PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (http://bmjopen.bmj.com/site/about/resources/checklist.pdf) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Protocol for a scoping review of African health histories
AUTHORS	Karamagi, Humphrey Cyprian; Oduwole, Elizabeth; Sy, Sokona; Adamu, Abdu; Seydi, Aminata B. W.; Wiysonge, Charles

VERSION 1 – REVIEW

REVIEWER	Benedict, Matthew University of the Free State - Bloemfontein Campus
REVIEW RETURNED	30-Jun-2023

GENERAL COMMENTS	This scoping review protocol presents an opportunity to delve into African health history, addressing the significance of understanding the interplay of various factors that impact health in Africa, especially in low- and middle-income countries (LMICs). The proposed review holds value as it focuses on a crucial demographic, and the rationale for the study is well-founded. The strategies and methodological steps outlined align with established guidelines for conducting a typical scoping review, while also ensuring adherence to the PRISMA-ScR checklist, which is essential for conducting a comprehensive and transparent scoping review.
	NB: Abstract section (line 23): Please chage "identifying" to "identify"

REVIEWER	Bukachi, Salome	
	University of Nairobi	
REVIEW RETURNED	24-Jul-2023	

GENERAL COMMENTS	The protocol is well written but could be improved by addressing
	some minor comments

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1 Dr Matthew Benedict	
 This scoping review protocol presents an opportunity to delve into African health history, addressing the significance of understanding the interplay of various factors that impact 	We thank this reviewer for this kind and encouraging comments.

health in Africa, especially in low- and middle-income countries (LMICs). The proposed review holds value as it focuses on a crucial demographic, and the rationale for the study is well- founded. The strategies and methodological steps outlined align with established guidelines for conducting a typical scoping review, while also ensuring adherence to the PRISMA-ScR checklist, which is essential for conducting a comprehensive and transparent scoping review.	
2. Abstract section (line 23): Please change "identifying" to "identify."	
	This has been done. Please see line 23 in the Abstract section of the 'marked copy'
Reviewer: 2 Prof. Salome Bukachi	
 In what ways was the existing imperial medical dominance. 	In response to this comment, the phrase "which served the expatriates and sometimes the elite class of the natives" has been in the inserted in line 79-80 in the introduction section.

2.	Both health systems underwent changes, what changes and what caused the changes.	An example of the changes that both health systems underwent, and their probable causes has been included. Please see lines 74-79 in the introduction section in the marked-up copy.
3.	Rework on chronology of events: WHO, UNICEF were established after World War II, therefore their influence must have started then. Definition of Health by WHO should have come early in the introduction. Definition of health care systems should also be done.	We agree that the WHO and UNICEF were established after World War II. However, chronological documentation of events is not the objective of this protocol and subsequent review. Rather, the exploration and documentation of events in the six-time blocks predetermined by the authors to cover the relevant periods of interests of the development of heath practices and health systems stated in lines 56-62 in the introduction section are the objectives of the two papers.
4.	Line 78 talk of countries gaining independence followed migration from fee for service model but line 88 talk about African governments providing free basic health service. There is need to use the broad definition of health care system in the study.	The definition of health by WHO has been stated earlier in the introduction section as recommended. It is immediately followed by the WHO definition of health system. Both can be found in lines 63-65. The information in (the then) line 78 refers to the 1960's which was for many African countries the immediate post-independence period, while that in (the then) line 88 refers to the primary health care era which generally spanned the 1970s -1990s as defined in the objectives of the protocol. It is not unlikely that the model of payment for health services differed in both time blocks.
5.	Low socio-economic and affordability were not the only factors influencing health seeking behavior, by this time communities had not even fully embraced western medicine.	The WHO definition health system now provided in lines 64-65 is the used in this protocol and will be used in the subsequent full review.

 It's not clear which decade. As I pointed the UN bodies were established earlier and were involved in the health sector. 	We agree that low socio-economic status and affordability were not the only factors influencing health seeking behavior at the period in question, the phrase "This, among other factors" have been inserted to address the comment. Please see line 97.
	The decades referred to have been clarified. Please see line100 in the introduction section of the marked copy.
7. In between 1970 and 1990, there was HIV pandemic, and other disease outbreaks and it may be interesting to see how they influenced policy changes in health care systems.	Indeed, the UN bodies were established earlier, and the Alma Ata declarations were proclaimed 1978. Nevertheless, we refer to their influence on the African health sector (primary health care provision and policies as an example) in the decades spanning 1970-1990.
8. Does it mean that documentations will be from African actors only? If the focus is only on actors the history might be incomplete because there could be have been non-African actors able to tell an African story	We agree that it may be interesting to see how the HIV pandemic influenced policy in the period between 1970 and 1990, however, this is outside the scope of this protocol.
 9. The description of historical context might be misleading since at the time of such publication it was not historical but an event, practice or situation happening at the time. 10. I have not seen objectives of the scoping study but there is a mention of one research question. 	We envisage that the documentations that will be included in the ultimate project may not be from African actors alone, non-African actors may be included. This might be left to the discretion of individual countries participating in the ultimate project.
11. Who will be involved in the discussion?	The point of the comment is not clear, as past events are generally referred to as 'history'. Events, practice or situations that will be described in the proposed scoping review and

the country reports that will follow will be reported in the historical context of the time block that they happened, without the descriptions being misleading or facts being mispresented or misrepresented.
The objectives of this scoping review are now clearly stated in the introduction section of the manuscript. Please see lines 56-58.
The authors of the scoping review will present a robust discussion section based on their analysis of the data obtained from the materials accessed.