



The Health Reform Monitor of Health Policy

Purpose of Health Reform Monitor articles

Health reform monitor (HRM) articles are papers of 2,500 to 3,000 words (excluding abstract and references), providing an overview of major reforms or other relevant developments in one of the Health Systems and Policy Monitor member countries. Papers should focus on recent or ongoing developments, e.g. proposed, discussed, just passed and/ or implemented reforms.

The purpose of HRM papers is to describe the content of the reform as well as the role of actors and processes for the international readership of Health Policy. Papers should place the development into an international context (e.g. of similar developments in other countries) and explain why the issue should be of interest to the international readership of the journal.

What are the issues that can be presented in an article?

Issues that can be presented should be selected on the basis of:

- 1) **Relevance and scope:** impact on the status quo of a health care system
- 2) **Degree of innovation**, i.e. idea or policy held against national and international standards
- 3) **Media coverage/ public attention/visibility**
- 4) **Transferability of approach to other countries**

How should a Health Reform Monitor article be structured?

There is no rigid template for these articles. Articles should aim at a length of **2500 to 3000 words (excluding a 200 word abstract and references)**. They could be structured as follows (and should answer at least some of these questions):

- **Purpose or idea of the policy:** What are the main objectives, characteristics and expected outcomes of a policy (idea), approach or instrument? Who would be affected by the policy?
- **Political and economic background:** Was there a change in Government or political direction? Is there a need or pressure to comply with EU (or other) legislation? Is a policy part of an overall national (or regional) health policy statement/goal?
- **Health policy processes:** Where, when, and by whom was the idea generated? Who were or are the driving forces behind this idea and why? Who were the main actors? How were or are other stakeholders/affected groups positioned towards this idea or policy? Were there alliances between stakeholders in support of the idea or new policy? Was the reform part of a legislative process? Were or are concerned actors and stakeholders actively participating in the process? What was done to convince, the opponents to this policy?

- **Content of reform:** What is the content of the reform? What tools will be used to achieve this idea's or policy's principle purpose? Is this an entirely new approach, does it follow earlier discussions, has it been borrowed from elsewhere? Is it aimed at amending / updating a prior policy? Has something similar been implemented on a small scale previously? What incentives would facilitate the implementation of this policy?
- **Expected or preliminary outcomes:** Does this piece of policy foresee a mechanism for regularly reviewing the implementation process, the impact, and the overall appropriateness of its objectives? Which indicators have been determined to measure success? Have precautions been taken to minimize undesirable effects of the reform? If evaluation has already taken place, please provide results. Did evaluation lead to change or abandonment?
- **Conclusion: Overall assessment of policy/issue - expert opinion:** Looking at the intended objectives and effects of the health policy assessed: Will the policy achieve its objectives? What might be its unexpected or undesirable effects? What are or will be the effects on costs, quality, access/equity etc.?

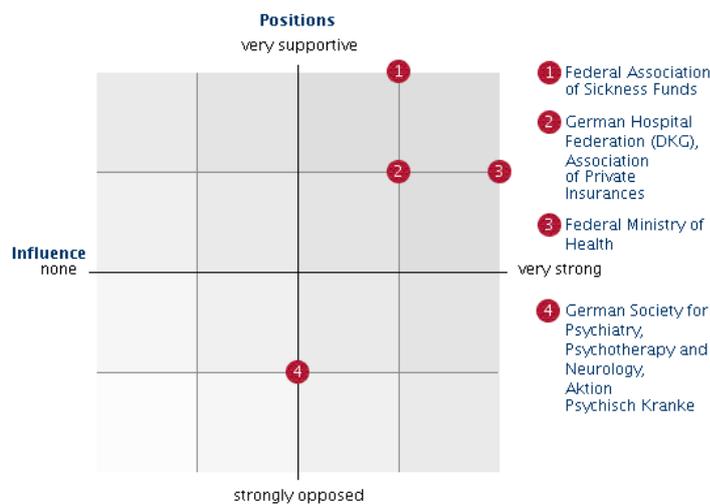
Examples of HRM papers: Kowalska et al. (2015, <http://dx.doi.org/10.1016/j.healthpol.2014.12.010>) Or (2014, <http://dx.doi.org/10.1016/j.healthpol.2014.05.006>), and Mittenbergs et al. (2014, <http://dx.doi.org/10.1016/j.healthpol.2014.09.013>).

Use of graphical elements (tables and figures)

The use of one or two, exceptionally three Tables and/or Figures is highly encouraged. These could, for example,

- provide a timeline of the issue reported, e.g. from inception of a reform to implementation;
- show data that motivated the reform;
- show preliminary outcome data;
- illustrate new regulatory relationships/financial flows in the health system;
- illustrate stakeholder positions (see example below).
- compare expected benefits and potential problems related to the reform

Figure 1: Positions of stakeholders and influence at a glance (



Please email wilm.quentin@tu-berlin.de to receive a template for this figure.

Deadlines/timing to submit articles

Health Policy and the Observatory wish to have 24 HRM articles published all year round. This gives the HSPM network the opportunity to publish eight articles during each four months period. In order to take full advantage of this, the following deadlines for each set of eight articles should be taken into account:

- 28 February
- 30 June
- 30 October

However, it is possible to submit articles any time before these main deadlines. If in any doubt, or if you have questions, please contact directly the responsible managing editor, Wilm Quentin (wilm.quentin@tu-berlin.de).

Submission process

Once your article is ready and formatted according to Health Policy guidelines (see link below), you can submit it through the online submission platform of Health Policy by selecting "*Health Reform Monitor*" as the article type. Please indicate on your cover letter if you are a member of the HSPM network and that you would like the paper to be handled by Wilm Quentin.

Online submission platform: <http://ees.elsevier.com/heap/default.asp>

Author guidelines: <http://www.elsevier.com/journals/health-policy/0168-8510/guide-for-authors>