sult was double the amount of funding in the second call for projects as compared to the first.

The efforts by Guimarães et al. started a large process in order to involve the Ministry of Health as the principal health research player in Brazil. We congratulate them for the success and also thank them for the opportunity to share in the project's implementation in Minas Gerais. It has been a very enriching experience for everybody involved in the project. We hope that the Ministry of Health will accept the remaining challenge, making this initiative permanent and sustainable.

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This is a highly important paper which describes in detail Brazil's experience with health research prioritization for policy development. The article provides relevant information for both the process and content of the discussions. I think it is important to publish this paper in order for other organizations and developing countries to learn from Brazil's experience, perhaps one of the most advanced and better funded in this field.

However, the paper requires a more comprehensive discussion and clarifications on various points, as follows: (1) the close relationship with the Unified National Health System (Sistema Único de Saúde – SUS) is extremely important and reflects the fact that this process is not only academic, but has important practical implications. The most difficult task for readers is to understand the complex institutional arrangements in the government, and this is described in the section on the "context of the Brazilian health system" and that of the research. Therefore, it would be very useful to expand the discussion with a reflection on key elements in the process that could be transferred to another countries or systems. For example, the paper does not enter extensively into the issue of creating research capacity, which is a very important and often neglected issue in other developing countries. This is important given that Brazil has been building and investing in capacity to reach this point for several decades and is well ahead of other countries in Latin America; (2) the process of selection of the 510 researchers and policymakers is key to the results. One would like to see more information on both the selection and rejection criteria. For example, how do we define the "community" in community participation? How did this take shape with the electronic website discussion? What is the "community at large", as it would be interesting to know which type of people have access to these discussions. Whom did we leave out in this process? Discussion on this would be useful; (3) "equity" is a key element pursued by the policy. It would be good to define it, as all the outputs will refer to it. A better definition will help the subsequent monitoring and evaluation of policy impact. Which indicators will be used to measure progress in due course; (4) reference to inputs by 510 people (discuss the fact that 408 professionals took part in the process, and that previously 102 had taken part in only two topics, dengue and violence; this does not make the investment by the latter similar to the investment by the 408); (5) discuss the reasons and implications of the decision that "*there were some investments to support research projects on pressing issues* (…) [such as] *National Research Taskforce on Dengue Fever and nine projects for the Brazilian Tuberculosis Network*". While I do understand that these are diseases with important implications in terms of disease burden, and that there is a government policy to address these, it is not clear at which level, and where in the process, the decision was made to focus on these specific diseases. Neither is it clear from the paper why these were identified rather than other key diseases or determinants. Some discussion on this point would be very useful; and (6) "*Another large program, called Operational Research for SUS*" does not completely explain how that "other program" fits into the strategy. It looks as if it was added to the paper and should have been described earlier.