Reviewer's report

Title: Health Equity Research Gauge to assess the capacity of low and middle income countries for equity-oriented research: international survey

Version: 1 Date: 5 November 2005

Reviewer: Carel IJsselmuiden

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Health Equity Research Gauge to assess the capacity of low and middle income countries for equity-oriented research: international survey.

Tugwell P§1, Sitthi-Amorn C2, Hatcher-Roberts J3, Neufeld V4, Makara P5, Munoz F6, Czerny P7, Robinson V8, Nuyens Y9, Okello D10.

When assessing the work, please consider the following points:
1. Is the question posed by the authors new and well defined?
2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
3. Are the data sound and well controlled?
4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
5. Are the discussion and conclusions well balanced and adequately supported by the data?
6. Do the title and abstract accurately convey what has been found?
7. Is the writing acceptable?

Please make your review as constructive and detailed as possible in your comments so that authors have the opportunity to overcome any serious deficiencies that you find and please also divide your comments into the following categories:
• Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)
• Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)
• Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

Overall comments:
1) The topic is of interest and has been insufficiently studied. The experiences reflected in the paper are largely of an anecdotal nature, as the ‘methodology’ appears to be a conglomeration of ‘ad hoc mechanisms’ of interviews, observation, and document review, none of which are documented or standardized or referenced to any credible degree.
Because of their ‘rarity’ value of the observations, they are probably worth publishing, under the proviso that it is clearly labelled as an “reflection on the relevance of health research systems in 12
countries to measuring equity in health: subjective (or 'preliminary') notes”.

2) The major problems with this paper as a study concern i) the confused purpose of the study, and ii) the methodology, or rather, the absence of any systematic description of it.

i) Confused purpose: is the study meant to develop a new method of measuring equity relevance of national health research systems (Page3: “to develop and test a health equity research gauge (HERG) consisting of 32 indicators of the strength of national health research systems to improve population health and health equity.”) or is it to use this method in a set of countries (Page 3 “to assess whether countries had accepted the importance of research priority setting at the national level and whether there was coherence of research responses to major health problems with special attention to disadvantaged groups. A secondary aim was to assess the relationship between human development and national health research investment”)?

This paper seems to want to do both, and, as a consequence, does neither: it does not develop a convincing argument why the indicators chosen are the best ones, or better/similar to those proposed by WHO, nor does it succeed in applying these meaningfully because of problems with the methodology (see below, under P4 and P5).

Specific comments:

P2 (Abstract)

“The Commission on Health Research report concluded that “for the most …” should be changed to: “The Commission on Health Research for Development …”

P3

• “The 1990 Commission on Health Research Report stated that …” should change to: “Commission on Health Research for Development …”

P4 and P5

Methodology. This section describes how the ‘methodology’ was developed. Overall, the approach is unstandardized and subjective.

• For example, what is a ‘mini-Delphi technique’: does it mean that there are few people participating, or that it only has 2 rounds, or that the anonymity of the respondents was compromised so that one arrives at a consensus?

• How were the ‘broad questions’ designed?

• Why and how were the countries chosen, other than that they represented a level of development? How does this (purposive sampling) influence the results of the study?

• How was data obtained? What does it mean that “the regional coordinator worked with a country collaborator who held consultations with researchers, research managers and representatives of government and non-government organizations to determine the feasibility of obtaining information on the HERG indicators. The regional coordinators and country collaborators were responsible for seeking opinion leaders from all relevant stakeholders in the health research systems from each country.

• “The regional coordinator and country collaborator obtained information on the 32 HERG indicators from both documents and discussions with stakeholders in each country. Where the direct indicators were not available, proxy indicators were selected which the advisory working group felt best represented the situation.” It is unclear what was actually done, and readers wanting to replicate this
method are clearly at a loss what should be done.

On page 6, it is mentioned in the results section that:
• “Some of the indicators involved subjective assessments, such as whether research funding is allocated for maximum social benefit and the degree to which research is available “on-time” for policy makers. The project team ensured a common understanding of these subjective assessments with the country representatives as well as the country respondents.”
• Two comments: i) this should be in the ‘methods section’, and ii) it is another example of how the methods section is problematic: how does the reader know in what manner the project team ‘ensured a common understanding’?

In short: the methodology of this study is deficient to the extent that the study is not representative of an identifiable cohort of countries, is not standardized nor comparable in terms of indicators used (and therefore results obtained) and leaves much to subjective interpretation by the authors and to guessing by the reader. However, as a ‘purposive and subjective’ observation of research system practices in several countries, it could give rise to several working hypotheses and productive areas for research. The paper should be re-written in this way.

P6 (Results)
• “Most indicators (26 out of 32) were answered by at least 8 countries (67%). Despite the lack of data for the other 7 indicators, these indicators provide …”
  o 32 – 26 = 6, not 7 … please change.

• The ‘results’ need to be re-presented as ‘impressions / observations’ given the problems with the study methodology.

P7 and P8
• the financing of research: nowhere in the methods section has there been any information on how this information was obtained. It is notoriously difficult to obtain solid information on health research investments: are the data on public sector only? Is it health department funding or also science and technology funding? Does it include international funding?

P12
• “Since 1999, new methods for priority setting have been developed including the recently published Combined Approach Matrix (CAM), which advocates for a transparent, iterative, equity-oriented, multidisciplinary approach involving all relevant stakeholders [18].”
  o The CAM is not a ‘new method’ but a summary of multiple existing methods. It could best be classified as a ‘pragmatic approach’ to health research priority setting rather than a ‘method’.

• “address health problems. The Macroeconomics Commission on Health ..” change to the “Commission on Macroeconomics and Health”
• “the Commission on Health Research and Development in 1990.” Change ‘and’ to ‘on’

P13 (Conclusions)
As they stand, the conclusions are a collective of thoughts and aspirations that are not based on the findings of the study. It would be better to limit the conclusions to those for which core evidence was found and than to specifically suggest where further (more scientifically rigorous) studies need to be done to help advance our understanding of the field of national health research systems.

CONCLUSION:

1. The paper needs a major re-write: focussing on clarifying methodology where this can be done and stating it in terms of ‘developing a framework’ rather than as a result of a study.
2. The dates and times of when this study was done need to be mentioned: it is ‘old’ data (2000 ?), but some new references used (Mexico Summit, etc) create the impression that it is a recent study.
3. The best use of the work done is, in my opinion, an outline of the core areas where the group of authors think new and better research is needed, and not a ‘call to action’ as this paper is, because the methodology does not support this.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I am the current Director of COHRED (the Council on Health Research for Development), which apparently funded this study. I know several of the authors, including my predecessor. I have not been part of this study, nor was aware of it until I was asked to review the study.

COHRED can benefit from publication of this study, as it highlights the need for national health research, the field in which we are operating. It can also be harmed by this article, if the study (and thus COHRED’s support of it) is seen as being of very poor quality.