



Manuscript Types and formatting

Population Medicine considers the following types of articles:

- Research Papers – reports of data from original research or secondary dataset analyses.
- Review Papers – comprehensive, authoritative, reviews within the journal's scope. These include both systematic reviews and narrative reviews.
- Short Reports – brief reports of data from original research.
- Policy Case Studies – brief articles on policy development at a regional or national level.
- Study Protocols – articles describing a research protocol of a study.
- Letters to the Editor – a response to authors of an original publication, or a very small article that may be relevant to readers.
- Editorials – articles written by the Editorial Board or by invited experts on a specific topic.

Research Papers

Articles reporting research may be full length or brief reports. These should report original research findings within the journal's scope. Papers should generally be a maximum of 4000 words in length, excluding tables, references, and abstract and key points of the article, whilst it is recommended that the number of references should not exceed 36.

Review Papers

Comprehensive, authoritative, reviews within the journal's scope. There are two types of review papers:

- systematic review papers: respond to a specific research question, accrue from criterion-based selection of sources, include a quantitative synthesis and a statistical method (meta-analysis), and should adhere to **PRISMA guidelines**. Guidelines used for abstracting data and assessing data quality and validity should be noted in methods section.

- narrative review papers: the research question may be broad, and the scope of this review is to discuss a specific topic. This type of review does not necessarily include a methodological approach and its synthesis is usually qualitative. Narrative reviews should include details regarding data sources used, keywords applied, time restrictions and study types selected.

All review papers should be generally less than 6000 words, excluding abstract, tables, figures and references. References should not exceed 50, unless the topic has an extensive evidence base. Conclusion of the reviews should be specific and stem from the findings.

Short Reports

Brief reports of data from original research. Short reports are shorter versions of original articles, may include one table or figure, should not exceed 1500 words, and it is recommended that the number of references should not exceed 15. Short reports are suitable for the presentation of research that extends previously published research, including the reporting of additional evidence and confirmatory results in other settings, as well as negative results. Authors must clearly acknowledge any work upon which they are building, both published and unpublished.

Study Protocols

Articles describing a research protocol of a study. This article type can be for proposed or for ongoing research and should contain the background, research hypothesis, rationale a detailed methodology of the study. The SPIRIT 2013 Checklist guidelines ideally should be applied. Study protocols submitted for publication must have received ethics approval. Protocols of randomized trials should follow the CONSORT guidelines and must have a trial registration number, while observational studies should follow STROBE guidelines.

Letters to the editor

A letter to the Editor is a brief report that is within the journal's scope and of particular interest to the community, but not suitable as a standard research article. A maximum of ten articles may be included in the references. Letters to the Editor may be edited for clarity or length and may be subject to peer review at the Editors' discretion. Letters intended for publication should be a maximum of 500 words, contain 10 references, and up to one table or figure. These rules apply for research letters, and letters that respond to articles published in the journal. Letters to the editor are subject to editorial editing so as to streamline the article with the journal's style. Corrections to published articles are also published as a letter and linked to the corrected version of the article.

Editorials

Editorials are written by the Editorial Board or by invited topic experts, space and may reflect on current articles within Population Medicine.

Manuscript Formatting

We support the use of Checklists during manuscript preparation. Checklists are available for a number of study designs, including:

- randomized trials (**CONSORT**),
- systematic reviews (**PRISMA**),
- observational studies (**STROBE**),
- meta-analyses of observational studies (**MOOSE**) and
- qualitative studies (**RATS**).

Text Formatting

All manuscripts should be submitted in a Word format, they should be single column and 1.5 spaced. Margins should be one inch (2.5 cm) at the top, bottom and sides of the page. Font size should be 11-pt or 12-pt, standard font in 'Arial' or 'Times New Roman'. Manuscripts should be formatted in full justified paragraphs and headings should be left-aligned. Maths should be editable text.

Title Page

The Title page should list the title of the article and suggestions for a short running title of no more than 60 characters (including spaces). Also include the authors names, affiliations and contact details including email address for the corresponding author. Affiliations should contain each author's department, institution (institute, university), city, country.

The Title of the article should be clear, concise and highlighting the research topic. It should not include rhetorical questions, literary language, quotations and special symbols. Authors cannot change the title of their article once it is accepted for publication.

Abstract

Authors are asked to supply a structured abstract of 250 words. For research articles, systematic reviews and brief reports, the abstract is limited to 250 words and should be structured as follows: Introduction, Methods, Results, and Conclusions. Abstracts for narrative reviews and study protocols are unstructured. Letters do not have an abstract.

Keywords

Include up to six keywords that describe your paper for indexing and for web searches of your manuscript.

Main Text

Research Papers, Systematic Review Papers and Short Reports sections are: Introduction, Methods, Results, Discussion, and Conclusions. Narrative Review Papers are not necessarily structured. It is suggested though to include the sections Introduction, Developments and Conclusion. Study Protocols consist of Introduction, Methods, Discussion, and Conclusions.

Use the guidelines below to structure these sections:

1. A short introduction which should end with the study's aims. The introduction should state clearly the objective of the paper as well as the context of the research or analysis.
2. A methods section which should describe the study design, setting, participants, measures, variables and statistical analysis performed. This section should also include information on the study's ethics approval.
3. A results section, which should describe the study's main findings and highlight important aspects that are presented within the tables.
4. A discussion section, which should include a discussion of the study's main findings, comparisons with other studies, potential policy implications, the study's strengths and limitations.
5. A conclusions section, which should be short, concise and based on the results of the current study. General conclusions that do not stem from the manuscript's results should be avoided.

Declaration of Interests

Declare any competing interests for each author. The Population Medicine adheres to the International Committee of Medical Journal Editors (ICMJE) Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals. The author names on the ICMJE forms should be identical to the names in the manuscript. The ICMJE Conflict of Interest form is used by all European Publishing journals.



Funding

All sources of funding for the research reported should be declared. The role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript should be declared. The sentence should begin: "This work was supported by". Proposal numbers should be complete and accurate and provided in parentheses as follows: "(grant number xxxx)"

Acknowledgements

This section is for acknowledging individuals and institutions whose support the authors wish to mention (it is not compulsory). Please acknowledge anyone who contributed towards the article who does not meet the criteria for authorship including anyone who provided professional writing services or materials.

Authors' contributions

The individual contributions of authors to the manuscript should be specified in this section. Guidance and criteria for authorship can be found in our editorial policies. The authors have the option to give a brief outline of their contribution. Please use initials to refer to each author's contribution in this section.

Group authorship (for manuscripts involving a collaboration group): If you would like the names of the individual members of a collaboration Group to be searchable through their individual PubMed records, please ensure that the title of the collaboration Group is included on the title page and in the submission system and also include collaborating author names as the last paragraph of the "Acknowledgements" section. Please add authors in the format First Name, Middle initial(s) (optional), Last Name. You can add institution or country information for each author if you wish, but this should be consistent across all authors.

Tables, Figures and Supplementary material

Tables and Figures should be placed at the end of the manuscript and be numbered sequentially in order of appearance in the text. However authors should ensure that every table or figure is referred to in the body of the text. Each table or figure should be accompanied by a short, descriptive title that includes the place, year and sample size and in the footnote should define any acronyms, abbreviations or symbols used, statistical methods applied and any other information needed so that the table or figure may stand alone. Superscripts used to refer to table footnotes should be lowercase alphabetical symbols. Captions should be given separately above the tables or figures. Numbers in the table should not contain commas, and numbers less than unity should have a zero in front of the decimal point. Decimal numbers should be represented with the use of a full stop. The number of actual tables (no sub-tables) that an article can contain should not exceed five. However, they have to be of value as determined by peer review. Extra tables can be included in the Supplementary material. The content of the tables should be such that the data are of sufficient resolution for comfortable reading. Tables should be submitted in their original Word format (not via Excel), and they should be legible. Horizontal lines should be used. Do not create a table or lines using only tabs or spaces to create columns. Tables should not duplicate material contained in the main text.

The number of figures should not exceed four. Extra figures can be included in the Supplementary material. Figures can be submitted in greyscale, black or white or in color as the journal is published online. Figures are subject to graphical editing by the typesetter software the journal and hence should be provided in an editable form. The journal prefers that figures (pie, bar, histogramme) be created in Excel. Do not embed a figure file as a picture into Excel or Word, but submit them as individual files in HD or editable graphic files. The data of figures should be attached in a Word format. Size the figure to the column or page width of the journal, and set the resolution at 300 dpi or greater. Figures containing a large amount of text, particularly flow diagrams, should be send in an editable form.

Supplementary material should be submitted as a single file that includes all the supplementary material (figures, tables, questionnaires, etc.). If the authors wish to change the Supplementary file they would need to resend it corrected, as a final version before publication. The authors should be aware that supplementary files are not proofread or corrected by the production team.

References

These must be numbered sequentially, as they first appear in the text. They should be within square brackets without spaces before or afterwards. Where more than one reference is cited, these should be separated by a comma, for example, [1, 12, 16], while for a continuous sequence of numbers, give the first and last number of the sequence separated by a hyphen, for example, [4-7]. The Reference list should thus be sequentially numbered using plain text (i.e. without the use of footnote or endnote etc). Please check the reference list and ensure that there is no duplication of references. A maximum of 36 references is suggested for research articles.

Article citations

These follow the AMA format.

Journal articles in Print

Citation format:

Authors. Title. Journal name. Year;Volume number(issue number):initial-final page.

(Note: Use et al. instead of names after the 6th author)

Example:

Kjellstrom T, Lemke B, Otto M. Climate conditions, workplace heat and occupational health in South-East Asia in the context of climate change. WHO South East Asia J Public Health. 2017;6(2):69-73.

Journal articles Online

All references that are from journal articles must contain a Digital Object Identifier (DOI): A DOI is a unique character string created to identify a digital object, such as a journal article in an online environment. The DOI is a permanent identifier of all versions of an article and the DOI for a document remains fixed over the lifetime of the document. The DOI must be included in the citation.

Citation format:

Authors. Title. Journal name. Year;Volume number(issue number):initial-final page. Doi.

Example:

Ramón E, García-Lausin L, Salgado-Poveda I, Casañas R, Robleda G, Canet O, Pérez-Botella M et al. Midwives' contribution to normal childbirth care: Cross-sectional study in public health settings, the MidconBirth Study protocol. Eur J Midwifery. 2017;1(September):4. doi:10.18332/ejm/76820

Books

Citation format:

Authors. Title. Volume number (for more than 1 volume). Edition number. Place of publication: Name of publisher; year of publication:page numbers.

(Note: Use et al. instead of names after the 6th author)

Example:

Patterson JT. The dread disease: cancer and modern American culture. Cambridge, MA: Harvard University Press; 1989.

Web links and URLs

All web links and URLs, including links to the authors' own websites, should be given a reference number, and included in the reference list, rather than within the text of the manuscript. They should be provided in full, including both the title of the item, the title of the site and the URL, as well as the date the site was accessed.

Website

Citation format:

Authors. Title. Name of the website. URL. Published date. Updated date. Accessed date.

Example:

Sustainable Development Goals (SDGs). <http://www.who.int/sdg/en/>. Accessed November 2018.

Report Online

Citation format:

Authors or Institution. Title. URL. Published date. Accessed date.

Example:

Sustainable Development Goals (SDGs).Towards a global action plan for healthy lives and well-being for all: Uniting to accelerate progress towards the health-related SDGs. http://www.who.int/sdg/global-action-plan/Global_Action_Plan_Phase_I.pdf. Published 2018. Accessed 2018.



Submission

The Population Medicine uses the online system “Editorial System” for manuscript submission, peer review and editorial handling. Within the submission system the corresponding author will have the ability to upload a cover letter and will also be able to select pre-identified statements related to the originality of the work, the potential conflicts of interest, authorship and the role of funding sources in manuscript preparation. Additional information may be requested by the Editorial Board so as to ensure the integrity and ethics of the manuscript.

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