Reviewer's report

Title: Comparative health systems research in a context of HIV/AIDS: Lessons from a multi-country study in South Africa, Tanzania and Zambia

Version: 1 Date: 28 May 2007

Reviewer: Justin Parkhurst

Reviewer’s report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1) The authors are calling for increased collaborative research on HIV/AIDS and health systems. Overall I agree with this. However, I believe they need to justify better what collaborative health systems research is, how it works, and why it is particularly useful for HIV/AIDS work.

A conceptual framework on what it means to do 'systems' research is needed (rather than just the default assumption that anything researching aspects of the health system IS by definition systems research). From my perspective, systems reforms and change are contextually specific - which the authors acknowledge already - yet what this means is that research must endeavour to explain the processes and mechanisms through which reforms work in given contexts. Systems research, in this conceptualisation, is work aiming to map out or explain WHICH particular contextual factors shape reform efforts and HOW they actually affect it.

Generalisability does not simply come from including more countries - instead it comes from mapping out how particular contexts function with health systems reforms - so that in other countries with similar contextual features we know how it might function.

This is not explicit in the paper - so some discussion of it could be useful. I have found the ‘Realistic Evaluation’ approach of Pawson and Tilley (see their book by that name) to be particularly useful in framing how to draw lessons from contextually specific issues.

2) Justification for countries:
In the text, the authors call for 3 or more countries to be included in studies - but there is little explanation of why, except to say it is ‘more convincing’ to policy makers. I would argue instead, the justification for number of countries should be based on what number is sufficient to explain the contextual features and how they function for particular systems reforms or changes.

3) Choice of included countries:
I was not so convinced by the reasons given for the choice of countries. Page 3 initially gives inclusion criteria that would have similar nations selected, but then goes on to say that the choice was to cover ‘the spectrum of health systems in Africa’ - in essence saying non-similar countries were selected.

If the point of comparative systems research is to provide explanation of how particular reforms, changes, etc. function (the mechanisms of change, in given contexts) then the selection should be ideally be around those goals - selecting contexts where some elements are similar, and others different, for example, to see how particular contextual factors shape systems responses.

Most countries will provide a wealth of information and I would imagine good lessons can be learned from any 3 nations in sSA, but I got the feeling that a post-hoc justification for the 3 countries included here was being provided, and that they may not have been selected in advance to provide the best lessons necessarily.

4) Lessons Learned:
I felt the lessons actually learned were interesting, but could have been drawn out more - explanation of how Tanzania and Zambia have managed donor funds, for example, or how South Africa is having
problems (where and how it breaks down) would be useful, rather than just the general point made (top p4). Similarly the point about Tanzania and Zambia being better able to implement decentralised policies/plans - some examples of it working and why, vs failure in South Africa, would be useful.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

A couple of published works the authors might find relevant include:

- On 'realist' evaluation to assess complex issues:


- Another example of comparative health systems work:


- An example of national responses to HIV in terms of learning to manage donor response:


What next?: Accept after minor essential revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable