

Guidelines for contributors

1. SCOPE AND EDITORIAL POLICY

1.1 Content. The mission of the *Bulletin of the World Health Organization* is “to publish and disseminate scientifically rigorous public health information of international significance that enables policy-makers, researchers and practitioners to be more effective; it aims to improve health, particularly among disadvantaged populations”.

The *Bulletin* welcomes unsolicited manuscripts, which are initially screened in-house for originality, relevance to an international public health audience and scientific rigour. Manuscripts passing the initial screening are sent for peer review. After the reviews have been received, a decision on the manuscript's acceptability for publication in the *Bulletin* is made by the editorial advisers. Accepted papers are subject to editorial revision, including shortening of the text and omission of tables and figures if appropriate. The word limits shown below do not include the abstract (where applicable), tables, figures and references. The principal types of manuscripts are outlined below.

1.1.1. Unsolicited manuscripts

Research, Policy and practice, and Lessons from the field manuscripts must be accompanied by two paragraphs indicating what they add to the literature:

- a brief explanation of what was already known about the topic concerned;
- a brief outline of what we know as a result of your manuscript.

Research. Methodologically sound primary research of relevance to international public health. Formal scientific presentations of not more than 3000 words, with a structured abstract (see below, 2.8) and not more than 50 references; peer reviewed.

Policy and practice. Reviews, debates or hypothesis-generating papers; not more than 3000 words, with a non-structured abstract (see below, 2.8) and not more than 50 references; peer reviewed.

Lessons from the field. Papers that capture experiences and practice gained in solving specific public health problems

in developing countries, with a structured abstract (see below, 2.8); not more than 1500 words and not more than 15 references, with no more than one table and one figure (see also: <http://www.who.int/bulletin/volumes/84/1/3.pdf>).

Perspectives. Views, hypotheses or discussions (with a clear message) of an issue of public health interest; up to 1500 words, no more than six references.

Letters. Useful contributions referring to something published recently in the *Bulletin*; 400–850 words, maximum six references. Letters are also edited and may be shortened.

Reporting of results of studies should follow best practices, as outlined in the following guidelines:

- CONSORT for reports of randomized trials (<http://www.equator-network.org>)
- TREND for reports of non-randomized evaluations of interventions (<http://www.trend-statement.org/asp/trend.asp>)
- STARD for studies of diagnostic accuracy (<http://www.equator-network.org>)
- MOOSE for meta-analysis of observational studies (<http://www.equator-network.org>)
- QUOROM for systematic reviews and meta-analyses of randomized trials (<http://www.equator-network.org>)
- STROBE for the reporting of observational studies in epidemiology (<http://www.equator-network.org>)
- Clinical trials sponsored by pharmaceutical companies should follow specific guidelines (available at: <http://www.gpp-guidelines.org>). All human trials that are phase 2a and above must be registered with a clinical trial registry (see: <http://www.who.int/ictrp/en>). Information on trial registration is available at: <http://www.who.int/bulletin/volumes/83/9/645.pdf>

1.1.2. Commissioned manuscripts

The categories of articles shown below are normally commissioned by the editors. Authors wishing to submit an unsolicited manuscript to be considered for one of these categories should first contact the editorial office (see below, 2.1).

Editorials. Authoritative reviews, analyses or views of an important topic related to the month's theme or a topical subject; not more than 800 words, maximum 12 references.

Commentaries. Explanatory or critical analysis of an individual article; not more than 800 words, maximum 12 references.

Public health reviews. Evidence-based review papers that focus on an important aspect of a particular disease or public health policy. Not more than 3000 words with a non-structured abstract (see below, 2.8) and not more than 50 references; peer reviewed.

Round tables. Consist of a base paper on a controversial subject of current public health importance (not more than 2000 words and an abstract) and a debate on it by several discussants, who are invited to contribute not more than 500 words each.

Public health classics. A landmark public health paper or publication is reproduced, accompanied by a commentary of up to 1500 words.

Book reviews & electronic media. Reviews of a book, web site, film, play, CD-ROM, etc. of public health interest; 400–800 words, no references.

1.2 Ethical issues. The World Health Organization publishes the results of research involving human subjects only if it has been conducted in full accordance with ethical principles, including the provisions of the World Medical Association Declaration of Helsinki (as amended by the 52nd General Assembly, Edinburgh, Scotland, October 2000; available at: <http://www.wma.net/e/policy/b3.htm>) and the additional requirements, if any, of the country in

which the research was carried out. Any manuscript describing the results of such research that is submitted for publication must contain a clear statement to this effect, specifying that the free and informed consent of the subjects or their legal guardians was obtained and that the relevant institutional or national ethical review board approved the investigation. The *Bulletin* is a member of the Committee on Publication Ethics (COPE; see: <http://www.publicationethics.org.uk>). Issues involving publication ethics may be referred to this Committee by the editors.

1.3 Competing interests. A competing interest arises when a professional judgement concerning a primary interest (such as patients' welfare or the validity of research) may be influenced by a secondary interest (such as financial gain or personal rivalry). We ask all authors to disclose at the time of submission any competing interests that they may have. Examples of types of competing interests may be found at: <http://www.icmje.org>. Further information on competing interests is available at <http://www.who.int/bulletin/volumes/83/9/645.pdf>.

1.4 Funding. Authors should declare sources of funding for the work undertaken, affirm that they have not entered into an agreement with the funding organization that may have limited their ability to complete the research as planned, and that they have had full control of all primary data.

1.5 Appeals process. Authors who wish to appeal against a decision to reject their paper should follow the procedures outlined in an editorial published in the *Bulletin* (see: <http://www.who.int/bulletin/volumes/83/9/645.pdf>).

2. PREPARATION AND SUBMISSION OF MANUSCRIPTS

2.1 Correspondence. Manuscripts should be submitted to the *Bulletin* via our submissions web site (<http://submit.bwho.org>), where full information is given. Queries about online submissions should be sent to the following e-mail address: bulletin.submit.ask@who.int. Authors who experience difficulties in using the online submission system should seek assistance by contacting the editorial office.

2.2 Uniform requirements. Manuscripts should be prepared in accordance with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals established by the Vancouver Group (International Committee of Medical Journal Editors, ICMJE). The complete document, updated October 2007, is available at: <http://www.icmje.org>

2.3 Languages. Manuscripts should be submitted in English. The *Bulletin* is published in English; the abstracts are translated into Arabic, French and Spanish. Authors who have difficulty in preparing their manuscript in English should contact the editorial office for advice.

2.4 Authorship. Authors should give their full names and the name and address of their institutions. If possible, only one institution per author should be given. In accordance with the "Uniform requirements" (see above, 2.2), each author should have participated sufficiently in the work being reported to take public responsibility for the content; each author should provide a description of his or her contribution to the work being reported. The full postal and e-mail address of the corresponding author will be published unless otherwise requested. The *Bulletin* encourages submissions from authors in developing countries, and in line with this policy at least one author should be a national of the country where the study was carried out and have an affiliation there.

2.5 Licence for publication. If a manuscript is accepted for publication, the author(s) will be asked to sign a statement granting exclusive licence for publication to the World Health Organization. A copy of the statement is available at: <http://submit.bwho.org/journals/bullwho/forms/licence.pdf>. Authors are responsible for obtaining permission to reproduce in their articles any material enjoying copyright protection. The letter granting such permission should be sent to the editorial office.

2.6 Automatic links. All links inserted by the automatic reference and footnote facilities of word-processing software must be removed before the manuscript is submitted. Footnotes are not permitted and such material should be inserted into the main text.

2.7 Tables and figures. Tables and figures should be used only if they enhance understanding of the text. In the text, tables and figures should be numbered consecutively (e.g. Table 1, Fig. 1). They should be presented with clear, concise titles at the end of the text and not incorporated or embedded into it. Abbreviations or acronyms should be avoided but if used must be explained. Graphs or figures, which should be presented in two-dimensional and not pseudo three-dimensional "perspective" format, should be clearly drawn and all the data identified.

2.8 Abstracts. Abstracts, which should be clearly written to highlight the text's most significant points, should be provided for the following types of papers: Research, Policy and practice, base papers for Round tables, Public health reviews, and Lessons from the field. The abstract, which should not exceed 250 words, appears in English at the beginning of the paper and is translated into Arabic, French and Spanish for publication at the end of the paper. Accuracy of the translations is the responsibility of the *Bulletin*. For Research papers, the abstract should be structured: Objective, Methods, Findings, Conclusion. For Lessons from the field papers the abstract should be structured: Problem, Approach, Local setting, Relevant changes, Lessons learned.

2.9 Bibliographic references. Authors are responsible for the accuracy of all references, which should be verified at: <http://www.ncbi.nlm.nih.gov>; these are not checked by the editors. References should be numbered consecutively as they occur in the text (in superscript roman type, preferably at the end of a sentence) and listed in numerical order at the end of the text. The *Bulletin* adheres closely to the Vancouver style of references (see <http://www.icmje.org>, updated October 2007). The first six authors of a work should be named, followed by "et al." if there are more than six.

2.10 Maps. Use of maps should be avoided, but should their use be necessary authors are requested to use the relevant UN-approved maps, which can be downloaded from: <http://www.un.org/Depts/Cartographic/english/htmain.htm> ■