



**HEALTH
SYSTEMS
TRUST**

SOUTH AFRICAN HEALTH REVIEW 2019

- Guideline for authors -

October 2018

2019 South African Health Review (SAHR)

Reputation and conceptual approach

Over its 21-year history, the South African Health Review (SAHR) has become one of Health Systems Trust's forerunning publications.

Offering a South African perspective on prevailing local and international public health issues, the Review is widely read and quoted as an authoritative reference work in South Africa and abroad, and has been accredited by the Department of Higher Education as a peer-reviewed journal since January 2014.

The SAHR combines detailed data on health status and care with in-depth analysis of policies and practices affecting the provision of health services, infused with insights as to degrees of achievement in policy implementation and barriers thereto.

Aims of the South African Health Review

- Monitoring trends within the health system and in a variety of health and related indicators
- Providing a detailed historical record of the challenges and successes in transforming South Africa's health system
- Highlighting possible policy implications of topical and relevant research findings
- Identifying good practices in and hindrances to policy implementation

Target audiences

- Healthcare professionals at all levels and in all sectors of the health system
- Policy- and decision-makers
- Public health specialists
- Academics and students
- Donors
- Media
- Local and international health and development non-governmental organisations

Focus

The SAHR's content is largely constructed to address and intertwine general health system issues, specific perspectives on health reform, and health and related indicators. Within this terrain, there is scope for focused positioning of material that undertakes retrospective and prospective analysis, probes current examples of innovation, and opens exploratory discourse.

For the 2019 edition, the *Review* is looking for manuscripts that provide fresh insights into health systems strengthening efforts supporting the realisation of universal health coverage in South Africa. Preference will be given to manuscripts that take cognisance of the World Health Organization's six building blocks for an effective, efficient and equitable health system.

General note for all chapters:

- Chapters should seek to build upon findings presented in earlier editions of the SAHR, and to reflect progress (or the lack thereof) in relation to chapters in previous Reviews.
- Manuscripts will be measured for fulfilment of the following aspects:
 - Relevance of the topic to the local and international public health community and the current policy environment in South Africa
 - Scientific rigour and intellectual clarity
 - Degree of innovation and originality
 - Identification of good practices and hindrances to policy implementation
 - Possible implications for policy reform.
 - Conclusion with recommendations for next steps.

2019 Call For Abstracts

- Abstracts must be submitted using the official SAHR **abstract template** which can be downloaded from the HST website:
- The body of the abstract may not exceed 300 words
- Abstracts should be submitted to: sahr@hst.org.za

In addition to our primary call for abstracts, there are two other opportunities for potential authors. The first is the Emerging Public Health Care Practitioners Award (EPHPA) which is open to South African citizens under the age of 35, who are at Masters' level or below. Applications for this award will open in February 2019.

The second is the launch of the inaugural Healthcare Workers Writing Development Programme offering writing skills training and on-going coaching throughout the publication process for identified first time authors. Healthcare workers who are interested in contributing to the Review and sharing their insights into the challenges and successes of implementation are encouraged to submit an abstract. Further details about this call will be available in January 2019.

NB: Submission of an abstract to the SAHR does not guarantee acceptance. All abstracts will undergo a systematic selection process and successful applicants will be invited to submit a full manuscript for peer review.

Timelines

Deadline for submission of abstracts	14 December 2018
Notification of status of abstract	31 January 2019
Corresponding author submission forms due	28 February 2019
Deadline for full manuscripts	6 May 2019
Launch of the inaugural Healthcare Workers Writing Development Programme	January 2019
Applications open for the Emerging Public Healthcare Practitioner Award (EPHPA)	February 2019

All submissions and any related enquiries should be submitted to sahr@hst.org.za

NB: The Editorial Advisory Committee reserves the right to reject chapters that are received after the stipulated deadline.

Review process

Each chapter will undergo a rigorous internal and external peer-review process.

Authors will be requested to modify their chapters in line with comments from the peer reviewers.

NB: The Editorial Advisory Committee reserves the right to reject chapters that do not conform to the established standards of the SAHR, and/or that deviate significantly from the initial chapter brief.

Chapter design and construction

Length of manuscript

Chapters should be a **MAXIMUM of 5 000 words in length (including ALL references, figures, graphs, tables, appendices AND the 300 word abstract).**

The structure for all chapters is:

- A brief abstract (300 words maximum)
- A short introduction which sets the scene, including: terms of reference and the objective of the chapter, and a brief overview of the methodology used in data collection, if relevant
- Key findings with an emphasis on the implications of the findings
- Conclusions arising from the main ideas presented in the chapter
- Recommendations should be as specific as possible
- References must be incorporated in **Vancouver style**

Font and line spacing

Manuscripts must be presented in ARIAL size 12 with double-line spacing.

File format

- Chapter manuscripts should be produced in MS Word.
- Submitted files must be saved using the following **naming convention**:
Name Surname (of corresponding author)_Chapter Title (or sensible abbreviated version thereof)_FullDraft_SAHR_Date
EG: John Smith_Analysing the Health Systems of SA_FullDraft_SAHR_4Jun2018

Additional documents and information

1. Corresponding author submission form
2. Manuscript cover page (supplied) detailing chapter title, authors, affiliations and declaration

All contributing authors must be listed in the correct order for publication along with their primary affiliation as follows:

First Author, Department/Division/Unit; School/Faculty/College; Institution
Second Author, Department/Division/Unit; School/Faculty/College; Institution

3. A list of acronyms that are used in the chapter
4. 5 Keywords pertaining to the chapter
5. 10 key summary sentences that highlight the essence/ main findings/ recommendations of the chapter

Writing style

Chapters should be written in an accessible style that is suitable for both academic and lay audiences.

Spelling

UK English should be used as the set language for the document.

Spacing and Punctuation

1 space after every comma,

Heading styles

- Where possible, consistent formatting styles should be used – i.e. heading styles should be used to distinguish each heading level (Heading 1, Heading 2, etc.)
- Headings should not be followed by punctuation.
- All other text should be defined as “Normal”.

Quotations

- Use “double quotations” for a direct quote, and insert reference.
- Use ‘single quotation’ to emphasise a point, denote a common meaning or expression, or to highlight an issue.


Footnotes

These should be inserted using the footnote feature built into MS Word, with continuous superscript Arabic numerals (a, b, c,) so that they do not become confused with the numerical references.

Numbers

- Numbers should have one space between thousands (not commas)
1 000 or 10 000 or 100 000
- Where decimals are used; a full-stop is used to indicate the decimal place
10.56 or 1 000.56 or 10 000.56
- Please use the en-dash (–) between digits (values, dates, etc.) to indicate range, e.g.:
Strategy 2015–2017
15–24-year age group

Provinces: order and abbreviations

-  Where data are given by provincial breakdown, list provinces in this order and with these designations/spellings:

Province	Abbreviation
Eastern Cape	EC
Free State	FS
Gauteng	GP
KwaZulu-Natal	KZN
Limpopo	LP
Mpumalanga	MP
Northern Cape	NC
North West	NW
Western Cape	WC
South Africa / Total / Average – as applicable	SA

Racial groups

- In tables, figures, boxes and graphics, racial groups should be designated: Black, Coloured, Indian, and White (abbreviated as B, C, I, W where required) and should be given in this order.
- Where these terms are used to specify racial groups in sentences, the first letter should be capitalised, for example:
... the number of White doctors
... printed on white paper

Table, Figures, Boxes and Graphics

- Tables, figures, boxes and graphics should be numbered and captioned (Table 1, Table 2, Figure 1, Figure 2, Box 1, Box 2, etc.) with the description in sentence case **above** the visual.
- Indicate the source of the data **below** each table, figure or box with corresponding authors, the year and reference number.
- Reference in the text to tables, figures or boxes should be given as:
 - “As can be seen” or “shown in Figure 3”
 - “The number was higher in Gauteng (Table 2) than in the Free State (Table 3).”
- Please provide high-resolution images for all graphics. Where graphics are included, the source data (Table/Excel spreadsheet) should also be provided to allow re-graphing as required.

Please refer to the following examples for guidance:

Box 1: What is stewardship?

Stewardship in health is the very essence of good government, i.e.

- Careful and responsible management of the wellbeing of the population
- Establishing the best and fairest health system possible
- Concern about the trust and legitimacy with which its activities are viewed by the citizenry
- Maintaining and improving national resources for the benefit of the population

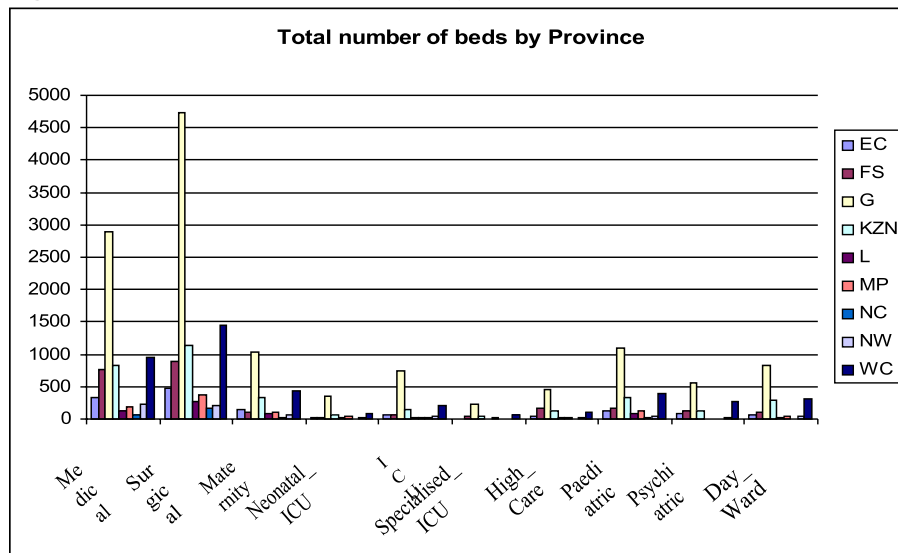
Source: WHO, 2000.²⁸

Table 1: Levels of Education of Medicinal Plant Consumers in Durban

Education level	% of respondents surveyed at healers' practices (n = 99)
No schooling	7.8%
Up to Grade 7	31%
Up to Grade 10	26%
Up to Grade 12	26%
Tertiary qualification	8.7%

Source: Mander, 1998.⁴

Figure 1: Private hospital beds by province, 2006



Source: HASA Annals, 2006.²

Referencing

Authors must use **VANCOUVER style referencing** for consistency across all chapters.

In Vancouver style, references are numbered in the order in which they appear in the text (not alphabetised), with the citation numbers super-scripted in the text and the full list of complete references presented in a correspondingly numbered list at the end of the chapter.

- The original number assigned to a source is re-used every time it is cited in the text, regardless of its previous position in the text.
- References should **not** be inserted as footnotes.
- All tables, figures, boxes and graphics must be referenced directly **underneath** the visual, e.g. Source: WHO, 2000.²⁸ with related reference information in the reference list.
- Authors are required to verify the cited references against the original sources before submitting their manuscripts, and to provide reference information in full.
- Authors are requested to use, as far as possible, relevant South African journals as sources and to refer to South African research pertaining to the chapter content.
- Journal titles are abbreviated (to decipher abbreviations see PubMed Journals Database <<http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=journals>>)
- If there are more than six authors, list the first three; thereafter add 'et al.'.
- Book and journal titles are not italicised or placed in quotation marks.

Examples of Vancouver-style referencing are provided in the following table.

Table 1: Referencing examples

Type of Publication	In-text example	Reference list example
Books		
Single author	A conflict with the duty of care owed to the singular patient is suggested by Shildrick ¹ ...	1. Shildrick M. Leaky bodies and boundaries: Feminism, postmodernism and (bio)ethics. London: Routledge; 1997.
2–6 authors	... whether to adopt the rapid-test method for patient surveillance. ¹⁷ or Murray and colleagues caution that '...' ¹⁷	17. Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. Medical microbiology. 4th edition. St. Louis: Mosby; 2002.
Article or chapter in a book	As discussed by Blaxter ³ ...	3. Blaxter M. Social class and health inequalities. In: Carter C, Peel J, editors. Equalities and inequalities in health. London: Academic Press, 1976; p.369–80.
Journals		
Article	As mentioned by Wharton, ⁴ ...	4. Wharton N. Health and safety in outdoor activity centres. J Adventure Ed Outdoor Lead. 1996;12(4): 8–9. [cited 16 September 2005]. URL: http://www.sanc.co.za/stats_an.htm
Internet		
Document on the Internet	Statistics from the South African Nursing Council (SANC) illustrate that '...' ⁸	8. South African Nursing Council. SANC registration and enrolment figures. Pretoria: SANC; 2014. [Internet]. [cited 16 September 2015]. URL: http://www.sanc.co.za/stats_an.htm
Government publications		
Acts of Parliament	... the stipulated amounts of a range of vitamins and minerals. ⁹⁴	94. Medicines Control Council. Medicines and Related Substances Act 101 of 1965. Vested powers: Registration of medicines in Category A. Government Notice No. R.837, Government Gazette No. 38133, 28 October 2014. URL: http://www.gov.za/sites/www.gov.za/files/38133_rg10300_gon837.pdf
Government reports, policies and guidelines	... governing every element of the provision of emergency medical services ¹³ a professional nurse shortage of 44 780 in the public health sector. ¹⁰	13. Minister of Health. Emergency Medical Service Regulations. Government Notice No. R.413, Government Gazette No. 38775, 8 May 2015. URL: http://www.gov.za/sites/www.gov.za/files/38775_rg10427_gon413.pdf 10. South African National Department of Health. Human Resources for Health South Africa: HRH Strategy for the Health Sector: 2012/13–2016/17. Pretoria: National Department of Health; 2011.

Other sources		
Personal communication, e-mail, discussion lists (no web archive)	This was later confirmed (Savieri S 1999, personal communication, 24 April) that an outbreak occurred in London at this time.	Not included in reference list as the correspondence cannot be traced by the reader. Please add as a footnote: Personal communication: S. Savieri, 24 April 1999

Example of a reference for content published in the South African Health Review:

- Gray A, Gengiah T, Govender M, Singh J. Health legislation. In: Ijumba P, Barron P, editors. South African Health Review 2005. Durban: Health Systems Trust; 2005. URL: http://www.hst.org.za/uploads/files/sahr05_chapter2.pdf

Please refer to the SAHR checklist on page 13.

For more information, please contact sahr@hst.org.za

SOUTH AFRICAN HEALTH REVIEW 2019

- Checklist -

Deadline for full manuscripts: Monday, 6 May 2019

Before submitting your manuscript, please refer to the following checklist and ensure that all the required specifications have been met:

SAHR cover page (including final chapter title, correct order of authors, author affiliations and declaration)	<input type="checkbox"/>
File name (see file naming convention, pg 4)	<input type="checkbox"/>
300 word abstract	<input type="checkbox"/>
5 000 word maximum chapter length (including all references, figures, tables, graphs, abstract etc)	<input type="checkbox"/>
Vancouver style referencing	<input type="checkbox"/>
MS Word format	<input type="checkbox"/>
Arial font, size 12	<input type="checkbox"/>
UK English	<input type="checkbox"/>
Double-line spacing	<input type="checkbox"/>
List of acronyms	<input type="checkbox"/>
5 keywords	<input type="checkbox"/>
10 key summary sentences	<input type="checkbox"/>