Author's response to reviews

Title: Health Policy and Systems Research Agendas in Developing Countries

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Dehlia Sanchez

(1) The sources of information are potentially quite biased, and this is something that should come out more clearly, but the issue remains very interesting. The sources of information were further clarified. However, the limitations had already been extensively discussed, as noted by the other review.

(2) There is, I think, a problem with the definition of national, international and global research, which affects the design of the whole paper. The nature of the problem suggested by the reviewer is not specified. However, further examples are now given as to the distinction.

(3) There are two sources of information, different in nature, but we ignore their relative weight in the final analysis. "Qualitative methods" is too vague a description of the methodology used. The paper now includes further clarity as to when each type of data is used. However, table 1 provides a detailed analysis of data sources and the frequency of statements in each. The weight of each source has been further specified. The use of the word "qualitative" in the methods text was misleading, as it referred to rank order and emphasis changes. The word has therefore been deleted.

(4) There are two problems with conclusions. There are assumptions on why lower income countries' research agendas coincide more with that of international agencies, which are not fully discussed. The relationship with the coming Mexico Summit on health research does not derive from anything in the paper. The relationship between international agency agenda and the topic listing is now treated as an association, rather than as a determination. Further research would be required to establish causality. The Ministerial Summit is now treated as an example of regional and global meetings required to further evidence-based priority setting.

Suzanne E. Ross

The style is dense and terse. I would have preferred more elaboration - many of the ideas are new and original and deserve/require development. As the author intimates, this is actually an exploratory, methodologically ground-breaking study, yet it reads as if it is straightforward. In this respect, the author does not give credit to the issues the different components of this study raises. The style was improved through providing further examples and giving credit to the issues the
different components of the study raise. This was particularl the case with the conceptual framework.

I found the methods a bit hard to follow. This was probably due mostly to the terse style because with a few reads they became clearer. It may also have had to do with the fact that the questionnaire component is referred to in more detail in another publication that I did not refer to. Finally, I did not have access to the glossary 'Annex 1.' That said, a methods summary table might make it easier for the reader. This could include for example data sources, description of these sources, and how they are used. More detail elaborating the content analysis would also be useful. In fact, this component of the study is under-developed and I'll say more about that below.

I very much liked the discussion of data limitations on page 7 - I thought this was well thought-out and presented.

More detail on content analysis was provided by including the glossary. The methods were clarified by simplifying terminology, by placing content analysis in the right sequence and by providing footnotes to figure 2. This figure helps now to summarise the methods.

I wish more work on Table 2 had been done. That is, the way it is presented here, the table just lists the three different content categories (topic, beneficiaries/issue, health problem) discretely. I think it would have been fascinating, however, to know more about their inter-relationships. What topics were mostly directed towards what health problem? What topics were not directed towards a health problem and what did they entail? And how were individual topics inter-related? Surely some if not most research projects/agendas involved multiple content categories? I find this part of the study the most interesting and that is why I wish it were developed more. We have to get better at being able to describe the range of health research but how do we do this in a way that is meaningful and useful and yet still manageable? This current work is a much-needed kick start but as the topics stand now, they are very abstract and it would be difficult to see them actually being useful for agenda setting. The research agenda-setting examples in the paper's introductory paragraph, for example, could not answer using the data presented here because it is too abstract.

I also offer below some comments on the conceptual framework section which forms a backdrop to the methods and results.

I liked the distinction between national, international and global research. Could the author provide some examples of national and international as he does with global?

I did not understand the last sentence in the second full paragraph on page 5: "However, the challenges of scaling up call for research at the macro level also." Actually, now that I write this comment I think I now see what the connection is of this statement to the points just before it, but it is not very clear.

I wondered about the identified factors influencing the HPSR agendas. Something seemed to be missing related to the 'realities' of the health system status and the 'realities' of HPSR research status. For example, if a country is experiencing increasing incidence of HIV, then one would look for increasing HIV research. Similarly if the delivery system is fragmented and inadequate one would also look for national level research in this area. In both cases it is of interest whether the research 'realities' match the system 'realities.' This seems different than just stakeholder or researcher preferences.

Nice discussion of agenda coordination. In the summary illustration of the three scenarios (which is helpful) it is worded as though these are the only broad scenarios, but I would think these are illustrations only and other scenarios could play out. Just to tie the points of the discussion together, the author could specify that scenario 'b' would assume greater resources and good coordinating mechanisms. It seems that the way the scenarios are laid out, they make a good argument for the fact that there should be good coordinating mechanisms at all cost (in other words this should be a priority no matter what the resource level), and in cases of fewer resources and capacity, developing mechanisms for research prioritization are critical. Perhaps these implications could be stated.

The relationship between topics and beneficiaries/issues was further analysed and a new supporting
The steps taken in content analysis were clarified, including how multi-topic projects were dealt with.

The concern with providing a meaningful analysis was met through relating topics and beneficiary/issues. The author is grateful for this comment, as this led to synthesised both dimensions and to enable a more realistic description of the project portfolio. However, the numbers did not allow a more refined treatment of disease categories. The obscure phrase has been changed to "However, the challenges of scaling up disease control programs call for research at the health systems level also."

The importance of coordinating mechanisms was highlighted at the end of the section on scenarios following the reviewers insights. Examples were provided on the national and international portfolios. The concern to identify the influence of health needs on the agenda was addressed by separating two sets of factors: health needs and the situation of the health system, and the influences from within the research system.

For some reason, I did not understand the meaning of the 'hypothesis of fragmentation' and why it is not supported by this research. I gather the author assumes a knowledge of terminology and concepts that I do not have, so depending on the journal's readership this may need to be discussed in more detail.

As I touched on in my 'results' comments above, I think there should be more discussion of the 'agenda-setting' implications and what needs to be done to get to the point where there are coordinated, coherent, and meaningful ways to do this. As the author notes, this data doesn't get us there yet. The paper however makes an innovative contribution to showing us what might be possible, but there could be a richer discussion to highlight these considerations.

Reference to the hypothesis has been deleted. The conclusions were strengthened on the basis of the additional analysis as well as implications for priority setting.