



Editorial

Health Policy – the best evidence for better policies



1. A journal devoted to publishing the best available evidence to inform better health 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.

This is the mission statement of *Health Policy*, which has been jointly developed by the editors of the journal (co-authors of this editorial) with the intention to define more clearly its scope and to spell out its focus. It is an updated version of the mission statement that had been developed by Reinhard Busse in 2011, when he took over the journal as editor-in-chief [1]. As the journal is now transitioning to Wilm Quentin as the new editor-in-chief, we would like to take stock and confirm the aims, priorities and perspectives of our journal.

Health Policy is a journal publishing 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 policymakers and researchers from several countries

2. The journal has increased its influence and contributed to evidence-informed policymaking

Over the past decade, *Health Policy* has clearly established itself as an important vehicle informing health policy discussions in high-income countries. The number of submissions has grown to more than 1000 per year, while the acceptance rate has declined to only 15%. Article full text views on the journals' online platforms (including website views and pdf downloads) have almost tripled since 2010 from 382,000 to 1.1 million in 2022. The journal's Impact factor and Cite Score have continuously increased and are now at 3.3 and 5.2, respectively.

A strong collaboration has been established with the European Observatory on Health Systems and Policies – an organisation that aims to support evidence-informed policymaking [2], and which regularly uses content published in *Health Policy* for Policy Dialogues and Evidence Briefings. The journal has introduced the Health Reform Monitor section and has started a systematic monitoring of recent or ongoing health reforms in high-income countries [3,4].

Health Policy has published about 170 articles per year that have made significant contributions to the literature, in particular with regard to cross-country comparisons [5], health system performance assessments [6], integrated care [7], and rehabilitation policies [8]. The journal has also contributed to a better understanding of the most challenging crises of the past decade, which have been covered in special issues of the journal, including about the financial crisis [3], the so-called 'European refugee crisis' [9], and the COVID-19 pandemic [10–12], always with a focus on drawing out the lessons learned for policymakers.

3. Supporting global efforts to strengthen health systems

Health Policy's focus on health systems, health policies, and health reforms is in line with the increasing global relevance of the topic. Attention to health systems has received important boosts over the past decade as a result of the UN's Sustainable Development Agenda [13], global efforts at achieving Universal Health Coverage (UHC) [14], and the COVID-19 pandemic [15]. In this context, policymakers worldwide seek reliable evidence that can support better health policies in order to achieve a wide range of interrelated objectives, including - amongst others - fair financing of health systems, ensuring population access, improving efficiency and equity in resource allocation, creating sufficient human and capital resources, strengthening coordination and integration of care, improving quality and efficiency, reaping the benefits of digitalisation, and strengthening health systems resilience.

Health Policy has provided evidence on these issues in the past and is

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committed to making it available in the future. For example, we have published research that has explored gaps in coverage and access: in Europe [16,17], and other high-income countries (e.g. [18,19]); with regard to dental care [20], pharmaceutical care (e.g. Guo et al. [21]), and assistive medical devices [22]; and limits of financial protection in Europe [23], and other high-income countries such as Canada [24,25] and the Gulf States [26]. We have also covered national efforts of making progress towards UHC, e.g. in Ireland [27,28], Cyprus [29] and Canada [30].

Health Policy has also been instrumental in disseminating frameworks and evidence on integrated care, e.g. by publishing the SELFIE framework on integrated care for multi-morbidity [31], summarising payment mechanisms for integrated care in a new typology [32], highlighting lessons on integrated care from the UK [33], presenting the results of integrated care on hospitalizations in France [34] and England [35], and exploring implementation barriers related to integrated care in Central and Eastern Europe [36]; and the journal has provided evidence on the role of purchasers for resilience of health systems during the COVID-19 pandemic [37], and on metrics and indicators to assess resilience in high-income countries [38].

The journal strives to make sure that published articles describe policies and their effects within the context of national policies and that they highlight the interplay between context and policies' intended (and unintended) effects in a thoughtful policy analysis. Authors are required to write their manuscripts in a language that is understandable for researchers and policy-makers from a wide range of disciplines, and to highlight the implications of their research for policy-makers from different countries.

4. Greater variety of articles

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

- 1. Health reform monitor (HRM) papers** HRM papers are short papers (2500–3000 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.
- 2. Full length articles (FLA)** FLA are traditional research papers (around 4000 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.
- 3. Systematic reviews** Reviews (including scoping reviews, realist reviews, or narrative reviews) are longer papers (up to 6000 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” [38] or on “the use of Patient-Reported Outcome and Experience Measures for Health Policy purposes” [39]. 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.

- 4. Cross-country comparative analyses** These can also be longer papers (up to 6000 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 [40]).
- 5. Policy comments** This is a new category of short (about 1500 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 amongst 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*.

All articles should provide sufficient background and context, and they should always include a concise conclusion explaining why the paper is interesting for researchers and policy-makers from different/other countries, while highlighting the main policy implications of the research findings. For all types of submissions, the material should not have been previously published in peer-review journals elsewhere. Publication as an abstract, academic thesis, discussion paper, or preprint is permissible but needs to be stated in the cover letter to the editor upon submission.

Figures and tables are encouraged for all article types. Technical tables and especially equations or other formulae should be avoided. Except in exceptional circumstances, the admissible number of figures and tables together is 2–3 for Health Reform Monitor articles, 4 for full-length articles, 6 for reviews and cross-country comparative articles, and 1 for opinion pieces/policy comments. Additional figures and tables may be supplied as (online) supplementary material.

4.1. New journal sections and article-based publishing

Following the example of many other Elsevier journals, *Health Policy* is scheduled to transition to an Article-Based Publishing (ABP) model in 2023. This means that final articles will appear in an “Issue in Progress” as soon as they are accepted for publication and proofs have been prepared and approved by the authors and editors. Previously, articles had to wait as “articles in press” until a journal issue was ready to be assigned page numbers. Under ABP, each time an article is accepted, it receives an article number and is published online as the final fully citable article inside an Issue in Progress on our online platform, ScienceDirect (<https://www.sciencedirect.com/journal/health-policy/issues>). An important benefit of ABP is that final articles are available more quickly and researchers can use the complete citations earlier.

In parallel with the transition to ABP, we are implementing a system of standard journal sections as outlined in [Table 1](#). This means that each article accepted for publication will be assigned to one of these sections and appear in the issue(s) in progress under the section title. For example, a paper on the European Union’s Medical Device Regulation

Table 1
New standard journal sections in future *Health Policy* issues.

Section title	Section sub-divisions
Editorial	none
Letters to the editor	
Policy comments	
EU health policies	Each section will contain papers in this order:
Health system performance and sustainability	(1) health reform monitor
Health system governance	(2) FLA
Digital health and transparency	(3) reviews
Patient centredness and patient experience	(4) cross-country comparisons
Financing policies	
Human resource policies	
Public Health policies	
Pharmaceutical policies	
Care coordination and new care models	
Hospital policies	
Primary and ambulatory care policies	
Mental health policies	
Other specialised care policies	
COVID-19 related policies	

Note: Sections may differ for special issues.

[41] would be assigned to the section “EU health policies”, while a paper on health and social care interventions aiming to improve coordination of care [42] would be assigned to the section “Policies for care coordination”. As a result, articles on similar topics will be published together in the final printed issue.

Depending on the articles that are accepted over a certain period of time, each issue may contain several of the new sections but not every section will be available in every issue. Within each section, health reform monitor papers will appear before cross-country comparative analyses, which will be followed by systematic reviews and full length articles.

Grouping of articles under these sections will help to form continuously growing virtual special issues (article collections). Article collections have existed on the online *Health Policy* platform on sciencedirect already for several years. With the new journal sections, readers interested in particular issues, e.g. mental health policies, may go directly to the relevant article collection in order to find all papers published in *Health Policy* on the particular topic. Furthermore, we will assign every accepted article to a country-based article collection, which means that all articles on a particular country will also be grouped together on the online platform.

Finally, we encourage the submission of proposals for Special Issues and Special Sections, which can focus on topical issues of particular relevance for health policymakers. For example, we are currently preparing special issues on pharmaceutical pricing policies and priority setting for COVID-19. Special issues may be edited by guest editors with expertise in the particular topic.

5. Continuous efforts for improving the editorial process

Despite the journal’s transition to a new editor-in-chief, the editorial team and the editorial processes remain mostly stable. The editor-in-chief is supported by two managing editors in the Berlin-based editorial office as well as 13 associate editors representing different geographical regions, health systems and disciplines (all co-authors of this editorial). Editors are accompanied by an editorial board, which is currently being renewed. The editorial board members are intended to support an overall coherent editorial policy by contributing their expertise as active authors, preferred peer-reviewers, potential special issue editors, and by motivating colleagues to submit articles to our journal.

We realise that *Health Policy* has in some instances not lived up to expectations with regard to the speed of the decision-making process. As

editors we pledge to do better and to increase the speed as far as this is under our control. In 2021, *Health Policy* received more than 1000 submissions, of which about 30% were sent to external peer review and about 15% were accepted. Ultimately the speed of the evaluation process is dependant on the willingness of other researchers to act as reviewers and we are grateful to all the reviewers who play a vital role in assuring the quality of articles in *Health Policy*.

All submitted manuscripts are reviewed within a few days after submission by the managing editors for their general suitability (in terms of scope) to be published in *Health Policy*. If this is not the case, authors will be informed and can seek publication elsewhere, e.g. in our companion journal *Health Policy Open*.

Manuscripts that fit the scope are assigned to one of the associate editors to handle the review process. Associate editors perform an editorial review in order to assess whether a newly submitted manuscript is suitable for external peer-review, which we understand not only as an assessment and selection process but as a way to support authors to improve manuscripts that are worthy of publication. We aim to take a decision of sending manuscripts out for external peer-review within two weeks.

Decisions whether or not to accept a manuscript depend on several criteria: (1) the policy relevance and novelty of the topic, (2) the relevance of the results for a broad international audience, (3) the robustness of the methodology (e.g. the sample size, the study design), (4) the manuscript’s adherence to reporting standards (see article types above), (5) the degree to which results are explained in context, highlighting limitations and the interdependence between context and results, and (6) the clarity and appropriateness of the policy implications that are derived from the findings.

6. Thanks

We would like to express our sincere thanks to the authors who have entrusted us to publish their research, which is often the result of several years of work. We would like to thank the reviewers and the editorial board who provide continuous support to our journal, and who enable us to uphold our editorial standards to publish only the best evidence for better health policies. Last but not least, we would like to thank Reinhard Busse for his leadership in having successfully shaped the course of the journal over the past decade. We are grateful that he will remain in the editorial board as an Editor Emeritus.

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