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

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Reviewer: Helen Schneider

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General
This paper highlights an important gap in health systems research, namely multi-country comparative studies. It draws on the experience of a southern African multi-country collaboration, initiated by a HIV/AIDS research unit in South Africa with research institutions in Zambia and Tanzania, to argue the benefits of comparative studies, namely better understanding of complex and inter-related factors producing systems outcomes; south-south capacity building; and ‘reassuring managers that they are not alone in their endeavours to cope with the changes resulting from HIV/AIDS’.

The paper has potential, raises interesting ideas and engages with the comparative health systems literature. Unfortunately, in its present form it does not provide sufficient evidence for its various conclusions. Too many ideas are raised too superficially, and the reader is left with many questions. For example, does it really require a multi-country research programme to conclude that donor dependent countries have more elaborated mechanisms to deal with external aid than a country such as South Africa? What were the circumstances surrounding, and over what issues did the research programme ‘reassure managers’? Will a three-country study always be more convincing than a two-country study? Surely it depends on the issue being researched, the nature of the country context and the depth of investigation?

Concepts/terms such as health sector reform, impact of HIV, contextual factor, capacity building, ‘management strategies that are responsive and adaptive’, ‘infrastructure’, ‘reach’, etc. etc. are used rather loosely and never really defined or explained. For example, HIV can impact on health systems in multiple ways: at household level (affecting for example demand), in service delivery (e.g. proliferation of vertical vs integrated programmes), the supply of health workers (task shifting, mortality), financing (increased resources, demands on SWAPs) etc. It is unclear which of these were the objects of study. In addition, some fairly sweeping statements (e.g. on the impact of HIV in sub-Saharan African health systems) are made, whereas in fact the reality is much more variable.

A related difficulty with the paper is the lack of clarity on the primary purpose of the multi-country research collaboration described. Was it:
• A general one, to build south-south networks between like-minded people (across disciplines and also between researchers and managers) within which to explore various issues?
• Or to better understand HIV/AIDS as a contextual factor in health system reform (as a kind of independent variable in the change process);
• Or to document the impact of HIV/AIDS on health system structure/organisation;
• Or to identify health system factors influencing the response to HIV/AIDS (where HIV in this instance is equivalent to a dependent variable)?

The pilot phase of the project briefly described in the paper suggests the last question, namely a mapping activity examining the relationship between ‘ability to accommodate HIV/AIDS in the health sector’ and ‘health system structures, decentralisation processes and health sector partnerships’. But other sections of the paper suggest otherwise. All are legitimate purposes in their own right, although it would be difficult to achieve them simultaneously and each would require different kinds of approaches and frameworks. It would have helped to clarify the essential purpose of the multi-country work and also to provide examples of specific research questions addressed through the collaboration.

Given that the authors appear to be describing their own experience (rather than being independent evaluators of a multi-country collaboration) it would be important for them to explain their ‘positionalities’ within the multi-country work. Whose point of view do they represent on the benefits achieved through their collaboration (e.g. capacity building, solidarity etc.)? Is it a shared one? Can they give evidence of having critically examined their own positions and solicited different views on the collaboration? Although the collaboration is a South-South one, what of the dynamics between SA and other southern African
Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

My recommendation is a substantial rewrite that firstly, gives a much ‘thicker’ description of the multi-country research, its purpose and specific questions addressed; secondly, providing more detailed case studies of the content and process of the research to provide evidence for the conclusions reached (while space may be an issue, well constructed tables can convey a lot of detail); thirdly, defining terms and concepts more carefully (perhaps using fewer); fourthly, demonstrating that the authors have tried to achieve some kind of critical distance regarding the benefits of their project (for example, giving different points of view on the achievements).

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)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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

Quality of written English: Acceptable