

Increasingly, public health journals are publishing articles that are not traditional research papers. These different article types could be useful for writing up research or experiential work that either does not meet the requirements of a research article, or for people who have not yet finished data collection and analysis. Here are other potential article types and descriptions from the [American Journal of Public Health](#) (under Manuscript Formats):

*Commentaries: are scholarly essays and critical analyses of up to 2500 words in the main text, an unstructured abstract, up to 2 table(s)+figure(s) altogether, and no more than 25 references. They are not long opinion editorials. Commentaries offer more evidence and analysis in support of opinions than do Editorials—hence they are longer and have more citations.*

*Analytic Essays: provide critical analyses of public health issues. They have an unstructured abstract, up to 4000 words of text with subheadings, up to 4 table(s)+figure(s), and no more than 40 references. Appropriately acknowledged photographs are encouraged in addition to the tables and figures.*

*History Essays: are reserved for history scholars who use original sources. They have an unstructured abstract, up to 4000 words of text with subheadings, and up to 4 table(s)+figure(s)+ image(s). References (but not extensive notes) must be formatted according to the Chicago Manual of Style, 15th Edition. Authors are asked to cite the indispensable references in the main text and list the important but nonessential ones, ordered by topic but unnumbered, in an online appendix made available as an online-only supplemental file for the readers.*

*Public Health Practice Vignettes: have a maximum of 1,200 words, with an 80-word abstract, up to 7 references, and up to 2 table(s)+figure(s) altogether that emphasize the practice of public health and cover the following items, using the following subheadings: (1) Intervention: describe the goals and objectives of the program; (2) Place and Time: provide the geographic location and the years when the program was implemented; (3) Person: define the population subject to the intervention; (4) Purpose: explain the motivation behind the program (5) Implementation: describe how the program was implemented in practice; (6) Evaluation: provide evidence on whether the program worked or not; (7) Adverse Effects: describe whether the implementation of the program had adverse or other unintended consequences; (8) Sustainability: if it is desirable for the practice to continue, describe the factors that indicate why the intervention is felt to be sustainable; and (9) Public Health Significance: describe the importance of this program for public health, locally and/or more generally.*

Here are a couple additional options from [Health Policy and Planning](#):

*How To Do...Or Not To Do: This series is meant to explain how to use a particular research or analytical method (e.g. social network analysis, discrete choice experiment etc.). The research or analytical methods discussed should be well accepted and clearly defined: this category of paper is not meant to address methodological debates but rather to help disseminate and promote the*

*use of well-accepted methodologies. Manuscripts should preferably be a maximum of 3,000 words excluding tables, figures/diagrams and references. The sections must be arranged as follows: i) Title page, ii) Abstract, iii) Introduction, iv) Body of the paper, and v) References. Main sections should be coordinated by the author, and inserted between Introduction and Reference sessions.*

*Methodological Musings: This series is meant to address methodological issues in health policy and systems research, where there is currently a lack of clarity about accepted research methods. This series is intended to support the development of the health policy and systems research field, through supporting methodological discussion. Manuscripts should preferably be a maximum of 3,000 words, excluding tables, figures/diagrams and references. The sections must be arranged as follows: i) [Title page](#), ii) Abstract, iii) Introduction, iv) Body of the paper, and v) References. Main sections should be coordinated by the author, and inserted between Introduction and Reference sessions.*

*Innovation and Practice Reports: These short reports are narratives from the perspective of health managers operating at the national or sub-national level which focus on innovative approaches to strengthen health systems. Papers should highlight the practical experience of health managers or practitioners involved in taking action to strengthen health systems through innovative activities and new practices. The new activities and practices should preferably have been implemented for a sufficiently long time to allow authors to demonstrate the potential for sustained improvement or change in the health system. Examples might include practices to build capacity, develop new partnerships or restructure relationships within health systems. Papers should identify 2-4 key messages or lessons for consideration in other settings. We will not consider clinical and pharmaceutical innovations and practices. Manuscripts should be a maximum of 2,000 words. The manuscript will generally follow through sections: Key Messages, Abstract (no more than 300 words), Introduction, Methods, Results, Discussion, Conclusion, References. However, it may be appropriate to combine the results and discussion sections in some papers. Tables and Figures should not be placed within the text, rather provided in separate file/s. In the main body of the paper, sub-headings may be useful to signal key elements of the experience reported. Reports must be led by local practitioners, managers or policy-makers.*