to *The Lancet Global Health* must include disclosure of all relationships that could be viewed as presenting a potential conflict of interest (see *Lancet* 2001; **358**: 854–56 and *Lancet* 2003; **361**: 8–9). The Editor may use such information as a basis for editorial decisions, and will publish such disclosures

- At the end of the text, under a subheading "Conflicts of interest", all authors must disclose any financial and personal relationships with other people or organisations that could inappropriately influence (bias) their work. Examples of financial conflicts include employment, consultancies, stock ownership, honoraria, paid expert testimony, patents or patent applications, and travel grants, all within 3 years of beginning the work

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WHO's International Clinical Trial Registry Platform
<http://www.who.int/ictrp/network/trds/en/index.html>

CONSORT 2010 guidelines
<http://www.consort-statement.org/consort-statement/overview0/>

CONSORT extended guidelines
<http://www.consort-statement.org/extensions/extensions/>

STARD guidelines
<http://www.stard-statement.org/>

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<http://www.medicine.uottawa.ca/public-health-genomics/web/eng/strega.html>

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submitted. If there are no conflicts of interest, authors should state that none exist

- All authors are required to provide a signed statement of conflicts of interest as part of the [author statement form](#)
- For Comments, *The Lancet Global Health* will not publish if an author, within the past 3 years, and with a relevant company or competitor, has any stocks or shares, equity, a contract of employment, or a named position on a company board; or has been asked by any organisation other than *The Lancet Global Health* to write, be named on, or to submit the paper (see [Lancet 2004; 363: 2–3](#))

Role of the funding source

- All sources of funding should be declared as an acknowledgment at the end of the text
- At the end of the Methods section, under a subheading “Role of the funding source”, authors must describe the role of the study sponsor(s), if any, in study design; in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the paper for publication
- If there is no Methods section, the role of the funding source should be stated as an acknowledgment. If the funding source had no such involvement, the authors should state this
- The corresponding author should confirm that he or she had full access to all the data in the study and had final responsibility for the decision to submit for publication

Role of medical writer or editor

- If a medical writer or editor was involved in the creation of your manuscript, we need a signed statement from the corresponding author to include their name and information about funding of this person
- This information should be added to the Acknowledgments or Contributors section
- We require signed statements from any medical writers or editors declaring that they have given permission to be named as an author, as a contributor, or in the Acknowledgments section

Patients' consent and permission to publish

- Studies on patients or volunteers need approval from an ethics committee and informed consent from participants. These should be documented in your paper
- If there is an unavoidable risk of breach of privacy—eg, in a clinical photograph or in case details—the patient's written consent to publication, or that of the next of kin, must be obtained using [The Lancet journals patient consent form](#)
- To respect your patient's privacy, please do not send the consent form to us. Instead, we require you to complete the patient consent section of the [author statement form](#).
- US authors should ensure HIPAA compliance

Signatures

At the external peer review stage you will need to send signed copies of the following statements:

- Authors' contributions
- Conflicts of interest statements

- Statements of role, if any, of medical writer or editor
- Acknowledgments—written consent of cited individual
- Personal communications—written consent of cited individual
- Use of copyright-protected material—signed permission statements from author and publisher

These statements can be scanned and submitted electronically to globalhealth@lancet.com. To minimise delays, we strongly advise that you prepare signed copies of these statements before you submit your manuscript.

Types of article and manuscript requirements

Please ensure that anything you submit to *The Lancet Global Health* follows the guidelines provided for each article type. For instruction on how to format the text of your paper, including tables, figures, panels, and references, please see our [Formatting guidelines](#).

Red section (Articles)

Articles

- *The Lancet Global Health* prioritises reports of original research that are likely to change clinical practice or thinking
- We invite submission of all clinical trials, whether phase 1, 2, 3, or 4. For phase 1 trials, we consider those of a novel substance for a novel indication, if there is a strong or unexpected beneficial or adverse response, or a novel mechanism of action
- We encourage the registration of all interventional trials, whether early or late phase, in a primary register that participates in [WHO's International Clinical Trial Registry Platform](#) (see [Lancet 2007; 369: 1909–11](#)). We also encourage full public disclosure of the minimum 20-item trial registration dataset at the time of registration and before recruitment of the first participant (see [Lancet 2006; 367: 1631–35](#)). The registry must be independent of for-profit interest
- Reports of randomised trials must conform to [CONSORT 2010 guidelines](#) and should be submitted with their protocols
- All reports of randomised trials should include a section entitled Randomisation and masking, within the Methods section
- Cluster-randomised trials must be reported according to [CONSORT extended guidelines](#)
- Randomised trials that report harms must be described according to [extended CONSORT guidelines](#)
- Studies of diagnostic accuracy must be reported according to [STARD guidelines](#)
- Observational studies (cohort, case-control, or cross-sectional designs) must be reported according to the [STROBE statement](#), and should be submitted with their protocols
- We encourage the registration of all observational studies on a WHO-compliant registry (see [Lancet 2010; 375: 348](#))
- Genetic association studies must be reported according to [STREGA guidelines](#)
- Systematic reviews and meta-analyses must be reported according to [PRISMA guidelines](#)
- To find reporting guidelines see: <http://www.equator-network.org>

All Articles should, as relevant:

- Be up to 3000 words with 30 references
- Include an abstract (semistructured summary), with five

paragraphs (Background, Methods, Findings, Interpretation, and Funding), not exceeding 250 words. Our electronic submission system will ask you to copy and paste this section at the "Submit Abstract" stage

- For randomised trials, the abstract should adhere to CONSORT extensions: abstracts (see *Lancet* 2008; 371: 281–83)
- For intervention studies, the abstract should include the primary outcome expressed as the difference between groups with a confidence interval on that difference (absolute differences are more useful than relative ones). Important secondary outcomes can be included as long as they are clearly marked as secondary
- Use the SI system of units and the recommended international non-proprietary name (rINN) for drug names. Ensure that the dose, route, and frequency of administration of any drug you mention are correct
- Use gene names approved by the [Human Gene Organisation](#). Novel gene sequences should be deposited in a public database (GenBank, EMBL, or DDBJ), and the accession number provided. Authors of microarray papers should include in their submission the information recommended by the [MIAME guidelines](#). Authors should also submit their experimental details to one of the publicly available databases: [ArrayExpress](#) or [GEO](#)
- Include any necessary additional data as part of your EES submission
- All accepted Articles should include a link to the full study protocol published on the authors' institutional website (see *Lancet* 2009; 373: 992 and *Lancet* 2010; 375: 348)

Putting research into context

- From Aug 1, 2010, authors are invited to submit their research papers with a section in the Discussion that puts the results into context with previous work (see *Lancet* 2010; 376: 10–11). Authors should provide a panel explaining in brief how they arrived at their bottom line message
- The Discussion section should contain a full description and discussion of the context. Authors are also invited to either report their own, up-to-date systematic review or cite a recent systematic review of other trials, putting their trial into context of the review

Research in context

Systematic review

This section should include a description of how authors searched for all the evidence. Authors should also say how they assessed the quality of that evidence—ie, how they selected and how they combined the evidence.

Interpretation

Authors should state here what their study adds to the totality of evidence when their study is added to previous work.

Blue section (Comment, Correspondence)

Editorial

- Editorials are the voice of *The Lancet Global Health*, and are written in-house by the journal's editorial-writing team and signed "The Lancet Global Health"

Comment

- This section contains Commentaries that accompany papers published in *The Lancet Global Health* or on issues of wide-reaching concern in global health. Comments linked to policy decisions are welcomed. Most Comments are commissioned, but unsolicited Comments (no more than 800 words, ten references, and one figure, panel, or small table) are also welcome. Comments may be peer reviewed
- The place to respond to something we have published is in our **Correspondence** section
- See **Conflicts of Interest** guidelines for comments

Correspondence

- Letters should be written in response to previous content published in *The Lancet Global Health*
- Letters for publication must reach us within 4 weeks of publication of the original item and should be no longer than 250 words
- Letters of general interest, unlinked to items published in the journal, can be up to 400 words long
- Correspondence letters are not usually peer reviewed, but we might invite replies from the authors of the original publication, or pass on letters to these authors
- Only one table or figure is permitted, and there should be no more than five references and five authors
- All accepted letters are edited. Proofs will be sent out to authors before publication

Corrections

- Any substantial error in any article published in *The Lancet Global Health* should be corrected as soon as possible. Blame is not apportioned; the important thing is to set the record straight.
- The *Lancet* journals have a policy for types of errors that we do and do not correct. We will always correct any error affecting a non-proprietary drug name, dose, or unit, any numerical error in the results, or any factual error in the interpretation of results.

Formatting guidelines

Language

Manuscripts should be submitted in English. Authors who feel that their English-language manuscript might require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English language editing service available from [Elsevier's WebShop](#). Authors writing in Chinese, Portuguese, or Spanish may also wish to use the Webshop to provide an English translation of their manuscript for submission.

Title page

A brief title, author name(s), preferred degree (one only), affiliation(s), and full address(es) of the authors must be included. The name and address of the corresponding author should be separately and clearly indicated with email and telephone details.

Formatting of text

- Type a single space at the end of each sentence

Human Gene Organisation
<http://www.genenames.org/>

MIAME guidelines
http://www.mged.org/Workgroups/MIAME/miame_checklist.html

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<http://www.ebi.ac.uk/microarray-as/ae/>
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For *The Lancet* journals' policy on corrections of errors see <http://download.thelancet.com/flatcontentassets/authors/correction-policy.pdf>

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For the editing and translation services available at the WebShop see <http://webshop.elsevier.com/languageediting/>

- Do not use bold face for emphasis within text
- We use a comma before the final “and” or “or” in a list of items
- Type decimal points midline (ie, 23.4, not 23.4). To create a midline decimal on a PC: hold down ALT key and type 0183 on the number pad, or on a Mac: ALT shift 9
- Numbers one to ten are written out in words unless they are used as a unit of measurement, except in figures and tables
- Use single hard-returns to separate paragraphs. Do not use tabs or indents to start a paragraph
- Do not use the automated features of your software, such as hyphenation, endnotes, headers, or footers (especially for references). You can use page numbering

References

- Cite references in the text sequentially in the Vancouver numbering style, as a superscripted number after any punctuation mark. For example:
“...as reported by Saito and colleagues.¹⁵”
- Two references are cited separated by a comma, with no space. Three or more consecutive references are given as a range with an en rule. To create an en rule on a PC: hold down CTRL key and minus sign on the number pad, or on a Mac: ALT hyphen
- References in tables, figures, and panels should be in numerical order according to where the item is cited in the text
- Here is an example for a journal reference (note the use of tab, bold, italic, and the en rule or “long” hyphen):
“15[tab]Saito N, Ebara S, Ohotsuka K, Kumeta J, Takaoka K. Natural history of scoliosis in spastic cerebral palsy. *Lancet* 1998; **351**: 1687–[en rule]92.”
- Give any subpart to the title of the article
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surname space initials comma
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- For a book, give any editors and the publisher, the city of publication, and year of publication
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All material should be submitted as one PDF (with numbered pages) with the paper and will be peer reviewed. Material will be published at the discretion of *The Lancet* journals’ editors. All material should be provided in English.

Audio

<http://www.thelancet.com/audio>

Text

- Main heading for the web extra material should be in 12 point Times New Roman font **BOLD**
- Text should be in 10 point Times New Roman font, single spaced
- Headings should be in 10 point **BOLD**

Tables

- Main table heading should be in 10 point Times New Roman font **BOLD**
- Legends should be in 10 point, single spaced
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- Headings within tables should be in 8 point **BOLD**

Data

- SI units are required
- Numbers in text and tables should always be provided if % is shown
- Means should be accompanied by SDs, and medians by IQR
- Exact p values should be provided, unless p<0.0001

Drug names

- Recommended international non-proprietary name (rINN) is required

References

- Vancouver style—eg,
Smith A, Jones, B, Clements S. Clinical transplantation of tissue-engineered airway. *Lancet* 2008; **372**: 1201–09.
Hourigan P. Ankle injuries. In: Chan D, ed. Sports medicine. London: *Elsevier*, 2008: 230–47.
- Numbered in order of mention in appendix and numbered separately from references in the full paper

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- All images must have a minimum resolution of 300 dpi, width 107 mm
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- The paper to which the audio or video clip relates should be mentioned in the recording
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- Written consent from all parties must be obtained (see also the above section on **Patients’ consent and permission to publish**)

Audio

- Audio material submitted as an mp3 file, no larger than 50 Mb
- Your paper may be selected for a podcast. If so, the Web Editor will contact you to arrange a pre-recorded interview to discuss your paper. For more information, see [Audio](#)

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- We welcome your videos and invite you to submit any video material (reports, interviews, scans, imaging) for consideration in the online journal. Please ensure that all those featured in the video have given permission for publication (see also the above section on **Patients’ consent**)

and permission to publish)

- Video material should preferably be submitted in .mpg (or .mov, .avi, or .gif) format with aspect ratio of 16:9, no larger than 50 Mb
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- Submissions that survive in-house and peer review might be referred back to authors for revision. This is an invitation to present the best possible paper for further scrutiny by the journal; it is not an acceptance
- Authors should give priority to such revisions; the journal will reciprocate by making a final decision quickly
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Author interview

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Audio

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Authors may be required to provide the raw data for research papers when they are under review and up to 10 years after publication in *The Lancet Global Health*.