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Manuscripts must be solely the work of the author(s) stated, must not have been previously published elsewhere, and must not be under consideration by another journal. *The Lancet* journals are signatories of the [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#), issued by the International Committee of Medical Journal Editors (ICMJE Recommendations) and to the Committee on Publication Ethics (COPE) code of conduct for editors. We follow [COPE's guidelines](#).

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How to submit your paper

Manuscript submission

Manuscript submission to all *Lancet* journals is free. Manuscripts should be submitted online via the *The Lancet HIV*'s online submission and peer review website (known as EES) at <http://ees.elsevier.com/thelancethiv>.

- Simply log on to EES and follow the on-screen instructions for all submissions.
- If you have not used EES before, you will need to register first. In EES, the corresponding author is the person who enters the manuscript details and uploads the submission files.
- Inclusion of illustrations (photographs, graphs, diagrams, etc) is a prerequisite for publication. Submission of original and editable artwork files is encouraged. Digital photography files should have a resolution of at least 300 dpi and be at least 107 mm wide.
- In almost all cases, if you have a finished manuscript, you should submit it, rather than contacting *The Lancet HIV* to enquire whether an unseen manuscript is likely to be accepted. Unless you have been asked by the Editor to submit by email, you should use the online system for all types of submission, including Correspondence.
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- Use the covering letter to explain why your paper should be published in *The Lancet HIV* rather than elsewhere

Statements, permissions, and signatures

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- Designated authors should meet all four criteria for authorship in the ICMJE Recommendations

First submissions to *The Lancet HIV* 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

- All authors, and all contributors (including medical writers and editors), should specify their individual contributions at the end of the text.
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- Please include written consent of any cited individual(s) noted in acknowledgments or personal communications.

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[Author statement form](#)
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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.
- If there is no Methods section, the role of the funding source should be stated as an acknowledgment. If the funding source had no such involvement, the authors should state this.
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- Acknowledgments—written consent of cited individual
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Please ensure that anything you submit to *The Lancet HIV* follows the guidelines provided for each article type. For instruction on how to format the text of your paper, including tables, figures, panels, and references, please see our [Formatting guidelines](#).

Red section (Articles)

Articles

- *The Lancet HIV* prioritises reports of original research that are likely to change clinical practice or thinking
- We invite submission of all clinical 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). We also encourage full public disclosure of the minimum 20-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 sections entitled Randomisation and masking and Outcomes, 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](#).
- To find reporting guidelines see: <http://www.equator-network.org>.

All Articles should, as relevant

- Be up to 3000 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).
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- Use the SI system of units and 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.
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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 EES 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).

Putting research into context

- From Jan 1, 2015, all research papers submitted to any journal in *The Lancet* family must include a panel putting their research into context with previous work, with an enhanced structure and subheadings compared with papers submitted before this date (see *Lancet* 2014; **384**: 2176–77, and panel below for guidance). 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.*

Blue section (Comment, Correspondence)

Editorial

- Editorials are the voice of *The Lancet HIV*, and are written in-house by the journal's editorial-writing team and signed "The *Lancet HIV*".

Comment

- This section contains Comments that accompany papers published in *The Lancet HIV* or on issues of wide-reaching concern in HIV. Most are commissioned, but unsolicited Comments (no more than 700 words, 12 references, and one figure, panel, or small table) are also welcome. Comments may be peer reviewed.

MIAME guidelines
http://www.mged.org/Workgroups/MIAME/miame_checklist.html

WHO's International Clinical Trial Registry Platform
<http://www.who.int/ictrp/network/trds/en/index.html>

Array and GEO
<http://www.ebi.ac.uk/microarray-as/ae/>
<http://www.ncbi.nlm.nih.gov/geo>

CONSORT 2010 guidelines
<http://www.consort-statement.org/consort-statement/overview/>

CONSORT extended guidelines
<http://www.consort-statement.org/extensions/extensions/>

STARD guidelines
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STROBE statement
<http://www.strobe-statement.org/>

STREGA guidelines
<http://www.medicine.uottawa.ca/public-health-genomics/web/eng/strega.html>

PRISMA guidelines
<http://www.prisma-statement.org/>

To find reporting guidelines, see
<http://www.equator-network.org>

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- See **Conflicts of Interest** guidelines for comments.

Correspondence

- Letters can be written in response to previous content published in *The Lancet HIV*.
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Formatting guidelines

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- Type a single space at the end of each sentence
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- Numbers in text and tables should always be provided if % is shown.
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- Exact p values should be provided, unless $p < 0.0001$.

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- Main heading for the web extra material should be in 12 point Times New Roman font **BOLD**.
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Drug names

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References

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- Numbered in order of mention in appendix and numbered separately from references in the full paper

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