



## Guidelines for Authors

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### I. JOURNAL SCOPE

Health Research in Africa (HRA) is a peer reviewed scientific that is affiliated to Health Sciences and Disease. HRA covers all aspects of medicine, pharmacy, biomedical and health sciences, including public health and societal issues. It is an “online first” publication, which means that all the publications articles appear on the website before being included in the print journal. The papers are published in full on the website, with open access. Our mission is to inform and educate all the health professionals and to promote constructive debate on health issues that matter in the management not only of diseases but of health as a whole. Acceptance of manuscripts is based on the originality, the quality of the work and validity of the evidence, the clarity of presentation, and the relevance to our readership. Publications are expected to be concise, well organized and clearly written. Authors submit a manuscript with the understanding that the manuscript (or its essential substance) has not been published other than as an abstract in any language or format and is not currently submitted elsewhere for print or electronic publication. Manuscripts must be submitted by one of the authors of the manuscript. The submitting author takes responsibility for the article during submission and peer review. The HRA editorial team is based in Yaounde (Cameroon).

### II. MANUSCRIPT SUBMISSIONS

The preferred way for submission is the online submission. Please, refer to the *Health Research in Africa* home page: <http://hsd-fmsb.org/index.php/HRA/>.

Otherwise, manuscripts can be addressed to [nkooamvenes@gmail.com](mailto:nkooamvenes@gmail.com). Inquiries about manuscript status and preparation, as well as letters to the editor, should be directed to /  
*Nko'o Amvene Samuel*  
*Editor-in-Chief.*  
*Health Research in Africa*  
*Afrimvoe Medical Services*  
*PO Box 17583, Yaoundé Cameroon.*  
Email: [nkooamvenes@gmail.com](mailto:nkooamvenes@gmail.com)

#### **Fast track**

Please, send a copy to the Editor in Chief and ask fast track. Special article processing charges may be required.

### III. EDITORIAL POLICIES

HRA's Publications Policy Committee follows the recommendations of the International Committee of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), and the Committee on Publication Ethics (COPE) for guidance on policies and procedures related to publication ethics. The policies for HRA have been adapted from those three advisory bodies and, where necessary, modified and tailored to meet the specific content, audiences, and aims of *HSD and HRA*.

Manuscripts are initially checked by the editor in chief or section editor for identification of gross deficiencies. At this stage, the proposal may be rejected. After this initial screening, articles are sent to two-reviewers. The review process may take days to weeks to reach a decision. The duration from submission to publication may take one to

six months (average: 2 months). So, the authors should avoid contacting the editorial office less than 6 weeks after the initial submission.

#### **A. Plagiarism, Scientific Misconduct**

Manuscripts proven of plagiarism will be returned to the authors without peer review. The editors reserve the right to request that the authors provide additional data collected during their investigations. The editors also reserve the right to send a copy of the manuscript and data in question to the author's dean, university, or supervisor or, in the case of an investigation being funded by an agency, to that funding agency for appreciation.

#### **B. Conflict of Interest**

At the time of submission, authors are asked to disclose whether they have any financial interests or connections, direct or indirect, or other situations that may influence directly or indirectly the work submitted for consideration.

#### **C. Human and Animal Studies**

Manuscripts reporting results of prospective or retrospective studies involving human subjects must document that appropriate institutional review board (IRB) approval and informed consent were obtained (or waived by the IRB) after the nature of the procedure(s) had been fully explained.

#### **D. Authorship**

To be listed as an author, an individual must have made substantial contributions to all three categories established by the ICMJE (<http://www.icmje.org>): (a) "conception and design, or acquisition of data, or analysis and interpretation of data," (b) "drafting the article or revising it critically for important intellectual content," and (c) "final approval of the version to be published." Individuals who have not made substantial contributions in all three categories but who have made substantial contributions either to some of them or in other areas should be listed in acknowledgments.

**Please limit the number of authors to ten when this is feasible.**

#### **E. Content licensing**

Articles published in HRA are Open Access and distributed under the terms of the Creative Commons Attribution 4.0 International (CC BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

#### **F. Language**

HRA is bilingual and accepts publications in French and English. All the publications should have an abstract in both languages. Whenever possible, picture captions and table titles should be in both languages. All accepted manuscripts are copy-edited.

Particularly if English is not your first language, before submitting your manuscript, HRA advises the work to have it edited for language. This is to ensure that the academic content is well understood by editors, reviewers and readers. There are many providers that

offer this service; however, the authors are liable for all costs associated with such services.

#### **G. Artificial Intelligence (AI)-Assisted Technology**

At submission, the authors should disclose whether they used artificial intelligence (AI)-assisted technologies in the production of the publication and how AI was used. However, authors should not list AI and AI-assisted technologies as an author or co-author, nor cite AI as an author.

### **IV. TYPES OF ARTICLES**

#### **A. Original articles**

Original Articles are expected to present a significant advance in health sciences. Maximum length for a standard research article is 4,000 words of text - not counting the abstract, tables, figure legends, and references. Abstracts must not exceed 250 words and should be structured with subheadings but no references. Submissions are limited to a total of 7 figures **and** tables, and digital images are required. References should be limited to 70. The sections of a standard research article should be ordered Abstract, Introduction, Materials, Results, Discussion, Acknowledgements, Authorship Contributions and Disclosure of Conflicts of Interest, References, Tables, Figure Legends, Figures and Appendix. Supplemental data - to be published online only - may include additional information regarding methodology, supplemental figures or tables, or primary data sets; it must be submitted with the original manuscript submission so it can be peer reviewed. Manuscripts should adhere to the Uniform requirements submitted to biomedical journals developed by the ICMJE and contain the following sections:

##### *Abstract*

A clearly written abstract is crucial for the purpose of peer and editorial review of the manuscript as well as maximizing visibility from electronic databases once the manuscript is published. The abstract should contain the following sections: Background or Purpose (the rationale for the study), Methods (how the study was done), Results (the principal findings), Interpretation (a discussion of the results).

##### *Keywords*

All article types require a minimum of five and a maximum of eight keywords.

##### *Summary Statement*

The author is encouraged to include a summary statement. The summary statement is a single sentence, taken directly from the text, that best summarizes the manuscript and explains the advances in knowledge of the study. It should be displayed in the abbreviated title page. Summary statements should not exceed 255 characters.

##### *Introduction*

This section should inform the reader of the topic being studied and provide the context for the research question. Do not review the literature extensively. Give only strictly pertinent background information and references

that inform the reader as to why the study was performed. The final paragraph should clearly state the hypothesis and purpose of the study in a fashion similar to the purpose statement in the abstract. Brevity and focus are important. Generally, the introduction should not exceed 400 words

#### *Materials and methods*

For studies using human subjects, the first paragraph should address ethical concerns. Describe clearly the number and selection of the subjects studied and any instruments or drugs (including contrast agents) used. Procedures should be described in sufficient detail to allow others to reproduce the study. It is essential that the manner in which studies were evaluated is explained (e.g., blinded vs unblinded and independent vs consensus readings). State the number of years of experience of those who performed readings or evaluations. State clearly if this is a retrospective or prospective study. Give references to established methods, including statistical methods that have been published but are not well known; describe new or substantially modified methods and give reasons for using these techniques. The last paragraph should state the statistical methods used. Authors are encouraged to seek statistical consultation before planning a study to ensure appropriate enrollment and collection of data and the use of statistical tools. Original articles should report on original primary research within the scope of the journal. For studies dealing with diagnostic accuracy, authors should follow the STARD statement, for observational studies (e.g., cohort, case-control, or cross-sectional studies), the STROBE statement; for randomized controlled trials, the CONSORT statement. Make sure that the Materials and Methods section includes all items presented in the Results section. Generally, Materials and Methods should not exceed 800 words.

#### *Results*

Present the results in logical sequence in the text, along with tables and illustrations. Wherever possible, results should be summarized in tabular format. Authors should avoid any redundant presentation of data in tables and in the text of the manuscript. Make sure to give results for all items evaluated as mentioned in Materials and Methods. State the statistical significance of the findings. Numerators and denominators must be provided either in the text or the tables for all percentages given. Generally, Results should not exceed 1000 words, especially if tables have been included.

#### *Discussion*

This section should include 4 parts: a) brief summary of the main results of the study (1 paragraph); b) explanation for the findings; comparison and contrast of findings with other related studies emphasizing the advances in knowledge in your study (1 or 2 paragraphs); c) limitations of the study (1 paragraph); d) conclusions, practical applications and future directions in the field of study (1 paragraph). Generally, the discussion should not exceed 800 words. **Please be sure not to include new results in this section**

#### *Acknowledgment(s)*

You may acknowledge those who have contributed substantially to the work reported in the manuscript but who have not fulfilled the ICMJE requirements for authorship. Those acknowledged must submit written permission to be cited.

#### *Authorship Contributions and Disclosure of Conflicts of Interest*

Any involvement of medical writers/researchers, particularly those employed or supported by the pharmaceutical industry, in the writing of an article must be clearly defined and disclosed in the Authorship and/or the Acknowledgements section(s) as appropriate. This type of involvement must also be disclosed to the Editor-in-Chief in the Cover Letter.

#### *References*

Number references consecutively in the order in which they are first mentioned in the manuscript. The abbreviations used for periodicals cited in the references should follow the style of the National Library of Medicine. Abstracts, editorials, and letters to the editor should be noted as such. Articles that appear in online journals should follow the same citation format as print articles, with the addition of the URL and the date the article was accessed. In the case of books, the authors of a chapter, title of the chapter, editor(s), title of the book, edition, city and state, publisher, year, and specific pages must be provided.

For Web content, the following items should be listed: author(s) (if any); title of the page or content; name or owner of the Web site; URL; and publication, update, and access dates. It is the responsibility of the author(s) to verify the accuracy of all references to ensure linking of referenced articles in the online journal.

#### *Tables*

Tables should be numbered and should have a title. All abbreviations used in the table should be explained in a footnote. Tables should be presented in the style used in recent issues of the journal. Tables should be prepared in Word or Excel and embedded in the text document, each on a separate page. The number of tables should not exceed four.

#### *Figure legends*

Figures should appear sequentially in the text. A caption must be supplied for each illustration, including drawings and graphs, and should not duplicate text material. It is essential that the caption describe all labels placed on an illustration. The caption should include the type of image and the features to be observed by the reader. For photomicrographs, include the stain and original magnification.

#### *Images and illustrations*

Digital images must be 300 dpi (dots per inch; 1200 dpi for line art) and no larger than 15 × 15 cm or smaller than 5 × 5 cm.

#### *Numbers and percentages*

All numbers in the text should be written in numeric form except numbers 0-10. Use % symbol instead of writing out the words per cent.

### Appendix

When essential for the understanding of the study, detailed background information, mathematical derivations, statistical analyses, and the like should be presented in one or more appendices. Include in the appropriate section of the text (e.g., Materials and Methods, Results) a brief summary of the information contained in the Appendix, and make reference to the Appendix.

### Supplemental Material

Online-only publication of supplemental material is designed to take full advantage of the Internet medium and allows publication of material that cannot be accommodated in print. This material can include (a) multimedia (e.g., animation, dynamic image sets [movies], audio), (b) large numbers of relevant images whose number would exceed the limits of print publication, (c) relevant data in the form of tables or text that could not be accommodated in the print version, and (d) interactive materials such as Java applets and other programs for expanding browser capabilities and interactivity in areas such as image display and computer-assisted instruction.

Supplementary material must be submitted at the same time as the main manuscript for peer review. Please indicate clearly the material intended as Supplementary material upon submission. Also ensure that the Supplementary material is referred to in the main manuscript where necessary. Supplementary files are not edited and HSD publishes them online exactly as they are received. So, make sure that you submit the final version.

### Glossary of Abbreviations

The authors are encouraged to provide a list of abbreviations arranged in alphabetical order, when the number exceeds four.

### B. Clinical Cases

This section presents clinical cases with practical lessons for the developing countries. Preference is given to common presentations of important rare conditions, and important unusual presentations of common problems. Clinical cases should be formatted in the following manner:

- An **abstract** (100 words) outlining the case and its relevance to a general audience
- The **word limit** for the main text is 2,000 words. (The total word count **excludes** the title page, abstract, acknowledgments, references, tables and figures, and table/figure legends.)
- The report should contain no more than **25 references** and the reference section should be single spaced with justified margins.
- The article should contain no more than a combination of **four tables and/or figures**.
- **Supporting documents/data** can be uploaded for review purposes and will not be published. (When uploading, be sure each file is clearly labeled "supporting document/data.")

When patients are potentially identifiable, written consent for publication of the report and for the use of patient photographs, radiographs, etc., must be obtained from patients or their surrogates.

### C. Brief reports

This section can be used for any original paper pertinent to the journal. The aim is to publish important data or opinions that can be concisely presented. The section can take any of the following:

- Articles written by experts and providing up to date information or personal point of view regarding diagnosis and treatment of important clinical situations. Here, clear distinctions should be made between evidence-based versus experience-based recommendations.
- Articles that present key statements on topics of interest to caregivers. The article should address important, missed, controversial or new information and can take the form of a sentence supported by a few sentences with references. Tables and images are permitted.
- Posters that are original, relevant to the African context and particularly informative. The author should emphasize the lessons to be learned and some references.

This section may not exceed 1,200 words of text not counting the abstract, figure legends, and references; abstracts must not exceed 150 words and should be a single paragraph with no subheadings. Only 2 figures/tables and 15 references may be included.

### D. Review Articles

These papers are an overview of a major topic or an update of knowledge, that can be disease-orientated, or address problems related to health systems or health policy. Review articles are usually solicited by the Editor-in-Chief. Authors wishing to submit an unsolicited Review Article are invited to contact the Editor-in-Chief prior to submission, in order to screen the proposed topic for relevance and priority, given other review articles that may already be in preparation. Review articles should focus on recent scientific or clinical advances in an area of broad interest to African population. They should be comprehensive and critical, going beyond a simple summary of the data. All Review Articles are rigorously peer reviewed before a final publication decision is made.

Review articles should not exceed 4,000 words in length, must include an abstract of 250 words or fewer, and may not have more than 100 references. The use of tables and color figures to summarize critical points is encouraged.

### E. Letters to the Editor

HRA may publish the letters to the editor that relate to articles published in *HSD*. The letter should also contain significant new primary data and requires the inclusion of a figure or tables. A letter may not exceed 1,200 words. Only 2 figures/tables and 5 references may be included.

### **F. Pictures and Diseases.**

HRA considers for publication pictures of medical conditions or public health situations. The objective is to teach or to enrich the experience health personnel practicing in Africa. The pictures should be drawn from the authors' practice should not been published somewhere else. They should also be of high quality. The number of authors is limited to five and the number of pictures to two.

The pictures should include an abstract of 200 words or less and a few references. Provide a short letter explaining why you think your pictures should be published.

### **G. Medicine and society**

This section gives readers room for expression through anecdotes, poetry, and more generally contributions that put together African culture and health in the widest context possible. Potential topics can cover a range of social aspects of medicine and health care, including environmental concerns, medical sociology, anthropology, history, and ethics, among other areas. Original, opinion-based essays are welcomed. The text is limited to 2000 words

### **H. Book Reviews**

Reviews of selected books in health sciences, including books that describe state-of-the-art diagnostic and therapeutic methods or important advances, and textbooks with a significant educational content relevant to Africa, will be reviewed in this section.

### **I. Obituaries**

HRA publishes obituaries for doctors within the first year of their death. The material should be brief, but exhaustive, including one picture, biographical details: the last position held, date of birth, place and year of qualification, postgraduate qualifications if applicable, and date and cause of death.

### **Check list**

Use of checklists allows authors to describe their work more effectively, aiding the detailed scientific review of their work and its implications for patient care or future biomedical research. This critical evaluation also aids authors in the discussion of the limitations and biases inherent in their study.

1. For studies dealing with diagnostic accuracy, use the Standards for Reporting of Diagnostic Accuracy (**STARD**) <http://www.equator-network.org/reporting-guidelines/stard/>
2. For randomized controlled trials, use the **CONSORT** (Consolidated Standards of Reporting Trials) statement (**BMJ 2010; 340**).
3. For systemic reviews and meta-analyses of diagnostic test accuracy studies, follow the PRISMA-DTA (Preferred Reporting Items for Systematic Reviews-Diagnostic Test Accuracy)

guidelines) <http://www.prisma-statement.org/Extensions/DTA>.

4. For observational studies, such as cohort, case-control, or cross-sectional studies, use the Strengthening the Reporting of Observational Studies in Epidemiology (**STROBE**) guidelines. <https://www.strobe-statement.org/index.php?id=strobe-home>

## **V. HIGHLIGHTS OF THE STUDY (KEY RESULTS)**

For original research, the authors are strongly encouraged to include a capsule summary that will help the reader in his decision to read the whole paper and that may facilitate the acceptance of the work by the reviewer. The 2 sections of the capsule summary are:

1. Key results of the study (what this study adds to our knowledge).
2. How this is relevant to practice, policy or further research.

Note that 120 words is the absolute maximum for the whole capsule summary.

## **VI. SEARCH ENGINE OPTIMIZATION (SEO)**

Please, follow these advices to improve your article's discoverability and search results.

- Avoid long article titles (>20 words)
- Include keywords in the title
- Pick 5-8 keywords using a mix of generic and more specific terms on the article subject(s)
- Use the maximum amount of keywords in the first two sentences of the abstracts and also try to use some keywords in level major subheadings headings

## **VII. FORMATTING THE PUBLICATION**

### **A. Overview**

Authors are advised to review several recently published articles in *HRA* to familiarize themselves with *HRA* format and requirements. Complete instructions for preparing a manuscript for electronic submission to can be found online at

<http://hsd-fmsb.org/index.php/HRA/index>

### **B. Formatting Text**

Manuscripts should be submitted as Microsoft Word format (.docx version 2007 or later). Manuscripts must be single spaced, left justified only, and in a basic font (e.g. Times New Roman) no smaller than 12 points. To ensure anonymity in the peer review process, authors' names should appear on only the full title page; names of authors, their initials, and their institution(s) should not be given in the text or on the illustrations. The anonymity of patients and subjects must be preserved.

#### *Units and Abbreviations*

Radiation measurements and laboratory values should be given in the International System of Units (SI).

Abbreviations should be spelled out when first used in the text—for example, “cerebrospinal fluid (CSF)” —and the use of abbreviations should be kept to a minimum. In general, only standard abbreviations will be used.

### C. Order of Submission

Submit the full title page separately from the text of the document.

The text of the manuscript should be submitted as a single document in the following order: **title page**, abstract, text, acknowledgements (if any), references, tables (embedded), figure legends. Images should be embedded and must also be uploaded individually. An appendix (if a text document) should be uploaded as part of the main body of the manuscript. However, if the appendix is a multimedia file, it must be uploaded separately.

*Full title page.* This page should also be uploaded separately and include the title of the manuscript; the first and last names, middle initials, academic degrees, and institutions (including department) of all authors; the name and address of the institution from which the work originated; the telephone number, the fax or telex number, and the e-mail address of the corresponding author; and any funding information. The address for correspondence should include the complete name, street address, and e-mail. Indicate the type of manuscript being submitted (e.g., original research, clinical cases, review, brief report, Editorial, Letter to the Editor, etc.). **Provide the word count for the text and the whole document.**

*Abbreviated title page.* Include only the following items, in this order: (a) manuscript title, (b) manuscript type.

*Abstract.* Original research manuscripts must include a structured abstract of 250 words or fewer. The abstract must be divided into four sections: (a) Background or Purpose, a brief statement of the study’s purpose; (b) Materials and Methods, numbers of patients or subjects, imaging studies and tests performed, analysis methods; (c) Results, major findings; and (d) Conclusion, a one- or two-sentence statement of conclusions derived from the results. For State of the Art, Review, or other similar submissions, an unstructured one-paragraph abstract of 100–250 words should summarize the content of the submission, but specific headings should not be included.

### D. Text

The text of original research manuscripts should be arranged in sections under the following headings: Introduction, Materials and Methods, Results, and Discussion. There is a 4000-word limit for these sections of the text. Subheadings in the Materials and Methods and Results sections are encouraged. Avoid idiosyncratic word usage, nonstandard terms or abbreviations, and self-evaluation of your work (e.g., “novel,” “unique”). Please spell out in full any acronym or abbreviation when first used both in the Abstract and in the text.

### E. Confirmation of submission

Manuscript receipt will be acknowledged when the submission is complete. If you do not receive an acknowledgement, please contact us.

## VIII. HOW TO SUBMIT YOUR WORK ONLINE

**Request an inscription as author** from the editor in chief [nkooamvenes@gmail.com](mailto:nkooamvenes@gmail.com)

1. At this phase, just provide your first name, last name, gender, working language, mailing address, affiliation and country.
2. When you receive your confirmation mail, connect to the website of HRA : <http://hsd-fmsb.org/index.php/HRA/index>
3. Complete registering information and make sure you fill in all the needed information (steps below)
  - a) Select register;
  - b) Select **Health Research in Africa** as your journal;
  - c) Fill in the information;
  - d) At the bottom, make sure you are registered as an author; you may also choose to be a reviewer.
  - e) Save and log out.
4. Log in and enter your password
5. Select user/home and choose “**new submission**”
6. Follow those five steps (make sure you **save and continue** at the bottom)
  - A. Start and agree to a **checklist** of requirements as determined by the Journal Manager;
  - B. Upload the **submission**.
  - C. Enter **metadata** about the article, such as the names of any co-authors, the article title, an abstract, subject terms, etc.
  - D. **Confirmation**.
  - E. **Next steps. The editor has been notified of your submission.** At this point, you can follow the links to: Review this submission, Create a new submission or Return to your dashboard  
Once you complete a submission, you cannot make changes to it. If you want to replace the file you submitted or make other changes to the submission, you will need to contact the editor
7. You should also send a copy of your work to [nkooamvenes@gmail.com](mailto:nkooamvenes@gmail.com).

Please, note that you should to provide a cover letter, which explain why your manuscript should be published in HRA.

## IX. CORRECTIONS

Once a manuscript is accepted for publication, we accept corrections for grammatical and orthographic errors as well as corrections in the spelling of author names or affiliation. But, we do not accept to change the order of authors, add new authors or remove authors. Moreover, significant changes anywhere in the text are not accepted after publication.

## **X. PROOFS AND REPRINTS**

Electronic proofs may be sent as e-mail attachment to the corresponding author as a PDF file. These should be considered to be the final version and only typographical and minor may be accepted at this stage. Authors as well as other readers can freely download the PDF file from which they can print unlimited copies of their articles, since HRA is an open access journal.

## **XI. ARTICLE PROCESSING CHARGES (APC)**

Article submission is free of charges, but **if your paper is accepted for publication**, you will be asked to pay article processing charges to cover publications costs, depending on the type, complexity and length of the work, and on the **number of authors**. To guarantee HRA

independence, APC cover publication charges such as electronic archiving, plagiarism checking, editing, peer review process, site maintenance and web-hosting, proofreading, quality check, PDF designing and article maintenance. The minimum amount of APC is about 200 euros or 220 dollars or 130 000 XAF. If you do not have enough funds to pay such fees, you may have an opportunity to **partially** waive each fee. We do not want fees to prevent the publication of really worthy work. APC are due before the accepted paper is published.

## **XII. FAST TRACK**

Please, contact the editor in chief. Special article processing charges may apply.