Reviewer's report

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

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Reviewer: Sandy Oliver

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This is an important paper because it describes the types and formats of readily available health systems evidence in terms of its system and geographical focus, currency and quality. Moreover, it describes how this audit can be updated in real time as new evidence products or reviews in progress become available. The real-world practical importance of these achievement is emphasised by an opening quote from The New Yorker.

The paper presents a careful, detailed analysis that focuses attention on important issues, but in doing so, offers a dense text from which important messages are difficult to assimilate and appraise. This difficulty arises in part from the degree of detail and in part from the categories for analysis and the descriptive language. Readers may be helped by a box of unambiguous definitions of the scope of Health Systems Evidence and the categories employed to analyse the available evidence products. I am unclear about what ‘evidence briefs’ include: summaries of single reviews, multiple reviews, other research? I am also unclear about the distinction between ‘delivery arrangements’ and ‘implementation strategies’. I wonder whether this distinction may be clearer if the terms were ‘service delivery arrangements’ and ‘research implementation strategies’. After re-reading the text at the bottom of page 8 and top of page 9, I understood the interest here may be on strategies for change, although I was not entirely confident.

The summary results reported as bullet points on page 8 mention systematic reviews of effects and systematic reviews addressing other types of questions. I am unclear whether any of these other types of questions address the nature and scale of problems, or whether they all assess options or implementation issues (to paraphrase Lavis 2009).

In the middle of page 9, the choice of categories and the order in which they are introduced does not help the reader see the picture. Maternal and child health, accidents, mental health and addictions does not seem to be a coherent group. This group may have emerged as a result of the research team categorising evidence products as addressing infectious disease, non-communicable disease and other. This may have been helpful in ensuring a systematic approach to inspecting the studies, but it is not helpful in presenting a picture of what’s available, especially when the ‘other’ category is presented first, before the coherent categories of non-communicable disease and infectious disease. My
next difficulty was understanding the statement immediately below about topics related to ‘providers’. Are the physicians, nurses, allied health professionals etc that follow a subset of the ‘providers’? I think a little copyediting will clarify this statement. At the bottom of page 9 is a statement about the few evidence products that address ‘long term care’. This seems particularly important given the challenges health systems are already facing with an ageing population. This is a point the authors may wish to emphasise in the discussion.

On page 11 the authors note that the methodological quality of reviews addressing ‘delivery arrangements’ and ‘implementation strategies’ was somewhat higher than that for reviews addressing governance or financial arrangements. Similarly, there is a statement about the higher quality of reviews of effects compared with the quality of reviews addressing other questions. Both these statements may be worthy of discussion as they raise questions about whether the latter reviews in each case are inherently more challenging or require different measures of quality or whether experienced review teams are lacking in these areas.

I am not sure what point the authors are making on page 12 when they mention how many documents are linked to independently produced, structured decision-relevant summaries. Perhaps the ‘evidence briefs’ are independently produced, structured decision-relevant summaries. Does it matter if structured decision-relevant summaries are produced by the original review teams? Immediately below are analyses relating to freely available evidence. The statement about access to full Cochrane reviews could be qualified by a statement about how many countries have a national licence, and/or the number of people with full access through a national licence.

In summary, this is a carefully conducted analysis of the current state health systems evidence. It draws attention to an important resource for on-going appraisal of this body of literature. It would benefit from some definitions being clarified, adjustment of some analytical categories to present a more coherent picture, and some additional issues being considered in the discussion.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**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