Author's response to reviews

Title: Exploring health systems research and its influence on policy processes in low income countries

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Author's response to reviews: see over
October 23, 2007

Dr. Lolu da-Silva
Assistant Editor
BMC Public Health

Dear Dr. da-Silva:

I am pleased to submit a revised version of our manuscript based on the requests for changes to formatting in an email from the editorial production team dated October 18, 2007. I have responded to each of the items mentioned by the editorial production team. These editorial requests are listed below, with any clarifications on my part in red:

1. Please remove the following text from the title page: 'title' 'authors'

2. Title - Please use sentence case in the title, both in the manuscript file and the submission system i.e. remove all unnecessary capitals (and no full stops/periods). For example you would change: The Title of My Prestigious Publication: A Scientific Study. to: The title of my prestigious publication: a scientific study

3. Please remove the qualifications and job titles from the author list. Please place the authors on one line and list the affiliation details below.

4. Please link the authors to their affiliations using superscript numbers.

5. Please remove the word count from the abstract header.

6. Section headings - Please use sentence case for all headings and sub-headings in the manuscript (i.e. remove all unnecessary capitals). For example Abstract not ABSTRACT and Competing interests not Competing Interests.

7. Box 1 - Unfortunately due to the format of the on-line manuscript we cannot incorporate box 1. Please either include the text within the manuscript, or change the title to Table 1. Please remember to update any references to Box 1 within the text. I changed all the titles of the boxes to Table 1, 2, 3, 4, 5, 6, 7 as requested – with the other box there are now 8 tables in total.

8. Section numbers - please remove the roman numerals denoting section numbers.

9. Authors' contributions - Please indicate that all authors read and approved the final manuscript.

10. Please remove the italics from the acknowledgments.

11. References - The reference list should contain all authors' names, if there are 30 or below (ref 11, 37, 59, 65, 71). The term et al. should not be used.

12. Please delete the figure image from the text.

13. Please remove the figure title and legend from the image file.

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There has been no need to make any changes apart from those suggested by the editorial production team. We look forward to the publication of the paper.

Thank you.

Sincerely,

Shamsuzzoha B. Syed, MD MPH DPH(Cantab)
Johns Hopkins University Bloomberg School of Public Health, General Preventive Medicine Residency Program
ADDENDUM: AUTHORS’ RESPONSES TO REVIEWERS’ COMMENTS

Title: Exploring Health Systems Research and its Influence on Policy Processes in Low Income Countries

Authors: Adnan A. Hyder, Gerald Bloom, Melissa Leach, Shamsuzzoha B. Syed, David H. Peters, Future Health Systems: Innovations for Equity.

We would like to thank both reviewers for their time and comments. They both provide many interesting and informative comments. The revised manuscript incorporates many amendments as a result of reflection on these comments. We hope that the revised version is acceptable for publication, based on the point by point response to the reviewers detailed below.

REVIEWER 1:

1. The description of various issues in this paper needs to be complemented with more tables and/or figures that summarise the sub-points under each issue. Another option is listing bullet sub-points under each issue. These approaches would help the reader grasp more easily what the authors are trying to communicate.

Our response: The material covered in the paper is complex and we are very appreciative of the suggestion to add summary sub-points for each issue. We have thus added a summary box under each issue in the revised manuscript (a total of seven summary boxes). We believe the revised manuscript with the summary boxes allows the reader to grasp the concepts we are trying to communicate under each issue.

2. This paper repeatedly mentions innovations in health systems, but I failed to find any example that would highlight what the authors have in mind when they refer to innovation. As this project is being done in several less developed countries, it would be quite useful if an example from each country were used to explain what innovations in health systems the authors have explored or are exploring. This deficiency is particularly acute when reference is made to potential study designs and methodologies – without specific examples this section is simply too bland and theoretical.

Our response: We have added a section in the revised manuscript on how the theory outlined in the paper is being put into practice by one of the FHS country teams – Bangladesh. The added...
sub-section in the revised manuscript is titled “Application of theory to practice” and is found in section IV: Responding to gaps in knowledge on the research-policy interface. The study currently being conducted will report in peer reviewed forum in due course, but we agree on the utility of an example to describe how the conceptual framework could be used in practice. It is outside the remit of the paper to focus on innovations per se, or to try and provide six examples.

3. It seems strange that while this project is being done by seven partner institutions, two institutions from developed countries and five from less developed countries, all named authors on this paper are from the two developed country institutions. Conceptual involvement of persons from partner institutions in less developed countries would seem to be critical as this project aims to benefit less developed countries. It would be useful to address this aberration.

Our response: The paper has been written as the foundation upon which empirical work has been conducted in FHS partner countries. The general contribution of FHS consortium members is acknowledged in the paper and the research consortium is also listed as the sixth author of the paper. Subsequent papers produced by FHS have included FHS country authors; however this was not deemed appropriate for this paper as no direct contribution (as outlined by ICJME regulations) were made by country authors. We are very sensitive to the need for developing country authors, but also to our commitment to ICJME criteria. We hope that future papers will be led by our colleagues.

4. The three proposed streams of influence are direct extensions of the three proposed entry points. Why is different terminology needed – entry points and streams of influence? Why not merge the entry point / streams description to provide better continuity?

Our response: We agree with this suggestion to enhance better continuity and clarity. We have made the necessary amendments in the revised manuscript and used the terminology “entry points” and deleted all mention of “streams of influence”.

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5. Development perspectives 1 and 4 seem to have substantial overlap. Better justification is needed why they should be considered separately and not:

**Our response:** While there is some overlap between perspectives 1 and 4, we feel that they are sufficiently distinct to warrant separate consideration. Social institutional factors (DP1) focus on organizations and their functioning. Construction of social arrangements (DP4) has a much wider scope including inequalities in health and the social legitimacy of policy making. The summary boxes that have been added in the revised manuscript allow the distinctive nature of the developmental perspectives to be clearly seen.

6. The framework presented in Figure 1 seems too simplistic. An attempt to give more meat to it would be useful.

**Our response:** Despite the apparent simplicity of the framework each component within the framework is complex, and is described in prose. We believe that the basic framework should be as simple as possible – the explanation that accompanies each component is where the complexity lies. We hope the figure conveys the basic ideas and the text the “meat”.

7. Examples of the articulation of research-policy interface are cited for some developing countries. I am aware of at least one additional example from India (National Medical Journal of India 2002; 15: 226-231). It would be useful for the authors to do a more extensive literature search to assess if they might have missed other examples.

**Our response:** We appreciate the reviewer bringing the additional example to our attention – we have included this in the revised manuscript. We have also examined some further literature on country explorations and added four more examples from Viet Nam, Thailand, Kenya, and Nigeria to the citations. However, despite these additions, we still feel this does not add to an extensive literature on this topic.
REVIEWER 2

1) For a non-expert, the paper is very difficult to read. The authors use many technical and abstract terms and the grammar is consistently passive. The message gets lost in the verbiage. Please revise accordingly.

Our response: The material covered in the paper is complex and we appreciate the suggestion to simplify the language. We have reviewed and revised the manuscript in order to achieve greater clarity of language. We have also added a summary box under each issue in the revised manuscript (a total of seven summary boxes). We believe the revised manuscript with the summary boxes helps significantly in readability and providing a frame of reference for the reader. However, appropriate technical language is needed for a scientific peer-reviewed paper.

2) Concrete examples would help most readers. Please insert concrete examples that illustrate the concepts -- research/policy interactions that have worked and even those that haven't would help.

Our response: We have added a section in the revised manuscript on how the theory outlined in the paper is being put into practice by one of the FHS country teams – Bangladesh. We have also provided additional references of examples from India, Vietnam, Nigeria, Kenya and Thailand to illustrate our points. However, we are unable to report fully on the success or failure of the strategies utilized to strengthen the research-policy interface in FHS partner countries as these findings are a few years away.

3) Please describe how you are going to test and refine the conceptual framework to make it a useful tool.

Our response: The revised manuscript describes the testing and refinement of the conceptual framework as an essential component of FHS activities. This will be carried out as each country team begins to report their findings and also through cross-country reporting of common themes.

Thank you.