The Lancet Public Health publishes high-quality original research, comment, and correspondence that can advance public health policies and outcomes. Wherever possible, figures and good quality photographs (colour or black and white) should be used to supplement and to enhance the text. We also welcome videos. Further details on the different sections of The Lancet Public Health, and how to submit to the journal, are provided below. If you require further clarification, the journal’s editorial staff will be pleased to help (email publichealth@lancet.com).

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First submissions to The Lancet Public Health should include:
1. Covering letter
2. Manuscript including tables and panels
3. Figures
4. Author statement form (see next section)
5. Declaration of interests and source of funding statements (see next section)
6. In-press papers—one copy of each with acceptance letters
7. Protocols and CONSORT details for randomised controlled trials (see Articles)
8. We encourage disclosure of correspondence from other journals and reviewers, if previously submitted, and we might contact relevant editors of such journals.
9. Research in context panel, for all primary research Articles
Information for Authors

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• Conflicts of interest statements (ICMJE forms)
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Role of the funding source
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• At the end of the Methods section, under a subheading “Role of the funding source”, authors must describe the role of the study sponsor(s), if any, in study design; in the collection, analysis, and interpretation of data; in the writing of the report; and in the decision to submit the paper for publication
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Red section (Articles)

Articles

• The Lancet Public Health prioritises reports of original research that are likely to change practice or thinking

• We invite submission of all trials, whether phase 1, 2, 3, or 4. For phase 1 trials, we consider those of a novel substance for a novel indication, if there is a strong or unexpected beneficial or adverse response, or a novel mechanism of action

• We require the registration of all interventional trials, whether early or late phase, in a primary register that participates in WHO’s International Clinical Trial Registry Platform (see Lancet 2007; 369: 1909–11) or in ClinicalTrials.gov, in accord with ICMJE recommendations. We also encourage full public disclosure of the minimum 21-item trial registration dataset at the time of registration and before recruitment of the first participant (see Lancet 2006; 367: 1631–35). The registry must be independent of for-profit interest

• Reports of trials must conform to CONSORT 2010 guidelines and should be submitted with their protocols

• All reports of randomised trials should include a section entitled Randomisation and masking, within the Methods section. Please refer to The Lancet’s formatting guidelines for randomised trials

• Cluster-randomised trials must be reported according to CONSORT extended guidelines

• Randomised trials that report harms must be described according to extended CONSORT guidelines

• Studies of diagnostic accuracy must be reported according to STARD guidelines

• Observational studies (cohort, case-control, or cross-sectional designs) must be reported according to the STROBE statement, and should be submitted with their protocols

• We encourage the registration of all observational studies on a WHO-compliant registry (see Lancet 2010; 375: 348)

• Genetic association studies must be reported according to STREGA guidelines

• Systematic reviews and meta-analyses must be reported according to PRISMA guidelines. Please refer to The Lancet’s formatting guidelines for systematic reviews and meta-analyses.

• Reports of studies of global health estimates should be reported according to the GATHER statement (see Lancet 2016; 388: e19–23)

• Clinical trials that report interventions using artificial intelligence must be described according to the CONSORT-AI Extension guidelines and their protocols must be described according to the SPIRIT-AI Extension guidelines

• To find reporting guidelines see: http://www.equator-network.org

• When using a study group, collaborator group, or Consortia instead of authors’ names, please be aware that individuals’ names will not explicitly appear when your published Article is uploaded to MEDLINE/PubMed. Your Article will still be discoverable via a search for a specific named author, but only the collective name given to the study will appear on that platform. If you need more information, please contact us.

All Articles should, as relevant:

• Be up to 3500 words (4500 for randomised controlled trials) with 30 references (the word count is for the manuscript text only)

• Include an abstract (semistructured summary), with five paragraphs (Background, Methods, Findings, Interpretation, and Funding), not exceeding 250 words. Our electronic submission system will ask you to copy and paste this section at the “Submit Abstract” stage

• For randomised trials, the abstract should adhere to CONSORT extensions: abstracts (see Lancet 2008; 371: 281–83)

• When reporting Kaplan-Meier survival data, at each timepoint, authors must include numbers at risk, and are encouraged to include the number of censored patients

• For intervention studies, the abstract should include the primary outcome expressed as the difference between groups with a confidence interval on that difference (absolute differences are more useful than relative ones). Secondary outcomes can be included as long as they are clearly marked as secondary and all such outcomes are reported

• Use the recommended international non-proprietary name (rINN) for drug names. Ensure that the dose, route, and frequency of administration of any drug you mention are correct

• Use gene names approved by the Human Gene Organisation. Novel gene sequences should be deposited in a public database (GenBank, EMBL, or DDBJ), and the accession number provided. Authors of microarray papers should include in their submission the information recommended by the MIAME guidelines. Authors should also submit their experimental details to one of the publicly available databases: ArrayExpress or GEO

• Include any necessary additional data as part of your EM submission

• All accepted Articles should include a link to the full study protocol published on the authors’ institutional website (see Lancet 2009; 373: 992 and Lancet 2010; 375: 348)

• We encourage researchers to enrol women and ethnic groups into clinical trials of all phases, and to plan to analyse data by sex and by race

• For all study types, we encourage correct use of the terms sex (when reporting biological factors) and gender (when reporting identity, psychosocial, or cultural factors). Where possible, report the sex and/or gender of study participants, and describe the methods used to determine sex and gender. Separate reporting of data by demographic variables, such as age and sex, facilitates pooling of data for subgroups across studies and should be routine, unless inappropriate. Discuss the influence or association of variables, such as sex and/or gender, on your findings, where appropriate, and the limitations of the data.

Putting research into context

• All research papers (including systematic reviews/meta-analyses) submitted to any journal in The Lancet family must include a panel putting their research into context with previous work in the format outlined below (see Lancet 2014; 384: 2176–77, for the original rationale). This panel should not contain
references. Editors will use this information at the first assessment stage and peer reviewers will be specifically asked to check the content and accuracy.

- The Discussion section should contain a full description and discussion of the context. Authors are also invited to either report their own, up-to-date systematic review or cite a recent systematic review of other trials, putting their trial into context of the review.

**Research in context**

**Evidence before this study**

This section should include a description of all the evidence that the authors considered before undertaking this study. Authors should briefly state: the sources (databases, journal or book reference lists, etc) searched; the criteria used to include or exclude studies (including the exact start and end dates of the search), which should not be limited to English language publications; the search terms used; the quality (risk of bias) of that evidence; and the pooled estimate derived from meta-analysis of the evidence, if appropriate.

**Added value of this study**

Authors should describe here how their findings add value to the existing evidence.

**Implications of all the available evidence**

Authors should state the implications for practice or policy and future research of their study combined with existing evidence.

Research in context panels should not contain references; key studies mentioned here should be referenced in the main text.

**Data sharing**

From September 21, 2020, all submitted research Articles must contain a data sharing statement, to be included at the end of the manuscript. Data sharing statements must include:

- Whether data collected for the study, including individual participant data and a data dictionary defining each field in the set, will be made available to others ("undecided" is not an acceptable answer);
- What data will be made available (deidentified participant data, participant data with identifiers, data dictionary, or other specified data set);
- Whether additional, related documents will be available (e.g., study protocol, statistical analysis plan, informed consent form);
- When these data will be available (beginning and end date, or "with publication", as applicable);
- Where the data will be made available (including complete URLs or email addresses if relevant);
- By what access criteria data will be shared (including with whom, for what types of analyses, by what mechanism – e.g., with or without investigator support, after approval of a proposal, with a signed data access agreement - or any additional restrictions).

See [table](#) for examples. Clinical trials that begin enrolling participants on or after Jan 1, 2019, must include a data sharing plan in the trial’s registration. If the data sharing plan changes after registration, this should be reflected in the statement submitted and published, and updated in the registry record. **Mendeley Data** is a secure online repository for research data, permitting archiving of any file type and assigning a permanent and unique digital object identifier (DOI) so that the files can be easily referenced. If authors wish to share their supporting data, and have not already made alternative arrangements, a Mendeley DOI can be referred to in the data sharing statement.

**Blue section (Comment, Correspondence, etc)**

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- See [Conflicts of Interest](#) guidelines for comments.

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** Corrections**

- Any substantial error in any article published in The Lancet Public Health should be corrected as soon as possible. Blame is not apportioned; the important thing is to set the record straight.
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**Essay**

- Essays should be up to 2000 words in descriptive prose, and can be on any topic related to public health. If you are a medical professional, this is your opportunity to shine light on a neglected area, highlight an inspirational experience, or share your insights.
Green section (Reviews, Viewpoints, Health Policy, Commission)

Reviews
Most reviews are commissioned, but unsolicited short outlines (300–400 words) can be directed to the Editor. If you have already written the paper, please submit it for consideration via our online system.

• Reviews should be either a definitive overview of a major topic connected with public health
• Manuscripts will be assessed in-house and those judged suitable will be peer reviewed before an editorial decision is made
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All material should be submitted as one PDF (with a table of contents and numbered pages) with the paper and will be peer reviewed. Material will be published at the discretion of The Lancet journals’ editors. For clinical trials, we encourage authors to include a copy of the study protocol. All material should be provided in English.

Text

- Main heading for the web extra material should be in 12 point Times New Roman font BOLD
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Tables

- Main table heading should be in 10 point Times New Roman font BOLD
- Legends should be in 10 point, single spaced
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Data

- Numbers in text and tables should always be provided if % is shown
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- p values should be given to two significant figures, unless p<0.0001

Drug names

- Recommended international non-proprietary name (rINN) is required
- We encourage use of neuroscience-based nomenclature for psychotropic drugs

References

- Vancouver style—eg,
  
  Smith A, Jones B, Clements S. Clinical transplantation of tissue-engineered airway. Lancet 2008; 372: 1201–09.
  
  Hourigan P. Ankle injuries. In: Chan D, ed. Sports medicine. London: Elsevier, 2008: 230–47.
- Numbered in order of mention in appendix and numbered separately from references in the full paper

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