Reviewer’s report

Title: What, why and how do health systems learn from one another? Insights from eight low and middle income country case studies

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Reviewer: Bruno Meessen

Reviewer's report:

Thanks for giving me the opportunity to read your interesting paper.

This paper reviews the experience of 8 LMICs as for learning for health system change. It is built on a comparative case study design. The empirical material for the article was extracted from the 8 case study reports written by the authors of the paper.

The article addresses a very relevant topic. It is well written. One of the strengths of the paper is the positivist option to start from health policy practices at country level (and not from the usual and too normative perspective that evidence should determine policy). Understanding practices is a prerequisite before prescriptive stances.

Here and there, we feel a bit too much haste in the writing of the paper. The broad theme is clear, but the sub-research questions do not seem stable across the paper. Some concepts (country, health system, learning, policy…) would benefit from clearer definitions; the methodological section deserves some more developments; we miss enough structure in the synthesis of the findings. The paper looks very inductive - it is one of its strengths but also a weakness. I believe that the paper could be made stronger with more structure.

Background

Page 3, lines 27-32. I do not understand this sentence: This study seeks to understand if and how outside evidence is used in order… do you mean other types of knowledges? Mechanisms? Processes? I suggest that you reformulate this sentence and define any important concept.

Page 3, line 37 - have and not has

Page 3, line 39-40. Relationship between different countries. Country seems a broad notion. Do you mean between actors active in different countries? People?

Page 4, lines 1-2 - again, I do not understand the first sentence.

Page 4, lines 47-48. Maybe good to define what you mean by 'perspective'. Is it their opinion? Their experience? Your observation of their practice?
Page 4, lines 51-52 - it is important to define what learning is.

Method

I propose that you report in the main text that this research paper is the by-product of a consultancy work commissioned by the BMGF to OPM. The reader may then accept more the sometimes loose approach of the paper to the findings.

The method section could say a bit more on quality assurance mechanisms used to validate results at country level. Was there any triangulation of data? How was it carried out? Was there some iteration in the description and analysis of the reforms? Was there any use of health policy studies carried out on the selected experiences in the 8 countries? (some of these experiences / countries have been well documented).

In general, I find your methodological approach (or at least the way you present the findings) very inductive. More frameworks or theories would probably help. In your abstract, you announce a comparative case study design. Actually, in the result section, the reader finds out that the comparative nature of the analysis is not very strong (for instance, you could make a more systematic use of descriptive tables).

Page 5, lines 29-42. Are these two questions answered in the paper?

Page 10, lines 3-4. Contribution to these gains - which gains do you refer to?

Results

It is not easy for the reader to build a structured list of lessons from your results section. We miss a consistent structure / framework (see my comment on methods). You may want to add 1-2 tables.

Lines 26-43. Many readers would probably appreciate that your findings are organized within a framework. This would also enhance the visibility of your main findings.

Page 13- line 39. "a number of other case studies" - Could you be more accurate? Or you say "in Georgia for instance".

Page 14 - lines 29-32. True, but some choices as for HEF were also political. For instance, they did not consider to transfer the authority on the scheme to the Ministry of Social Affairs. (a personal remark).

Page 14 - lines 38-42. I would favor firmer theoretical foundations for your reflection on learning.
Discussion

Page 21 - line 5 - to which literature do you refer? Could you put some references?

Page 23 - lines 5-20. The message in this paragraph is not very clear; it appears as quite general. I am not sure either to agree with your assessment. You may want to look at the two papers by Meessen & Shroff "From scheme to system" in Health Systems & Reform. They propose to see health system reform process as a chain involving an evolving set of actors. For some reforms, international agencies and national technical elites are very important in the beginning of the process. Political power is of course crucial for any policy change, but it may sometimes come at a later stage (e.g. when public finance is an issue). Their power is maybe not so much related to their ability to maneuver both public and private interests. It seems to me more related to the fact that they control the public budget and the whole public sector - for health system reforms relying on public provision (nearly all your cases if I am correct), it matters - at least when you scale up the intervention.

I find interesting that your list of case studies involve reforms which have mobilized this chain of actors differently (compare for instance Ethiopia, where the initiative came from the national authorities versus the HEF in Cambodia where the buy-in was much more progressive). You do not use that enough in your discussion.

Page 24 - lines 40-42 - areas of gap in supply were more minor… This sentence is not very clear.

Page 25 - lines 22-36. For me, the main limitation of the paper is the absence of a clear framework. Maybe it does not exist yet. You could then suggest more theoretical and empirical work in this direction. "Learning health systems" is an area of research which will continue to grow in the future.

I wish you a good finalization of the paper.

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