SOUTH AFRICAN HEALTH REVIEW 2020
- Guideline for authors -
August 2020
2020 South African Health Review (SAHR)

Reputation and conceptual approach

Over its 22-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.

The theme for the 2020 edition of the SAHR is equitable health care for people with disabilities in South Africa. Abstracts providing fresh insights into health systems strengthening efforts for equitable health care for Persons with Disabilities are particularly sought.

Overall, the 2020 edition will represent an evidence base which can be used to strengthen health systems and services and to inform future policy development in disability and health in South Africa.

Preference will be given to manuscripts that take into account the complexities and opportunities for developing and sustaining inclusive health systems, especially in the context of universal health coverage.

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.
2020 Call For Abstracts

- Abstracts must be submitted using the official SAHR abstract template which can be downloaded from the HST website.
- Abstracts should be structured in three paragraphs as follows:
  - an introduction describing the overall purpose of the paper
  - an overview of the approach used (what does the paper do?)
  - main conclusions and recommendations

- The body of the abstract may not exceed 300 words
- Abstracts should be submitted to: sahr@hst.org.za

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

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deadline for submission of abstracts</td>
<td>31 October 2019</td>
</tr>
<tr>
<td>Notification of status of abstract</td>
<td>10 December 2019</td>
</tr>
<tr>
<td>Corresponding author submission forms due</td>
<td>20 January 2020</td>
</tr>
<tr>
<td>Deadline for full manuscripts*</td>
<td>28 February 2020</td>
</tr>
</tbody>
</table>

*See also additional documents and information below

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.
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.

**Length of manuscript**

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

**The structure for all chapters is:**

- A brief **abstract**, see structure above (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 strong analysis and an emphasis on the implications of the findings
- **Conclusions** should offer fresh insights, and detailed discussion of lessons learnt
- **Recommendations** should be strongly present and 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**:
  NameSurname (of corresponding author)_Chapter Title (or sensible abbreviation thereof)_FullDraft_SAHR_Date
  
  **EG:** JohnSmith_Analysing the Health Systems of SA_FullDraft_SAHR_3February2020
Additional documents and information

1. Corresponding author submission form, due 20 January 2020.

2. Signed declaration of originality of work (saved under the name of the corresponding author), due 28 February 2020

3. Manuscript cover page (supplied), to be submitted as the first page of the full draft, detailing the following:
   - Chapter title in full (written in sentence case)
   - Full names of all contributing authors, listed in the correct order for publication along with their primary affiliation in superscript (see cover page for examples)
   - Total word count
   - A complete list of acronyms that are used in the chapter (this must be updated with each revision)
   - 5 keywords pertaining to the chapter
   - Type of manuscript: original research/ review/ case study/ good practice

Additional information to be submitted post Peer Review:

1. Revised manuscript cover page
2. 10 key points (roughly 2-3 sentences per point) that summarise and highlight the essence/ main findings/ recommendations of the chapter. These should be submitted in a separate document alongside the revised draft. Maximum 700 words.

Writing style

Chapters should be written in the third person 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; 1 space after every fullstop.

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 be in bold and sentence case.
- 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 hyphen (-) 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:

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

Racial groups

- In tables, figures, boxes and graphics, racial groups should be designated: black, coloured, Indian, and white.

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**

<table>
<thead>
<tr>
<th>Education level</th>
<th>% of respondents surveyed at healers' practices (n = 99)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No schooling</td>
<td>7.8%</td>
</tr>
<tr>
<td>Up to Grade 7</td>
<td>31%</td>
</tr>
<tr>
<td>Up to Grade 10</td>
<td>26%</td>
</tr>
<tr>
<td>Up to Grade 12</td>
<td>26%</td>
</tr>
<tr>
<td>Tertiary qualification</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

Source: Mander, 1998.4
Figure 1: Private hospital beds by province, 2006


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 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.
- 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

<table>
<thead>
<tr>
<th>Type of Publication</th>
<th>In-text example</th>
<th>Reference list example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Books</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single author</td>
<td>A conflict with the duty of care owed to the singular patient is suggested by Shildrick\textsuperscript{1}…’</td>
<td>1. Shildrick M. Leaky bodies and boundaries: Feminism, postmodernism and (bio)ethics. London: Routledge; 1997.</td>
</tr>
<tr>
<td>2–6 authors</td>
<td>… whether to adopt the rapid-test method for patient surveillance.\textsuperscript{17} or Murray and colleagues caution that ‘…’\textsuperscript{17}</td>
<td>17. Murray PR, Rosenthal KS, Kobayashi GS, Pfaller MA. Medical microbiology. 4th edition. St. Louis: Mosby; 2002.</td>
</tr>
<tr>
<td>Journals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government publications</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Government reports, policies and guidelines | ... governing every element of the provision of emergency medical services...  
... a professional nurse shortage of 44 780 in the public health sector.  
| --- | --- |
| Other sources | 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:**


*Please refer to the SAHR checklist on page 13.*

*For more information, please contact sahr@hst.org.za*
Before submitting your manuscript, please refer to the following checklist and ensure that all the required specifications have been met:

<table>
<thead>
<tr>
<th>Specification</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed Author Declaration</td>
<td></td>
</tr>
<tr>
<td>Manuscript cover page attached (to include final chapter title, correct order of authors, author affiliations, keywords, list of acronyms)</td>
<td></td>
</tr>
<tr>
<td>File name (see file naming convention, pg 5)</td>
<td></td>
</tr>
<tr>
<td>300 word abstract</td>
<td></td>
</tr>
<tr>
<td>5 000 word maximum chapter length (including all references, figures, tables, graphs, abstract etc)</td>
<td></td>
</tr>
<tr>
<td>Vancouver style referencing</td>
<td></td>
</tr>
<tr>
<td>MS Word format</td>
<td></td>
</tr>
<tr>
<td>Arial font, size 12</td>
<td></td>
</tr>
<tr>
<td>UK English</td>
<td></td>
</tr>
<tr>
<td>Double-line spacing</td>
<td></td>
</tr>
</tbody>
</table>

**To be submitted with revised draft post Peer Review**

<table>
<thead>
<tr>
<th>Specification</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Updated manuscript cover page</td>
<td></td>
</tr>
<tr>
<td>10 key summary points</td>
<td></td>
</tr>
</tbody>
</table>