MEDICC Review

AUTHOR GUIDELINES

Instructions for Manuscript Preparation

Author Guidelines

MEDICC Review (MR) is a quarterly, open-access journal, free of charge for both authors and readers, founded in 1999 and peer-reviewed since 2007. The digital edition (ISSN 1527-3172) is available at: www.mediccreview.org

MR is **indexed** in PubMed; SciELO; Clarivate Analytics; SCOPUS and Embase (Elsevier); CABI Global Health and Tropical Diseases Bulletin; Redalyc; EBSCO and ROAD. The journal is read in some 130 countries. Articles that are submitted in Spanish are translated into English by expert translators, free of charge to authors.

MEDICC Review offers Global South professionals (mainly those from Latin America and the Caribbean) a unique platform to address the interactions between human health, development of sustainable societies, and the health of our planet. In addition to manuscripts with a health/medical focus (related to primary care, population health, prevention, clinical medicine, biotechnology, etc.), we seek manuscripts from the perspectives of sociology, economics, anthropology, demographics and other social sciences relevant to achieving equity, universal coverage and quality health care. Manuscripts that do not have an obvious application to population health, equity, or sustainable development will be returned to authors with the recommendation that they be submitted to a journal more akin to their content.

Original Research, Short Article, Policy & Practice, COVID-19 Case Study, Review Article, Perspective, Lessons from the Field, and **Lessons in International Cooperation** are submitted to double-blind peer review. Manuscripts for **Viewpoint** undergo editorial review.
MEDICC Review considers only papers that have not been fully or partially published or simultaneously submitted for consideration to another journal. ***MEDICC Review*** will consider preprint manuscripts published on https://www.biorxiv.org/, https://www.medrxiv.org/ and other similar sites.

MEDICC Review's editorial team will be your partner to assure your paper is of the highest quality, meeting the international publication standards that guide our journal. But we can only assist you if you have carefully followed these instructions. **Manuscripts that do not follow these guidelines will be returned to the authors.**

Contents

GENERAL INSTRUCTIONS

Presentation	Send your manuscript to: editors@mediccreview.org with the signed Author Agreement and, if the manuscript is for one of the peer-reviewed sections, include suggestions of four potential reviewers who have no conflicts of interest with the manuscript's content, its authors or their institutions; two reviewers must be from countries other than the country referenced in the study, review or commentary.
Materials to consult as you prepare your manuscript	*References:* Citing Medicine, The NLM Style Guide for Authors, Editors, and Publishers *Key words:* MeSH, Medical Subject Headings *Ethics:* Declaración de Helsinki, Normas para Investigaciones en Humanos CIOMS OMS, Declaración Universal sobre Bioética y Derechos Humanos
Format	**Write in either Spanish or English, whichever is your first language. (Spanish speakers: please do not submit the paper in English).** Write in Word, Times New Roman 12-point, normal margins (1 inch/2.54 cm), aligned left, single spaced, double spaced between paragraphs, no automatic formatting or styling. ⚠ Turn off all **macros.**
Units of Measurement	Use the International System of Units (ISU); temperatures in degrees Celsius. NOTE: Separate integers from decimals by a period (not a comma): e.g., 0.15, 3.1%

MAKE SURE THAT YOU SUBMIT:

✔ The paper, noting the specific section you have selected (Original Research, etc.)

✔ Tables and figures formatted according to these instructions, editable in Word, Excel or PowerPoint (see details below)

✔ The Author Agreement signed by all authors or by the corresponding author on behalf of the remaining authors with their permission.

INSTRUCTIONS APPLICABLE TO ALL MANUSCRIPTS

Presentation	Title	Use no more than 15 words to reflect the manuscript content, without creating unjustified expectations about its scope. The title of a clinical study should indicate the design (e.g., randomized, controlled, placebo, multicenter, etc.) The title should begin with the term that reflects the most important aspect of the article. Avoid empty phrases (e.g., Study of..., Use of..., Strategy for...). ⚠ No abbreviations (except for MeSH terms).
	Authors	Full names, academic degrees, discipline(s) or specialty(s), institutional affiliation and current position, email address and ORCID (the latter available at: https://orcid.org/)
	Contact info	Email address and phone numbers for the corresponding author. Also include your social network accounts. *Editors will only communicate with the corresponding author.*
	Importance	Summarize in ≤30 words the importance of the paper (consider the knowledge it adds to the topic and the broader implications the paper's results or conclusions may have).
Abstract	According to type of article	**Structured abstract** Original Research, Short Article, COVID-19 Case Study, Review Article **Unstructured abstract** Perspective, Lessons from the Field, Policy & Practice, Testimony, Lessons in International Cooperation ⚠ **No abstract** Viewpoint, Letters to the Editor ⚠ Do not include abbreviations, only MeSH terms (Ver Medical Subject Headings) ⚠ Do not include references.
Keywords	3–10	Only MeSH terms (Ver Medical Subject Headings).

Tables & Figures	Maximum as per journal section	⚠ Do not use a table or figure if its content can be expressed in one sentence. If a table or figure cannot be inserted in the text because of its dimensions, it can be mentioned as SUPPLEMENTARY MATERIAL, supplied by authors to readers upon request (e.g., by e-mail). ***Tables:*** Send all tables together in a single Word document, with titles and legends, numbered with Arabic numerals by order of appearance in the text. • The title, row and column designations and the legend allow understanding without the need to access the text (include definitions of all acronyms, even if they were defined in the text). • Tables may not have empty cells (in the absence of data, specify: not available, not determined... etc, in the cell and explain in the legend). • Numbers and their % value are expressed in a single column, e.g., Number of patients treated (%): 12 (25.4). Include indices of variability where relevant (SD, MSE). • Include data source if NOT data from the same study. Limit decimal places to relevant decimal places (e.g. for percentages, INCORRECT: 15.69%, CORRECT: 15.7%). ***Figures****:* Send each figure in a separate file, numbered with Arabic numerals in order of mention in the text. • Images: resolution of ≥300 dpi (dots per inch) is required, uncompressed, grayscale or color (CMYK, although RGB files acceptable). ⚠ Do not submit GIF images or files in 256-color format. • Do not insert images or photographs in Word documents. If a figure was produced from Excel (e.g., a table), send the .xls file as well. Define the axes in the figures and their units. ⚠ **Figures must be EDITABLE.** • Do not use images downloaded from the Internet. • If an image is copyrighted, the author must obtain permission to reproduce it and provide credit accordingly in the caption; in case of infringement, he/she will assume responsibility, exonerating ***MEDICC Review***. • *Diagrams and other figures*: Use Illustrator, Corel Draw, MS Word (e.g., for a diagram), Freehand, Excel, PowerPoint, postscript, bitmap, TIFF, Adobe Photoshop, JPEG, PDF or Photoshop EPS.
Author Agreement		Read ***MEDICC Review***'s *Conflict of Interest Policy* before you send the ***Author Agreement***. Fill out and sign the ***Author Agreement*** or authorize the corresponding author to sign it on behalf of all authors.
Acknowledgments	Contributors who are not authors	Include individuals who contributed to the paper but whose contribution does not justify authorship (see Definition of Author and Contributor). Acknowledge any financial or material support you received. Request and preserve the authorization granted by individuals and institutions you wish to mention.

References	Maximun as per journal section	• Apply format according to Citing Medicine (NLM Style Guide or Authors, Editors, and Publishers). Consult ***Index Medicus*** to abbreviate titles of journals cited. • Cite the most relevant and up-to-date literature; prefer original work over review articles. Cite primary sources, not data cited by others. Check that none is a retracted article. • List of references: include after Acknowledgments, numbered in order of citation in the text. In the text, place numbers by order of citation in brackets and after full stop of the cited sentence E.g., This is an example.[2]

POLICIES ON AUTHORSHIP AND CONFLICTS OF INTEREST

Definition of Author	***MEDICC Review*** adopts the following definition: author is one who meets all four of the following conditions: 1) has made substantial contributions to conception and design, or data acquisition, or analysis and interpretation of data; 2) has contributed substantially to the drafting of the manuscript, or the critical review of its content; 3) has approved the final version of the manuscript; and 4) takes responsibility for **all aspects of the paper**, guaranteeing appropriate investigation and resolution of any issues related to accuracy, reliability and integrity of any of its parts. ***MEDICC Review*** requires a declaration of personal contribution from each author as part of the ***Author Agreement*** When the number of authors is very high, a group can be defined as an author. The corresponding author will declare all the authors in the group and the name of the group. The group decides who represents it in the Author Agreement.
Conflicts of Interest	All authors must declare potential conflicts of interest in the Author Agreement's Conflict of Interest section (noted in the manuscript, after References). Existence of conflicts does not detract from the manuscript's value, but concealment violates ethical principles. Current or past ties (personal, financial, commercial or academic) that may introduce bias into the research and publication (including, but not limited to, relationships with the inventors or producers of the subject matter) are considered potential sources of conflicts of interest. ***MEDICC Review*** subscribes to the recommendations of the International Committee of Medical Journal Editors (ICMJE), which state that "editors who make final decisions about manuscripts should recuse themselves from editorial decisions if they have relationships or activities that pose potential conflicts related to articles under consideration."

ORIGINAL RESEARCH

Expresses research findings related to clinical medicine, public and population health, medical sciences education, biotechnology, pharmaceutical development, social determinants of health, ethics, international cooperation in health, sustainable development, climate change, and other topics that have implications for health equity, quality of care, or social welfare. Text limit is ≤6000 words in Spanish (≤5000 in English), from Introduction through Acknowledgments; ≤5 tables/figures/images; and ≤50 references.

Consult the following published articles as examples:

Bacallao-Méndez RA, Mañalich-Comas R, Gutiérrez-García F, Madrid-Mancia CF, Lucero-Méndez C, Smith-González MJ. Urinary metabolic disorders associated with urolithiasis in Cuban pediatric patients. MEDICC Rev. 2021 Jan;23(1):43–8. https://doi.org/10.37757/MR2021.V23.N1.9

Pita-Rodríguez GM, Chávez-Chong C, Montero-Díaz M, Selgas-Lizano R, Basabe-Tuero B, Alfonso-Saqué K, et al. Influence in inflammation on assessing ferritin concentrations in Cuban preschool children. MEDICC Rev. 2021 Jul-Oct;23(3):37–45. http://doi.org/10.37757/MR2021.V23.N3.7

Section	Notes
Structured abstract ≤400 words No use of references or abbreviations	**Introduction:** context and background of the research **Objective:** purpose of the study **Methods:** main materials and experimental or observational methods (type of study, study design), variables, participant selection, methodology of observation, data gathering/processing and statistical analysis. Clinical trials must include corresponding public registry number. **Results:** main qualitative and quantitative findings **Conclusions:** most relevant findings, implications and recommendations ⚠ **Provide with 3–10 key words** (See MeSH, Medical Subject Headings). ⚠ **Do not include abbreviations.** ⚠ **Do not include references.**

Introduction	Indicate the context or background of the study in the country/region where it was carried out, and the significance of the problem or issue addressed. In the final paragraph, state the specific research objective or the hypothesis being tested. If the paper has been published as a preprint, report this at the end of the Introduction and include a link to the preprint.
Methods	It is best to divide this section into subsections titled according to content. (e.g., *Design and participants, Study variables, Procedures/data collection and handling, Analysis*). Reference methods or parts thereof that have been published previously; explain in detail only your own methods and modifications to those already published. Provide information on the origin of equipment, reagents and software only for those that are not in common use and on which the reproducibility of the experiment depends (name, manufacturer, country). State the analytical resources used, and when appropriate according to the type of study, precision and reliability indicators. In studies that require parameter estimation, state the confidence intervals, whenever the design is based on probability samples. Use hypothesis testing only when hypotheses have been made explicit and are supported by empirical and/or theoretical arguments. For more information on selection and correct reporting of statistical methods, see SAMPL.
Clinical trials	***MEDICC Review*** adopts the following definition of clinical trial: a clinical trial is any research project that assigns human subjects to intervention, concurrent comparison or control groups to evaluate the effect of a medical intervention on some aspect of health. Medical intervention is defined as the use of drugs, surgical procedures, devices, behavioral treatments, or changes in the care process. Clinical trials must be registered in a public registry; the registration number must be included and a link provided to it in the References.
Ethics	Declare research approval issued by the institution's Ethics Committee. **Clinical trials must have been registered; References must include a link to the registry.** Research involving human subjects must comply with the Declaration of Helsinki, the International Ethical Guidelines for Health-related Research Involving Humans CIOMS WHO, and the Universal Declaration on Bioethics and Human Rights and should declare so in the manuscript. Written informed consent is required from participants and/or their representatives. Any photos used should not reveal details that help identify the person photographed. Preserve ethics committee approval and informed consent documents, since these may be requested.
Results	Follow the logical sequence of the study, highlighting the most relevant findings first, with appropriate numerical indicators. For categorical variables involving frequency calculations, state and include confidence intervals where appropriate. State both absolute and percentage values (e.g., 30%, 60/200). If you include information from data not shown, these may be requested by ***MEDICC Review***. In case of extensive additional material (e.g., questionnaires, long tables), these may be included as Supplementary Material, which readers may obtain from authors upon request.

Discussion	Comment on the context in which the results were obtained and highlight where they may be applicable and under what conditions, their importance and usefulness. Compare your results with those obtained in other studies. Examine the mechanisms or theories that could explain the findings. Emphasize novel or important aspects. Report the limitations of the study, any discrepancies with known results, and include suggestions for new studies to elucidate unaddressed aspects, and your recommendations for future development of the topic.
Conclusions	State the fulfillment of study objectives and the most important implications of findings. Avoid using generalizations that have not been adequately substantiated.

SHORT ARTICLE

This does not differ from an Original Research article in terms of quality, importance, priority or content, but is more appropriate for reporting limited or preliminary results that can be illustrated in, at most, one or two tables or figures. Text limit is 1800 words (1500 in English), from Introduction through Acknowledgments; ≤2 tables/figures/images and ≤12 references. Consult the following published article as an example:

Villegas-Valverde CA, Kokuina E, Breff-Fonseca MC. Determination of reference values for double-negative T lymphocytes in Cuban adults. MEDICC Rev. 2020 Oct;22(4):48–50. **https://doi.org/10.37757/MR2020.V22.N4.7**

Section	Notes
Structured abstract ≤250 words No use of references or abbreviations	**Introduction:** context and background of the research **Objective:** purpose of the study **Methods:** main materials and experimental or observational methods including (type of study; study design), variables, subject selection, methodology of observation, data gathering/processing and statistical analysis. Public registry numbers of clinical trials must be included. **Results:** main qualitative and quantitative findings **Conclusions:** most relevant findings, implications and recommendations ⚠ **Provide with 3–10 key words** (See MeSH, Medical Subject Headings). ⚠ **Do not include abbreviations.** ⚠ **Do not include references.**
Introduction	Brief contextualization of the study, at the end of which the objective and the hypothesis to be tested, if any, should be stated. If the paper has been published as a preprint, indicate so and include a link to the preprint at the end of the Introduction.

Methods	The main methods used, including case selection, study design, data collection techniques, variables and analytical resources. For clinical trials, include the public registry number and the country in which it was registered.
Ethics	The same standards of ethics apply for this section as for Original Research articles.
Results and Discussion	Brief description and explanation of the main qualitative and quantitative findings.
Conclusions	Implications and/or generalization of main findings.

COVID-19 CASE STUDY

These are descriptions of single or isolated cases that are not part of a larger series, which were collected systematically, by either probabilistic or discretionary methods. Descriptions should be detailed, and contain objective and verifiable information on clinical findings in suspected or confirmed cases of COVID-19. Text limit is 3200 words in Spanish (2500 in English) with a maximum of 4 tables or figures (including photos) and >15 references.

Section	Notes
Structured abstract ≤250 words No use of references or abbreviations	**Introduction:** context and background of the research **Objective:** purpose of the study **Methods:** main materials and experimental or observational methods (type of study; study design), variables, subject selection, methodology of observation, data gathering/processing and statistical analysis. Clinical trials require public registry numbers. **Results:** main qualitative and quantitative findings **Conclusions:** most relevant findings and recommendations ⚠ **Provide with 3–10 key words** (See MeSH, Medical Subject Headings). ⚠ **Do not include abbreviations.** ⚠ **Do not include references.**
Introduction	State the purpose of the study and place its importance in context. . If the paper has been published as a preprint, indicate so and include a link to the preprint at the end of the Introduction.
Methods	Explain the source and manner used to obtain the information on the single case or isolated cases was obtained.
Ethics	The same standards of ethics apply for this section as for Original Research articles.

Results	Data pertaining to the patient(s) must be described in as much detail as possible; clinical, laboratory or imaging results may all be considered; as with other modalities, and particularly in this case, data must come from verifiable sources.
Conclusions	Implications or broader meaning of the main clinical findings.

Introduction	Explique la importancia y la utilidad de la revisión. Defina el tema y su contexto nacional, regional o global. Si el trabajo ha sido pre-publicado, al final de la Introducción del trabajo, informar la pre-publicación y referir el enlace al documento pre-publicado.
Objective	Defina el propósito de la revisión. Se puede plantear el objetivo en forma de pregunta, pero no es obligatorio
Evidence acquisition	Summarize data sources, selection criteria, and methods used to access them. The information provided should allow readers to reproduce the selection of articles. Describe inclusion or exclusion criteria for studies reviewed, as well as criteria for weighing strength of evidence. If this is a review of clinical studies, consult systematic reviews, such as Cochrane (with this exception, avoid secondary references). For narrative reviews, see PRISMA Extension for Scoping Reviews (*PRISMA-ScR;* for systematic reviews and meta-analysis, see PRISMA Systematic Reviews and Meta-analysis . This must include as Figure 1: PRISMA Flow Diagramas for Systematic New Reviews which includes searches on databases and registers only.
Development	Authors are free to structure the text. Discuss the findings presented. Express the critical opinion of authors on the topic. Analyze results based on the most reliable evidence. Indicate knowledge gaps, differences between findings from different sources as well as the actions or study directions for further research. Discuss the review's scope and limitations.
Conclusions	Respond to the objective of the work and propose possible applications of current knowledge based on the information compiled and, in the case of clinical studies, based on the evidence.

REVIEW ARTICLE

Updates and systematizes knowledge on a topic of population health, medicine, health care, social determinants of health or sustainable development. It provides a novel analysis of a topic; reveals the authors' expertise through discussion based on critical judgment, analysis of the inadequacies of and/or contradictions with results of previous publications on the topic; explores knowledge gaps; and recommends new directions for research. *MEDICC Review* does not publish short or preliminary reviews. Include tables that facilitate comparison of information from different sources. Text limit is ≤6000 words in Spanish (≤5000 in English), from Introduction through Acknowledgments; ≤5 tables/figures/images; and ≤250 references. Consult the following published articles as examples:

Suárez-Reyes A, Villegas-Valverde CA. Implications of low-grade inflammation in SARS-CoV-2 immunopathology. MEDICC Rev. 2021 Apr;23(2):42–52. **https://doi.org/10.37757/MR2021.V23.N2.4**

Agüero-Martínez MO. Improved recovery protocols in cardiac surgery: a systematic review and meta-analysis of observational and quasi-experimental studies. MEDICC Rev. 2021 Jul-Oct;23(3):46–53. **https://doi.org/10.37757/MR2021.V23.N3.9**

Section	Notes
Structured abstract ≤400 words No use of references or abbreviations	**Introduction:** context and importance of the review **Objective:** purpose of the review **Evidence acquisition:** data sources consulted, selection criteria and access methods **Development:** main findings based on the most reliable information analyzed. Indicate where evidence is weak, divergent or absent. **Conclusions**: possible applications of current knowledge; clarify whether the conclusions are specific to a country or region ⚠ **Provide with 3–10 key words** (See MeSH, Medical Subject Headings). ⚠ **Do not include abbreviations.** ⚠ **Do not include references.**

LESSONS FROM THE FIELD

These are short reports on population health interventions, clinical medicine or other health care issues, retrospective reviews on the history of medicine, public health, or medical sciences education in global, regional or national contexts, as well as issues related to sustainable development, climate change, etc. Priority is given to topics related to equity and quality of health care in developing countries or populations lacking adequate health services. Text limit is ≤3000 words in Spanish (≤2500 in English), from Introduction through Acknowledgments; ≤2 tables/figures/images; and ≤20 references. Consult the following published articles as examples:

Llanes R, Lazo A, Somarriba L, Mas P. Sentinel Surveillance Detects Low Circulation of *Vibrio cholerae* Serotype Inaba in Haiti, 2011–2012. MEDICC Rev. 2015;17(3):43–47.. https://doi.org/10.37757/MR2015.V17.N3.9

Hernández-Rincón EH, et al. Building Community Capacity in Leadership for Primary Health Care in Colombia. MEDICC Rev. 2017;19(2–3):65–70. https://doi.org/10.37757/MR2017.V19.N2-3.11

Section	Notes
Unstructured abstract ≤300 words	⚠ **Provide with 3–10 key words** (See MeSH, Medical Subject Headings). ⚠ **Do not include abbreviations.** ⚠ **Do not include references.**
Introducción	Describe the problem under consideration. Include methods used to identify the problem (such as community health diagnosis, patient survey, clinical record review, etc.) and define its scope. Refer to relevant aspects of the global, national, or local context that were considered when adopting the intervention or strategy to address the problem.
Intervención	Describe the program, health strategy or actions employed to address the problem, including: Objectives/Justification: indicate reasons supporting the intervention, program or policy. Participants (or population involved) Activities: time and place; materials and methods used, if appropriate. Outcome or process indicators applied, if appropriate. Ethics: The same standards of ethics apply for this section as for Original Research articles.

Results and lessons learned	These can be integrated or contained in two independent sections, at author discretion. Describe the results of the intervention that prompted lessons learned. Present findings, lessons, recommendations and specify in which context the lessons might be applied and possible limitations to their application.

LESSONS IN INTERNATIONAL COOPERATION

Synthesizes experiences in international cooperation in health, biotechnology, medical education and sustainable development, including their processes, mechanisms, achievements, challenges and benefits for population health. Representatives of participating local institutions should be included among the authors. Text limit is ≤3500 words in Spanish (≤3000 words in English) from Introduction to Acknowledgments; ≤2 tables/figures/images; and ≤20 references. Consult the following published articles as examples:

Evans R, PH MR, Segal B, Abrams SI, Lee K. Case Study in International Cooperation: Cuba's Molecular Immunology Center and Roswell Park Cancer Institute. MEDICC Rev. 2018;20(2):35–39. https://doi.org/10.37757/MR2018.V20.N2.8

Pérez-Ávila J, et al. US and Cuban Scientists Forge Collaboration on Arbovirus Research. MEDICC Rev. 2018;20(2):32–34. https://doi.org/10.37757/MR2018.V20.N2.7

Section	Notes
Abstract	⚠ **Provide with 3–10 key words** (See MeSH, Medical Subject Headings). ⚠ **Do not include abbreviations.** ⚠ **Do not include references.**
Introduction	Describe the problem studied, its scope (global, national, local), its importance and the need to solve it through international collaboration.
Collaboration	Describe the collaboration (program, health strategy, research project, etc.) including: • Objectives • Justification: Describe the origins of the collaboration and the reasons that led to the support of the initiative • Participating institutions, human and material resources involved • Mechanisms of collaboration (e.g., MOU, *memorandum of understanding*) • Activities carried out to develop the project, chronogram, participants, roles and location • Project evaluation indicators, publications, reports; durability of the results achieved and sustainability with local resources, once the collaboration is concluded.
Importance	A sentence summarizing the value of the collaboration and its results, specifying the beneficiaries and benefits derived.

INSTRUCTIONS FOR SPECIFIC SECTIONS

PERSPECTIVE

This in-depth essay addresses a current topic in health care, medicine, population health, ethics, international cooperation in health, sustainable development, climate change, medical sciences education, social determinants of health or public health policies and practices, and other topics with implications for equity in health, quality of care, or social welfare. Authors' analysis and critical appraisal of the topic, supported by bibliography, are indispensable and key to the essay's original contribution. Manuscripts are preferred that approach a topic from authors' concrete experience. The essay should concentrate on a single topic, or if the topic is complex, on just a few aspects from all sides. Text limit is ≤3000 words in Spanish (≤2500 in English), from Introduction through Acknowledgments; ≤2 tables/figures/images; and ≤20 references. Consult the following published articles as examples:

Jayasinghe S. Chronic Kidney Disease of Unknown Etiology Should Be Renamed Chronic Agrochemical Nephropathy. MEDICC Rev. 2014;16(2):72–74. https://doi.org/10.37757/MR2014.V16.N2.12

Machado C, González-Quevedo A. Hypoximia and cytokine storms in COVID-19: clinical implications. MEDICC Rev. 2021 Jul-Oct;23(3):54–9. https://doi.org/10.37757/MR2021.V23.N3.10

Sección	Notas
Abstract	Unstructured. ≤300 words. Summarize the main points, recommendations or key arguments on the selected topic ⚠ **Provide with 3–10 key words** (See MeSH, Medical Subject Headings). ⚠ **Do not include abbreviations.** ⚠ **Do not include references.**
Text	In general, structure is: Introduction, Development, Conclusions (although sections may be titled according to content). Write clearly and concisely; present conclusions based on solid evidence. Headings should reflect logical progression from the statement of the subject and explanation of its importance to conclusions, including the information, evidence and experience consulted, and the expression of the authors' original and critical point of view on the subject.

INSTRUCTIONS FOR SPECIFIC SECTIONS

POLICY & PRACTICE

These present analyses of health and sustainable development policies, which include the results of their introduction in a well-defined environment (country, region). Priority is given to issues related to improving equity and quality of health care in developing countries or marginalized populations. Text limit is ≤3000 words in Spanish (≤2500 in English), from Introduction through Acknowledgments; ≤2 tables/figures/images; and ≤20 references. Consult the following published articles as examples:

Herrera Valdés R, Almaguer López MA, Orantes Navarro CM, López Marín L, Brizuela Díaz EG, Bayarre Vea H, et al. Epidemic of chronic kidney disease of nontraditional etiology in El Salvador: integrated health sector action and South-South cooperation. MEDICC Rev. 2019 Oct;21(4):46–52. https://doi.org/10.37757/MR2019.V21.N4.8

Esquivel M, Álvarez G, Izquierdo ME, Martínez D, Tamayo V. Well Child Care: A Comprehensive Strategy for Cuban Children and Adolescents. MEDICC Rev. 2014;16(1):7–11. https://doi.org/10.37757/MR2014.V16.N1.3

Section	Notes
Abstract Unstructured. ≤300 words	⚠ **Provide with 3–10 key words** (See MeSH, Medical Subject Headings). ⚠ **Do not include abbreviations.** ⚠ **Do not include references.**
Introduction	Describe the problem addressed; define the participating actors in policy decision making and implementation. Explain the relevance of the problem under consideration and the objectives of the policies. Described. Specify the national or local context and the moment when the policies were defined and implemented.
Development	This section has no predefined structure. Authors may adopt the format that best fits content. The section should end with a paragraph containing Conclusions and Recommendations.

INSTRUCTIONS FOR SPECIFIC SECTIONS

TESTIMONY

This is a personal account narrating an experience of the author. Unlike the **Viewpoint** (comments expressing professional opinions based on evidence), testimonies describe events and episodes personally experienced by the author, which, upon reflection, may result in lessons or point to ramifications on a broader scale. Narratives linked directly to health, understood as One Health, are the subject of this section, which offers a wide range of potential areas for exploration. Additional merits are content related to human values and health as a right, grounding the experience and its implications in a social justice framework. Text limit is ≤2400 words in Spanish (1800 words in English)) with one appropriate photo or illustration, and ≤3 references. Consult the following published article as an example:

Guerra-Librero de Hoyos P. La voz de una enfermera desde la zona roja. MEDICC Rev. 2020 Oct;22(4):74–9. https://doi.org/10.37757/MR2020.V22.N4.2

Section	Notes
Text	Written in the first person. Dialogues can be reproduced with appropriate punctuation to clearly identify speakers. Do not use local slang unless explained.

INSTRUCTIONS FOR SPECIFIC SECTIONS

VIEWPOINT

This is a short essay that expresses the author's opinion on concrete experiences or observations concerning population health, equity or sustainable development. The manuscript should focus on one aspect of a specific topic. It should not describe programs or achievements, unless this serves to reinforce the author's argument. Text limit is ≤1200 words in Spanish (≤1000 in English), without graphic elements; ≤ 5 references. Consult the following published articles as examples:

Ochoa FR. Cuban Health Professionals: Will Publishing Perish?. MEDICC Rev. 2009;11(1):52. https://doi.org/10.37757/MR2009V11.N1.11

Percedo-Abreu MI. COVID-19: your pet and other animals. Are you at risk? MEDICC Rev. 2020 Oct;22(4):81–2. https://doi.org/10.37757/MR2020.V22.N4.8

Section	Notes
Text	**Write in the first person**, supporting your point of view. Style must be dynamic and precise.

INSTRUCTIONS FOR SPECIFIC SECTIONS

LETTERS TO THE EDITORS

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

Text limit is ≤400 words in Spanish (≤350 in English), without graphic elements; ≤2 references.

Send **Letter to the Editors** to: editors@mediccreview.org

The editors reserve the right to edit letters for length and style.

All correspondence must be accompanied by the corresponding author contact information, plus academic titles and institutional affiliation.