



SOUTH AFRICAN HEALTH REVIEW 2017
- Guidelines for authors -

Chapter submission deadline: **15 December 2016**

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

Chapter title	<input type="checkbox"/>
Correct order of authors	<input type="checkbox"/>
Authors' affiliations (i.e. Department/Division/Unit; School/Faculty/College; Institution)	<input type="checkbox"/>
300-word abstract	<input type="checkbox"/>
Vancouver style referencing	<input type="checkbox"/>
MS Word format	<input type="checkbox"/>
Arial font, size 12	<input type="checkbox"/>
UK English as set language	<input type="checkbox"/>
Double-line spacing	<input type="checkbox"/>
4 000- to 8 000-word chapter length	<input type="checkbox"/>

2017 South African Health Review (SAHR)

Reputation and conceptual approach

Over its 20-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 necessarily, 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 articulates retrospective scrutiny, probes current examples of innovation, and opens exploratory discourse.

2017 marks the 20th edition of the South African Health Review. In light of this, the publication will be looking for chapters that offer a more reflective critique in the presentation of their chosen topic by giving consideration to the following:

- Advances made in the South African Health System over the past 20 years;
- Where we are now - the current, most pressing issues – what do we need to do now for a better future;
- A look forward: what do the next 20 years look like for the South African public health system?

Chapters for the forthcoming review will be considered within this context.

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.
- The following criteria specific to the field of public health must be filtered through discussion in every chapter:
 - Implications for human resources for health
 - PHC re-engineering and Universal Health Coverage
 - Health service equity
 - Health service quality
 - Conclusions with recommendations for next steps.

Timelines

Abstract Submission Deadline:	12 September 2016
Chapter Submission Deadline:	15 December 2016

All submissions and any related enquiries should be submitted to editor@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 minimum of 4 000 to a maximum of 8 000 words in length, written in an accessible style that is suitable for both academic and lay audiences.

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**

File format

Chapter manuscripts should be produced in MS Word.

Font and line spacing

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

Spelling

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

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.

Referencing examples/...

Referencing examples:

Type of Publication	In-text example	Reference list example
Books		
<i>Single author</i>	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.
<i>2–6 authors</i>	... 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.
<i>Article or chapter in a book</i>	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.
Print journals		
<i>Article</i>	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.
Internet		
<i>Document on the Internet</i>	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		
<i>Acts of Parliament</i>	... 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
<i>Government reports, policies and guidelines</i>	... governing every element of the provision of emergency medical services ¹³ ...	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

	... a professional nurse shortage of 44 780 in the public health sector. ¹⁰	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		
<i>Personal communication, e-mail, discussion lists (no web archive)</i>	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

Tables, 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

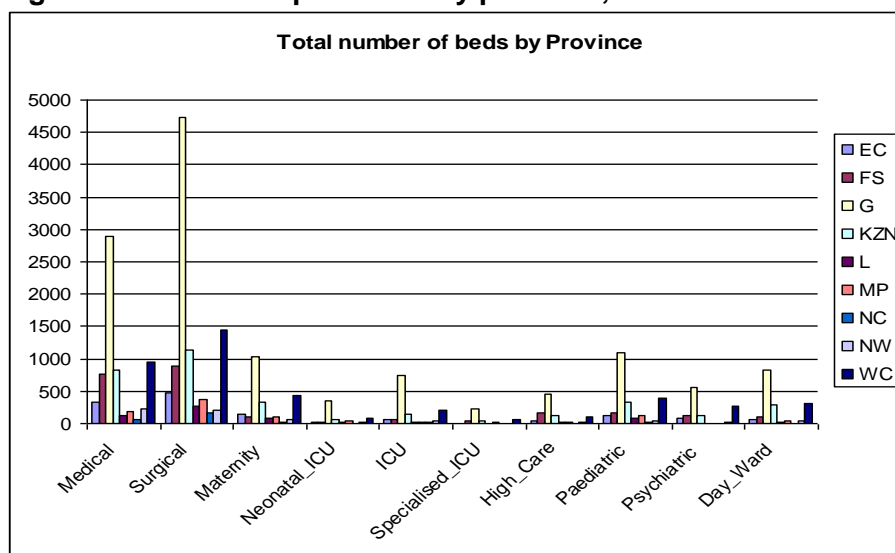
Source: WHO, 2000.²⁸

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

Writing style

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

For more information, please contact editor@hst.org.za or emma.mackie@hst.org.za .