



Global Health: Science and Practice

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Instructions for Authors

Scope and Audience

Global Health: Science and Practice (GHSP), an open-access, peer-reviewed online journal that does not charge any fees to authors, aims to improve health practice, especially in low- and middle-income countries. Our journal is intended to provide a forum for public health professionals who design, implement, manage, evaluate, and otherwise support health programs.

Articles should reflect new thinking, careful analysis, and clear writing that can be translated into action to improve public health practice. We accept articles reporting on research studies as well as program evaluations and observational and experiential knowledge that offer generalizable insights to improve health programs. **We are especially interested in papers that emphasize the details of *how* programs are implemented.** [Read about specific article types.](#)

Clear and concise communication is necessary for busy public health professionals and for individuals for whom English may not be their primary language. Therefore, we encourage clarity, brevity, and articulation of key points in several summary formats. [Read more about our writing tips.](#)

We include articles on all **global health topics**, including but not limited to:

- Addiction and Harm Reduction
- Child Health
- Communicable and Emerging Communicable Diseases
- Disaster Preparedness and Response
- Environmental Health
- Family Planning/Reproductive Health
- HIV/AIDS
- Malaria
- Maternal Health
- Neglected Tropical Diseases
- Noncommunicable Diseases and Injuries
- Nutrition
- Tuberculosis
- Water and Sanitation

The journal embraces an **interdisciplinary approach**, comprising such fields as epidemiology and biostatistics, and covers a range of **cross-cutting issues** that impact and support the health system, such as:

- Gender
- Health Communication/Healthy Behavior
- Health Information System
- Health Policy and Advocacy
- Health Systems Financing
- Human Resources/Training
- Knowledge Management
- Logistics and Supply Chain Management
- Leadership, Management, and Governance
- mHealth/eHealth
- Performance and Quality Improvement
- Research, Monitoring, and Evaluation
- Scale Up
- Youth

We welcome articles on a wide range of **programming models**, such as clinic- or community-based services, mobile outreach services, and private-sector approaches.

GHSP is currently indexed by PubMed, PubMed Central, MEDLINE, Scopus, and EBSCO, as well as by [POPLINE](#), USAID's [Development Experience Clearinghouse](#), [Google Scholar](#), and the [Directory of Open Access Journals](#).

Why Submit to GHSP?

Authors submitting to and publishing in GHSP will benefit from:

- **Scholarly journal to share programmatic findings and experiences.** While we accept conventional journal articles reporting on clinical trials and formal research studies, our aim is to fill a gap in the scholarly literature by focusing on articles that report practical health programming experience and findings. We believe that successful health programs need to address numerous logistical and implementation issues, in addition to important clinical issues. This journal is a place for you to share your experience and expertise on these essential programming issues.
- **Broad scope.** GHSP embraces a multidisciplinary approach to tackling the most pressing global health problems because we recognize that comprehensive and lasting solutions are often complex and multidimensional.
- **No submission or publication charges.** There is no charge to authors to submit articles to GHSP or to publish accepted articles in our journal.
- **Indexing in PubMed, PubMed Central, MEDLINE, Scopus, EBSCO, and other indexing services.** All GHSP articles are indexed in a number of popular indexing services, guaranteeing your articles will reach a broad global health audience.
- **Streamlined peer review.** Our Editorial Office will provide authors a summary of key issues raised by [peer reviewers](#) to address in subsequent revisions when needed to eliminate the guesswork of how to handle potentially conflicting peer reviewer comments.
- **Copyediting assistance.** GHSP follows established journal writing formats, but we also [encourage authors to use various summary formats](#), such as bolded headings with keywords, bullet lists, boxes, and call-outs, to reach busy health professionals and audiences whose first language may not be English. We will provide copyediting assistance to authors of accepted articles.
- **Open access.** All articles published in GHSP are [open access](#), meaning they will be freely available on the Journal's website to anyone in the world, improving access to and use of your information.
- **Retaining copyright.** We apply the [Creative Commons Attribution license](#) to all GHSP articles, which means that authors retain copyright over their own work while granting permission for anyone else to use and distribute the article as long as proper attribution is given.

- **Rapid publication.** Using an online medium provides the benefit of rapid publication and immediate distribution that print publications lack. While we collate collections of articles into cohesive issues on our website on a quarterly basis, we will also publish “Advance Access” versions of individual articles online generally as they are finalized (post-copyediting and formatting).

Criteria for Publication

Accepted articles will typically comprise the following attributes:

- Original (not under consideration or published *in other journals or scholarly publications*, such as textbooks; prior documentation in project briefs or reports is acceptable, although information will likely need to be synthesized differently for the purposes of a journal article)
- Cover practical programming implementation issues, with information on **what** the program entailed and **how** the program was implemented
- Broad program applicability
- Persuasive and actionable
- Scalable
- High-impact potential
- Provocative, compelling findings or insight
- Grounded in evidence

In general, accepted articles will provide information to help advance the field of global health and influence thinking and practice. Read more about the [criteria that peer reviewers consider](#) when recommending acceptance or rejection of papers.

Open Access Policy

Global Health: Science and Practice applies the [Creative Commons Attribution License](#) to all articles that we publish. Under this license, **authors retain ownership of copyright for their articles** or they can transfer copyright to their institution, but authors allow anyone without permission to copy, distribute, transmit, and/or adapt articles, so long as the original authors and source are cited.

No Author Fees

Global Health: Science and Practice does not charge any fees to authors to submit or publish articles in our journal. (Post-publication changes, which are very rare, may be subject to a nominal fee.)

Types of Articles

We generally consider the following article types, but we will consider ideas for other article types as well. Please consult the section on [How To Prepare and Submit Your Paper](#) for guidelines on how to organize each type of paper.

We are especially interested in Original Articles that explore the details of **how** programs are implemented and the factors that facilitated success or failure.

While we are dedicated to clear and concise writing, do not let concern about length constrain you from submitting worthwhile material. We realize, for example, GHSP's major interest in adequately describing "what happened" and "how" can sometimes require much detail. The key is organizing your paper so it communicates efficiently to a reader who may only devote limited time to reading it but who can find additional detail if she/he wants it (which can sometimes be provided in an appendix). We provide general guidance below about suggested length only to encourage authors to be concise as much as possible. When warranted, you can exceed these suggested word counts. We do not check word counts!

Original Articles. These may be **research-based** or focused on systematic **experiential knowledge** gained from implementation and management of health programs. Most Original Articles are 3,500–5,500 words (excluding abstract, tables, figures, and references).

Commentaries. This category includes **debate articles** and **analysis** pieces on important public health issues, as well as commentaries that discuss a specific article recently published in GHSP or elsewhere. Key statements and assertions should be supported with evidence. Most Commentaries are 2,500–3,500 words (excluding any tables, figures, and references).

Viewpoints. Viewpoints are **opinion-based essays** that describe the perspectives of an author(s) on significant public health issues in an insightful way. Most Viewpoints are 1,500–2,500 words (excluding any tables, figures, and references).

Reviews and Meta-Analyses. Papers that fall under this category are **critical reviews** of studies or interventions using a formal process or using statistical analysis to integrate data from a number of independent studies. These may be structured similarly to Original Articles, with similar length (about 3,500–5,500 words excluding abstract, tables, figures, and references).

Field Action Reports. These articles provide **rapid feedback** about current or ongoing experiences and observations during program implementation that led to the program taking certain actions to make improvements, which could be relevant for others in the field. For an example, see "[Successful use of tablet personal computers and wireless technologies for the 2011 Nepal Demographic and Health Survey.](#)" Most Field Action Reports are 2,000–3,000 words (excluding abstract, tables, figures, and references).

Short Reports. Short reports are brief pieces on focused and important topics that highlight a key finding or message. The major distinction between an Original Article and a Short Report, besides the obvious shorter nature of a Short Report, is that an Original Article typically reports on program

activities with data to show the results of those activities while a Short Report reports on data that are relevant to programs but usually without a program implementation component. For example, a Short Report may highlight important findings from a survey but without an accompanying program activity. Keep in mind that the findings should be important and new, adding value to the literature base, and not just report findings that are generally known in the field. An example of a Short Report is the article by Zong et al., "[Migration experiences and reported sexual behavior among young, unmarried female migrants in Changzhou, China.](#)" Suggested length: About 3,000 words (excluding abstract, tables, figures, and references).

Technical Notes. Technical Notes are also concise articles; they provide a crisp summary of current issues related to the scientific aspects of global health research or programming. See, for example, "[Exclusive breastfeeding: aligning the indicator with the goal.](#)" Suggested length: About 1,000–1,500 words (excluding abstract, tables, figures, and references).

Innovations. The goal of these succinct articles is to keep our readers informed about new techniques, technologies, or scientific advances in the global health field. See: "[Dedicated inserter facilitates immediate postpartum IUD insertion.](#)" Suggested length: About 500–1,000 words (excluding any tables, figures, and references).

Methodologies. Ordinarily we don't publish papers exclusively on research design unless there's a compelling reason to do so. Examples of Methodology papers that we are interested in include papers that describe in detail the methodologies used for research activities that are expected to have significant and influential results, which would be reported in a later paper (in GHSP or another journal). Another example is papers that present innovative approaches to analyzing and evaluating health programs and their effects, such as a new way to conduct a survey. In addition, Methodology papers that provide some preliminary evaluation findings are viewed more favorably. For an example, see "[Operations research to add postpartum family planning to maternal and neonatal health to improve birth spacing in Sylhet District, Bangladesh.](#)" Suggested length: about 2,000–4,000 words (excluding abstract, tables, figures, and references).

Stories From the Field. These pieces are poignant, personal, programmatic portrayals of an actionable, generalizable point. For this approach, use a storytelling method to illustrate key programmatic lessons. Storytelling has the particular ability to reach people in a way that penetrates, registers, and even moves. We are looking for an experience that has happened to you or someone with whom you are familiar that is relevant to implementing programs. It should illustrate a valuable principle, idea, or lesson that likely is generalizable to other colleagues in similar situations. It could be in the first person or a narrative style. For an example, see "[From housewife to health worker: touching other lives and changing my own.](#)" Most Stories From the Field are 1,000–1,500 words.

Letters to the Editor. Letters to the Editor discuss articles published recently in GHSP or issues of general interest. Letters discussing specific articles that are *not* selected for publication in a forthcoming issue may be posted as online comments. Readers may submit such comments from the full-text view of

articles, which, after moderation, will be posted with the article. Most Letters to the Editor are 500–1,000 words.

Other Article Types. We have also published “Resources” (summaries of key resources on cutting-edge topics) and “Technical Concepts” (analysis of important public health issues with original technical elements such as a new model). As mentioned above, we will consider other article types as well.

Style and Format

Global Health: Science and Practice accepts articles written in English; spelling should be based on U.S. English. The [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#) (previously referred to as the “Uniform Requirements”), published by the International Committee of Medical Journal Editors (ICMJE), provides useful guidelines to aid authors in preparing manuscripts for publication. For additional details not covered in the ICMJE Recommendations, GHSP refers to the [AMA Manual of Style](#) (10th edition), published by the American Medical Association and Oxford University Press.

Most articles should include a **Single Overriding Communication Objective (SOCO), or key message**, described in as little as 1 sentence and up to a few sentences. Read about [how to prepare your paper](#) for more information.

We do not set explicit limits on the length of papers submitted, but we encourage authors to be concise in order to reach our audience effectively. In some cases, providing more detail in appendices may be appropriate.

Formatting approaches such as **subheadings, lists, tables, figures, and highlighting key concepts are highly encouraged**. Summaries and single-sentence tag lines or headlines—abstracted sentences containing keywords that convey the essential messages—are also standard.

Writing for Impact Tips: Interesting, Simple, Concise, and Scannable

1. **Keep our key audience of public health practitioners in mind.** How does your intervention or research impact public health *practice*?
2. **Provide sufficient detail about key programmatic elements.** We are of course interested in **whether** an intervention or program was successful. But because our objective is to help others benefit from your experience and because we work in complex systems, it is often crucial to describe in some depth **how** you implemented your intervention and **what** it was that led to success or failure. For example, in addition to explaining the effect of a communication program on child undernutrition, we also encourage you to include details about the communication program itself, such as the content of the communication messages used. Similarly for “lessons learned,” try to focus on those lessons that would be generalizable and what it might take to apply them to other situations.

3. **Present information clearly.** Use clear, straightforward language and simple sentence structure. We also encourage you to use personal pronouns (I, we, you, they) and the active voice so that readers can connect with the information. For example: “We considered the following aspects” rather than “The following aspects were considered.” Employ the inverted pyramid writing style when appropriate, starting with the conclusion and then adding additional details and non-essential information.
4. **Be concise.** Break up long sentences with shorter ones. Cut out unnecessary words, sentences, or paragraphs. Use lists, rather than paragraphs, where helpful.
5. **Write for easy scanning.** Use bulleted lists, bolded keywords, meaningful headings and subheadings, tables, and figures. Convey keywords for which readers might search in the title itself.

References

Global Health: Science and Practice follows the American Medical Association (AMA) reference style. Please try to adhere to this style as much as possible, but GHSP manuscript editors will make any necessary formatting changes to references for accepted articles. You can consider using reference management software, such as Mendeley (free), EndNote, or RefWorks, which include a built-in style for AMA, making it easier for authors to format citations and the reference list including making automated changes during revision stages.

References should be numbered consecutively in the order in which they are first mentioned in the text. Identify references in text, tables, and legends by Arabic numerals in superscript. Note that if you are using the footnote/endnote feature in Microsoft Word, it will create a new reference number for each citation that you make. If you need to cite the same reference multiple times in your paper, you should be using the same reference number each time instead of generating a new reference number. To do this, manually insert the superscripted number on subsequent citations to the same reference in the body of your paper, rather than using the Word footnote/endnote feature. Include a **list of all references cited at the end of the article**, in the order in which they were mentioned in the text.

Examples of Commonly Cited Reference Types

Journal article (List up to 6 authors; if more than 6 authors, list the first 3 followed by et al.)

Halpern SD, Ubel PA, Caplan AL. Solid-organ transplantation in HIV-infected patients. *N Engl J Med*. 2002;347(4):284-287.

Marcell AV, Gibbs SE, Choiriyah I, et al. National needs of family planning among US men aged 15 to 44 years. *Am J Public Health*. 2016;106(4):733-739.

Book

Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. *Medical Microbiology*. 4th ed. St. Louis, MO: Mosby; 2002.

Chapter in a Book

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, ed. *The Genetic Basis of Human Cancer*. New York, NY: McGraw-Hill; 2002:93-113.

Abstract/Paper Presented at Conference

Adjei S, Phillips JF, Jones TC. Utilization of evidence from experimental research to guide sector-wide health care reform in Ghana. Paper presented at: 130th Annual Meeting of the American Public Health Association; November 9-13, 2012; Philadelphia, PA. https://apha.confex.com/apha/130am/techprogram/paper_43582.htm. Accessed March 2, 2014.

Monograph/Report

Westoff C. Unmet need for modern contraceptive methods. <http://dhsprogram.com/pubs/pdf/AS28/AS28.pdf>. Published 2012. Accessed December 2, 2015.

Website

United Nations (UN). We can end poverty: Millennium Development Goals and beyond 2015 Website. <http://www.un.org/millenniumgoals/>. Accessed March 12, 2014.

Page on a Website

WHO tools to prevent and control noncommunicable diseases. World Health Organization Website. <http://www.who.int/nmh/ncd-tools/en/>. Published March 2014. Accessed March 12, 2014.

Personal Communication

Do not include personal communications, such as a personal letter, email, or conversation, in the list of references. Instead mention the personal communication in the text by indicating the person's name, highest academic degree and/or organizational affiliation, date of communication, and whether the communication was oral or written. For example:

In a conversation with H.E. Marman, MD (August 2005) ...

According to a letter from H.E. Marman, MD, in August 2005 ...

Similar findings have been noted by H.E. Marman, MD (written communication, August 2005).

According to the manufacturer (H.R. Smith, oral communication, May 2005), the drug became available in Japan in January 2004.

How To Prepare and Submit Your Paper

Please submit your papers through our online submission system at www.editorialmanager.com/ghsp. After creating an account, the online system will ask you to enter information about your paper, such as the title, abstract, and author names. Then you will be instructed to upload your title page, paper, and any accompanying figures, tables, photos, and supplementary materials.

- Please upload the **main paper with references** as either a Microsoft Word document (DOC, DOCX) or in rich text format (RTF). Please double space your paper and **number the pages (but do not include line numbers)**. Because GHSP operates a [double-blind peer review system](#), we ask that you **do not include any author-identifying information in the main paper or in the filenames**. Instead, upload a **separate title page** with the title of your paper and author names and affiliations.
- Each **illustration, figure, and photo** should be numbered and uploaded separately, preferably in the format in which it was originally created (such as Microsoft Excel or PowerPoint or in a graphics software), not embedded or copied and pasted into the paper. It is the responsibility of the authors to ensure that these images are at a high enough resolution to produce good-quality reproduction in the published article. Resolution of **photos should be approximately 300 dpi** (dots per inch), and **line or halftone figures and illustrations should be approximately 600 dpi**. If you submit photographs with identifiable people or if you are reproducing illustrations/figures from another source and do not own the copyright to those illustrations, you must also submit a form to grant permission to GHSP to use those images before final publication. (We will send you this form during the copyediting phase if your article is accepted for publication.)
- **Tables** should also be numbered and submitted separately, not embedded in the paper. You may upload each table individually or include all tables in one file.
- Text **boxes** can be included in the main paper file, with an indication of the start and end of the box, or as a separate file.
- We encourage authors to submit program materials, such as counseling tools, training curricula, job aids, and movie or audio files, related to the content of the submitted paper to share with other readers and allow them to use or adapt the resources for their own purposes. These materials will be posted as “**supplementary materials**” connected with your article, and the same Creative [Commons Attribution license](#) will apply to the supplementary materials as to the main article.

All authors must complete the [ICMJE Form for Disclosure of Potential Conflicts of Interest](#). You do not need to submit the forms to the Journal. Instead, the corresponding author should keep the forms on file in the event that a question arises about competing interests related to your submission. The online submission system will ask you, however, to declare any competing interests for all authors, based on the ICMJE Disclosure Form. If there are no competing interests, please indicate, “None declared.”

In general, papers should be prepared in accordance with the ICMJE [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#). The following are suggested formats for specific article types.

Original Articles, Reviews/Meta-Analyses, Field Action Reports, Short Reports, Technical Notes, Innovations, and Methodologies

- **Title Page.** This should include the title of your paper; full names and institutional affiliations for all authors; and an indication of the corresponding author with an email address. **Author names should be listed only on the title page to ensure anonymity during peer review.** Article titles

should be concise and informative (20 words or fewer). Search engines often use words in article titles for information retrieval; therefore, the title should contain keywords for which readers might search. Also, include the study design in the title, if applicable, for example, “a prospective cohort study,” or “a case-control study.”

- **Key Message.** In 1 or 2 simple sentences, explain the “single overriding communication objective” (SOCO), or key message, of your paper, including the significance for action. What is the main take-home message that you want your readers to remember as a result of reading your article? Be as specific as possible. For example, rather than stating that feedback about desired attributes of a new health product have implications for product development, state what some of those key desired attributes were. Similarly, if you implemented an intervention to help providers identify their own solutions to improve their quality of care, state what some of those solutions were in the SOCO. Because the SOCO will always be displayed below the article title, some contextual information that is included in the title can be left out of the SOCO.
- **Abstract.** The abstract should generally be no more than 300 words and should convey results and conclusions. Please do not cite references in the abstract.
- **Main Body.** The structure of the main body of the paper can take on different forms, especially for papers reporting on program implementation issues. The conventional IMRAD format (Introduction, Methods, Results, and Discussion) for scientific articles, or variations of it, may be appropriate. For program implementation articles, an additional heading for “Program Description” (including details of *how* the program was implemented) may be inserted after the Introduction, but feel free to choose a different format if it makes sense. **Please remember to number your manuscript pages.**
- **Appendices** (if appropriate).
- **References.** [Read our instructions for preparing references.](#)
- **Illustrations, figures, and photos.** Please submit as separate files. Each illustration and figure should be numbered with a short title and should be cited in text in consecutive numerical order. Photos should have a short caption describing the action in the photo and the name of the photographer.
- **Tables.** Tables should also be submitted as a separate file, numbered with a short title, and cited in text in consecutive numerical order.

Commentaries and Viewpoints

- **Title Page.** This should include the title of your paper; full names and institutional affiliations for all authors; and an indication of the corresponding author with an email address. **Author names should be listed only on the title page to ensure anonymity during peer review.** Article titles should be concise and informative (20 words or fewer). Search engines often use words in article titles for information retrieval; therefore, the title should contain keywords for which readers might search.
- **Key Message.** In 1 or 2 simple sentences, explain the “single overriding communication objective” (SOCO), or key message, of your paper, including the significance for action. What is the main take-home message that you want your readers to remember as a result of reading

your article? Be as specific as possible. For example, rather than stating that feedback about desired attributes of a new health product have implications for product development, state what some of those key desired attributes were. Similarly, if you implemented an intervention to help providers identify their own solutions to improve their quality of care, state what some of those solutions were in the SOCO. Because the SOCO will always be displayed below the article title, some contextual information that is included in the title can be left out of the SOCO.

- **Main Body.** The structure of the main body for Commentaries and Viewpoints is flexible. Key writing considerations to keep in mind are to use clear, straightforward language, simple sentence structures, the active voice, bulleted lists, bolded keywords, and meaningful headings to help the reader scan the article easily. **Please remember to number your manuscript pages.**
- **References (if appropriate).** [Read our instructions for preparing references.](#)
- **Illustrations, figures, and photos (if appropriate).** Please submit as separate files. Each illustration and figure should be numbered with a short title, and should be cited in text in consecutive numerical order. Photos should have a short describing the action in the photo and the name of the photographer.
- **Tables (if appropriate).** Tables should also be submitted as a separate file, numbered with a short title, and cited in text in consecutive numerical order.

Stories From the Field

Stories From the Field will be reviewed by our Journal Editors only. (They will not undergo peer review.) For these articles, we generally recommend a more traditional prose style that engages the reader. No specific outline is required; however, the following are some important considerations:

- Include the “**Five Ws and the H**” of journalism in your story: Who, What, When, Where, Why, and How.
- Begin with a **strong lead** that hooks the reader and that clearly introduces the main character(s) and central idea of the story.
- Ensure your story is mainly **about people**, not organizations. You can mention the organization, but it should not be an advertisement for it.
- Include a **photo** with your story (upload as a separate file), if possible, preferably one that conveys action. Please include a caption that explains what the photo shows and the name of the photographer.
- **Remember to number your manuscript pages.**

Peer Review Process

Global Health: Science and Practice operates a double-blind peer review system, in which the identities of both reviewers and authors remain anonymous to each other.

Our Editorial Office strives to make the peer review process as efficient and effective as possible, for both authors and peer reviewers. We believe one of our roles is to guide the author through the peer review process. In addition to sending comments from individual peer reviewers to authors, we also

consolidate comments from all the reviewers and submit a summary of key issues that the Journal wants the authors to focus on during the revision stage (when appropriate). This helps authors take the guesswork out of interpreting what could sometimes be conflicting feedback from reviewers.

Each paper submitted to *Global Health: Science and Practice* will be screened by our editorial staff, within 2 weeks of submission. Original Articles, Reviews/Meta-Analyses, Field Action Reports, Technical Notes, and Methodological papers that are considered appropriate for the Journal will then typically be sent to at least 2 peer reviewers; Commentaries and Viewpoints to at least 1 peer reviewer. We will consider authors' suggestions for reviewers to invite and those to exclude. Stories From the Field and Letters to the Editor will be reviewed by our editorial staff.

The role of peer reviewers is to recommend acceptance—either with or without revision or resubmission—or rejection of papers. In the case of discordant reviews, the Editors may seek review by an additional expert. The Editors make the final decision regarding acceptance or rejection taking into account reviewers' recommendations. **We aim to issue a final decision on all articles within 12 weeks of submission.**

Publication of articles by *Global Health: Science and Practice* is dependent primarily on their rigor, clarity, and potential impact, as judged by peer reviewers and the Journal Editors. **Main criteria on which peer reviewers will assess the paper include:**

- Importance and relevance of the topic
- Originality of the work that adds value to the existing body of knowledge
- Substance
- Sound study (or program) design and methodology (or implementation)
- Sound use of evidence
- Compelling conclusions that are actionable and based on the evidence presented
- Presentation and clarity of writing

Papers will be sent to a statistician for additional review if necessary based on recommendations from the reviewers and Journal Editors.

Authors can formally appeal an editorial decision, in which case the Journal Editors will review the decision in accordance with the procedures outlined in the COPE [Code of Conduct for Editors](#).

Ethical and Responsible Publication Principles and Policies

Global Health: Science and Practice is committed to meeting and upholding established ethical publication policies and practices at all stages of the publication process, drawing on standards and guidelines set by industry associations, namely the [International Committee of Medical Journal Editors](#), the [World Association of Medical Editors](#) (WAME), and the [Committee on Publication Ethics \(COPE\)](#).

Specific aims for editors, reviewers, and authors are outlined below.

Editors

- To promote the quality of articles that are published in GHSP and to make fair and unbiased decisions about what is to be published in GHSP. The Editor-in-Chief of GHSP has editorial freedom—that is, full authority over the editorial content of the journal and the timing of publication of that content.
- GHSP believes an anonymous review process promotes the best quality publications and strives to protect that anonymity for that reason as well as to protect the sensitivities of authors and reviewers. Hence, we strive:
 - To protect the confidentiality of authors' materials during peer review and remind reviewers to do so as well.
 - To protect reviewers' identities unless a reviewer wishes for her/his name to be disclosed.
- To conduct fair and appropriate peer review.
- To publish corrections to published articles as soon as possible, and to retract the article if the error renders the work invalid.
- To ensure the integrity of published articles by investigating any serious concerns about the conduct, validity, or reporting of academic work raised by authors, reviewers, readers, or others while also providing authors a reasonable opportunity to respond to any complaints.
- To encourage scholarly debate by providing readers the opportunity to post comments online about published articles and/or to submit formal letters to the editor.
- To obtain assurance from authors that research involving human subjects or animals was conducted according to appropriate ethical standards (i.e., the [Declaration of Helsinki](#)); applicable research generally requires approval by an ethics committee or institutional review board. Authors can sometimes get retrospective ethics approval to publish monitoring or evaluation data collected as part of project efforts (i.e., not strictly research data), or else explain how data collection abided by international standards, including if applicable how informed consent was obtained and privacy and confidentiality of personal information was maintained (see [case study from COPE](#)).

Reviewers

- To agree to review only those manuscripts for which they have expertise in the subject.
- To respond in a reasonable time frame.
- To respect the confidentiality of the peer review process.
- To declare all potential conflicting interests.
- To be objective and constructive in their reviews.

Authors

- To ensure research was conducted in an ethical and responsible manner; that it was sound and properly executed; and that appropriate methods of data analysis and display were used.
- To take collective responsibility for their work and for the content of the article.

- To follow applicable reporting guidelines when appropriate, such as the [CONSORT](#) statement for reporting of randomized controlled trials, [PRISMA](#) for reporting of systematic reviews, and the [mERA checklist for reporting of health interventions using mobile phones](#). For a full list of reporting guidelines, please refer to the [EQUATOR website](#).
- To alert the editors promptly if they discover an error in any submitted, accepted, or published article, and to cooperate with the editors in issuing corrections or retractions when required.
- To represent the work of others accurately in citations and quotations.
- To ensure submitted work is original and has not been published elsewhere in other journals or scholarly publications such as textbooks. Articles should not be submitted concurrently to more than one journal unless co-publication is agreed upon by the journal editors.
- To disclose sources of research funding and the role of the research funder or sponsor in the research design, execution, analysis, interpretation, and reporting.
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