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.

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.

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.

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.

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.

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.

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).

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

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)…

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

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.

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??

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.

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

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.

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


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.

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).

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.

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?

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?

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

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

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.

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.
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.