DESCRIPTION

**Health Policy - The best evidence for better policies**

*Health Policy* aims to inform discussions about how to improve health policies by publishing high quality research articles with clear policy implications that are relevant for an international audience. It intends to enhance communication between (1) researchers analysing health systems, health policies, and health reforms and (2) legislators, decision-makers and professionals concerned with developing and implementing these policies. *Health Policy* is an interdisciplinary journal at the interface between health policy, health systems research, health services research, health economics, health care management, political and policy sciences, public health, and related disciplines. The focus is on high-income countries, primarily outside the US.

More background on Health Policy's aims and scope is provided in this editorial (Quentin et al. 2023).

Health Policy publishes articles with the following attributes:

1. **Topic**: research that addresses a clear and policy relevant research question with a focus on health systems, health policies or health reforms.
2. **Regional scope**: a focus on high-income countries, primarily outside the US.
3. **Methods**: adequate application of quantitative and/or qualitative methods, explained in a language that is comprehensible for a broad readership from different disciplines.
4. **Content**: original research or reviews that focus on policy evaluations, analyses of policy processes, cross-country comparative policy assessments, and descriptions of individual reform experiences.
5. **Authorship**: written by researchers and/or policymakers from a range of different disciplines.
6. **Policy relevance**: research findings that have direct implications for and the potential to contribute to better health policies.
7. **International relevance**: research that has implications for policy-makers and researchers from several countries.

**Types of Articles**

*Health Policy* encourages the submission of articles which address different types of evidence needs of policymakers. These are published in different formats:

**Health Reform Monitor (HRM) papers**: HRM papers are short papers (2,500-3,000 words) that are intended to describe current or ongoing reforms and regulations in different countries; where the
ideas are coming from; how innovative they are in comparison to policies in other countries; why they are happening (e.g. as a consequence of a change in government or budget pressures); the process of decision-making and implementation, including the actors involved (describing roles of different actors and their strengths in decision-making); and a brief expert assessment of the (likely) intended and unintended consequences of the reform (e.g. on access, quality, financial protection). Specific guidelines are available for HRM papers.

**Full length articles (FLA):** FLA are traditional research papers (around 4,000 words), presenting background, methods, results, discussion, and conclusions of research on specific policy relevant questions. FLA may present impact evaluations and/or economic evaluations of policies and reforms (using robust [quasi-]experimental methods), epidemiologic and econometric studies with policy relevance, policy content analyses, political process analyses, discourse analyses, and in-depth policy case studies. Depending on the specific research question, cross-disciplinary and mixed-methods research approaches are encouraged, and both quantitative (surveys, secondary data analyses) and qualitative research (focus groups, individual interviews, document analyses) is welcome. Empirical, theoretical, conceptual, or methodological articles can be submitted under this category. Reporting of studies should follow reporting guidelines made available by the EQUATOR network, e.g. the STROBE guidelines for observational studies or the CHEERS guidelines for economic evaluations.

**Systematic reviews:** Reviews (including scoping reviews, realist reviews, or narrative reviews) are longer papers (up to 6,000 words) that provide a comprehensive overview of the available literature about particular policies or relevant methodological aspects, e.g. on "metrics and indicators used to assess health system resilience" (Fleming et al., 2022) or on "the use of Patient-Reported Outcome and Experience Measures for Health Policy purposes" (Minvielle et al., 2023). Systematic reviews should follow appropriate reporting guidelines, e.g. the PRISMA for reporting of systematic reviews, PRISMA-ScR for scoping reviews, RAMESES for realist reviews, or the PRIOR for overviews of reviews.

**Cross-country comparative analyses:** These can also be longer papers (up to 6,000 words) that examine certain policies/reforms or characteristics of health systems in a systematic, comparative manner across a number of countries. They should, in general, follow a defined framework and systematically collect information on the reform/policy in focus, usually in collaboration with national researchers from the included countries (see for example Waitzberg et al, 2022).

**Policy comments:** This is a new category of short (about 1,500 words) articles that focus on a policy relevant topic. Policy comments may, for example, highlight health system challenges that are relevant for several countries, or they may present a new idea or reform proposals that could be relevant for several countries. They should always be clear, compelling, focus on a single point, and build a clear argument. Depending on the editor, they may or may not be sent out for peer review.

Besides these five main types of submissions, *Health Policy* is interested in publishing debate among readers in the form of short (up to 300 word) letters/comments on published papers and replies by the original authors as well as commissioned editorials, e.g. on special sections/issues. Letters must always be related to recently published work of *Health Policy*.

Please consult author guidelines before submission.

Please submit your article via [https://www.editorialmanager.com/HEAP/default.aspx](https://www.editorialmanager.com/HEAP/default.aspx)

Health Policy's open access companion title, Health Policy OPEN, welcomes submissions offering a global perspective, i.e., encompassing low- to high-income countries, the Americas via Europe and Africa and Asia, and universally important topics such as accessibility, coverage, quality, performance, efficiency, cost-effectiveness and sustainability of health systems.

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INTRODUCTION

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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, pre-print or discussion paper is permissible but needs to be stated in the cover letter to the editor upon submission.

**BEFORE YOU BEGIN**

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Reporting guidance
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Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important
for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

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- **Conflict of Interest statement**

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Although a graphical abstract is optional, its use is encouraged as it draws more attention to the online article. The graphical abstract should summarize the contents of the article in a concise, pictorial form designed to capture the attention of a wide readership. Graphical abstracts should be submitted as a separate file in the online submission system. Image size: Please provide an image with a minimum of 531 × 1328 pixels (h × w) or proportionally more. The image should be readable at a size of 5 × 13 cm using a regular screen resolution of 96 dpi. Preferred file types: TIFF, EPS, PDF or MS Office files. You can view Example Graphical Abstracts on our information site.

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