Reviewer's report

Title: Increasing Health Policy and Systems Research Capacity in Low-and-Middle Income Countries: Results from a Bibliometric Analysis

Version: 0 Date: 27 Feb 2017

Reviewer: Amanda Ross-White

Reviewer's report:

Line 127
Unclear where the direct quote is from as two sources are cited.

Line 152
Spelling of custodian

Line 184
This should be cited.

Line 197
More explanation of your search strategy is needed. What broad keywords were used and why were they chosen?

Line 199-201
This is mentioned earlier (lines 162-164).

Line 207
Should this read (Health AND Policy) OR "health system(s)"? The next few lines imply these were grouped together in that way, but this should be made clearer upfront.
I would be concerned that by limiting to Humans in this instance that theoretical papers would also be excluded, and many policy papers are likely to be theoretical in nature. The Human tag is somewhat inconsistently applied and using it as a limit is likely to miss unindexed articles or poorly indexed articles as well.

Over the years there have been changes in how the affiliation field has been used (see: https://www.nlm.nih.gov/bsd/mms/medlineelements.html#ad) Please expand your description to explain how your search accommodated these changes.

You mention here that LMIC articles increased exponentially after 2000. What role does the creation of PubMed Central play into this increase? Because it also began in 2000, authors could submit their own articles for inclusion in PubMed Central, ones that weren't previously eligible for inclusion in PubMed. The result being that journals previously considered out of scope for indexing by Medline/PubMed are now seeing select articles found in PMC. (See: https://www.nlm.nih.gov/pubs/factsheets/dif_med_pub.html) As an example, consider the Journal of Hospital Librarianship. There are 7 articles available by searching Pubmed, all of which are PMC articles added by the authors themselves. A search of the same title in CINAHL shows 850 articles, as the journal is indexed by this database back to its inception in 2001. If LMIC authors are publishing more in allied health, management or other journals not traditionally covered by Pubmed, an increase in 2000 may be more indicative of a change in policy as to what articles are included in Pubmed rather than an increase in real publishing.

Again, this may reflect changes in how affiliation is indexed. Given that authors with multiple affiliations have only seen the first one included until December 2014, it may be that authors with multiple affiliations listed the higher income countries' affiliation first, as this was perceived as more prestigious.

Just to confirm, I checked the Humans/Animals tag. Performing a simple keyword search for polic*.mp and limiting to humans, and using the NOT to remove them from the search, then limiting to animals and again NOT-ing them out, leaves approximately 25% of articles given neither a human or animal species. This would include articles that are not yet indexed, but also ones that are policy or theoretical in nature.
Correct, as NLM did not have a searchable author-supplied keywords prior to 2013 (see: https://www.nlm.nih.gov/pubs/techbull/jf13/jf13_pm_keywords.html) I couldn't find a link to the policy prior to that date but it is possible that author-supplied keywords were temporary until MeSH could be applied? An earlier NLM Bulletin suggests it was editors/publishers who requested keywords, not NLM (see; https://www.nlm.nih.gov/pubs/techbull/ja03/ja03_technote.html)

Changing definitions of terms and addition of new terms also applies. Health Care Reform was only added as a MeSH term in 1994, so the reflection that research in the area increased in 1995 may simply be due to the use of this new term by indexers. While indexers do go back and reindex in some cases, this is not done consistently. Of course, terms are also created in response to new areas of research, so Health Care Reform added in 1994 may reflect a true increase around that time. It also might reflect US government policy issues, surrounding Hilary Clinton's Health Care Reform bill of 1993. It is worth noting that indexers feel the need to clarify that Health Care Reform is not strictly for the United States!

A few other notes

Overall this is a topic worthy of study and some improvement to the search would be beneficial. Looking only at articles from 1990 to 2014 would eliminate much of the issues brought up by changes in the affiliation field and limiting to only articles indexed by Medline would reduce many of the changes from PubMed Central. You could take your list of frequently used MeSH terms and only search for those that have had a stable definition from the 1990 to 2014 time frame. These changes will bring about their own limitations: Are LMIC authors more/less likely to publish in journals that are not indexed for Medline, either due to language barriers, or strict restrictions from NLM on what is included for Medline? Does relying on stable MeSH only mean that emerging research in new disciplines gets missed, and are LMIC authors more / less likely to publish in emerging areas?

A couple options for methods that might meet your needs are found in:


Level of interest
Please indicate how interesting you found the manuscript:

An article of importance in its field

Quality of written English
Please indicate the quality of language in the manuscript:

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