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### DESCRIPTION

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*Health Policy* is intended to be a vehicle for the exploration and discussion of **health policy** and **health system** issues and is aimed in particular at enhancing communication between health policy and system researchers, legislators, decision-makers and professionals concerned with developing, implementing, and analysing health policy, health systems and health care reforms, primarily in high-income countries outside the U.S.A.

**Health care policies** and reforms are made at an ever-increasing pace in countries around the world - and policy-makers are increasingly looking to other countries for solutions to their own problems. *Health Policy* is committed to support this international dialogue to ensure that policies are not just copied but used and adapted based on the specific problems and objectives as well as the respective context. The journal encourages the [submission](#) of short, full-length, comparative and review articles (as well as groups of articles in "special sections") which address:

What is happening in terms of policies, reforms, regulation etc. of health systems; Where the ideas are coming from, i.e. whether they are "imported" from another country or developed within the country, and how innovative they are they in comparison to other countries; Why it is happening, e.g. as a consequence of a change in government, popular dissatisfaction or (perceived) unsustainable cost increases, and what are the objectives; The actors involved (both governmental as well as non-governmental), incl. their roles, their opinions and their strength in the decision and implementation process; Intended and, especially, unintended effects of these policies or reforms on the health system in terms of access, appropriateness, costs, effectiveness, quality, patient experience and equity etc.; Their final consequences in terms of health outcomes, financial protection and responsiveness to the population's legitimate expectations, i.e. a performance assessment of reforms and health systems.

To achieve the journal's objectives, authors are encouraged to write in a non-technical style, which is understandable to health policy practitioners and specialists from other disciplines and in other countries.

Please submit your article via <http://ees.elsevier.com/heap>.

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## AUDIENCE

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Legislators; Health Services Researchers; Healthcare Providers and Planners; Policy Analysts; Healthcare Insurers; Health Related Industry; Healthcare Foundations

## IMPACT FACTOR

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## ABSTRACTING AND INDEXING

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Health Policy is intended to be a vehicle for the exploration and discussion of health policy issues and is aimed in particular at enhancing communication between health policy researchers, legislators, decision-makers and professionals concerned with developing, implementing, and analysing health policy in high-income countries primarily outside the US.

Health care policies and reforms are made at an ever-increasing pace in countries around the world - and policy-makers are increasingly looking to other countries for solutions to their own problems. Health Policy is committed to support this international dialogue to ensure that policies are not just copied but used and adapted based on the specific problems and objectives as well as the respective context. Articles in Health Policy should thus describe and analyze

1. what is happening in terms of policies, reforms, regulation etc. of health systems;
2. where are the ideas coming from, i.e. are they "imported" from another country or are they developed within the country - and how innovative are they in comparison to what is happening in other countries;
3. why is it happening, e.g. as a consequence of a change in government, popular dissatisfaction, (perceived) unsustainable cost increases or an international requirement, and what are the objectives;
4. the actors involved (both governmental as well as non-governmental including scientists, the media and the public), what are their roles, their opinions and their strength in the decision and implementation process;
5. intended and, especially, unintended effects of these policies or reforms on the health system in terms of access, appropriateness, costs, effectiveness, quality, patient experience and equity etc.; and last but not least
6. their final consequences in terms of health outcomes, financial protection and responsiveness to the population's legitimate expectations, i.e. a performance assessment of reforms and health systems.

To achieve the journal's objectives, authors are encouraged to write in a non-technical style, which is understandable to health policy practitioners and specialists from other disciplines. The use of overly technical tables (e.g. full of regression models) or equations is discouraged or should be placed in the supplementary material.

### Types of Contribution

Health Policy will be accepting submissions in three different formats:

- (1) "Health reform monitor" of around 2,500 to 3,000 words (excluding abstract and references), concentrating on proposed, discussed, just passed and/ or implemented reforms in one of the Health Systems and Policy Monitor member countries. These do not have to present empirical data but analyze actors and processes. More information on Health Reform Monitor articles can be found [here](#)
- (2) "Full-length articles" of around 4,000 words (and not more than 4,500 words), mainly empirical, analyzing the impact of health systems, reforms and policies - both in terms of intended and unintended effects. In addition, more theoretical, conceptual or methodological papers can be submitted.
- (3) "Reviews/comparative analyses" of around 6,000 words (and not more than 7,000 words) can either be
  - (a) systematic reviews of health policy measures
  - (b) or examine certain aspects of health systems or health reforms in a systematic, comparative manner across a number of countries. Such papers may additionally include experience from countries outside the primary focus of the journal.

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For all types of submissions, the material should not have been previously published in peer-review journals elsewhere. Publication as an abstract, academic thesis or discussion paper is permissible but needs to be stated in the cover letter to the editor upon submission.

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There should be no footnotes or endnotes in the manuscript.

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Reference to a chapter in an edited book:

[3] McGlynn E. Measuring clinical quality and appropriateness. In: Smith P, Mossialos E, Papanicolas I, Leatherman S, editors. *Performance measurement for health system improvement experiences, challenges and prospects*. Cambridge: Cambridge University Press; 2009, p. 87–113. Reference to an electronic source:

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