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Author Guidelines for Policy Briefs:

Journal of Interdisciplinary Biomedical and Health Sciences (JIBHS)

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**Submitted to Madda Walabu University, Academic, Research, Technology Transfer, and
Community Services**

July, 2026

1. Overview policy briefs

A policy brief is a short, evidence-based document that synthesizes research findings and translates them into practical recommendations for policy makers, health leaders, program managers, practitioners, development partners and other stakeholders. Policy Briefs should define an important biomedical or health issue, summarize the best available evidence, analyze policy options, and include clear, specific, actionable recommendations to inform decision-making with evidence. Policy Briefs should be written in plain, non-technical language that is accessible to readers without specialized scientific expertise but scientifically accurate.

2. Manuscript Requirements

- Word count should be 1,500–2,500 words (excluding tables, and figures references)
- Abstract/Executive Summary: Not required; instead, include Highlights and Summary
- Keywords: 3 to 6
- References: maximum 20
- Tables/Figures: Maximum of three (3) combined
- Policy Boxes/Infographics: Encouraged where appropriate to improve readability.

3. Manuscript Structure: JIBHS ready structure for a policy brief should be:

Section	Recommended word count
• Title	10–20 words
• Highlights (3 to 5 bullet points)	50–100 words
• Executive summary	150–250 words
• Background/Context	200–400 words
• Problem statement	150–300 words
• Evidence and Key Findings	500–800 words
• Policy Options	300–500 words
• Policy Implications	150–300 words
• Recommendations	200–400 words
• Implementation Considerations	150–300 words
• Conclusion	100–200 words
• Acknowledgments (optional)	As needed
• References	Not included in the word count
• Tables/Figures/Boxes (optional)	Not included in the word count

Title: The title should clearly identify the policy issue and attract the reader's attention and reflect the main policy issue, and Avoid abbreviations whenever possible

Example: Strengthening Antimicrobial Stewardship in Ethiopia: Policy Options for Reducing Antimicrobial Resistance

2. Highlights and Summary

The authors should provide a brief overview of the policy brief that enables busy decision-makers to understand the main messages quickly. This section should contain approximately 150 to 200 words and include: Background of the issue, key findings, major policy option, policy implications, and principal recommendations. Additionally, provide 3–5 key highlights in bullet format.

Example Highlights

- Antimicrobial resistance is raising
- The present stewardship programs remain insufficient.
- Improvement of the surveillance is urgently needed.
- National implementation requires sustainable financing.

3. Context / Introduction

The section should provide a brief overview of the public health, biomedical or health systems issue that the policy brief addresses. The statement should describe the nature and importance of the problem and identify the populations or stakeholders most affected. It should describe the magnitude and burden of the problem based on the most recent available national, regional or global evidence. Authors should also provide a summary of the current policy or programmatic context, including existing policies, strategies or gaps that are relevant to the issue. The section should make the case for the urgency of policy attention and action on the issue, explicitly stating the implications for health, equity, economic development or health system performance. The discussion should be supported by recent statistics, epidemiological data or other credible evidence where appropriate.

4. Results and Evidence Summary

This section should provide the best available science relevant to the policy issue, including a synthesis and critical analysis. Evidence can include systematic reviews, meta-analyses, randomized controlled trials, observational studies, national surveys and surveillance systems, government reports, and publications of the World Health Organization (WHO) and other reputable national or international organizations. Authors should not simply list studies but integrate the evidence to provide a balanced and coherent summary of the current state of knowledge. The section should set out the main findings, identify gaps or inconsistencies in the evidence, explain the urgency and importance of the issue and, where appropriate, discuss the quality, strengths and limitations of the evidence. Tables, figures, or evidence summary boxes are encouraged to enhance clarity and facilitate interpretation by policymakers and other stakeholders.

4. Policy Options:

This section should offer workable, empirically supported policy options to deal with the stated issue. The writers should give a detailed explanation of the suggested intervention, its goals, and the data demonstrating its efficacy for each policy choice. The anticipated advantages, possible dangers or constraints, viability in the local or national context, implications for cost and resources, and essential elements for a successful implementation such as infrastructure, workforce, governance, and stakeholder engagement should all be taken into account. In order to facilitate informed decision-making, authors should, when applicable, compare various policy options by describing their relative benefits, drawbacks, costs, and expected effects. The analysis should remain objective and balanced, helping policymakers assess the trade-offs and select the most appropriate option based on the available evidence and contextual considerations.

6. Policy Implications:

In this section, the authors should take into account the potential implications of the evidence and the probable consequences of adopting or not adopting the proposed policy options. Authors should consider the potential implications of the findings for population health, health systems, clinical practice, health equity, resource allocation, healthcare financing, legislation and regulation, workforce capacity, and sustainability of interventions or programs over the longer

term. The discussion should highlight the rationale for timely policy action, identify possible barriers and facilitators to implementation and consider the wider social, economic and institutional implications of the proposed policy change. Implications should be directly linked to the evidence presented and should not provide new findings.

7. Policy Recommendations

In this section, the authors should provide clear, evidence-based, and prioritized recommendations. The recommendations should be: specific, actionable, feasible, measurable, evidence informed and relevant to the intended audience. Where appropriate, the authors can categorize recommendations into immediate actions (within 6–12 months), medium-term actions (1–3 years), and long-term actions (more than 3 years). In addition the authors should clearly identify the responsible stakeholders, such as Ministry of Health, Regional Health Bureaus, Universities, Hospitals, Professional Associations, Development Partners and Regulatory Agencies.

8. Conclusions,

This section should briefly summarize the policy brief by restating the main policy issue and highlighting the key evidence that supports the recommended actions. Authors should highlight the need for timely action and should highlight the anticipated benefits of adopting the recommended policy measures, such as possible gains in population health, health system performance, equity or other relevant outcomes. The conclusion should be a clear and compelling call to action for policymakers and other relevant stakeholders. This section should not include any new evidence, arguments or information.

9. References

All factual statements, data, and policy recommendations must be referenced appropriately. The JIBHS uses Vancouver style of referencing. References must be accurate, complete and in the order of their appearance in the text. As a general rule, authors should cite peer-reviewed scientific literature. But relevant government publications, policy documents, technical reports and guidance from recognised national and international organisations should also be included,

as appropriate. References should draw on the most recent and high quality evidence available, wherever possible, to ensure that the policy brief is current, credible and evidence-informed..

To develop JIBHS **Author Guidelines for Policy Briefs**, we used the following references as guide: .

- World Health Organization. WHO handbook for guideline development. 2nd ed. Geneva: World Health Organization; 2014.
- World Health Organization. EVIPNet Europe handbook for knowledge translation and evidence-informed policymaking. Copenhagen: WHO Regional Office for Europe; 2022.
- World Health Organization. Supporting the use of research evidence (SURE) for evidence-informed policymaking in African health systems. Geneva: World Health Organization; 2011.
- World Health Organization. WHO guideline on health policy and system support to optimize community health worker programmes. Geneva: World Health Organization; 2018.
- Food and Agriculture Organization of the United Nations. Writing effective reports and policy briefs. Rome: FAO; 2011.
- United Nations Children's Fund. Writing effective policy briefs: A guide for researchers. New York: UNICEF.
- United Nations Development Programme. Guidance note: Policy and programme briefs. New York: UNDP.
- Overseas Development Institute. Young E, Quinn L. Writing effective public policy papers: A guide for policy advisers in Central and Eastern Europe. Budapest: Open Society Institute; 2002.
- Overseas Development Institute. Jones H, Walsh C. Policy briefs as a communication tool for development research. London: Overseas Development Institute; 2008.
- International Development Research Centre. Knowledge translation toolkit: Bridging the know-do gap. Ottawa: IDRC; 2012.
- Canadian Institutes of Health Research. Guide to knowledge translation planning at CIHR: Integrated and end-of-grant approaches. Ottawa: CIHR; 2012.
- National Collaborating Centre for Methods and Tools. Developing evidence-informed policy briefs: A guide for public health. Hamilton (ON): NCCMT; 2020.

- International Committee of Medical Journal Editors. Recommendations for the conduct, reporting, editing, and publication of scholarly work in medical journals. Updated 2025.
- National Institutes of Health. Citing medicine: The NLM style guide for authors, editors, and publishers. 2nd ed. Bethesda (MD): National Library of Medicine; 2007.
- Committee on Publication Ethics. Core practices. Hampshire (UK): COPE.
- Equator Network. Enhancing the QUALity and Transparency Of health Research (EQUATOR) Network. Oxford: EQUATOR Network.
- Elsevier. Health Policy. Guide for Authors.
- Springer Nature. Journal of Public Health Policy. Instructions for Authors.
- BMJ Publishing Group. BMJ Global Health. Instructions for Authors.
- Public Library of Science. PLOS Global Public Health. Author Guidelines.
- The Lancet. The Lancet. Information for Authors.
- World Bank. World Development Report 2021: Data for Better Lives. Washington (DC): World Bank; 2021.
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- Agency for Healthcare Research and Quality. Developing and presenting evidence for health policy decisions: Evidence-based Practice Center methods guide. Rockville (MD): AHRQ.
- The Campbell Collaboration. Campbell systematic reviews: Author guidelines.