Author's response to reviews

Title: Lessons drawn from research utilization in the maternal iodine supplementation policy development in Thailand.

Authors:

Utsana Tonmukayakul (utsana.t@hitap.net)
Roman Perez Velasco (romanperezvelasco@gmail.com)
Sripen Tantivess (sripen.t@hitap.net)
Yot Teerawattananon (yot.t@hitap.net)

Version: 2 Date: 21 March 2012

Author's response to reviews: see over
Response to reviewers

Dear reviewers,

Please find the responses addressing your comments below.

Reviewer's report
Title: When evidence confirms the value of the intervention: a case study of the maternal iodine supplementation program in Thailand.
Version: 1 Date: 14 February 2012
Reviewer: Nyokabi Musila

Reviewer's report:
This is a useful paper in terms of subject matter and relevance, however, there are significant gaps in the reporting.

Major Compulsory Revisions
A number of important issues are not addressed by the authors:

Comment 1: There are established research methods in the area of observational documentation and evaluation of the policy development process. This paper does not have a methods section or document the methods employed by the authors, which would be useful to not only so that the reader may be informed and ably assess the robustness of the methods used, but also build the body of knowledge on research utilization in policy development research and also provide researchers. Some background on this would be useful.

Response 1: As suggested, we have incorporated a methods section, which would help the reader to understand our approach.

Comment 2. Although the abstract states ‘The strength of the evidence fed in the policy formulation process typically ranges from robust to poor…’ strength of evidence that informed decisions is not explicitly addressed anywhere in the manuscript.

Response 2: We have re-written the abstract and also the body of the text, focusing on a different idea as suggested by another reviewer. The content of our rapid review is reported in Additional file 1 too.

Comment 3: The Background section goes very quickly into the evaluation of the policy development process. It seems that the authors assume that the reader has implicit knowledge on the policy development structures and processes in Thailand. A deeper insight is required to enable the reader to judge whether this process was fair or biased. The reader infers that the policy formulation group was the National Committee on Early Childhood Development (NCECD).

However, there is no information on selection; expertise on subject matter; numbers; participation level in terms of frequency of meetings, representation based on stakeholder type and if all stakeholders were present throughout the year (and if not, why not? Who were they? How significant was this?); moderation by a chairperson/facilitator; technical expertise; power structures e.g. it is chaired by the Prime Minister which implies that there is not only a power element in decision making, given his/her seniority in government, but that these decisions are potentially highly political and probably would be in line with the political
affiliation (e.g. stand of the Prime Minister’s political party). These are some important issues that could also be further elaborated on in the Discussion section, which was quite limited.

Response 3: Provided that as a correspondence article, we have limited space (800 to 1,500 words), we have had to further summarize the manuscript. However, given that we have re-written many parts, we hope that the content will be easier to follow now.

Comment 4: In terms of context setting for the reader, it would be useful for the authors to comment on: (i) how this topic (maternal iodine supplementation) was put on the agenda in November 2009. What specifically stirred the interest? (ii) What is the relationship between the DOH and the NCECD? What is the role and level of authority of the NCECD?

Response 4: As suggested, we have tried to re-write the manuscript in a more concise form. Unfortunately, we are not able to go into detail of the relationship among each actor given the limited space of a correspondence letter.

Comment 5: The focus of this paper is the evidence presented to the policy development group – the NCECD. It would therefore be useful for the authors to evaluate the evidence presented. Presumably stakeholders brought in evidence from their respective organizations – the source and strength of evidence is key to informing the reader on the fairness of the policy development process. It is also not clear from the information provided, where and how the evidence from the authors’ organization (HITAP) was sourced.

Response 5: We should clarify that the NCECD just ordered the Ministry of Public Health to look into the issue of IDD and its solutions. They did not further participate in the deliberations that took place at the Ministry. We understand that evaluating the evidence is a crucial point, but it is a sensitive issue to explicitly criticize the quality of the evidence presented by other bodies. We hope that, although implicit, the readers will be able to imply this from the arguments presented by other bodies as mentioned in the body text and our Additional file 1, such as their defence of a multinutrient preparation for example (no evidence of the necessity of supplement with a whole lot of minerals and vitamins).

Comment 6: Interestingly HITAP brought in primary research evidence from the rapid survey conducted with 2,228 members of the RTCOG. It would be useful to have more information on selection of participants (obstetricians), and the total number of members of the RTCOG. This could be addressed in the methods section.

Response 6: We have addressed this issue both in the methods section and the corresponding part of the body text. Obstetricians to whom questionnaires were sent are all those registered with the RTCOG. We consider that the response rate is in line or even superior to a typical postal survey though. The limitations of the survey are addressed in the main body. Additional file 2 provides more information as well.

Comment 7: The appropriateness of reference number 42 is questionable given that is a local reference.
Response 7: We agree and we have deleted it.

Comment 8: The content of the evidence package presented to the NCECD is not clear.
Response 8: See response 5: all the policy development took place at the Ministry of Public Health; there were no presentations to the NCECD. The content of the evidence provided by HITAP at the MoPH deliberations is presented in Additional files 1 and 2.

Comment 9: “…..some experts suggested that offering 150 µg of iodine should be adequate along with a monitoring and evaluation aiming to adjust iodine supplementation dosages in the future.” This is a basis for discussion. The impact of the experts in the policy development process, in terms of influence, would be very valuable.
Crucially, was the final decision of 150 µg iodine evidence-based?

Response 9: The text body says now: “Suggested doses were based on the daily requirements recommended by the WHO and UNICEF — 400 µg of folic acid, 250 µg of iodine, and 60 µg of iron. Given the current movement to strengthen the USI program, however, some experts suggested that 150 µg was safer than 250 µg of iodine”. Although it may be not strongly evidence based, this recommended dose has been endorsed in several countries (see Additional file 1) and in Thailand was based on the ‘precautionary principle’.

Comment 10: In the discussion section, the statement “In a situation where the solution is identified a priori, such as this, comprehensive evidence is not highly needed in policy making.” is a key statement that forms the basis of this publication. This discussion section is therefore weak. It does not discuss this in the context of other policy development processes where evidence informs the decision, as opposed to validate the decision. This could build an interesting debate on the validity of this process: what is the purpose of gathering evidence if a decision has already been made?

Response 10: The key statement is the utilization of rapid generation of evidence for policy development. Therefore, we have changed our discussion in this correspondence letter.

Minor Essential Revisions
Minor comment 1. Spacing after fullstop to put reference number is not uniform
Response: This issue has been corrected.

Minor comment 2. A number of grammatical errors have been noted which could be corrected by a proof-reader prior to resubmission.
Response: A native English speaker has proofread the document as suggested.

Level of interest: An article of importance in its field
**Quality of written English**: Needs some language corrections before being published
**Statistical review**: No, the manuscript does not need to be seen by a statistician.
**Declaration of competing interests**: I declare that I have no competing interests
Reviewer's report
Title: When evidence confirms the value of the intervention: a case study of the maternal iodine supplementation program in Thailand.
Version: 1 Date: 10 February 2012
Reviewer: Karen Daniels
Reviewer's report:
Dear Editors and Authors
RE: MS: 6488724196432151, When evidence confirms the value of the intervention: a case study of the maternal iodine supplementation program in Thailand, Utsana Tonmukayakul, Roman Perez Velasco, Sripen Tantivess and Yot Teerawattananon
Reviewer's report
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Not enough is known about the process through which evidence is used in policy making in developing countries. Case studies such as the one reported in this paper therefore make an important contribution to our understanding of knowledge translation within public health in developing countries. My comments are therefore expressed with the intent of strengthening the submitted article. I do not think that the article in its current format is ready for publication. The article needs a major language edit. If the article is resubmitted after such an edit then I would be very happy to comment even further.

- Major Compulsory Revisions
Comment 1: As a reviewer I found this paper very hard to read. Partly this related to the style, structure and language use. To me these were not sufficiently coherent and hence I struggled to understand what the red thread, key message, or main storyline was. At times this seemed to be a story about the process of evidence use and at other times it seemed to be a story about what evidence was important to use. To me the story of how the evidence was used should be the most important for a journal like Public Health. The story of what evidence was used and why it was important is better suited to a literature review. In order to resolve these issues the authors need to engage in a major language edit with an English language science writer. The science writer then needs to either be added as an author or included in the acknowledgements so as to avoid ghost-writing. I would also request that the authors look at the style of other correspondence articles published in this journal so as to ensure consistency.

Response 1: We have re-written the correspondence letter according to the BMC Public Health style (correspondence type 3), and asked a native English proofreader to review it. We have provided the process of evidence use mainly in the manuscript and lessons learnt from the use of rapid reviews to inform policymaking. The evidence that was provided by us (HITAP) is reported in the Additional files 1 and 2 as supporting documents.

Comment 2: Another major concern I have is that the authors write this story as if it is fact, when it is actually based on the opinions and experiences of the authors. Another person telling this story may tell it very differently. I have no problem with this, but the authors need to be upfront that this is their story and their version of events. The alternative is that the authors use this as a starting point for a full qualitative case study in which all relevant stakeholders are interviewed and represented in the research findings.
The retelling of the story of evidence use would be greatly enhanced by the use of an existing policy process model or conceptual framework. As a starting point the authors may wish to consult Buse K, Mays N, Walt G: Making Health Policy. New York: Open University Press; 2007, in which such models are summarised.

Response 2: We have re-written the story stating clearly in our methods section that it is based on our participant observation and experience. Because of the word limits and other limitations, we are not able to expand this manuscript into a full qualitative study. Still, we believe that our case study is interesting for the correspondence section readers.

Comment 3: The authors need to adhere to the referencing conventions prescribed by the journal as this has not been followed thus far.

Response 3: We have modified our reference style as suggested.

- Minor Essential Revisions
None at this stage
- Discretionary Revisions
None at this stage.
Level of interest: An article of importance in its field
Quality of written English: Not suitable for publication unless extensively edited
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:
I declare I have no competing interests