Author's response to reviews

**Title:** Assessing communities of practice in health policy: A conceptual framework as a first step towards empirical research

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**Version:** 2 **Date:** 15 September 2013

**Author's response to reviews:** see over
Dear Editor,

Please find attached the revised version (both a version with track change and a version without) of our paper entitled “Assessing Communities of Practice in health policy: A conceptual framework as a first step towards empirical research”.

We would like to express our gratitude to the three reviewers for their excellent and thorough reading of the paper. Their comments helped us get a bit more distance from our own experience with communities of practice and better understand how the paper relates to the existing literature.

Please find below our responses to the reviewers’ comments, point by point.

We believe that the paper has been strengthened significantly in the revision process and will be a contribution to the literature. We look forward to hearing back from you and the reviewers and are available to respond to further queries and feedback, if necessary.

With best regards,
Maria Paola Bertone & Bruno Meessen, on behalf of the co-authors
Reviewers’ reports

Title: Assessing Communities of Practice in health policy: A conceptual framework as a first step towards empirical research
Version: 1 Date: 6 February 2013
Reviewer: Maria Jansen

Reviewer’s report:
Assessing Communities of Practice in health policy: A conceptual framework as a first step towards empirical research
Maria Paola Bertone, Bruno Meessen, Guy Clarysse, David Hercot, Allison Kelley, Yamba Kafando, Isabelle Lange, Jérôme Pfaffmann, Valéry Ridde, Isidore Sieleunou, Sophie Witter

General remarks
The authors present an interesting article on a topic that is highly relevant in international health policy. Knowledge management and relations between diverse international experts is an important topic that has been on the agenda for quite some time. The authors are quite innovative in the sense that they try to establish a framework that facilitates close collaboration relevant to knowledge management and that gives dimensions and indicators for evaluative purposes.

When assessing the work, please consider the following points:
1. Is the question posed by the authors new and well defined? Yes, no remarks to this point
2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

A major compulsory revision concerns the methodology. PubMed and Google Scholar databases were preliminarily searched for articles by key words. Thereafter a snowball technique was applied. The authors describe that “the search was carried out up to the point where the authors deemed that all elements relevant for transnational CoPs in health policy were included”.

My questions are: how many articles were found in the first round, based on key words; the second round based on snowball technique and how did the authors finally select the 25 articles they used. Was it based on a criteria list or words, phrases, methodological requirements or something else? Next to this point: literature search and selection of articles needs to be done by two independent researchers. Thereafter, both selections are compared and differences (mostly expressed in alpha) are discussed and should result in consensus. Has this procedure been followed. If no, why not? If yes, than please add it to the original text.

Our answer: We did not follow this procedure, as this paper does not intend to be a systematic review. As mentioned in our paper, several authors are themselves facilitators of communities of practice. The development of this paper started from their perceived need for a framework for monitoring and documentation: that the
future of ‘their’ CoPs would depend on their capacity to demonstrate the effectiveness of the strategy; this effectiveness itself would itself also depend on a more systematic effort to learn from their practice and to identify good practices.

As researchers ourselves (in the technical domains covered by the communities of practice), we realized that evaluating the CoPs was a research agenda per se. Collaboratively, we decided to look for a relevant framework for assessing our work. The first author of the paper was tasked with leading this search, which was carried out as described in the methods section.

It is important to stress that we were searching for frameworks (and, more secondarily, methods) to structure our evaluation agenda. We were not looking for empirical evidence. We considered the systematic review approach less helpful for looking for ideas and not facts. Also, as mentioned by our second reviewer, the literature on communities of practice is vast and ambiguous and spreads across disciplines and types of journals, which made a systematic review complex and less relevant.

Our findings were:

1. The evaluation agenda and even the research agenda on communities of practice are still nascent. This is particularly true for applications in the health sector.
2. Frameworks are very rare, or if they exist, their scientific and theoretical foundations are limited. We focused our reading on the few propositions we found that were relevant and interesting for our needs, and we drew on them to build our own framework.
3. Many papers on communities of practice do not comply with the methodological rigor practiced today in health science. Most of the papers and books on the topic have been authored by practitioners (knowledge managers, ‘gurus’) or scholars from other disciplines (e.g. management schools), who are not familiar at all with requirements such as formulating one’s research question, enunciating one’s assumptions, testing a hypothesis, discussing others’ findings.

These observations confirmed our belief that developing an evaluation framework was legitimate. The fact that we did not find much practical guidance on how to carry out an evaluation of a community of practice convinced us that there was a need for such guidance.

This paper therefore has two main aims: it aims at being operationally useful (a quality valued in public health), but also attempts to contribute to the theoretical debate around the development of a scientific evaluation program of communities of practice.

Our revision in the paper: we have revised the methods section to more clearly explain the steps of the review and the fact that is not systematic, nor exhaustive. We have also added more about how we integrated it with our own experience, and about the validation process.

A minor revision point: the number of 25 selected articles is not mentioned at all, one has to count it based on Table 1. Please add it to the text, to make reading
comfortable to the reader.

**Our revision in the paper:** We have added this number (section “Assessing CoPs: key elements from the literature”).

3. Are the data sound and well controlled? See remarks point 2

4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Major revision: suggestions I would like to make:

Findings from the literature review on page 8 starts with two preliminary questions: (i) why is it necessary to assess CoPs?; and (ii) which methodological approach should be adopted for evaluating CoPs? Under the heading of “Findings…” the reader expects to read findings, not a digression on preliminary questions for almost a whole page. I think the answers to these preliminary questions should be part of the introduction (somewhat shorter). Besides, the two approaches for CoP evaluation i.e., qualitative and quantitative (page 9) are here described as two opposite extremes while most evaluative research today often is a combination of both methods. I would suggest to give explicit nuance to this aspect.

We agree. The paper was indeed overburdened at this level.

**Our revision in the paper:** The two preliminary questions has been synthesized and moved to the “De facto and instrumental communities of practice: two tracks for analysis” section and in the “Operationalization” section, respectively.

A minor revision point: on page 9 when discussing ROI I would advice to make some notes about the difficulty to measure the final impact because of the time delay. Knowledge and expertise resources will finally (hopefully) result in better health and welfare outcomes but the time in between can be more than 50 or even 100 years (e.g., knowledge about the negative health effects of tobacco came available around 1950s, but it took about 70 years to realize tobacco bans etc.).

We agree.

**Our revision in the paper:** we have removed the reference to ROI (return on investment), which is not relevant in the health sector. We have mentioned the issue of the time lag in the last dimension of the framework (better outcomes), with the example given by the reviewer.

5. Are the discussion and conclusions well balanced and adequately supported by the data? In the discussion I should add a short paragraph about limitations of your study. A reflection on methodology (may be also results) may be used as input or suggestions for other research groups.

As our paper is about the development of a framework and aims at the emergence of an evaluation agenda (and not of an empirical study), the structure of our discussion is not the standard one. We believe that the main limits were well-identified by our reviewers 2 and 3. We have done our best to address them (see below).
Our revision in the paper: We have addressed the main limit in the first paragraph of the section ‘A first step towards empirical research’.

6. Do the title and abstract accurately convey what has been found? Yes, no remarks to this aspect.

7. Is the writing acceptable? Yes

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
Title: Assessing Communities of Practice in health policy: A conceptual framework as a first step towards empirical research
Version: 1 Date: 4 March 2013
Reviewer: Maarten Kok

Reviewer's report:
The manuscript on Assessing communities of practice is a thorough and interesting attempt to provide a conceptual framework that can be used to assess COPs.

The literature on COPs is complex, conceptually diffuse and ambiguous. The COP concept was initially developed through grounded, detailed empirical work, emphasizing the situated character of learning in practice. This grounded theoretical notion has since been transformed into a management tool that has gained considerable attention as key aspect of organizational learning and informal problem solving. This ‘managerial shift’ has been forcefully criticized by authors arguing that this shift obscured much of the original richness of the notion. An unresolved debate in the literature is to what extent COPs can actually be created or fostered. While this theoretical debate continues, attempts are made around the world to create COPs. Meanwhile, there are very few empirical demonstrations that COPs can be fostered and the claims about the value of COPs lack empirical evidence (Braithwaite et al 2009, Ranmuthugala et al 2011). This makes this manuscript, and the attempt to develop a framework for assessing COPs important. At the same time, I am not entirely convinced of the depth of the proposed framework and the applicability of the long list of almost 150 indicators.

Our observation: Maarten Kok summarized the challenges we encountered in our endeavor of developing a framework based on the existing literature. We have also experienced this conflict/tension between ‘CoP purists’ and ‘CoP instrumentalists’ in the development of this paper (as explained in the cover letter to the editor accompanying our initial submission). We understand the program of ‘CoP purists’ as an effort to build a theory. We value this effort, but this is not our main objective. We are aiming at something practical for all those facilitating a community of practice.

Our revision in the paper: the section dealing with this confusion (previously: ‘What are communities of practice?’”) has been completely rewritten as follows. We first developed the narrative about the emergence of the CoP concept. We then revised the paragraphs dealing with the (not always explicit) tension among scholars to make it more explicit and clear. Now the manuscript has a specific section distinguishing the two views. Finally, the position we take in our paper is explained and it is argued that it fits in the ‘instrumentalist’ view. We explain why we believe it is the best approach for our purpose. In this new version of those paragraphs, we also establish some early links with the structure of our framework.

As explained in the paper, the 150 indicators are illustrative. We are not suggesting anyone would monitor all of them; they provide more of a menu with possible
options. We have found many of them in the literature. As researchers looking for guidance, we would appreciate finding such a table in a paper.

A major challenge is that the framework tends towards linearity, starting from investments into COPs and ending with better health. The risk is that very complex dynamics and processes are transformed to fit them into the framework, instead of the framework being an analytical focusing device to learn what is actually going on.

I suggest cutting the framework in two:
A first part in which a strategy to foster a COP contributes to the actual emergence of a de facto COP in practice.
A second part in which an emerging COP contributes to learning and change in policy and practice.
Both are interesting evaluation challenges.

I foresee two ways forward. The first would be to delve deeper into the more critical debate on fostering COPs, bring in more literature on the evaluation of complex processes in systems, such as a co-evolutionary perspective and transition theory and further refine the framework.
The other way forward for is the empirical route, in which the framework is critically applied and further refined by learning in practice. This is the route the authors seem to choose and I can agree with, as long as studying the actual dynamics remains the focus I still do have two suggestions that I would kindly invite the authors to respond to.

Our observation: We greatly appreciated this comment by our reviewer.

On the linearity: this was also a comment by reviewer 3. We revised to some extent our view (see further), but we also believe that linearity makes sense. As a reminder, in this paper, we endorse an instrumental view of CoP (cf. the in-depth revision of our section of “‘De facto’ and ‘instrumental’ communities of practice: two tracks for analysis”). Under this view, a step-by-step process is relevant: indeed, in order to attain one’s goals, the sponsor, steward and facilitators have to clarify the theory of change of the intervention: what objectives they want to reach with the CoP; in order to reach these objectives, whose knowledge should they expand; on which repertoires of practices should they focus; what is the most appropriate set of knowledge management activities to expand knowledge; and so on. It is important to keep in mind that this framework aims at a broad readership: not only researchers, but also donors, sponsors, facilitators, members or evaluators of CoPKM. Our own experience is that in this position, one needs a framework to structure one’s work. However, we are very aware that an actual social process may eventually diverge from the initial plan.

Our revision in the paper: we have improved our argumentation in favor of our framework, including mentioning the need for making explicit one’s theory of change. In the discussion section, we have a whole paragraph dealing with the limits of linearity.

On the two ways forward suggested by the reviewer: we follow the second one.
- **Major Compulsory Revisions** (which the author must respond to before a decision on publication can be reached)

**The dualism of COPs**
Throughout the article, there is a challenging dualism on COP as a de facto phenomenon that emerges in practice (and exist everywhere), and COPs as a formal management strategy. This dualism is briefly recognized by the authors in the beginning, but not solved and remains problematic throughout the evaluation framework. For instance, when the authors discuss how ‘contributions’ may result from COP’s activities (in two alineas before the discussion, and also in the opening of the discussion). Do they mean the activities that are part of the COP management strategy, or the activities that are part of the de facto COP that has emerged?

My suggestion would be to clarify that through a COP strategy, a de facto COP should emerge. I suggest that every time the notion of COP is used in the paper, it should be made explicit whether the authors refer to a strategy or a de facto COP.

Even evaluating the extent to which the activities of a COP strategy will facilitate the emergence of a de facto COP is a complex challenge. A split in the framework may be in order, between monitoring how activities as part of a COP strategy facilitate the emergence of a well-functioning COP and monitoring how the emerged COP(s) contribute to more research informed policy and practice.

**Our revision in the paper**: this was a very insightful comment and we agree that the challenge is complex. We have dedicated a whole section to this dualism ("‘De facto’ and ‘instrumental’ communities of practice: two tracks for analysis").

As explained earlier, the paper focuses on instrumental CoPs. To avoid any possible misunderstanding, we used the acronym "CoPKM" throughout out the paper.

We have better explained our approach, and we have highlighted linkages between the two approaches.

Our experience indicates that the case for first checking whether the managerial efforts lead to the emergence of a de facto CoP is perhaps not as strong as one may think. One of the CoPs being facilitated fares today better than others in terms of ‘shared identity’, ‘community spirit’ and ‘focus on practices’. Yet, the limited availability of the facilitation team has harmed its performance in terms of generating new knowledge. So we are left with the question, what matters most in terms of evaluation?

Given our instrumental perspective, we are somewhat hesitant to establish the de facto CoP stage as an objective or step per se. Our framework recognizes all the characteristics of the de facto CoPs as important but we consciously avoid strict theoretical/causal propositions. We also believe that the study of collective arrangements and practice of knowledge management does not fit well with “yes or no” questions. Having said this, we have improved our framework to better value the features of ‘de facto’ CoP (clear domain of focus, repertoire of practices and sense of community). We have also adapted our additional file 1 accordingly.
We anticipate that this debate will continue: we hope that our contribution will be helpful.

‘Niche’ should be ‘Regime’
The authors use the concept of ‘niche’, to refer to the diverse ‘worlds’ in which the researchers, policy makers and health practitioners function. I suggest the authors replace ‘niche’ with the notion of ‘regime’. In the science and technology studies and the innovation literature, a ‘niche’ is considered a protected space (a lab, experiment, r&d department) in which a novelty is produced. The notion of a ‘regime’ refers to dominant practices and structures, such the scientific regime, traffic policy regime, medical regime, Evidence based regime, etc. This mistake is also made in the nice article by Janssen et al. Extensive literature on regimes exist, e.g. the multi-level framework described by Schot.

Our revision in the paper: a useful comment as we were not aware of this. We have adopted the concept of regimes as recommended.

- Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

Several elements of the original COP diagnoses by Wenger are neglected in later managerial approaches. Two key neglected issues are: 1) power, which is considered a vital element in the process of negotiating meaning in COPs and, 2) trust, which is difficult to create in a managed COPs. The authors may want to reflect on these, as they seem important for fostering joint learning, especially in development dynamics.

Our revision in the paper: we agree that these two issues are important; we think that these aspects are correctly covered in the paper and the framework.

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 I have no conflict of interest
Title: Assessing Communities of Practice in health policy: A conceptual framework as a first step towards empirical research

Version: 1 Date: 20 February 2013
Reviewer: Sara Bennett

General comments
This manuscript addresses an important and interesting question: how do we understand the role of communities of practice (COPs) in health policy (especially COPs that span different jurisdictions), and how should we go about evaluating COPs? While there has been a growing interest, particularly among development partners in stimulating the development of COPs I think that the authors are right to think that our understanding of such communities is limited and that stronger frameworks for evaluation are needed.

The paper is not a traditional research paper. Its main contribution is in (i) developing a conceptual framework that helps to analyze the different roles that COPs play and the effects they may have and (ii) beginning to present a framework for evaluation. The title accurately reflects. I believe that this paper could be an important one and should be worthwhile publishing, but it is currently marred by a number of factors which I address in the section on major compulsory revisions below.

Major Compulsory Revisions
1. The paper is poorly written both in terms of the overall structure of the paper and in terms of the choice of language. This is a particular problem, given the fact that the paper draws upon a fairly diverse body of literature (knowledge translation, knowledge management, management, public health etc.) and terms are not used consistently across these different fields. Accordingly as a reader I was sometimes left wondering how the authors were using different terms and there were some sentences that I simply could not decipher. In the section “minor compulsory revisions” I have noted the most egregious cases of this, but I would encourage the authors to review and edit the whole paper with an eye to making it more readable. A final edit by an English language speaker might also help.

Our revision in the paper: the article has been reviewed again by Isabelle Lange, a co-author, who is a native English speaker.

In terms of the paper’s structure, as currently presented the paper presents a proposed conceptual framework and at the same time discusses questions regarding evaluation approaches and possible indicators. I found this back and forth between the presentation of the conceptual framework and a discussion of methodological issues in evaluation very distracting. I had not fully understood the conceptual framework and yet recommendations about specific indicators were being made. I think it would be preferable to separate out these two elements of the paper so that the conceptual framework is first presented and there is then an integrated discussion of evaluation approaches. I also believe that this approach would be preferable, because it would enable a more holistic discussion of evaluation approaches rather than a “bitty” where individual measures of different constructs are discussed, but there is little in terms of an overarching measurement approach.
Our observation: thanks for this helpful guidance.

Our revision in the paper: we have separated the framework from the methodological approaches. We put the latter in the “Operationalization” section, along with the reference to Appendix 1.

2. The authors acknowledge at various points in the paper that the framework is derived from a combination of (a) their review of the literature and (b) their own experiences with managing Harmonizing Health In Africa COPs. It would be helpful to the reader if the authors could explain more clearly (and in a succinct fashion) what HHA COPs are – Box 1 describes one such COP – but we are given no sense of what the others are.

Our revision in the paper: we have revised the second end note to better present the HHA CoPs. We also put our experience into better perspective with the development of the framework.

More substantively though, I am concerned that at various points in the paper, the authors attribute particular characteristics to COPs, when actually what they are really doing is describing their own philosophy of running COPs. For example in the section on “Transnational Communities of Practice in Health Policy” the authors suggest that COPs mobilize diverse actors, and are widely distributed across continents and languages. This may be true of HHA COPs, but is it true of all COPs? Even among transnational COPs, I think one may find COPs that do not meet these criteria. For example, I have been working with a collective of Schools of Public Health in East Africa with faculty who are interested in strengthening their institutional capabilities in health systems research and evidence to policy processes. While we are working across countries the actors involved are not hugely diverse (they are all faculty of SPHs) – nonetheless in other respects the group meet the definition of a COP provided by Wenger early in the manuscript.

I think the authors need to be more aware that some of the arguments they are making do derive from their own experience which is not necessarily representative of all COP in health policy experience. In my view it would be acceptable for the authors to position this framework and the ensuing evaluation approach as one they have developed for their own needs, and may be relevant more broadly, but without stretching to be universal in its applicability.

Our observation: this was a very relevant comment; an eye-opener, in fact.

Our revision in the paper: we have substantially rewritten our introduction and the section dedicated to ‘transnational communities of practice in health policy’. The new version of the manuscript should clearly reflect this.

3. Figure 1 that presents the conceptual framework is extremely linear, and I was somewhat surprised to see COP processes presented in this very linear, deterministic fashion (especially by this group of authors). Near the end of the manuscript in the discussion the authors acknowledge this point themselves and present a number of caveats about the framework and further elaborations. I was
puzzled as to why the authors had not sought to integrate their own criticisms into the framework–doing so, would make it a much richer and more useful framework. I don’t think this would be difficult to do. For example the framework could (and should) be embellished to:–

• Acknowledge some of the “spill-over” outcomes which are (I think) very important in their own right and are likely to provide positive reinforcement to strategies to mobilize the COPs resources.

• Identify potential virtuous (and vicious) cycles (as described in the discussion)
• More specifically link the different types of strategies that COPs might employ and the resources that would be mobilized through them (For example in the section on strategies to mobilize resources the paper discusses how visibility might affect mobilizing financial and political resources, whereas cultivating the community dimension might help mobilize knowledge).

• Potentially build in other complex adaptive systems phenomena such as emergent behaviors and tipping points etc.

The currently linear look of the framework (and its parallelism to inputs/outputs/outcomes type evaluation approaches) is in my view rather misleading for COPs.

Our revision in the paper: there is maybe a confusion between the graphic representation and the framework itself (the text). We do not think that the figure should try to capture the complexity of the framework. We have done two things: (1) we have revised the title of the figure to remove the misunderstanding; (2) we have enriched the graphic representation of the framework. As mentioned earlier, we think that some linearity makes sense, but of course agree that this does not mean that there is no complexity, spill-over effects, feedback loops, and so on. This is acknowledged in the discussion section.

Essential minor revisions
Please note there are no page numbers on the ms so I have simply referred to section headings.

4. Intro & Background – first issue identified is about a narrow definition of knowledge. Who is this an issue for? Seems to me that policy and decision makers rarely have this issue.

Revision in the paper: we agree; the introduction has been revised accordingly.

5. Intro and background – 1st para – “role that different types of knowledge play in knowledge translation processes”. Do you really mean KT processes – or more generally the process of applying evidence to policy (I see KT as rather more specific than how you are using it here).

Revision in the paper: the introduction has been substantially revised; this point is not covered anymore.

6. Intro and background - “legitimacy of knowledge” – unclear what you mean by
this in this context.

**Revision in the paper:** the introduction has been revised accordingly; this should no longer be an issue.

7. Intro and background – you define niches in terms of professional role, but there are lots of different types of niches eg. Geographical ones, field of interest (eg. HIV vs MCH), disciplinary niches, philosophical niches (constructivist vs positivist)…

**Revision in the paper:** we refer now to ‘regimes’ (cf reviewer 2).

8. Intro and background 2nd para - - what do you mean by platforms in this context – are you thinking of online ones??

**Revision in the paper:** the introduction has been substantially revised and shortened. We do not use there the word ‘platform’ anymore. We use it later in the text, but where we feel the meaning is clear. We have added ‘virtual’ and ‘online’ when we refer specifically to electronic technological platforms.

9. Introd and background – same sentence as (8)…do researchers really need to “coordinate” with practitioners? This is quite a strong way of putting it.

**Revision in the paper:** we agree; the introduction has been revised accordingly and this idea has been removed.

10. You mention that the framework should help with COPs from “their earliest stages” - do you mean from when they are new and just beginning, or now, before it is too late??

**Revision in the paper:** the introduction has been substantially revised; this point is not covered anymore.

11. You focus on transnational COPs – I kept found myself asking how different transnational COPs are from national COPs, particularly in large and diverse countries such as India. I can see that a COP in Benin probably all know each other…but in India, China and Nigeria I think that your framework and questions may be relevant.

**Revision in the paper:** we agree; and we even feel that our framework would be helpful for evaluating less challenging CoPs (e.g. a national one with only type of knowledge holders). Our main goal was to consider the types of situations with greater challenges. We added a sentence at the end of the section dedicated to transnational health policy CoPs to consider the broader relevance of the framework.
12. What are COPs – (in general this section is better written than the intro). “COPs attracted the attention of numerous researchers” - is this true in the health sector (and if so can you provide some references)?

**Revision in the paper:** references added.

13. COP “as a specific analytical grid of social dynamic”….what does this mean??????

**Revision in the paper:** changed into “an analytical grid to describe a pre-existing social arrangement”; the many changes in this section should ensure that the readers understand the meaning of this sentence.

14. Box 1 – maybe cut achievements and early lessons section – not sure they are relevant to this paper. However the Box is useful to illustrate the type of COP you are talking about, and as noted above, it would be good to have more info on different types of COP.

**Revision in the paper:** we have edited the box.

15. Methods – how did you know the articles were “seminal”?

**Revision in the paper:** taken out.


**Revision in the paper:** edited, it should be clearer.

17. Methodological approaches - it felt really awkward to have a section on methodological approaches before you had developed the framework. Surely your methodological approach should depend upon your understanding of the relationships and processes.

**Revision in the paper:** this section is not there anymore.

18. Strategies to mobilize resources – you state that the framework allows you to capture motivational determinants – it is not clear to me where this sits in the current framework (though I agree it is important).

**Revision in the paper:** there is maybe a confusion between the graphic representation and the framework itself (the text). We do not think that motivational determinants should be in the graphic representation. We see the framework more
as a dashboard for the evaluator (or the facilitator) rather than a representation of the complexity. We have revised the title of the figure to remove the misunderstanding.

19. As argued above I would separate out the evaluation approach from the presentation of the conceptual framework. It occurred to me that you may wish to represent the evaluation approach on the same (or a slightly simplified) figure….so for example evaluation boxes could link to the various construct boxes.

**Revision in the paper:** As mentioned earlier, we have followed reviewer’s advice to shift the evaluation methods to after the framework. We have also given examples of research questions and of related appropriate methods.

20. Expansion of knowledge – you have a fairly long discussion of methodological challenges in measuring the effectiveness of COP strategy, but do not present any ideas about how to move forward. Could you add some more helpful suggestions about how to approach this?

**Revision in the paper:** we have re-written the sections related to the methodological challenges (cf. the section *Applying the conceptual framework: challenges and potential limitations*). We have also provided some examples. Cf. also appendix 1.

21. More knowledge based policies and practices – first paragraph here totally lost me. Please can you explain more clearly and specifically what you mean about the challenges partial evidence, and how this affects the passage from knowledge to policy. Why does the limited place of evidence lead to duties to protect dissident opinion?

**Revision in the paper:** edited, it should be clearer.

22. Next para – same section - What happens if policy makers don’t “accept knowledge” but rather “place trust in technical advisors”?

**Revision in the paper:** not sure we understand the point made by the reviewer. We have a bit rewritten this sentence.

23. Better health and welfare outcomes….I don’t really think of qualitative evidence as “anecdotes”!

**Revision in the paper:** edited.

24. Operationalizing the conceptual framework – there were parts of this section that read like a general evaluation text book….it would be helpful if the authors
could limit their discussion to cover only those aspects that are particularly pertinent to COPs. This section could be substantially shortened.

**Revision in the paper:** edited, we think that it is now much clearer.

25. A first step to empirical research. You assert that “new communities are being established and membership is increasing daily” please can you give some examples to illustrate this. Actually these would be better coming at the beginning of the paper so that the reader has a better sense of the range of COPs out there.

**Revision in the paper:** there is a reference to several CoP^KM in global health at the beginning (end note i).

**Level of interest:** An article of importance in its field  
**Quality of written English:** Not suitable for publication unless extensively edited  
**Statistical review:** No, the manuscript does not need to be seen by a statistician.  
**Declaration of competing interests:**  
I have no financial or non-financial competing interests.