Reviewer's report

Title: Designing evaluation studies to optimally inform policy: what factors do policymakers in China consider when making resource allocation decisions on healthcare worker training programs?

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Reviewer: Sripen Tantivess

Reviewer's report:

(1) Having read this paper, I feel that the authors put the Kirkpatrick Model at the center and much emphasize its weaknesses. In my opinion, this Model was developed for one particular purpose: determining whether training is effective, by focusing on the four outcome components. If an evaluation aims to inform future resource allocation to the training program, additional elements should definitely be assessed. Given the complexity of policymaking, evaluators of any programs should not expect that studies based on one single theory or model can offer adequate information for policy decisions. Focusing on the Kirkpatrick Model, the authors may review key features of this Model and also find out how the Model is usually applied in training evaluations and why it remains popular, even though its limitations have been identified. A manual for training evaluation prepared by JICA under a project to improve local administration in Cambodia is a good example, as it suggests evaluators identify the purposes of evaluations and then identify relevant methods and tools accordingly. It is unfair to argue that the Kirkpatrick Model does not capture everything policymakers wanted to consider. In particular, the features of evaluation studies, i.e. the robustness and composition of evaluation team should not be part of the extended Kirkpatrick Model. Is the development of the extended Kirkpatrick Model an objective of this study?

(2) I concur with the authors that policymakers in other LMICs may have different issues of concerns when they make decisions on HCP training programs (line 506-507). However, discussion is needed on whether the study findings can be generalized among different
groups of Chinese policymakers, for example, those who make decisions in training programs for non-infectious control and other public health problems. Furthermore, as China is a large country, consisting of many administrative territories, I wondered if the 30 participants (13 from provincial level) in the interviews and FGD sessions could really represent Chinese policymakers, despite consistent viewpoints found in this study.

(3) The Data Collection section (page 7) should be expanded. It is unclear what interview questions were employed and how they were developed (and tested?). Some questions on the limitations of current training evaluation approaches might lead to certain answers. The development of the FGD exercise should also be described. Although this study involves 2 major issues, namely training evaluation (research) and research-policy nexus, its methodology can be strengthened by reviewing public policy models and literature to get understanding on how a policy is developed, especially the concerns of those who made decisions. The review results may be helpful in devising the interview guide, FGD exercise and data analysis framework. From this, the authors may find that there are different consequences and impacts of the training programs, considered by policymakers. Only some of these factors can be assessed as part of training evaluations, while others require different assessments.

(4) Please the authors elaborate the statement: "the Kirkpatrick Model has not been updated since it was developed over three decades ago …" (line 462-463). Given that this paper refers to the 3rd edition of the book on the Model (reference #21), some sections might have been rewritten, based on feedback from the readers and current contextual situation.

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