According to its long-standing mission statement, “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 analyzing health policy. It encourages the submission of original, empirically based, comparative and/or global studies. 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 new editorial team responsible for Health Policy considers this as the continuing basis for this journal. However, we feel that the journal has not lived up to its mission statement as well as it could – and readers, both actual and potential, expect. We therefore have decided upon a necessary fine-tuning, which will take account of both the journal’s strengths (e.g. a well known and easy-to-remember name) as well as its relative weaknesses, e.g. the very broad spectrum of topics, the lack of truly comparative research and analyses of the processes behind health policies as well as their outcomes (a problem not limited to this journal though). Based on my impression, it has therefore lost for many potential submitters its earlier status of “journal of first choice”, which it should regain.

The new positioning is therefore be based on clear considerations regarding its topicality, the mechanics of the editorial process (including the role of associate and managing editors as well as the editorial board), and its association with organizations active in the field. It takes particular account of certain of its characteristics, e.g. its reader/author base, as well as the scope and geographical focus of competing journals such as “Health Policy and Planning”, “Social Science and Medicine”, the “Journal of Health Services Research & Policy”, “BMC Health Services Research”, “Health Economics, Policy and Law”, the “International Journal of Health Planning and Management”, the “International Journal of Technology Assessment in Health Care” and “Value in Health” as well as the US-based journals “Health Affairs”, “Milbank Quarterly” and “Health Politics, Policy and Law”. These journals cover health policy issues both in low- and middle-income countries as well as the US in depth; equally quantitative pieces of health services research, often with an institutional or patient group focus, and health technology assessments can be found in specialized journals.

However, there is a niche for a journal with:

1. a focus on health systems, health reforms and health policies;
2. strong on comparative analysis and impact assessment;
3. a clear geographical focus on high-income countries outside the US;
4. written by authors from a range of disciplinary backgrounds; and
5. relevant and accessible to both policy makers and scientists.

This is in short the description of Health Policy. I will now address some of these issues in more depth.

The topic: health systems, health reforms and health policies

In its “Tallinn Charter: Health Systems for Health and Wealth”, the WHO European Ministerial Conference on Health Systems in 2008 stated that health systems “…ensemble all public and private organizations, institutions and resources mandated to improve, maintain or restore health [and to] encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health” (WHO Resolution EUR/RC58/R4). According to the definition provided by the European Observatory on Health Systems and Policies – which draws on the World Health Report 2000 – a health system consists of all the “people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people’s legitimate expectations and protecting them against the cost of ill-health through a...
variety of activities whose primary intent is to improve health” (http://www.euro.who.int/observatory/Glossary/Toppage).

Together these two definitions can be seen as the territory which Health Policy covers, namely the wider health system, and not only health care. Specifically, articles should look at

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. who are 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. what are 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. what are 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.

The project on Health Services Research in Europe (http://www.healthservicesresearch.eu/) – funded by the EU Commission in order to explore how to set up stable networks, organizations, meetings and journals in this area – has recently noted the paucity of health systems and health policy-related research at the macro, i.e. whole health system level. It also found very few truly comparative articles across countries – or articles on issues such as impact of regulation, or the politically hotly debated issue of the public–private mix. I therefore strongly encourage authors to submit papers on such issues to Health Policy.

Regional focus: high-income countries outside the US

The journal will also benefit from a more clearly defined regional focus in terms of subject matter, not authors. Given that other journals focus on the US and low- and middle-income countries, the obvious choice are high-income countries (outside the US) – including some on which currently very little is written. These include countries in southern and eastern Europe, the Gulf region or, for example, Singapore. This does not mean that articles on health policies in other countries are automatically disqualified, but the authors need to explain why this is of interest to health policy makers and other readers, which are primarily interested in important developments in health system reform, regulation and other policies as well as the impact on health care and outcomes. In that respect, articles summarizing the evidence from a number of countries, including those outside the core group, are particularly invited. Equally, submissions looking at innovations which may be transferable to high-income countries could fulfill this criterion.

Three types of submissions

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. To achieve its objectives and to reach its various audiences, Health Policy will be accepting submissions in three different formats:

1. “Short articles” of around 2000 words (excluding abstract and references) should concentrate on proposed, discussed, just past and/or implemented reforms in one of the high-income countries. They should concentrate on describing and analyzing numbers 1–4 of the six objectives listed above. Authors are encouraged to look at the reporting template of the Health Policy Monitor, which has reporting regularly about reforms in 20 high-income countries (http://www.hpm.org/index.jsp). We aim at publishing these articles rapidly and at making them available as open access.

2. “Full-length articles” of around 4000 words will continue to make up for the bulk of articles. The majority of them will be empirical; priority will be given to submissions which analyze the impact of health systems, reforms and policies – both in terms of intended and unintended effects (see no. 5 above; an example of which is the paper on the changes in hospital reimbursement in the Netherlands in this issue [1]) as well as broader consequences (see no. 6 above). We will put an emphasis on papers which employ a sound methodology, i.e. articles based on simple cross-sectional data will be increasingly rejected. In addition, more theoretical, conceptual or methodological papers can be submitted – and accepted – under this category (such as the paper on health-related quality of life instruments in this issue [2]).

3. "Reviews" of around 6000 words can either be systematic reviews of health policy measures (i.e. assessments of “technologies applied to [health care systems]” [3]) or other health policy-relevant issues (e.g. the costs of drug development in this issue [4]) or examine certain aspects of health systems or health reforms in a systematic manner across a number of countries (such as the paper on priority-setting for orphan drugs in this issue [5]). Such papers may also include experience from countries outside the primary focus of the journal.
that Health Policy welcomes illustrative tables and figures, but that these should (i) be kept to a reasonable number (around 1 per 1000 words of text) and (ii) be designed with the "non-technical style" in mind. For example, lengthy regression tables should go into an annex which will be made available in the electronic version.

Editorial team and process

The new editorial team reflects these changes to the editorial policy as well as a new division of responsibilities. The editor-in-chief is supported by two managing editors in the Berlin-based editorial office as well as six associate editors representing different geographical regions, health systems and disciplines: Giovanni Fattore (Italy), Jane Hall (Australia), Peter Smith (UK), Jason Sutherland (Canada), Wijnand van de Ven (the Netherlands) and Claus Wendt (Germany). These nine persons are accompanied by a new editorial board comprised to about equal parts from the previous board and new appointees. Editorial board members shall ensure an overall coherent publishing policy which includes (1) securing comparative articles as a result from otherwise not scientifically published papers (e.g. discussion papers from international organizations such as OECD) and (2) diversity across those parts of the world which are in Health Policy’s geographical focus.

To speed up the reviewing and decision-making process, all submitted manuscripts will in future be first reviewed by the editorial team for their general suitability to be published in Health Policy. If the editors find this is not the case, authors will be informed of this decision very early and can seek publication elsewhere. If the editors feel that the manuscript fits the scope and seems interesting for our audience, it is then assigned to one of the associate editors to handle the review process, which we understand not only as a selection process but as a support to authors in case we feel that the manuscript deserves publication but needs improvement.

Thanks

Last but not least I would like to express my sincere thanks – both to the new managing editors, associate editors and members of the editorial board for supporting me in aiming to achieve the outlined objectives of Health Policy, as well as the outgoing editorial team and editorial board members who have ensured the journal’s successful journey in the past.

References


Reinhard Busse
Editor-in-Chief