



Author Guidelines: Instructions for preparation of manuscripts 2020

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Author Guidelines

MEDICC Review (MR) 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.

MR publishes experiences 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.

The MR 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.

General Instructions

Preferred content	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.
Not accepted Manuscripts that introduce	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.
Submission	Submit the following electronically to editors@mediccreview.org : <ul style="list-style-type: none"><input type="checkbox"/> the manuscript<input type="checkbox"/> Author Agreement (signed)
Author's Copies	First authors will receive one copy of the issue of <i>MEDICC Review</i> in which their work appears.
Resources to consult	Citing Medicine, The NLM Style Guide for Authors, Editors, and Publishers (web page) MEDICC Review Editorial Ethics (web page) MEDICC Review Author Agreement (PDF) In this document: Checklist for Manuscript Submission Definitions of Author & Contributor Policy on Conflict of Interest
Format	<ul style="list-style-type: none"><input type="checkbox"/> The manuscript should be written in English or Spanish (whichever is your first language), in Word.<input type="checkbox"/> Use 12-point Times New Roman, normal margins (1 in.), left aligned singled spaced, double space between paragraphs.<input type="checkbox"/> No preset or automatic formatting or style features.<input type="checkbox"/> The endnotes function is permitted.<input type="checkbox"/> All macros must be disabled.<input type="checkbox"/> Maximum length (words, graphics and references) according to journal section. (See Author Instructions.)

Units of Measurement	Use International System of Units (ISU); measurements in metric, temperatures in degrees Celsius. In decimal units , use periods, not commas (e.g., 0.15 or 3.1%)
Digital version of Author Guidelines	If you are reading a printout of these guidelines, you may download a digital version from http://www.medicc.org/mediccreview/documents/guidelines-for-authors.pdf
Questions?	Contact editors@mediccreview.org

Checklist for Manuscript Submission

Title Page	<p>Title</p> <ul style="list-style-type: none"> ○ 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.....). <p>Should begin with a term suggesting the most important aspect of the article.</p> <hr/> <p>Subtitle</p> <p>Subordinate terms (such as study design) can appear in a subtitle.</p> <hr/> <p>Authors</p> <ul style="list-style-type: none"> ○ Name, degree, discipline or specialty, institutional affiliation and email of each author. All authors should provide also their ORCID digital identifier. To get it, go to https://orcid.org/ and follow three simple steps). (See Definitions of Author & Contributor). <hr/> <p>Contact Information</p> <p>Email, mailing address and work/home/cell phone numbers of corresponding author. If it's possible, include your contact information at social networks as LinkedIn, Twitter and/or Facebook. Information will be exchanged only with the corresponding author.</p> <hr/> <p>Importance</p> <p>One ≤30 word-phrase that summarizes the importance of the work.</p> <hr/> <p>Abstract</p> <ul style="list-style-type: none"> ○ Structured abstract: Original Research, Review. ○ Nonstructured abstract: Perspective, Lessons from the Field. ○ Keywords: 3–10 (See MeSH terms) <hr/> <p>Acknowledgments (Contributors)</p> <ul style="list-style-type: none"> ○ 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. <hr/> <p>References</p> <ul style="list-style-type: none"> ○ Maximum as per journal section (see ‘Author Instructions’ for each section below). ○ Format as indicated in Citing Medicine: The 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. ○ Number references consecutively in the body of the text, 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.
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Checklist for Manuscript Submission

Tables	<ul style="list-style-type: none">○ Maximum as per journal section (see ‘Author Instructions’ for each section below).○ Include variability indicators when pertinent (SD, SEM)○ Name rows and columns clearly and without ambiguity.○ Indicate denominators for percentage calculation, so readers can check them.○ Do not use a table if data could be expressed narratively in a single sentence.
Graphic elements — general notes	<ul style="list-style-type: none">○ Maximum as per journal section (see ‘Author Instructions’ for each section below).○ Digital files, with explanatory names (e.g., 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; unnecessary if data are from same reported in the manuscript).○ 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 <i>MEDICC Review</i> of all responsibility. (See Author Agreement)
Figures, images & photographs	<ul style="list-style-type: none">○ Maximum as per journal section (see ‘Author Instructions’ for each section below).○ 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 include:<ul style="list-style-type: none">• Original files in Illustrator, Corel Draw, MS Word, Freehand, Excel or PowerPoint;• Postscript files (*.ps); and• Bitmap files (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. <i>MEDICC Review</i> publishes in black and white; if color is essential, the image will be made available online.
Names of 4 reviewers	<ul style="list-style-type: none">○ In the Author Agreement, submit names of four potential reviewers who are able to read the manuscript in its original language. They must have no conflicts of interests with the manuscript’s content, its authors or their institutions.○ Two of them must be from a country other than the study’s country of origin.
Author Agreement	<ul style="list-style-type: none">○ Before signing this Author Agreement, read the following <i>MEDICC Review</i> policies or documents:<ul style="list-style-type: none">• Policy on Conflict of Interest (below)• Definitions of Author & Contributor (below)○ Complete and sign the <i>MEDICC Review</i> Author Agreement..

Definitions of Author & Contributor

MEDICC Review’s guidelines for determining authorship are based on the (ICJME) [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals](#), relevant portions of which are cited below, edited only for style.

Definitions of Author & Contributor

Author	<p>An Author is someone who complies with ALL the following four conditions:</p> <ol style="list-style-type: none">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, and4) takes responsibility for all aspects of the work, guaranteeing appropriate investigation and resolution of any issues related to accuracy, reliability and integrity of any part of the work
<i>Not an author</i>	Acquisition of funding, collection of data, or general supervision of the research group alone, does not justify authorship.
<i>Group authorship</i>	<ul style="list-style-type: none">□ Group authorship is an option when there are many authors.□ All persons designated as authors should qualify for authorship, and all those who qualify should be listed. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.□ Increasingly, authorship of multicenter trials is attributed to a group. When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript.□ The group should identify the individual who signs the Author Agreement on its behalf.□ The National Library of Medicine indexes the group name and the names of individuals the group has identified as being directly responsible for the manuscript.□ The corresponding author should clearly identify the group name, all individual authors and the preferred citation. Editors will ask authors to complete journal-specific author and conflict of interest disclosure forms. <i>MEDICC Review</i> requires the declaration of personal contribution of each author as part of the Author Agreement.
<i>Byline</i>	The order of authorship on the byline should be a joint decision of the coauthors. Authors should be prepared to explain the order in which authors are listed.
Contributor	<ul style="list-style-type: none">□ All contributors who do not meet the criteria for authorship should be listed in an Acknowledgments section.□ Examples include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Financial and material support should also be acknowledged.□ Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under a heading such as “clinical investigators” or “participating investigators,” and their function or contribution should be described—for example, “served as scientific advisors,” “critically reviewed the study proposal,” “collected data,” or “provided and cared for study patients.”□ Because readers may infer their endorsement of the data and conclusions, all persons must give written permission to be acknowledged.

Policy on Conflict of Interest

Disclosure requirement	<p><i>MEDICC Review</i> 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.”</p> <p>All authors and reviewers of articles submitted as <i>Original Research, Review, Lessons from the Field, Lessons in International Cooperation, Perspective and Viewpoint</i> must state explicitly whether or not a potential</p>
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Policy on Conflict of Interest

Authors	<p>Each author (or the corresponding author on their behalf) should disclose in the Author Agreement any relationship that could be considered a possible conflict of interest (economic, institutional, personal or professional).</p> <p>Potential conflict of interest declared by authors will be published with articles appearing in the journal.</p> <p>The existence of conflicts of interest does not minimize your manuscript, but their concealment violates ethical principles.</p>
Reviewers	<p>MEDICC Review uses double-blind peer review and excludes reviewers affiliated with the same institutions as authors of a particular manuscript.</p> <p>Reviewers must disqualify themselves from reviewing any manuscript where there is potential for any conflicts of interest that could bias their evaluation of a manuscript.</p> <ul style="list-style-type: none">• If no conflict of interest exists, each reviewer must declare this on the Peer Review Guideline form.• If a conflict of interest does exist, each reviewer must provide written disclosure on the Peer Review Guideline form.
Editors	<p><i>MEDICC Review</i> 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.”</p>

Author Instructions: Original Research Article

The 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. All submissions to this section are subject to double-blind peer review.

The text, from Introduction through Acknowledgments, is limited to ≤5000 words (≤6000 words in Spanish), plus ≤5 tables/figures/images and ≤50 references.

Section	Notes
Abstract	<p>Structured; ≤400 words; 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 MeSH terms)</p>
Introduction	<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>

Author Instructions: Original Research Article

Methods	<p>It is recommended to structure this section in subsections entitled according to their content.</p> <p>Design and population:</p> <ul style="list-style-type: none"><input type="checkbox"/> Type and design of the study<input type="checkbox"/> How and where it was carried out<input type="checkbox"/> Participant selection (universe and/or samples, selection criteria, number of participants in each studied group)<input type="checkbox"/> Study variables (with their definitions) <p>Procedures (data collection and processing):</p> <ul style="list-style-type: none"><input type="checkbox"/> Methods used for assessments and when they were carried out<input type="checkbox"/> Equipment and reagents (name, brand, country)<input type="checkbox"/> Any modifications of a previously published method<input type="checkbox"/> Software programs used, with version <p>Analysis:</p> <ul style="list-style-type: none"><input type="checkbox"/> Describe statistical methods in sufficient detail to allow verification of results<input type="checkbox"/> Provide indicators of measurement error or uncertainty (e.g., SD, SEM, confidence intervals)<input type="checkbox"/> Avoid exclusive reliance on p values, which do not provide information about effect magnitude.<input type="checkbox"/> 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>MEDICC Review adopts the definition of clinical trial 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.</p>
Ethics	<p>Declare approval by institutional ethics committee(s). Studies that involve human subjects should follow the principles of the Helsinki Declaration.</p> <p>Written informed consent must be obtained from participants or their legal representatives.</p> <p>It is the author's responsibility to keep approval documents from ethics committee(s) and written informed consent; MEDICC Review may request them.</p> <p>Authors who are members of business enterprises or financed by them should follow Good Publication Practice guidelines.</p> <hr/> <p>MEDICC Review supports international initiatives to raise the quality of medical publishing and welcomes the recommendations and guidelines of the Enhancing the Quality and Transparency of Health Research EQUATOR Network. We recommend you consult the EQUATOR network guidelines 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, including confidence intervals where applicable.</p> <p>Report absolute and relative frequencies.</p> <p>If you include information from data not shown, MEDICC Review may request them. If necessary, MEDICC Review could publish online appendices with more extensive material (for example, questionnaires, long tables) than is feasible in the print copy.</p>

Author Instructions: Original Research Article

Discussion	<p>Explain why the study was carried out with this design.</p> <p>Comment on the context in which results were obtained and are applicable, their importance and usefulness.</p> <p>Compare your results with other relevant studies.</p> <p>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</p> <p>Emphasize original and important aspects.</p> <p>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.</p> <p>Avoid generalizations unsupported by the research.</p> <p>Avoid references to economic benefits and costs if the article has not included economic data or analysis.</p>

Author Instructions: Short Article

*Short Article does not differ from an **Original Research** paper in terms of quality, importance, priority or and subject matters. However, a Short Article is more appropriate for reporting specific findings, which can be illustrated in one or two tables or figures. Submissions to this section are also subject to double-blind peer review. The text, from Introduction through Acknowledgments, is limited to ≤1500 words (≤1800 words in Spanish), plus ≤2 tables/figures/images and ≤12 references.*

Section	Notes
Abstract	Structured; ≤250 words; without references and abbreviations
Keywords	3–10 (See MeSH terms)
Introduction	Brief study context that should end with the purpose of the study, and if there is one, with the hypothesis to be tested.
Methods	Main methods used, including subject selection, study design, data collection, measurements and analytical tools. Reports of clinical trials must include registration number and country of the public clinical trial registry where registered.
Ethics	The same standards of ethics apply for this section as for Original Research articles.
Results	Brief description and explanation of main qualitative and quantitative findings.
Conclusions	Implications and/or generalizations of main findings.

Author Instructions: COVID-19 Case Studies

The urgency surrounding the COVID-19 pandemic and the need to quickly make public any findings that may contribute to a better understanding of the disease's clinical or epidemiological aspects have led to a resurgence in publication of case studies. This permits quick publication of observations without relaxing rigorous standards for both quality and verifiability of information.

For its part, *MEDICC Review* is now open to receiving case studies relating only to COVID-19. This includes descriptions of either singular cases or isolated cases that are not otherwise part of a systematically-compiled series. Cases that are part of a systematically-compiled series (probabilistic or discretionary) would be considered observational studies and would adhere to that set of authorial guidelines.

We consider “case studies” to be descriptions of single or isolated cases that are not part of a larger systematically-compiled series. The descriptions must be detailed and contain objective and verifiable information on clinical findings in either suspected or confirmed cases of COVID-19. The maximum word count for the text is 1800 words in English (3200 in Spanish), with a maximum of 4 tables, figures or photos, and up to 15 references.

Section	Notes
Abstract	Structured; ≤250 words; without references and abbreviations
Keywords	3–10 (See MeSH terms)
Introduction	Must explicitly state the purpose of the study and contextualize its importance
Methods	Must indicate both the source and the means of obtaining the information presented on the single or isolated cases.
Ethics	The case(s) must be anonymous and follow the same rules outlined for Original Research manuscripts
Results	Data pertaining to the patient(s) must be described in as much detail as possible; clinical, laboratory or imaging results can all be considered; as with other modalities, data must come from verifiable sources.
Conclusions	Include the implications and broader meaning of the main clinical findings

Author Instructions: Review Article

The article summarizes findings on a 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 article should communicate the author's critical assessment based in his/her experience. All submissions to this section are subject to double-blind peer review.

The text, from Introduction through Acknowledgments, is limited to ≤5000 words (≤6000 words in Spanish), plus ≤5 tables/figures/images and ≤50 references.

Section	Notes
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Author Instructions: Review Article

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 knowledge; clarify if your conclusions are country or region-specific. Keywords: 3–10 (See MeSH terms)
Introduction	Indicate the national, regional and/or global context of the specific topic reviewed, and state 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.
Development	Author has the freedom to structure the text at their 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.

Author Instructions: Lessons from the Field

This brief report describes interventions or strategies in population health, health sciences education, global health cooperation or clinical practice, and their outcomes. All submissions to this section are subject to double-blind peer review.

The text, from Introduction through Acknowledgments, is limited to ≤2500 words (≤3000 words in Spanish), plus ≤2 tables/figures/images and ≤20 references.

Section	Notes
Abstract	Unstructured; ≤300 words; without references and abbreviations. Do not include references or abbreviations (except MeSH terms). Keywords: 3–10 (See MeSH terms)

Author Instructions: Lessons from the Field

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 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 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, written informed consent from participants. See Ethics in Authors Instructions: Original Research Article).
Lessons learned	Present findings, lessons, recommendations. Specify in which context(s) lessons could be applied.

Author Instructions: Lessons in International Cooperation

This report synthesizes experiences in international cooperation, their process, mechanisms, achievements, challenges, and benefits for population health. Authorship should include representatives from partnering institutions in countries involved. All submissions to this section are subject to double-blind peer review.

The text, from Introduction to Acknowledgments, is limited to ≤3000 words (≤3500 words in Spanish), plus ≤2 tables/figures/images and ≤20 references.

Section	Notes
Abstract	Unstructured; ≤300 words; without references and abbreviations. Do not include references or abbreviations. Keywords: 3–10 (See MeSH terms)
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: <ul style="list-style-type: none"> <input type="checkbox"/> Objective(s) <input type="checkbox"/> Justification: Describe the origins of the collaboration relative to the problem addressed and indicate reasons supporting the initiative <input type="checkbox"/> Participating institutions and their capacities to contribute to such a partnership <input type="checkbox"/> Mechanisms for collaboration (e.g., MOU) and processes involved in arriving at same <input type="checkbox"/> Activities: Include main activities to develop and implement the project, as well as their timetable, place, and participants <input type="checkbox"/> 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 Ethics in Authors Instructions: Original Research Article .

Author Instructions: Lessons in International Cooperation

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.).

Author Instructions: Perspective

This essay 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 respects. All submissions to this section are subject to double-blind peer review.

The text, from Introduction through Acknowledgments, is limited to ≤ 2500 words (≤ 3000 words in Spanish), plus ≤ 2 tables/figures/images and ≤ 20 references.

Section	Notes
Abstract	Unstructured; ≤ 300 words; without references and abbreviations. Summarize the key points, recommendations or arguments of the essay. Do not include references or abbreviations. Keywords: 3–10 (See MeSH terms)
Text	≤ 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.

Author Instructions: Viewpoint

This short essay expresses the author's personal, professional opinion, referring to specific experiences in Cuba or elsewhere. It should not describe programs or achievements, except as these serve to support the author's opinion.

The text is limited to ≤ 1000 words in English (≤ 1200 in Spanish), without graphic elements; ≤ 5 references.

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.

Author Instructions: Testimony

A testimony is a personal account that narrates the author's experience. In contrast with Viewpoints (commentaries expressing evidence-based professional opinions), testimonies chronicle a series of personally-experienced facts and episodes, told in chronological order, potentially illustrating lessons learned or pointing to ramifications on a broader scale. Stories directly linked to health, understood as One Health, are the subject matter, offering a wide range of potential areas of exploration. Added merits are a gender focus and content related to human values and health as a human right, casting the experience and its implications in a social justice framework.

The text is limited to 1800 words in English (≤ 2400 in Spanish) with one photo or equivalent illustration, and ≤ 3 references.

Section	Notes
Text	Write in first person. Dialogue may be reproduced with proper punctuation to clearly identify the speaker. Do not use idioms or other words from local jargon unless explained.

Author Instructions: Letters to the Editor

MEDICC Review welcomes correspondence in English or Spanish related to topics covered in the journal.

All correspondence must be accompanied by the author's contact information, academic degrees and institutional affiliation. Send Letters to the Editor to: editors@mediccreview.org

The text is limited to ≤ 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.

