Reviewer’s report

Title: Analysis of the contribution of JICA health-related projects to health system strengthening using the WHO framework of the six building blocks

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Reviewer: Yiannis Kyratsis

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The study is of interest and has potential for contribution to the scholarly debate in the field of international health. It deals with the Japan International Cooperation Agency which is the second largest bilateral donor agency for international development aid worldwide. The study also aims to untangle contributions to health systems strengthening, which is also an important area of research. However, there is cause for considerable improvement as outlined in the comments below to be addressed by the authors. Hope the comments will help the authors to improve the paper.

Major Compulsory Revisions

General points
1. I could not identify in the text a clear, well defined research question; in the current draft there are only general statements of the study’s aims. The authors need to introduce a clear research question at the end of the introduction or methods section

2. The timeline of data collection requires clarification and justification; why did you choose the particular period (Jan 2005 to Dec 2009)? What is the justification for that? Why, for instance, did you not also include more recent projects as the reported data is already four years old? There is no information in the methods section of when was the study conducted. Did you include projects that were active during the aforementioned period, or projects that started / ended during the particular time period? This point also requires clarification in the methods section

3. The working definition of ‘health system strengthening’ used by the authors in the manuscript needs to be provided. This is essential given the central role of the concept in the article.

4. The conclusion in the current manuscript is rather weak. It currently just summarises some findings in a purely descriptive form and there is no critical reflection of what these findings mean to the broader field of international health or what the potential implications are for the findings. How are we wiser now that this study has been done? The discussion and conclusions need to be more balanced and adequately supported by the data presented in the paper

5. There needs to be some illustration of the actual data the authors used. What are currently reported in the manuscript are the authors’ interpretations;
therefore, there is no possibility for anyone to verify or validate the mapping and categorisation of the project data onto the analytic matrix. I would have expected at least a couple of working examples for each category used by the authors and a full list of the projects analysed with information about the purpose, context of application and the overall classification outcome the authors concluded to.

More specific points

6. Abstract: I am not convinced that you actually assess the extent to which JICA projects contributed to health system strengthening (as stated in the methods sub-section). What I understand you have done, from my reading of the paper, is that you correlate and map some outputs and activities of projects implemented by JICA to the main health system functions according to the WHO framework used. In the results sub-section the first sentence: “The majority of JICA projects… Dec 2009” and another sentence half way through: “when examined in detail…investment in activities” are almost identical in content – the duplication needs to be removed. The conclusions sub-section should summarise the ‘so what’ of having conducted the study.

7. Background: The introduction is not very clearly written and needs to be strengthened. A definition of health system strengthening should be included. This is a central concept you use and you need to be clear of what you mean. I would also have expected some context about the activity of JICA and the projects they fund worldwide (i.e. JICA is the second largest funder of international development aid in the world and studying the activities of the agency is thus important – there is no such discussion in the introduction). Has anyone else done a similar study for another agency such as USAID or UK DfID? If so, this study needs to build on that learning; if not, is it because the topic is not very interesting or maybe there are limited opportunities for new learning? So, the authors need to better justify the rationale for the study in the introductory section.

8. Methods: Why should, the JICA projects, be designed within a logical framework? Is this because this is the norm for JICA and other international aid agencies or is it mandatory for example? The Logframe matrix discussion was also rather confusing to me; is it simply a project management approach/tool? To facilitate the reader, the authors could give an illustration in a figure of how a PDM looks like and how they developed their analytical matrix based on the PDMs – I would suggest that the current Fig 1 is replaced by a more informative figure that shows some examples of raw data classified by the authors in the matrix they have developed.

9. Methods: The link to JICA’s web-site used by the authors to examine the projects’ PDMs needs to be provided in the text (and the time when this was accessed). The selected time period needs to be justified.

10. Methods: Regarding the classification of projects into types there needs to be some clarification. The main output and additional outputs were used as stated by the authors to categorise the projects into various types. Why was service delivery function treated differently from the rest? For example, why some projects with multiple outputs were classified as “mixed type” while when there
were mixed outputs and involved service delivery these were not classified as mixed type but as SD plus something else? The classification criteria in Table 1 require some explanation; you need to reference a source and/or explain you came up with this particular list of content for each health system building block.

11. Methods/Results: It appears that the authors treat the governance function (also presented in Table 4 separately) differently from the rest. Why is that? Also need to define what the authors mean by “health field”. It needs to be justified and elaborated how the correspondence analysis contributes to addressing the stated aims of this study.

12. Discussion and Conclusion: these sections need to be written in a reflective and critical way instead of being merely descriptive. In the discussion for example there could have been some discussion of how the findings from this study compare to other similar studies if such studies exist or analyses of health system strengthening efforts by other international donors. Have the authors noticed any change over the years or per year?

Minor Essential Revisions
1. Abbreviations should not be used in the title (i.e. JICA, WHO).
2. By providing more information about the diversity of the projects analysed would have made the paper more interesting and useful to read (which countries were there involved? What appears to be the main focus of JICA’s work? An outline or summary of the size and purpose of the different projects etc)

Discretionary Revisions
The title can be simplified; one possibility might be to remove the ending ‘using the WHO framework six building blocks’

Level of interest: An article of limited interest

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests