

Rwanda Journal

Series F: Medicine and Health Sciences

INSTRUCTIONS TO AUTHORS

General Information

The *Rwanda Journal SERIES F: Medicine and Health Sciences* is a biannual (twice a year), peer reviewed journal which resulted from merger of the Rwanda Journal of Health Sciences and the Rwanda Journal Series F: Health Sciences. It publishes topics of special interest and those that have relevance in various health related fields including but not limited to medicine, pharmacy, dentistry, nursing, public health, nutrition, health management and policy, and other health sciences. The Journal accepts quantitative, qualitative, and mixed methods studies, each evaluated for their scientific rigor and validity. The following types of manuscripts will be considered for publication in the journal: original research, review articles, short communications, letters to the editor, personal views, lessons from the field, editorials, and case reports. Each of these is further elaborated below. The journal may publish supplements of conference proceedings or special editions.

All manuscripts will be subject to peer review and all papers accepted for publication in the journal will appear in electronic and print versions. Manuscripts should be written and submitted in English.

The views expressed in the papers published by the journal are solely those of the authors and cannot be attributed to the journal, its publishing institution, or the institution where the author is affiliated.

Ethical issues

Articles of studies involving human subjects are published only if they fully conform to the ethical principles including those provided by the World Medical Association (WMA) Declaration of Helsinki (as amended in the 64th WMA General Assembly, Fortaleza, Brazil, October 2013, available at <http://www.wma.net/en/30publications/10policies/b3/index.html>). These articles shall include a concise description of how ethical considerations pertaining to the study were taken into account.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed.

Conflict of interests

All authors are requested to disclose any actual or potential conflict of interest including any financial, personal or other relationships with other people or organizations within three years of beginning the submitted work that could inappropriately influence, or be perceived to influence, their work.

Authorship

Authors should have played a significant role in the conception, design, data analysis and interpretation, and writing of the manuscript. They should be indicated by the initials of their names and what they did.

Authors should fulfill the requirements stated by the International Committee of Medical Journal Editors (ICMJE):

“- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND

- Drafting the work or revising it critically for important intellectual content; AND

- Final approval of the version to be published; AND

- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.”

Copyright

During the submission, authors will be requested to complete a ‘Copyright Transfer form’ to assign to the University of Rwanda the copyright of the manuscript and any tables, illustrations or other material submitted for publication as part of the manuscript (the "Article") in all forms and media (whether now known or later developed), throughout the world, in all languages, for the full term of copyright, effective when the article is accepted for publication. The [Creative Commons Attribution NonCommercial-NoDerivs \(CC-BY-NC-ND\) license](#) shall be applied.

Acknowledgements and funding

All persons other than the authors that contributed to the work should be acknowledged. In this section, the funding body should also be acknowledged as appropriate. Authors are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the 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 article for publication. If the funding source(s) had no such involvement then this should be stated.

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Peer review

This journal operates a double blind review process. All contributions are sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles.

Submission of manuscript

As per 2nd February 2017, manuscripts should be submitted electronically via <https://mc.manuscriptcentral.com/rjmhs>.

The manuscript in Arial font x12 with 1 inch margin on all sides, including the whole manuscript text, in Microsoft Word (2007, 2010) or rich text format (rtf). Tables and figures should be attached in separate files. Authors will be requested to attach a Cover Letter (described below), the Author Agreement form (template available for download at the electronic submission system) and the Copyright Transfer (template also available for download at the electronic submission system).

The cover letter (i.e. letter of submission) signed by the corresponding author and all co-authors must state what the article is about and why it is considered to be appropriate for the *Rwanda Journal SERIES F: Medicine and Health Sciences*. Also indicate that the content of the manuscript has not been published and has not been submitted elsewhere for publication and that the paper can be edited for readability. The letter should include the corresponding author's name starting with surname, email address, full address, and telephone numbers. The author may also suggest three to five reviewers for the manuscript but *Rwanda Journal SERIES F: Medicine and Health Sciences* may designate other reviewers. Conflicts of interest and authors' contribution should also be disclosed in the cover letter. Further correspondence and proofs will be sent to the corresponding author before publication unless otherwise indicated.

Preparation of the manuscript

Authors are requested to prepare the manuscript according to the guidelines of the *Rwanda Journal SERIES F: Medicine and Health Sciences*. Further information on health research reporting can be found on the website of EQUATOR network at: <http://www.equator-network.org/>.

References

In the reference list of the papers cited in the text, there should be included only papers published, in press or with Digital Object Identifier (DOI). It is recommended that a reference management software be used to accurately cite the references used, according to Vancouver Style. In the list, the references should be arranged in the numerical order in which they are cited in the text. It is the responsibility of the authors to ensure the accuracy of the references cited. The limit of the number of words excludes the references.

Citing in the text

References must be numbered sequentially as they appear in the text. References cited in figures or tables (or in their legends and footnotes) should be numbered according to the place in the text where that table or figure is first cited. Reference numbers in the text should be inserted immediately after punctuation (with no word spacing)—for example,[6] not [6].

Where more than one reference is cited, these should be separated by a comma, for example,[1, 4, 39]. For sequences of consecutive numbers, give the first and last number of the sequence separated by a hyphen, for example,[22-25].

Please note that if references are not cited in order the manuscript may be returned for amendment before it is passed on to the Editor for review.

Preparing the reference list

References must be numbered consecutively in the order in which they are mentioned in the text.

Personal communications or unpublished data must be cited in parentheses in the text with the name(s) of the source(s) and the year. Authors should request permission from the source to cite unpublished data.

Detailed instructions can be found at: <https://www.ncbi.nlm.nih.gov/books/NBK7256/>.

Here are some examples:

- a) Journal article:

Smith JJ. The world of science. *Am J Sci.* 1999;36:234–5.

O'Mahony S, Rose SL, Chilvers AJ, Ballinger JR, Solanki CK, Barber RW, et al. Finding an optimal method for imaging lymphatic vessels of the upper limb. *Eur J Nucl Med Mol Imaging.* 2004;31:555–63. doi:10.1007/s00259-003-1399-3.

Slifka MK, Whitton JL. Clinical implications of dysregulated cytokine production. *Dig J Mol Med.* 2000. doi:10.1007/s801090000086.

b) Books and chapters

Wyllie AH, Kerr JFR, Currie AR. Cell death: the significance of apoptosis. In: Bourne GH, Danielli JF, Jeon KW, editors. *International review of cytology.* London: Academic; 1980. p. 251–306.

c) Organization site

ISSN International Centre: The ISSN register. <http://www.issn.org> (2006). Accessed 20 Feb 2007.

Abbreviations

Unless they are standard, when first used abbreviations should be written in full followed by their short form in brackets e.g. Institutional Review Board (IRB).

Categories of papers

1. *Original research articles*

Original research articles include but are not limited to biomedical, clinical, behavioral research, health management research, educational research in medicine and health sciences. These full-length articles should describe new and carefully confirmed findings, and experimental procedures should be given in sufficient detail for others to verify the work. They should be double spaced, between 3000 and 6000 words, excluding tables, figures and references. The articles should have the following main sections: Introduction, Methods, Results, and Discussion.

Title (150 characters)

It should be in title case format in which all words except prepositions and conjunctions start with capital letter. Title should be short describing the contents of the article for comprehension and easy electronic retrieval. There should be no abbreviations in the title unless they are units of measurements. *The title page* should include the authors' full names. The authors' affiliation addresses should be listed below the names. A superscript number just after the author's name and in front of the appropriate address should indicate the affiliation. Provide the full postal address of each affiliation, including the country name. Indicate the *Corresponding author* with asterisk after the author's name and before 'Corresponding author' in the footnote along with e-mail address and phone number.

Abstract

The abstract should be between 150-200 words and must include the following subtitles: Background, Objectives, Methods, Results, and Conclusions. No references should be cited and abbreviations must be avoided. Following the abstract, about 3 to 10 key words that will provide indexing references should be listed. It is recommended, to use keywords from the National Library of Medicine's (NLM) Medical Subject List, whenever possible. The suitability of keywords can be checked on the NLM MeSH Browser

at <http://www.nlm.nih.gov/mesh/> (e.g. MeSH on Demand: <http://www.nlm.nih.gov/mesh/MeSHonDemand.html>).

Introduction

It should be short, providing the scientific background to the study to demonstrate the magnitude of the problem, its significance and what is not known (i.e. gaps in knowledge). It should contain a statement on the purpose of the present investigation with specific objectives presented preferably as questions. References cited should be few, relevant and as recent as possible. The introduction should end with a very brief statement of what is being reported in the paper.

Methods

Detailed description of the investigation process and statistical methods should be provided such that verification by other researchers can be feasible. However, only truly new procedures should be described in detail, previously published procedures should be cited, and important modifications of published procedures should be mentioned accordingly. Research instruments such as questionnaires should be described adequately. A statement of the ethical issues including protection of human subjects and informed consent should be included (please see: <http://www.wma.net/en/30publications/10policies/b3/index.html>)

Results

Important findings should be described in logical sequence concisely and clearly without their interpretation or citation of references. Percentages should be accompanied by raw numbers. Measurements should be expressed in International System of Units (SI) but use of 'ml' and 'mmHg' is permitted. Numbers below 10 are written in words, unless they are followed by abbreviated measurements units e.g. 3 kg, 5 months. Tables and figures (i.e. graphs, drawings, and photographs) should be used to present different results which should not be repeated in the text. Tables without internal vertical lines and Figures should be numbered consecutively in Arabic numerals (e.g. Table 1, Figure 2). Tables and figures should be separately uploaded in the submission system. The number of tables should not exceed 3-4. A table should not exceed one page. Permission to reproduce images must be presented by the author. Statistical analyses done should be shown in the text and in all tables and figures where comparisons are indicated.

Discussion

It should emphasize new and important aspects of the study in relation to available standards and published evidence without repeating the results in detail. Explanation of the findings and their implications for future research and policy should be provided. Limitations of the study should be highlighted. Conclusions and recommendations should be related to the objectives and results of the study.

2. Review Articles

Review articles should include critical assessment of the works cited, explanations of conflicts in the literature, and analysis of highly significant topics in health sciences illustrating trends and discoveries, significant gaps in the research, current debates and ideas of where research might go next. The review can contain up to 6,000 words, six (6) figures, and three (3) tables, and it should be arranged in four sections: Abstract, Introduction, Topics (with headings and subheadings), Conclusions and Outlook. Systematic reviews shall be prepared in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines and can be up to 6,000 words. Systematic reviews highly pertinent to

public health policy and practice will be given priority. Examples of narrative review articles, and systematic review articles with and without meta-analysis:

- Church JA, Fitzgerald F, Walker AS, Gibb DM, Prendergast AJ. The expanding role of co-trimoxazole in developing countries. *Lancet Infect Diseases*. 2015; 15:327-39.
- Khan KS, Wojdyla D, Say L, Gülmezoglu M, Van Look PF. WHO analysis of causes of maternal death: a systematic review. *Lancet*. 2006; 367:1066-74.
- Sonuga-Barke EJS, Brandeis D, Cortese S, Daley D, Ferrin M, Holtmann M, et al. (2013). Nonpharmacological interventions for ADHD: systematic review and meta-analyses of randomized controlled trials of dietary and psychological treatments. *Am J Psychiatry*. 2013; 170:275-89.
- Taggart J, Williams A, Dennis S, Newall A, Shortus T, Zwar N, et al. A systematic review of interventions in primary care to improve health literacy for chronic disease behavioral risk factors. *BMC Fam Pract*. 2012; 13:49.

3. Short Communications

Short Communication of 1,000-1,500 words presents a completed study that is limited in scope about novel techniques, or special cases. It should contain an abstract (up to 150 words) and one other section combining introduction, methods, results, discussion and conclusion. It should contain a maximum of two figures and one table, and not more than 10 references. Example of short communication:

- Sreekhajornjaru N, Somboon C, Rattanajak R, Denny WA, Wilairat P, Auparakkitanon S. Comparison of hematin-targeting properties of pynacrine, an acridine analog of the benzonaphthyridine antimalarial pyronaridine. *Acta Trop*. 2014; 140:181-3.

4. Letters to the Editor

Letters, usually from authorities in the subject, should have a concise title, be short (up to 200 words, about a *Journal* article; and up to 400 words not about a *Journal* article), may have a single table or image, and up to 4 references. It should not include unpublished data or material published elsewhere. The submission of the letter to the journal gives the Editor authority for its publication and it is subject to editing. Example of letter to the Editor:

- Fox MP, Rosen SB. Response to defaulting from antiretroviral treatment programmes in sub-Saharan Africa: a problem of definition. *Trop Med Int Health*. 2011;16:392.

5. Personal views

A Personal View is a thought stimulating opinion essay on a health related topic and must be prepared in a similar way to a Review article. It should contain about 1500-3000 words, and a maximum of 30 references. Example of personal view paper:

- Tully CM, Lambe T, Gilbert SC, Hill AVS. Emergency Ebola response: a new approach to the rapid design and development of vaccines against emerging diseases. *Lancet Infect Dis*. 2015; 15:356-9.

6. Lessons from the field

These are papers that capture experiences and practice gained in solving specific public health problems in the settings in which the practice takes place (e.g. leadership and management, cultural organization, and resources) in order to put the lessons gained in the right context. These papers present the process by including the following information: Background or motivation describing how the problem was perceived, context or settings, evidence and action, identification of solutions, how partners were engaged and lessons

learned. The papers have an abstract of up to 250 words, and a total of up to 1500 words, with two figures and two tables. Example of Lessons from the Field article:

- Khan MI, Sahito SM, Khan MJ, Wassan SM, Shaikh AW, Maheshwari AK, et al. Enhanced disease surveillance through private health care sector cooperation in Karachi, Pakistan: Experience from a vaccine trial. *Bull World Health Organ.* 2006; 84:72-7.

7. Editorials

Editorials usually provide commentary and analysis concerning an article in the issue of the Journal in which they appear or to a theme. They have no abstract, may contain subheadings to guide the readers, and are limited to 1,000-1,500 words, excluding title and references, one figure or table and a maximum of 10 references. Examples of Editorial papers:

- Stein JH. Cardiovascular risks of antiretroviral therapy. *New Engl J Med.* 2007; 356:1773-5.
- Schünemann HJ, Moja L. Reviews : Rapid ! Rapid ! Rapid ! ... and systematic. *Syst Reviews.* 2015; 4:4-6.
- Cram P, Rush RP. Length of hospital stay after hip fracture. *BMJ.* 2015; 350:h823.

8. Case reports

Case reports describe an unusual disease presentation, a new treatment, an unexpected drug interaction, a new diagnostic method, or a difficult diagnosis. Case reports should include relevant positive and negative findings from history, examination, and investigation and can include clinical photographs. Additionally, the author should make it clear what the case adds to the field of health care. It should include an up-to-date review of all previous cases in the field. These articles should be no more than 2,500 words with up to 3 figures and 2 tables and a maximum of 15 references. Case Reports contain five sections: Abstract (100 words), Introduction, Case Presentation (clinical presentation, observations, test results, and accompanying figures), Discussion, and Conclusions. Examples of case report:

- Mitchell HK, Thomas R, Hogan M, Bresges C. Miracle baby: managing extremely preterm birth in rural Uganda. *BMJ Case Rep.* 2014; 2014.
- Shahani L, McKenna M. Primary pulmonary lymphoma in a patient with advanced AIDS. *BMJ Case Rep.* 2014; 2014.
- Henneman D, Bosman WM, Ritchie ED, van den Bremer J. Gastric perforation due to foreign body ingestion mimicking acute cholecystitis. *Case Reports.* 2015.

Post acceptance

The corresponding author will receive an e-mail with an article proof for final approval before publication. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. It is important to ensure that all corrections are sent back to the journal in one communication. Please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed.