Author's response to reviews

**Title:** Building health systems capacity in global health graduate programs: reflections from Australian educators

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**Author's response to reviews:** see over
Dear Mr de Jesus and Dr Crow,

Response to reviewers re: manuscript 1507682886365925 - Building health systems capacity in global health graduate programs: reflections from Australian educators

On behalf of the authorship team, I would like to thank the reviewers for reviewing our submitted manuscript. The reviewers’ comments are very helpful and insightful and we appreciate the time they have taken to provide this input. We have addressed each of the points made by the reviewers. We respond to each point below and note where changes have been made to the manuscript. Additionally, we provide a revised version of the manuscript.

Reviewer #1:

I wanted more experience to be presented - more details of the programmes described in terms of how they conceptualise health systems, and practically how they approach teaching on the subject, for example. But also more consideration of what the difference is between specialist and cross-cutting teaching in practice, and the pros and cons of these approaches -- and also more information for example on what students go on to do and how do they subsequently rate their teaching experience as a preparation for that work; who the teachers are and what experience they bring to bear on the teaching....

Overall I think it would be helpful to progress these important debates by moving beyond an opinion piece towards more careful consideration of what is being done and reflection on that and its appropriateness - and the real lessons that can be drawn for others.

So as major compulsory revisions I propose:

1) a selected set of specific questions or issues to consider within the paper (e.g. in terms of content, specialist vs. integrated teaching and practice of teaching)

   We have added a clearer description of the questions that we hope to address in the paper at the beginning of the section “The Australian experience in teaching health systems.” The key questions include: “a) what types of courses included health systems components focused on developing countries and what content did they include; b) what pedagogical methods were employed; c) which approach to understanding health systems was adopted.”

2) the addition of more details on courses offered and experience in relation to those courses
We have added a substantial amount of extra detail on the courses offered and the experience we have had in teaching these courses. For each of the courses, we have provided more detail on the curriculum, teaching style and teaching perspective. The section titled “The Australian experience in teaching health systems” has been substantially rewritten. In addition, we have added more analysis and consideration of the various health systems teaching methods in the “Lessons Learned” section.

3) if possible, consideration of the needs for this area of teaching -- as identified through engagement with potential employers and/or student feedback after courses are complete

We acknowledge the needs for this area of teaching in the section titled “Public health teaching and health systems” citing work by Frenk, Merson and others. We have also added a few sentences on the outcomes of our discussions with AusAID and the World Bank Pacific office which have highlighted the need for these types of skills in Masters graduates entering the workforce. The new sentences read as follows: “We have also engaged in discussions with potential employers in Australia and the region about skill shortfalls and training needs for their staff. The draft Pacific health strategy currently being developed by the Australian Agency for International Development notes the need to increase staff capacity to engage in the complexities of health systems and practice and the World Bank Pacific Office actively provides short courses on health financing to Pacific Island health officials to strengthen their health financing skillsets. These efforts highlight the need for more capacity building in health systems in the region.”

In addition, we provide some detail on student feedback on the University of Sydney health systems unit that was provided after completion of the course. This is to be found in the “The Australian experience in teaching health systems” section.

4) the identification of lessons for teaching linked back to the initial questions.

We have written further detail in the “Lessons Learned” section and linked it more explicitly to the original questions asked. We added to the paragraph exploring the different health systems teaching models and pedagogical techniques which now reads:

“Different models have been proposed at different Universities. The University of Sydney offers a unit directly focused on health systems and the WHO building blocks, in order to devote greater time to the analytic tools and issues involved. The University of Sydney method allows for deep engagement in health systems issues but does run the risk of “verticalising” health systems so that human resources for health challenges are seen as an issue separate
from wider health challenges. Monash University has integrated components of health systems thinking into its course offerings focused on specific technical themes, believing that all students of health issues in LMICs need some grasp of health systems in those settings. University of Melbourne has taken this integrated approach until 2012, after which it will also offer a unit focused on global health systems, albeit one that emphasises the health financing aspects of these. UNSW integrates systems thinking and systems approaches to the course on International Health, using innovative teaching methods to introduce system-relevant issues. For example, they unpack the various systems causes and effects of a child’s death in Timor-Leste as a case study in understanding health systems challenges in LMIC.”

Reviewer #2:

1) The authors state the following: "We describe and analyse the Australian experience of teaching about health systems focused on developing countries in a representative sample of prominent public health academic programs" under the heading of The Australian Experience in teaching health systems. It would be helpful to the reader to be more explicit here--how many schools did they survey, why did they pick the ones they analyze, and how did they go about gathering this information? By visiting their respective websites? Contacting the schools? At the very end of the article, the authors state: "The authors have drawn upon examples from the institutions in which they are based and from courses which they teach." If this is true, then how is the sample representative?

We have edited this sentence and it now reads: “We describe and analyse the Australian experience of teaching about health systems focused on developing countries in a number of the most prominent public health academic programs in Australia.” The authorship team represents leading faculty from the largest and most prominent of the public health academic programs in Australia and we have reached out to gather information from the University of Melbourne program as well. We feel that this captures the major trends of the Australian experience in teaching health systems.

Yours sincerely,

Joel Negin
On behalf of authorship team