Response to Mr. Zielinski's comments:

1. Typos were corrected and the concept of leadership more clearly expressed.

2. The author does not have access to the data on developing country journals as a proportion of all journals indexed by Medline. However, it can be expected that international journals printed in the North carry a significant part of papers published by developing country authors. The fact remains that the internationally available literature reflects developing country author perspectives only marginally.

Response to Mr. Hyder's comments

Q. Does the paper make sense?
This is a paper on a new methodology with no previous validity. It asks the reader to "believe" in many assumptions and therefore at many points does not make sense. It also seems to have been written for some other purpose rather than for this journal and needs substantial revisions in content and style.

A. The paper does not aim to illustrate a new methodology. Its objective is rather to describe North-South and South-South collaboration for international literature on HPSR, as well as to establish the extent to which this literature contains an international focus. Most of the methodology is fairly traditional. It consists of the analysis of a well known database according to its own fields, such as the corresponding author field, the country field and the subject headings. The only part of the methodology that is innovative consists in the application of a concept-based search engine to identify the papers to be analyzed as well as their specific topics. However, the innovative aspect of the method is now highlighted, together with its limitations.

The paper was entirely written for the Journal, following the Journal's field of interest. The paper has been presented at a number of meetings, which have been useful to develop the discussion and to clarify its presentation.

None-the-less, the paper was re-written in some parts to ensure clarity.

Q. Does the paper have policy relevance?
This is not clear; there is over-interpretation of the results in the current version. Publications as an end-point for projects is usually neither the most common nor the most critical for a large proportion of health systems and policy research work. The conclusions have been modified following this observation, by stating that "This paper attests to the
small part played by comparative health systems literature and by papers with an international focus in the context of Medline. Furthermore, the analysis demonstrates the large role played by authors based in institutions from the North. However, this analysis says nothing on the actual influence of the literature analyzed on the research agendas or on policy. Further research is required to answer these questions, in the light of what is known about how agendas are formed and policy formulated and analyzed.

Q. Does the paper read well?
Not as currently written; it is brief and cryptic at points, while tables and figures are introduced in random order and not explained. Again it seems to have been written for some other purpose.
A. Tables were further detailed with subtotals as appropriate and were presented more clearly in the text. Sequence was improved.

Q. Research question:
Is it clearly defined?
This is where I have some problem; throughout the results new questions are introduced and then tables provided to respond to them. There are no specific objectives listed for the paper in the introduction, nor an understanding provided of how this adds to existing methods of reviewing literature.
A. Objectives were clarified at the beginning in terms of the two main questions. Two main questions are initially stated. Subsequent questions are more specific and lead to answer the main questions. The broad characteristics of the fingerprinting methodology were addressed. However, this is not a paper on the quality and significance of the methodology.

Q. Overall design of the study: Is it adequate?
Difficult to assess as there are no such studies; however why take a sample for analysis? What is the rationale for the 7% and then 5% analysis? How do we know this sample is representative of the others? No statistical analysis is provided to support this assumption or to justify this approach.
A. The methods section now states a convenience sample of 10% was targeted. The methods section also includes a correction to the original data due to a problem noted only after the text was sent for review. The number of citations in Medline is actually smaller than originally stated: the original Medline analysis as reported on reference 8 included a large set of references with an emphasis on disease control and epidemiology. This data was considered for this analysis to be extraneous and was not sampled. However, when writing the final version of the paper the original data was inadvertently used in the denominator. The denominator is therefore smaller, resulting in a larger sample size of 13%, dropping to 9% as a result of missing data in Medline. This corresponds well with the convenience sample sought.

Q. Methods: Are they adequately described?
The methods need to be further clarified including: a) criteria for selection of terms? b) justification of the use of terms developed by the Alliance previously? c) better explanation of the "fingerprint" concept with examples d) what were the criteria for determining "relevance" for the 16,200 papers? e) what is the rationale for sampling in the 19 topics and for the 40 citations? f) is 7% a good sample - how? g) why were the omitted papers (based on multiple countries but not classified under a named developing country) considered "a very small part of the total"? h) there is confusion on p7 where "47% of total paper references" has been stated? Are these references of the selected papers? i) how can you say from these results that "a concentration of international expertise in certain topics" (p8)? Finally, I am very surprised at the lack of clarification provided for the methods used; there is an implicit assumption that what is being done is good.
A.
 a) Appropriate references have been provided to a paper (12) and publication (8) detailing on this matter.
b) Ditto
c) The fingerprinting method has been further illustrated.
d) The way the methodology allocates relevance has been explained
e) The convenience sampling method has been explained
f) Ditto
g) Multiple-country papers not reported by Medline as falling under specific countries are likely to be small compared to the total. These refer mostly to statistical analyses of large number of countries based on secondary data. However, the paper now states such papers are not included in the analysis
h) Has been corrected.
i) The paper now states "This data suggest a concentration of expertise in the North for certain subjects". This can certainly be surmised from the data.
Methods have been further explained, as stated above. The limitations section is now stronger.

Q. Is the paper of acceptable statistical standard for publication?
See my comments above. There are very few statistical tests done and many are not needed. However, some concepts and choices need to be defended.

A. Statistical methods were further explained.

Q. Results:
Do they answer the research question?
*They did answer one of the questions they raised. But then they also raised questions throughout the results section and responded to them.

A. Two main questions are initially stated. Subsequent questions are more specific and lead to answer the main questions.

Q. Are they well presented?
Tables and figures are out of order and too many; I do not know the policy of your journal, but 12 tables and figures are too much.

A. Tables were improved.

Q. Figures 1,8 and some of the tables can be deleted.

A. I understand there are no limitations to tables and figures. All tables and figures are considered vital.

Q. Interpretation and conclusions:
Are they warranted by and sufficiently derived from and focused on the data?
There is over-interpretation of data. This is a analysis based on published papers in Medline only. Thus represent only the tip of an iceberg of knowledge and outputs from work in health policy and systems research. In addition, comments and discussion are integrated in the 'result' section.
A. Appropriate limitations have been introduced, particularly on the possible aim of multi-country papers led by high income country authors. The text already stated limitations to Medline. However, Medline does include a very important set of journals, definitely those that are most influencital internationally.

Q. Such as : a) How do the publications show "some form of international interest" (p6)? b) how can authorship of peer-reviewed papers determine "expertise in health systems research" (p7)? c) what is the evidence of the concentration of expertise on HSPR in WHO (p8)? d) how can you say that researchers in multi-country studies are interested in "shared learning for national problem solving" and their "capacity to lead in the generation of strategic research" is limited (p8)? e) what are "solid generalizations" (p9)? f) what is the basis of the last paragraph? How is it based on your results? There are issues of ability, desire, practice and success in publishing peer-reviewed papers?

A.
 a) This paragraph is self-explanatory and has been further clarified.
b) Authorship of peer reviewed papers is a classic and much respected indicator of expertise, although it is certainly not the only one. However, the sentence no says "suggests" rather than "speaks to".c) The word "concentration" has been omitted.
d) Sentences have been ommited due to speculative nature.e) Sentence changed to ... perhaps not extensive enough to generate knowledge on trends and determinants that can be generalized beyond the study countries."
f) The paper uses publications as an indicator of international collaboration. The evidence shows this is weak and dominated by a few countries. Health system science as suggested in reference 5 points to the importance of international collaboration. The last sentence is only placing the findings in the wider context.

Q. References:
Are they up to date and relevant?
Very few and biased referencing. No references for bibliometric analysis. Such as the work of Grant Lewison (UK) et al.

A. Again, the paper aims to provide knoweldge on international collaboration rather than on bibliometric methods. There are no references to the Collexis search methodology per se.