

SOUTH AFRICAN HEALTH REVIEW 2021

- Guidelines for authors -

June 2021



**HEALTH
SYSTEMS
TRUST**

Overview

The South African Health Review (SAHR) provides an up-to-date perspective on current health policy developments and their implementation in South Africa.

Offering a combination of detailed information on health status and care, coupled with an in-depth analysis of policies and practices affecting the provision of health services, the publication monitors changes in and challenges to the provision of equitable and accessible health care in the country.

One of Health Systems Trust's flagship publications, the SAHR has been accredited by the Department of Higher Education as a peer-reviewed journal since January 2014.

Now in its 24th year, the Review is widely read and quoted as an authoritative reference work in South Africa and abroad

Aims of the South African Health Review

- To advance the sharing of knowledge
- To feature critical commentary on policy implementation
- To offer empirical studies for improving South Africa's health system

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 NGOs

2021 edition

The theme for the 2021 edition of the SAHR is:

Health sector responses to COVID-19 – what have we learnt?

In preparation for the 2021 edition, the editors of the SAHR put out a call for abstracts that examined health-sector responses to the COVID-19 pandemic, particularly from the perspectives of:

- strengthening health systems;
- leadership and governance;
- resource allocation and financing;
- service delivery;
- human resources; and
- medical equipment and supplies.

The editors of the 2021 edition of the South African Health Review (SAHR) recognise that there are significant and continuous developments with respect to the effect on and South Africa's response to COVID-19.

To ensure the special COVID-19 themed 2021 SAHR adequately covers contemporary issues, we are inviting further abstract submissions that cover research, perspectives and case studies on:

- **COVID-19 vaccine and treatment research**
- **South Africa's Vaccine Rollout Strategy**
- **Impact and response to the three waves of COVID-19 infections.**
- **Emerging lessons for the future management and prevention of pandemics and other public health emergencies.**

Deadline for abstract submissions: Monday, 26 July 2021

Abstract submission Criteria

- Abstracts must be submitted using the official SAHR **abstract template**, which can be downloaded from the HST website.
- Abstracts should be structured as four paragraphs, using the following sub-headings:
 - Background
 - Method
 - Results
 - Conclusion
- Abbreviations should not be used in the abstract
- References should not be included in the abstract
- The body of the abstract should be kept to about 250 words, but **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.

Review process

Each paper 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.

The SAHR follows a double-blind peer review process. Each manuscript is reviewed by two to three peer reviewers who have been selected for their expertise in the relevant field. The reviewed chapters are returned to the authors with comments and recommendations for revision. Further revision may also be requested by the editorial team.

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

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 – does the article inspire critical thinking?
- Degree of innovation and originality - does the article propose new thinking?
- Identification of good practices and hindrances to policy implementation
- Possible implications for policy reform
- Clarity of conclusions and defined recommendations for next steps

For a more detailed description of our review criteria, please see the [SAHR Peer Review Guidelines](#).

Chapter Submissions

All submissions and any related enquiries should be submitted to:

sahr@hst.org.za

Key documents and attachments

1. **Intention to submit** – form for corresponding authors
2. Signed **declaration of originality** of work
3. **Manuscript cover page** (supplied), to be submitted as the first page of the full draft and updated at each revision, detailing the following:
 - Chapter title in full (written in sentence case)
 - Full names of all contributing authors correctly listed in order for publication. SAHR authors are listed in order of contribution and this order should be correctly recorded along with the authors' primary affiliation in superscript (see cover page for examples)
 - Total word count
 - 5 keywords pertaining to the chapter
 - Type of manuscript: original research/ review/ case study/ good practice

4. A complete **list of abbreviations** that are used in the chapter (submitted using the supplied template along with **the revised draft, post peer review**, and updated as necessary with any revisions thereafter)
5. **Chapter at a glance summary**: roughly 2-3 sentences (per point) that **summarise and highlight the Aim, Key findings and Recommendations of the chapter**. These should be submitted using the chapter at a glance template alongside the revised draft, post peer review, and updated to accommodate any revisions thereafter. See the At a glance pages in the 2020 edition for reference. The file should be saved as:

Surname (of corresponding author)_At a glance_Abbreviated Chapter Title _Date

Timelines and Deadlines (subject to change)

- 1. Submission of late-breaker abstracts** **26 July 2021**
Applicants to be notified of the outcome by 2 August
- 2. Intention to Submit Form** **10 August 2021**
(for corresponding authors of late-breaker call)
- 3. Submission of draft manuscript (late-breaker)** **31 August 2021**
*To include:
 - Cover page
 - Signed declaration
 - Abstract
- 4. Peer Review process (late breaker)** **3 weeks (approximately)**
- 5. Revised draft post peer review** **2 weeks after receipt of reviewer reports**
*To include:
 - Revised cover page
 - List of abbreviations
 - Keywords
 - Chapter at a glance summary (see key documents above)
- 6. Clarifications on edited draft** **1 week**
- 7. Sign-off on laid out proof** **24 hours**

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

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)**. The cover page and 300 word abstract are excluded.

The structure for all chapters is:

- A brief abstract, see structure and guidelines above (300 words maximum)
- A short introduction which sets the scene, defines terms of reference and sets out the aims and objectives of the chapter
- A description of the approach/ methodology used
- Key findings, concisely and clearly presented
- Discussion, 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 and should be limited, as far as possible, to 15 references per paper. All manuscripts not submitted in Vancouver will be returned to the authors.**

Font and line spacing

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

File name and format

- Chapter manuscripts should be produced in MS Word.
- Submitted files must be **saved** using the following **naming convention**:

Surname (of corresponding author)_Chapter Title (or sensible abbreviation thereof)_FullDraft_SAHR_Date

EG: JohnSmith_Analysing the Health Systems of SA_FullDraft_SAHR_28February2021

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

- Consistent formatting styles should be used.
- Heading styles should be used to distinguish each heading level (Heading level 1, Heading level 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 alphabetical letters (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:

Province	Abbreviation
Eastern Cape	EC
Free State	FS
Gauteng	GP
KwaZulu-Natal	KZN
Limpopo	LP
Mpumalanga	MP
North West	NW
Northern Cape	NC
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.

Tables, Figures, Boxes and Graphics

1. 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.
2. Indicate the source of the data **below** each table, figure or box with corresponding authors, the year and reference number.
3. **Abbreviations** used in a graph, figure or table should be listed directly underneath the source of the element, as shown in Figure 1 below.
 - An equal sign is used to translate the acronym to the full term, for example:
GDP = gross domestic product.
 - Abbreviations and their descriptions are listed horizontally with the use of a semi-colon, see Table 1 below.
4. **Footnotes** pertaining directly to the table/ graphic are shown directly underneath the element using alphabetical letters (a, b, c). It is important that the table/ graphic footnotes appear directly underneath the element so as not to be confused with footnotes to the page.
5. When using **graphs**, both axes should be clearly labelled.
6. Please provide **high-resolution images** for all graphics.
7. Where graphics are included, the **source data** should also be provided in the form of a table or Excel spreadsheet, to allow re-graphing as required.
8. **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 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: World Health Organization, 2000.²⁸

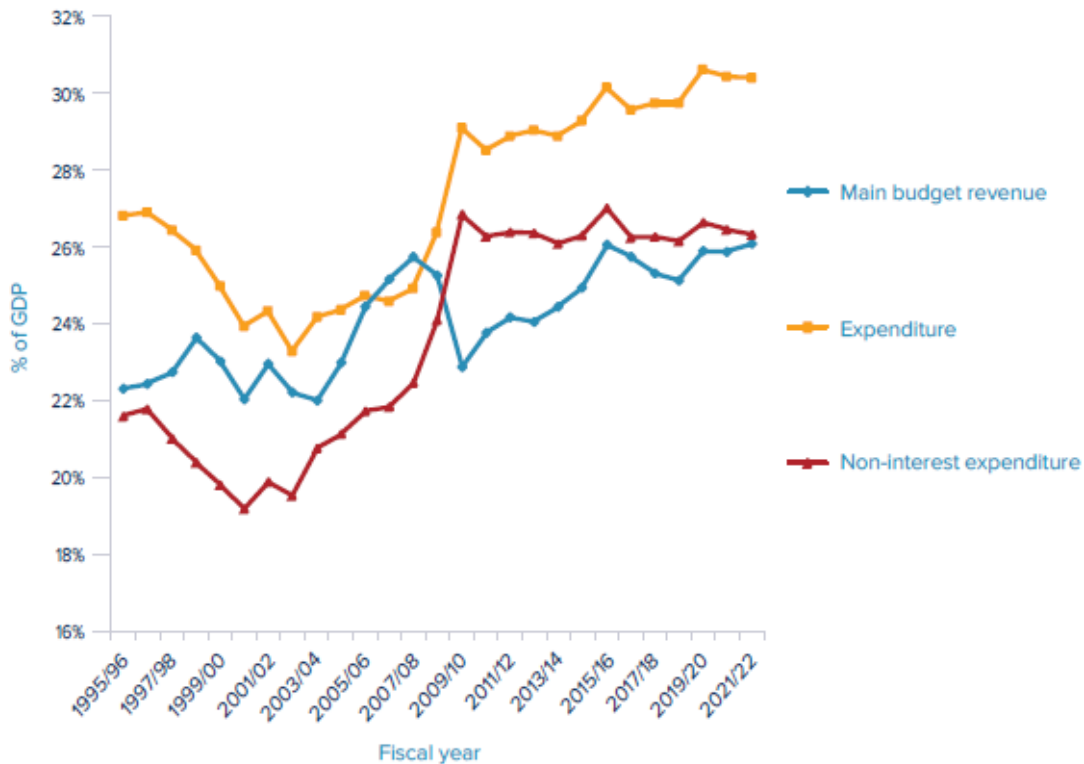
Table 1: Percentage survival to discharge among VLBW infants in selected tertiary hospitals in South Africa, 2000 - 2009^a

Birth weight	Year	Survival to discharge (percentage)	Hospital
800 - 899 g	2000 - 2002	37%	Chris Hani Baragwanath, JHB
	2006 - 2010	38%	Charlotte Maxeke Academic, JHB
	2017	69%	Tygerberg Hospital, Cape Town
		64%	Groote Schuur Hospital, Cape Town
750 - 900 g	2013	52%	Charlotte Maxeke Academic, JHB
500 - 749 g	2007 - 2009	56%	Tygerberg Hospital, Cape Town

Source: Ballot et al., 2015.³
VLBW = very low birth weight.

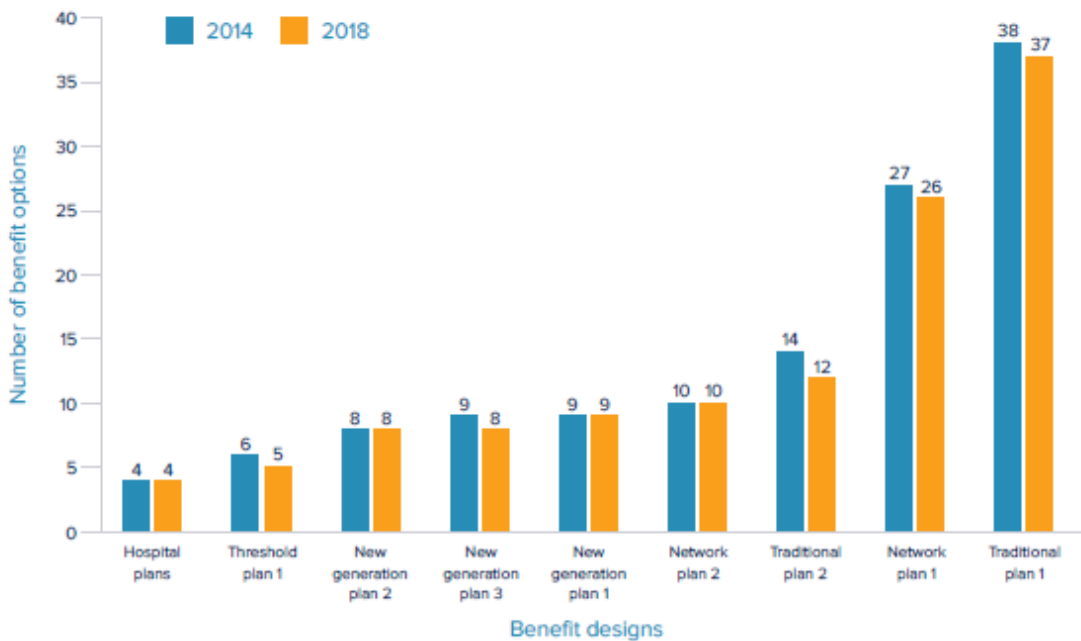
^a Personal communication: Dr Carol Singh, University of Cape Town, 20 May 2020.

Figure 1: Government revenue and expenditure as a percentage of GDP, South Africa, 1995/96-2021/22



Source: National Treasury, 2009.¹⁰
 GDP = gross domestic product

Figure 2: Restricted medical schemes – number of benefit options by benefit design, South Africa, 2014v.2018



Source: South African Competition Commission, 2015;²³ Jones et al., 2019.²⁴
 Note: These option classifications are based on Classification 1 (see Table 1)

Referencing

Authors must use **VANCOUVER style referencing** for consistency across all chapters. **All manuscripts not submitted in Vancouver will be returned to the authors.**

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: World Health Organization, 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 (for a list of 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 italicized 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. 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. URL: http://www.sanc.co.za/stats_an.htm
Government publications		
Acts of Parliament	... the stipulated amounts of a range of vitamins and minerals. ¹³	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_rg1_0300_go_n837.pdf

Government reports, policies and guidelines	<p>... governing every element of the provision of emergency medical services¹³...</p> <p>... a professional nurse shortage of 44 780 in the public health sector.¹⁰</p>	<p>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_go_n413.pdf</p> <p>10. South African National Department of Health. Human Resources for Health South Africa: HRH Strategy for the Health Sector: 2012/13–2016/17. Pretoria: NDoH; 2011.</p>
Other sources		
Personal communication, e-mail, discussion lists (no web archive)	It was later confirmed that an outbreak had occurred in London at this time. ^a	<p>Not included in reference list as the correspondence cannot be traced by the reader.</p> <p>Please add as a footnote: ^a Personal communication: S. Simonetti, 24 April 2018</p>

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

- Gray A, Vawda Y. Health legislation and policy. In: Moeti T, Padarath A, editors. South African Health Review 2019. Durban: Health Systems Trust; 2019. URL: http://www.hst.org.za/uploads/files/sahr05_chapter2.pdf

Please refer to the SAHR checklist on page 16.

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

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- Checklist -

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

Signed Author Declaration of Originality	<input type="checkbox"/>
Manuscript cover page attached (to include final chapter title, correct order of authors, author affiliations and keywords)	<input type="checkbox"/>
File name (see file naming convention, pg 8)	<input type="checkbox"/>
300 word abstract inserted after cover page	<input type="checkbox"/>
5 000 word maximum chapter length (including all references, figures, tables, graphs, etc). The abstract and cover page are not included.	<input type="checkbox"/>
UK English	<input type="checkbox"/>
Sentence case for headings and titles	<input type="checkbox"/>
Vancouver style referencing	<input type="checkbox"/>
MS Word format	<input type="checkbox"/>
Arial font, size 12	<input type="checkbox"/>
Double-line spacing	<input type="checkbox"/>

To be submitted with revised draft post Peer Review

Updated manuscript cover page	<input type="checkbox"/>
Complete list of abbreviations	<input type="checkbox"/>
At a glance summary points	<input type="checkbox"/>