Reviewer’s report

Title: A Scoping Review of the Uses and Institutionalization of Knowledge for Health Policy in Low- and Middle-Income Countries

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Reviewer: Lynn Davies

Reviewer's report:

This paper makes a significant contribution to research on evidence-based policymaking, particularly as it pertains to low- and middle-income countries.

The scientific background section provides a precise and readable summary of current research on knowledge utilization in health policy and systems which will be indispensable in enabling readers to follow the rest of the report. The authors' explanations of 'types of knowledge' and existing models of knowledge flow between 'producers' and 'users' are very informative, and the section on institutionalisation in particular provides an excellent overview of Scott's framework on dimensions of institutionalisation for readers who may be unfamiliar with it. The background section also underlines important gaps and pressing questions in existing evidence, and leads to a well-justified, theory-based research question that sets good parameters for the scoping review and addresses current deficits in the literature. The methodology of the scoping review is also strong, as it follows a recognised approach (Arksey & O'Malley 2005) and utilises a wide range of social science and health databases.

The results section is well-structured, providing a useful narrative summary of the evidence identified and addressing each of the three research question components in turn ('types of knowledge', 'actors, organizations and institutions,' and 'institutionalisation'). The research draws a number of important conclusions, including the finding that current efforts to institutionalise knowledge use and exchange primarily involve informal and non-legally-binding processes such as accreditation, while evidence on institutionalisation efforts at the legislative level are rare. Also noteworthy is the finding that evidence on how (and whether) improved knowledge exchange in policymaking can improve individual's health outcomes remains limited. The limitations section offers a transparent account both of the potential weaknesses in the review methodology, and of the broader challenges affecting research in this field. Finally, the authors offer a fascinating discussion on the ubiquity and importance of aims to achieve cultural/cognitive institutionalisation of evidence use in policymaking, suggesting not only that it is the most reliable way to promote evidence-based policymaking but also that it is an implicit, secondary aim of all efforts to institutionalise knowledge utilization in health policy and systems.

The only essential revisions I would recommend are for two typos on page 15:

- On line 40, "it was implied in an additional (n=3) articles" should be changed either to "it was implied in an additional three articles" or "it was implied in additional (n=3) articles" because the sentence should continue to function grammatically when the section in parentheses is removed.

- On line 45-46, the comma in "a further two research articles [71,72], addressed the evolution of regulatory mechanisms" is unnecessary and should be removed.
I also have two additional recommendations which are non-essential but 'nice to have', and depend on the number of supplementary files that can be published alongside the article, as well as on word limit constraints.

Firstly, although this is a scoping review and not a systematic review, I believe that it would still be useful for the authors to publish a supplementary file containing the electronic search syntax used to identify articles in the eight social science databases, or alternatively to provide more detailed information on the search terms used. The syntax may be a useful resource for researchers who want to replicate, update, or expand upon the findings of the electronic search in future, and this level of transparency will also enable readers to have more confidence in the rigour of the search strategy.

Secondly, I believe that the article could be strengthened if some of the terminology were more clearly defined. Regarding 'types of knowledge,' it is relatively clear what is meant by survey data and routine epidemiological or health system data, but the article is less specific about what constitutes 'reports' or 'civic participation.' Similarly, the term 'civil society' under the heading 'actors, organizations, and institutions' (pg 13) is also ambiguous, and it would be helpful to have at least one example of who a 'civil society' actor might be - for example a patient advocacy group or an individual health activist. Finally, the discussion of different health system outcomes under the heading 'Health System Performance and Health Outcomes' (pg 17) includes some useful examples to better inform readers of what is meant by 'financial protection' or 'quality' of service provision, but the descriptions of 'equity' and 'access' are vague in comparison and no examples are provided to specify how they differ.

Because the authors did not specify whether they were following an official typology in their discussions of 'actors', 'knowledge types', or 'health system outcomes', and because these terms may be used differently in across publications, I believe that readers could benefit either from more detailed in-text elaboration or from a series of brief tables providing concise definitions for each 'knowledge type,' 'actor', and 'health system outcome' as the authors understand them. If word count constraints prohibit the inclusion of these in-text, publishing them as supplementary would be equally helpful.

The authors did an excellent job of outlining and explaining the different dimensions of institutionalisation in Scott's framework, and this investment in clear communication in the background section really strengthened their compelling exploration of the various institutionalisation strategies they identified in the results and discussion sections. Efforts to ensure that the other terms are equally well-explained could make the text more accessible to a wider audience and strengthen the article's ability to communicate its central message.

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