Author's response to reviews

Title: Inputs to Quality: Supervision, Management, and Community Involvement in Health Facilities in Egypt in 2004

Authors:

Emily J Cherlin (emily.cherlin@yale.edu)
Adel A Allam (aallamegy@netscape.net)
Erika L Linnander (erika.linnander@yale.edu)
Rex Wong (rex.wong@yale.edu)
Essam El-Toukhy (eeltoukhy@yahoo.com)
Heather Sipsma (heather.sipsma@yale.edu)
Harlan M Krumholz (harlan.krumholz@yale.edu)
Leslie A Curry (leslie.curry@yale.edu)
Elizabeth H Bradley (elizabeth.bradley@yale.edu)

Version: 3 Date: 8 June 2011

Author's response to reviews:

Jigisha Patel, MR CP, PhD
Series Editor
BMC Health Services Research

June 8, 2011

Dear Dr. Patel

Thank you for your review of our paper, “Inputs too Quality Supervision, Management, and Community Involvement in Health Facilities in Egypt in 2004” (Manuscript ID: # 201057763509949). We have read the reviewer’s comments and revised the paper accordingly. We believe this manuscript is stronger based on the suggested revisions. Attached is an itemized list of each comment and our response as well as the revised manuscript. We look forward to your continued review.

Again, thank you for your interest in our work.

Sincerely,

Elizabeth H. Bradley, PhD
Professor of Public Health
Director, Health Management Program
Reviewer comments and responses

Major compulsory revisions:

Comment #1

To understand and interpret the survey data presented, more information about the structure and organization of the Egyptian healthcare system is needed. Are all hospitals and health units public? Is there a parallel system of private healthcare facilities? If yes, do those also receive government supervision? How have those been included? Do health insurances exist?

Response

We appreciate the opportunity to address the structure and organization of the Egyptian health care system in the paper. Although private health care facilities exist in Egypt and receive supervision from the Ministry of Health and Population (MOHP), they are limited in number and were not included in the Egyptian Service Provider Assessment (ESPA) survey. We have added the following to the manuscript, as suggested by the reviewer (P. 5).

Setting

The Egyptian health care system includes both public governmental and private health care providers. The MOHP is considered the principal provider with more than 5,000 facilities and more than 120,000 hospital beds. Private hospitals represent an additional 1,300 hospitals with about 26,000 beds [1]. Most services are provided free of charge or substantially subsidized and are generally managed through the Egypt’s governorate system. The Health Insurance Organization (HIO) system currently insures less than half of Egyptian citizens [2] although its expansion is planned to insure all citizens; private insurance does exist but is limited in scope currently.

Sample

….Private facilities were not included in the ESPA survey.

Comment #2

The fact that the study includes government-owned facilities is mentioned initially in the discussion, this should be moved into the methods section.

Response

We agree with the reviewer and have indicated the following in the methods, P. 5.
The ESPA 2004 survey, conducted jointly by the MOHP and El-Zanety Associates, was administered in a sample of 559 MOHP health facilities selected through systematic sampling of all government-owned MOHP facilities, stratified by Governorate. Private facilities were not included in the ESPA survey.

Comment #3
Please describe /define “rural health units” and “MCH/urban health units” more precisely

Response
We have added the definition of these facilities included in the survey documentation to the methods of the revised manuscript (P. 6).

Rural health units are facilities in the non-urban settings that provide primary care, immunizations, and laboratory services to residents in their catchment area; urban health units include primary care facilities in the urban settings as well as those clinics that focus on maternal and child health.

Comment #4
It is stated that Egypt is a “land in transition”. What does this mean? Please define which parameters are changing (economical? political? cultural? all?) Are there differences in the stage or speed of development between different regions?

Response
We agree with the reviewer that more clarity is needed on this concept. We were using it to refer to the epidemiologic transition, which we think is relevant for this paper. Although the country is now in political transition as well, we prefer to focus on the epidemiologic transition as this is most relevant to health services. We have added the following to the revised manuscript (P. 2).

Egypt is a particularly interesting country in which to examine health reform as it is a country in an epidemiologic transition [3], as is typical as countries move from lower- to middle-income countries. Such an epidemiologic transition involves declining prevalence of infectious diseases and acceleration of chronic disease, such as cardiovascular disease, obesity, and cancer. In 2004, the percent of years of life lost in Egypt due to communicable disease was 31% versus 61% from non-communicable diseases [4].

Comment #5
It is remarkable, that only 7% of the hospitals in the sample is located in urban Egypt, since about 20% of the Egyptian inhabitants live in urban regions. Do you
have an explanation for this? Is it differential response?

Response

This is due to the size of the urban hospitals, which are much larger than rural hospitals. Urban hospitals on average have about 150 beds, while rural hospitals often have fewer than 30 beds per hospital [2].

Comment #6

To enable readers to interpret the results better, some comparisons with the healthcare systems in other countries in a comparable stage of development would be helpful.

Response

The reviewer suggests that we compare our results with other countries in a similar stage of development; however, out data do not include hospital data from outside Egypt, and such evidence is severely lacking in the literature, which highlights the novelty of this study. Nevertheless, we have added the following to the limitations in the discussion (P. 11), and we defer to the editor if another approach is preferred.

… Additionally, we lacked comparison data for other countries at a similar level of development.

Comment #7

One of the parameters in the study is external supervision in the last 6 months. Results of this supervision are not presented, they should be integrated in the study.

Response

We agree with the reviewer that knowing the outcome or results of the supervision would be valuable; however, reports are not publicly shared and are not available.

Comment #8

Please provide response proportions. What percentage of all institutions in Egypt are represented in the sample?

Response

We have added the following emboldened phrase to the methods as requested, on P. 6.

The final sample of 480 facilities included 76 general service hospitals, 307 rural
health units, and 97 maternal and child health and urban health units (MCH/urban units), representing approximately 10% of these types of facilities in Egypt.

Comment #9

It is stated in the discussion, that there are limitations regarding the data. Can you make recommendations how to improve data collection in the future?

Response

We appreciate the request and have added the following emboldened sentences to the discussion (P. 10).

This limitation highlights the opportunity to develop a more comprehensive, locally-appropriate, systematic tool to evaluate management systems across health facilities in Egypt to better understand variation in management practices and guide investment in focused improvement. For instance, such a tool could include measures of management effectiveness such as staff competencies, waiting times for services, stock outs in pharmacy, human resources practices, and other key performance indicators reflecting management systems.

Comment #10

During the last few months, large political changes were happening in Egypt. It would be interesting to add a few words about possible impact of these changes on the development of the healthcare system.

Response

As requested, we have added the following emboldened sentences to the background, (P.4.), discussion, (P.9.), and conclusion (P.11.) to make this impact clearer.

From the background:

Additionally, the MOHP has engaged in targeted leadership and management training in rural health units of Upper Egypt, [10] and despite the recent political events, has initiated and sustained a Leadership Academy to build management capacity in hospitals.

From the discussion:

These results reflect substantial needs for management capacity building in government health care facilities in Egypt, which will become more marked with the current political instability of the country.

From the conclusion:
The Egyptian experience highlights the need to build management capacity as an integral part of health reforms. With the recent political events in Egypt, efforts to reform and strengthen the health care system continue to be important, as provision of high quality health care can be a central governmental role to developing a strong and peaceful citizenry. Although political and civil unrest can distract from ongoing programs to improve social services, having strong health services remains critical during times of peace and unrest. This is particularly important in middle income countries, as robust health systems will be required to effectively respond to rapid epidemiologic and economic transitions.

Minor Revisions:

Comment #11

Discussion, page 10: external supervision in last six months is not the same as every six months.

Response

We agree with the reviewer and have revised the sentence as suggested as follows (P. 9):

Our findings highlight that, as of 2004, most health facilities had external supervision in the last 6 months.

References


