Reviewer's report

Title: Priority Setting and Health Policy and Systems Research

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Reviewer: Miguel Gonzalez-Block

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The paper contributes to the discussion of the role and methods of priority setting for health policy and systems research. The conceptual framework is innovative in terms of identifying levels of analysis, comprehensiveness of topics, balance of interpretative vs. technical approaches and stakeholders involved. The paper provides empirical evidence on priority setting processes, highlighting the experience by the Alliance HPSR.

Discretionary Revisions

It would be useful to refer to the literature (such as Cassels & Janovsky Health policy and systems research issues, methods, priorities. In: Janovsky, J. ed. Health policy and systems development. an agenda for research. Geneva, World Health Organization, 1996) that made pioneering efforts in contrasting HPSR priority setting with disease priority setting. Also, the literature pertaining to the framing of HPSR problems, which is pertinent with the dimension of comprehensiveness of topics (Gonzalez-Block, Health policy and systems research agendas in developing countries. Health Research Policy and Systems, 2:6 2004. http://www.health-policy-systems.com/content/2/1/6).

The authors state that "More succesful approaches for considering HPSR are typically interpretive and engage a range of stakeholders" (p12). However, the case has been made as to the possibility of quantifying performance shortfalls due to health system function limitations, such as health service financing, effective coverage and quality of care (Chapter 4, Strengthening Health Systems, the role and promise of HPSR, Geneva, Alliance HPSR, 2004). The fact that to date HPSR priority setting has been qualitative (as compared to disease-focused approaches)should not be interpreted as a matter of choice, but possibly one of limitations in the framing of health system problems. It would perhaps be more appropriate to discuss the extent to which interpretive approaches can/are based on hard data regarding health system performance as well as on policy/managerial judgement and bargaining. The Alliance HPSR publication cited would also be an appropriate reference regarding a compilation of HPSR priority setting methods and approaches. It underscores the observation the authors make regarding the design of priority setting methods according to anticipation as to who will fund research (p. 14).

While it may be true that insufficient funding is determined by insufficient priority setting, it could also be due to insufficient human and institutional capacity, a fact
in developing countries. It would be interesting to identify how HPSR priority setting could also address capacity strengthening as a balance between investments in direct research funding and in institutional and human development. This pertains to the breadth of topics considered, or is possibly a new dimension that could be suggested for future consideration.

Minor Essential Revisions

Some acronyms in both tables need spelling out.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'