HEALTH POLICY OPEN
The global journal on health systems and policies

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DESCRIPTION

*Health Policy OPEN* complements *Health Policy*. It shares *Health Policy*’s objective 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 professional concerned with developing, implementing, and analysing health policy, health systems and health care reforms."

*Health Policy OPEN* (HPO) does not concentrate "on high income countries outside the USA." Instead, HPO offers a truly global perspective. "Global" refers both to geography, i.e., the whole world from low- to high-income countries, from 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.

*Health Policy OPEN* is based on the observation that "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." It is thus also "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." Particular emphasis will be devoted to issues of global health policy and the development of Sustainable Development Goals 3 (SDG 3) and Universal Health Coverage.

Besides featuring articles on specific health system, policy and reform issues, it will contribute to providing "basic" information in the field, thus helping establish a common understanding of the field. This will be done by publishing series, e.g., on health systems around the world or "key concepts visualized and explained but also the opportunity to publish study protocols to rigorously study health system features and their impact.

The editorial team will be comprised of editors working on *Health Policy* and new associate editors representing a global scope.

fn1 E.g., Decision making in global health; Institutions in global health (WHO, WTO, World Bank, UNAIDS, NGOs, States, Private companies, Foundations); Global health governance (frameworks, politics, financing); Comparative perspective on global and regional health policy/practices; Financing
global health policy (World Bank, Bill and Melinda Gates Foundation, Global); Human resources and capacity in global health.

EDITORIAL BOARD
INTRODUCTION

Health Policy OPEN 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.

Health Policy OPEN offers a truly global perspective. "Global" refers both to (i) geography, i.e., the whole world from low- to high-income countries, from the Americas via Europe and Africa to Asia, and (ii) universally important topics such as accessibility, coverage, quality, performance, efficiency, cost-effectiveness and sustainability of health systems.

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 OPEN 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 OPEN 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.

Articles giving a comparative perspective on global and regional health policy issues or practices are especially encouraged.

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 OPEN will be accepting submissions in three different formats:

(1) "Full-length articles" of around 4,000 words (excluding abstract and references 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.

(2) "Reviews/comparative analyses" of around 6,000 words (excluding abstract and references 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.

(3) "Study protocols" (details to follow).

In all cases, Authors should provide sufficient background and context and discuss their findings in an international context, to ensure that their manuscript can be appreciated by an international readership.

Besides these three main types of submissions, Health Policy OPEN is interested in publishing debate among the readers in the form of letters and replies as well as commissioned articles and editorials.

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.

**Size and Layout**

Manuscripts should be written in English. They should be clear, concise and logical, and follow the suggested word length (see above) as well as the number of tables and figures (see below).

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There should be no footnotes or endnotes in the manuscript.

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Figures and tables are encouraged but should not be too technical. Technical tables and especially equations or other formulae should be avoided. Except in exceptional circumstances, the admissible number of figures and tables together is 4 for full-length articles and 6 for reviews and comparative articles. Additional figures and tables may be supplied as supplementary material. Figures and tables should still be legible when reduced in size for printing (for more details see below).

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