Reviewer's report

**Title:** The Global Stock of Research Evidence Relevant to Health Systems Policymaking

**Version:** 1 **Date:** 25 February 2013

**Reviewer:** Duncan Chambers

**Reviewer's report:**

I found this a difficult paper to assess. I have a number of comments and suggestions but while I have ordered them as required by the editors they are meant to be helpful rather than ‘compulsory’.

Major compulsory revisions

1. The title of the paper and the stated objective of the work both assume that Health Systems Evidence (HSE) has captured the ‘global stock of research evidence relevant to health systems policymaking’. While this claim may be reasonable it depends on (1) the comprehensiveness of the sources on which HSE draws and (2) the accuracy of HSE in identifying all relevant documents from those sources. It should be borne in mind that HSE seeks to include documents (such as policy briefs) that may be only informally published and difficult to identify. You address this issue very briefly in the conclusions/discussion but I would like to see a fuller discussion. Following on from this it would be useful to clarify the status of reference 13, which describes the methods behind HSE. Is it a paper in preparation, an internal report or what?

2. Following on from the above, I have concerns about the title of the paper. I suggest rewording the title to make clear that it is an analysis of the content of HSE.

3. There is quite a lot of emphasis placed on AMSTAR. AMSTAR is widely used but it is rather narrow in what it measures and the AMSTAR score of a systematic review may or may not be correlated with its relevance to policy/decision-making. Also, Cochrane reviews (and reviews of effects generally) may score higher because AMSTAR was designed with this type of review in mind. Could you address this point in the discussion?

4. It is not terribly helpful to say (conclusions para 3, p15) that there is a need to support efforts to regularly update systematic reviews, given that even the Cochrane Collaboration has not been able to achieve this. If you could add some concrete suggestions for how this might be achieved (or research to address barriers), this would certainly strengthen the paper.

5. I would make a similar comment about the following paragraph on quality (in addition to point 3 above). Cochrane has a system for peer review of protocols which must contribute to methodological quality but how can this be implemented
more widely?

Minor essential revisions

1. There is a lot of repetition between text and tables in the results section. I would suggest shortening the text and/or reducing the number of figures and tables to make the results more readable.

2. The acknowledgements should include the various organisations that produce the resources on which HSE depends (no need to list them all by name).

3. There are missing or extraneous words in a few places, e.g. p4 para 2 line 1 and p5 line 7 from bottom. On p9, ‘additions’ should be ‘addictions’. DARE is the Database of Abstracts of Reviews of Effects.

Discretionary revisions

1. It would be useful to have standard deviations along with the mean AMSTAR scores in Table 3.

Level of interest: An article of limited interest

Quality of written English: Acceptable

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

Declaration of competing interests:

I am involved in the production and development of DARE, which is one of the sources included in Health Systems Evidence.