Author's response to reviews

Title: Perspectives on the role of stakeholders in Knowledge Translation in Health Policy Development in Uganda

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Author's response to reviews: see over
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<td>1</td>
<td>The title states &quot;policy actors&quot; but it is not clear what this means. Indeed, the term &quot;actors&quot; is used more than policy actors throughout the text, so perhaps consider if the title could be &quot;Perspectives on the role of stakeholders in knowledge translation in health policy development in Uganda&quot; and then adapt the text accordingly.</td>
<td>This correction has been made, the title and text has been revised accordingly. Title now reads &quot;Perspectives on the role of stakeholders in knowledge translation in health policy development in Uganda&quot;</td>
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<td>Please indicate how many interviews were conducted in the abstract.</td>
<td>21 interviews were conducted. This has been incorporated in the abstract. &quot;In-depth interviews were conducted with 21 key informants&quot;</td>
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<td>The results in the abstract do not reflect anything on the negative roles you identified. Could this be included or at least acknowledged. Currently it looks more like a summary of your literature review than a summary of your key findings.</td>
<td>This has been addressed and now reads as follows. &quot;Major stakeholders identified included civil society organizations with perceived roles as advocacy, community mobilization and in plain translation. They can however undermine evidence they are not convinced about. Community members' roles were perceived as advocacy and participation in research priority setting but are not well organized to engage in research and policy processes. The key role of media was perceived as dissemination but may misrepresent evidence passed on to them in a poorly packaged form. Policy makers' perceived roles were uptake of evidence, putting required platforms in place and stewardship but an ongoing negative role is ignoring or even misrepresenting evidence that is not in their favour. Parliamentarians' roles were perceived as advocacy and community mobilization but were noted to pursue different objectives which evidence may not support. Researchers' main role is evidence generation but an ongoing concern is focusing on academic interests. Donors' main role was seen entailing as funding but a concern of the local relevance of donor-supported research was noted&quot;</td>
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<td>It would help if the same terms for the different stakeholders were used consistently throughout the manuscript both in the text and in the tables. This makes it easier for the reader.</td>
<td>This has been addressed throughout the manuscript including the tables.</td>
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<td>5</td>
<td>Methods section: From the literature review, you identified 9 different stakeholders, yet you only interviewed people from 4 of these stakeholder groups – health policymakers, researchers, media and parliamentarians. What is the rationale for this?</td>
<td>Details and clarity have been provided in the methods section. Reads as follows: &quot;Respondents were purposively selected on the basis of the institutions they work for and their current roles and responsibilities as health policymakers (n=15), these include government officials at central level (n=4), district level representing service providers (n=1) and representatives of CSO who are either coordinators (n=2) or service providers (n=2), private for profit (n=1), multilateral donors (n=3) and bilateral donors (n=2). Researchers (n=2); journalists/media (n=2) and parliamentarians (n=2). Respondents were selected in line with what was identified in the review as to who the stakeholders are in KT. Professional bodies, policy networks and knowledge brokers...&quot;</td>
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were not selected because in our earlier study on KT in Uganda, these were not seen as playing a role in KT by policy makers.

This has been added in the methods section – page 11 - “The interviews lasted on average 45 minutes”

The table has been restructured and the text in the first paragraph of the results section deleted as advised by the reviewer.

Another column on challenges has been added in table 2.

We thank you for that observation. We have significantly improved the grammatical and spelling errors including in the references. The manuscript has been revised thoroughly on language. We now feel that the manuscript reads much better.

All references have been checked for completeness and accuracy. We provided more information for some that were not complete.
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<td>Why is there a colon at the end of the title?</td>
<td>This has been deleted</td>
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<td>2</td>
<td>The introduction needs to be restructured. Background/Introduction sections of all articles should be reviewing literature. Thus it is not appropriate to have a separate heading for the literature review, since the background section is an introduction to the context, the literature and a justification for why the study is important. If there are particular themes or issues arising from the literature that the authors want to highlight then they could do so with sub-headings within the background/introduction, such as “Knowledge Translation Roles” or “Media and Knowledge Translation”. Currently, the heading “Literature Review” in the middle of the introduction is confusing.</td>
<td>The introduction (pages 3 – 9) has been extensively restructured in line with the reviewer’s comment. This comment is much appreciated.</td>
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| 3   | The “focus” of the paper is stated 3 times – in the second, third and fourth paragraphs. The authors need to introduce the topic of the study through the background/introduction, but state the aim of the paper as a final point before the methods. The aim should come after a logical argument which was built up through the background/introduction by an explanation of the context, problem and literature. I tend to order my argument in the background. | We restructured the last sections of the Background in response to this comment. It now reads as follows:  
   - Page 8 – 9  
   *In this article, we focused on partnerships, roles, relations and interactions of key stakeholders involved in evidence generation, dissemination and use. We defined partnership as a complementary relationship that enhances attainment of a given objective and in which roles of the different stakeholders are well identified ([6]). Understanding the roles of the different stakeholders may help in the establishment of a more balanced partnership in KT in which each stakeholder has an area of comparative advantage. This paper therefore aims at identifying the most important KT roles that different stakeholders in Uganda play.*  
   We hypothesize that stakeholders’ interaction and relations could influence uptake of evidence in health policy development. More specifically, responsive policies require the stakeholders’ accountability and involvement in a partnership. Effective partnerships often do not emerge spontaneously; links need to be established, a common vision
Introduction in this way:
- This is the context,
- This is the problem in this context,
- This is the literature which has addressed this problem,
- These are the gaps in this literature,
- Thus this study/paper aims to fill the gaps in the literature and address the problem in this context by .... (AIM). Given this context, problem, literature and gaps, aim, it has been decided that the best way (methods) to address this problem is by conducting the research in the following way - brief summary description of methods, e.g. through key informant interviews.

Thereafter it's easy to go into a full description of the methods because the authors have justified the need for the study and the need for the approach taken to the study.

The authors also need to check their references. Reference 14 in the background, paragraph 4 is incorrect. Furthermore one does not give the full title of a cited article in the text. One simply references the article when referring to it.

The authors refer to a "middle range theory" without explaining what a middle range theory is or giving a methodological/theoretical reference. Some or many of your readers may have no idea what such a theory is, so they would need the guidance of an explanation or a definition has been included in the background section.

A II references have been checked and corrected.
6 So my main point here is that the authors need to re-order and rethink the logic of the background/introduction. A lot of useful information is given, but it needs to be presented in a logical argument or storyline that justifies this study.

The introduction has been extensively restructured in line with the reviewers’ comment. This comment is much appreciated.

7 Methods: This is a qualitative study and thus the methods need to be far more expansive.

A critically important aspect of qualitative research is that we the researchers are the main research tool. Thus this methods section needs to tell us the reader who did what.

- Who selected the respondents? Who approached them? How was this approach made (telephone, letter, email, approached them at meetings, etc). Was there any snowballing (one respondent suggesting another, the emerging data suggesting a gap in respondents, etc)?
- As there any attempts to actively find diverging view points (negative case finding)? Do the authors feel that they had reached the point of saturation in the kinds of participants they found and in the kinds of information they got from participants?

How was the interview Thank you for these invaluable comments. In addressing them we have made comprehensive changes to the methods section to better reflect the procedures. The new text on pages 10 – 12 now reflects in details what each team member contributed and how it was conducted.

Additionally, more precise reference to the sampling plan and the study population has improved the methods section.

"This qualitative study utilized in-depth interviews and document review conducted from November 2010 – January 2011 to examine the roles and links between different stakeholders in KT related to public health policy.

A sampling frame of participants was determined by the research team, in part based on initial findings during document review that identified types of stakeholders. Study participants were then purposively selected because they were deemed to have relevant characteristics, experiences and knowledge about the research question [38]. Consequently, respondents were determined on the basis of the institutions where they work, seniority in their current roles and responsibilities as health policymakers. Overall, fifteen members of the Health Policy Advisory Committee (HPAC) were interviewed. They comprised of government officials at central level (n = 4), service providers at the district level (n = 1), representatives of CSO including coordinators (n = 2) and service providers (n = 2). Additionally, representatives from private-for-profit (n = 1), organizations, multilateral donors (n = 3), bilateral donors (n = 2), Researchers (n = 2), journalists/media (n = 2) and parliamentarians (n = 2) were also interviewed. Professional bodies, policy networks, and knowledge brokers were not selected because in an earlier study on KT in Uganda, these were not seen as playing a role in KT by policymakers [35].

Officials in the HPAC are the most senior officers in their institutions/agencies. In the case of the Private not for profit (NFP) and Private for profit (FP) organizations, they are delegated representatives of faith based medical bureaus and private health providers respectively. Districts and service providers are represented by officers of local government health services. Researchers were
An interview guide, comprising of open-ended questions to examine perceptions about roles of different stakeholders in KT and availability of platforms for stakeholder engagement, was developed by the first author (JNO). The research team reviewed and refined the guide prior to pretesting it among volunteer colleagues in WHO Uganda office (n=2), technical officers in the MoH (n=2) and one researcher from the School of Public Health. KIs were contacted and invited by email or telephone to participate in the study. All identified respondents accepted to participate and were interviewed. All interviews were conducted by JNO in English face-to-face. Interviews were recorded, transcribed verbatim and entered into MS Word software for editing as the first step to “formal” analysis. During the interviews, JNO made additional notes to record initial findings and impressions which were used to augment the transcribed interviews. The interviews lasted on average 45 minutes. Thematic and content analysis techniques were used to draw an erging them as linked to the research issues [39]. As a first step to analysis, JNO and DKM used all transcribed interviews and developed codes as emerging issues. The study team together analyzed the transcripts line by line for content and in order to identify codes by type of KI and on erging them as organized by the research areas defined in the interview guide and by different stakeholders in KT. Deductive content analysis was undertaken by three of the authors (JNO, BM, DKM) to assess how respondents perceived the role of the different stakeholders in KT and the challenges they face. Responses were analyzed based on findings from literature regarding roles and challenges for different stakeholders to identify convergent and other emerging issues. JNO, BM, and DKM initially identified them as independently following which they JNO and DKM together reviewed and interpreted findings. Identified them es were again reviewed by the rest of the research team and where interpretation differed, consensus was achieved through revisiting the raw data and discussions. Where necessary, quotations that best represent them es were edited slightly for flow, but the meaning of the text was preserved.
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**Results:**

At first I thought that the first paragraph of the results needed to be shifted to the methods section. On second reading I think that perhaps the authors can keep it where it is, but include the heading “Experience of the participants/respondents/Key Informants”.

I really only have one key point to make about the results – if the authors say in the methods that they have done a thematic analysis then they need to organise the reporting of their findings according to these themes, otherwise there is no evidence of a thematic analysis! Right now the results are organised around the roles of different stakeholders. This is a narrative summary, not a presentation of the themes. If the authors didn’t do a thematic analysis then they need to change this in the methods, tell us what they really did, and report the findings in relation to how the analysis was conducted. I suspect that a manifest analysis was conducted in order to establish how participants described the role of various stakeholders. Although this is not a “deep analysis”, it is not incorrect and the authors just need to say what they did.

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This comment has been addressed. The themes we are talking about came up during the analysis regarding each of the key stakeholder groups that the respondents identified, are now more clearly indicated.

This clarification has been provided in the methods section.

- pages 11 - 12 -

“Thematic and content analysis techniques were used to draw emerging themes linked to the research issues [39]. As a first step to analysis, JNO and DKM read all transcribed interviews and developed codes as emerging issues. The study team together analyzed the transcripts line by line in order to identify codes by type of KI and emerging themes organized by the research areas defined in the interview guide and by different stakeholders in KT. Deductive content analysis was undertaken by three of the authors (JNO, BM, DKM) to assess how respondents perceived the role of the different stakeholders in KT and the challenges they face. Responses were analyzed based on findings from literature regarding roles and challenges for different stakeholders to identify convergent and other emerging issues. JNO, BM, and DKM initially identified them independently following which they JNO and DKM together reviewed and interpreted findings. Identified themes were again reviewed by the rest of the research team and where interpretation differed, consensus was achieved through reviewing the raw data and discussions. Where necessary, quotations that best represent them were edited slightly for flow, but the meaning of the text was preserved.”
I think it would be easier to read if the headings were on separate lines and if the quotes were indented, particularly those that follow a colon.

**Discussion:**

The discussion reads too much like recommendations with words such as “there is a need to” and “should” being used regularly. Try and separate a discussion of your findings in relation to the research problem and the gaps in the literature, from a list of recommendations and public health policy /knowledge translation implications.

The discussion has been restructured extensively in line with this comment.

Issues of a recommendation nature are now put in the last paragraph of this section.

- Pages 23 – 29 –

This study has some limitations. In the interviews, no reference to either specific research study or to actual policy was made. This may have influenced the respondents’ reflection on the KT process in Uganda by keeping the discussion at a more abstract level. However, it could also be argued that mentioning a specific policy could have induced the respondents to be more anecdotal in their responses. We also note that some respondents may have dual roles. For instance, a researcher may be working for civil society, and therefore represent two stakeholder groups at the same time. The influence of respondents’ dual roles was not explored in this study, but it could be considered as much a strength as a weakness, in that this may have enriched the reflection more than it limited it. We did not use the Delphi method to identify the shared views of the different stakeholders on KT and reach theoretical saturation. While such a process may have its benefits, we believe in-depth interviews allowed for a more efficient exploration of the views of the different groups, which in a second phase could be presented to a wider group through a Delphi process. Finally, this study focused on KT in reference to public health policies and may not be representative of clinical intervention perspectives.

This notwithstanding, we believe our study has yielded useful insights into the roles of different stakeholders in KT in Uganda. Literature emphasizes that roles and responsibilities assigned to stakeholders should correspond to their skills and expertise[40]. In addition, the importance of partnerships within which stakeholders can work in a complimentary manner to achieve a common objective, has been raised. Below, we summarize and discuss our findings in light of the literature.

In the case of CSOs, respondents note that the major roles they can be played in KT are the use of research results, community mobilization and advocacy. Our findings are similar to what has been identified in literature as roles of CSOs in KT [12-13]. Other authors, however, cautioned that in order for CSOs to play an effective role, evidence must be presented and communicated to them in a clear, conclusive and accessible way [13, 41]. In addition, regular updates should be provided throughout the research process. In our study, respondents identified weaknesses within CSOs that may reduce their effectiveness in KT and these need to be addressed. Our respondents felt that CSOs must be empowered in terms of skills enhancement, internal organization to engage in policy development and that they should be funded outside government to ensure independence.
However, the dependency of CSOs on donors to finance their operations, especially in LIC, will remain a constraint in that CSOs may be hesitant to go against their funders in case research results are contrary to donor interests [14]. CSOs may indeed be used by donors to advance agendas that are against government interests. Pollard and Court (2005) stated that if CSOs are going to influence KT, they must engage in policy development, but they need to navigate the political terrain to influence policy effectively which calls for high level of internal organisation and independence [13]. Although some studies have stated undertaking research and dissemination as a role CSOs can play, this was not identified as a major role in our study. The capacity of CSOs to engage in research can only be encouraged if required investments can be made in terms of training, mentorship programmes or through formal partnerships between communities and universities that link CSOs with academic researchers. Armstrong et al. noted that the role of CSOs in KT remains largely unexplored [6].

In regards to the community, they have been noted to be able to exert pressure on policy makers to respond to evidence and in several cases facilitating bypassing bureaucratic policy making processes [42]. In this case they can play the role of demanding for in-plantation of evidence. Other researchers stressed their role in research agenda setting arguing that community values should be considered in the process of research and policy development [43].

The key role of the media in KT that has been identified in this study is dissemination. An earlier study in Uganda noted the ill-coordinated efforts of researchers and communities to reach the media, concluding that the media is a powerful ally that is under-utilized by public health professionals [44]. The risk of misrepresenting evidence must be safeguarded against through improved and simplified dissemination of evidence. Literature shows that communicating evidence in a clear, conclusive and accessible way is critical [13, 41].

We argue that policy makers’ role should be facilitating uptake of evidence in policy development and in-plantation. CSOs have also been identified as a stakeholder able to mobilize funding and in-plant research results. The link between policy makers and CSOs needs to be strengthened to ensure synergy. In addition, the linkage between policy makers and researchers has long been known to be potentially beneficial and should be strengthened [5, 21]. Literature shows that policy makers work under severe time constraints and political pressure which may not allow enough time for application of evidence [45]. There is need to work out a balance between time pressures, timely provision of evidence and in-plantation of decisions. The potentially superficial understanding of the subject matter by policy makers who are often responsible for several areas can be a challenge [45].

The KT roles that can be played by politicians/parliamentarians as stated by our respondents were ensuring in-plantation through existing pressure on policy makers, mobilising communities to demand and advocating for funding in-plantation. There is need to strengthen the link between parliamentarians and community structures on one hand and between parliamentarians and researchers.
to ensure that politicians are armed with accurate information. Young (2005) however highlighted the need to understanding political processes in LIC in order to understand the role of evidence in policy making [24]. He noted that this requires more research.

Regarding researchers, the key KT role was, unsurprisingly, stated as undertaking research. The inclination of researchers to research processes is well documented [41]. Evidence has shown that researchers put a lot of emphasis on statistical significance of the results and areas for further research as opposed to recommendations for policy change, which is the preoccupation of policymakers [42].

The role of donors in KT has long been seen as provision of funding although this has been used in both a supportive role and also as a precondition to influence research agendas and policy development in LIC [44]. In Ghana, for example, Burris et al stated that donors’ funding requirements were the strongest impetus for the uptake of evidence in guideline formulation for HIV care [42]. Similarly, in Uganda, the decision to change the malaria treatment policy was heavily influenced by availability of funding from the Global fund against AIDS, TB and Malaria (GFATM) [46]. Many low income countries depend heavily on foreign aid to fund health services, allowing donors to exert undue influence on research processes and programming decisions. Some researchers have highlighted the need to better understand the interface between development agencies and national processes in LIC [3]. Donor funding can definitely contribute positively to research and policy development in LIC but governments must have the capacity to play the stewardship role [47]. Where governments have put in place structures to develop research agencies through inclusive partnerships, the undue influence has been controlled to some extent [31].

In our study, there was no mention of professional bodies and informal policy networks as stakeholders in KT. Reasons for this could include the relative weakness of professional bodies in Uganda and the fact that they are not much known outside the MoH. In addition, they are not active in policy processes, as has been the case in several African countries [48]. Their role may be more pronounced in clinical practice as opposed to public health policies which was the focus of this study. Indeed, positive contributions to development of clinical guidelines has been documented in South Africa [29]. Knowledge brokers were not mentioned as a stakeholder. The reasons for this may be that this is a concept that is not yet understood, but also that there are currently no knowledge brokers active in Uganda.

The need for a systematic and meaningful involvement of stakeholders has been identified [31]. This calls for establishing required platforms with appropriate leadership to bring all stakeholders together. There must be mechanisms for addressing conflicts of interest and guarding against undue influence. Desile et al noted that weaknesses facing different stakeholders must be addressed for them to play an effective role. Their skills must be enhanced and information must be shared in understandable forms [12].

In summary, our study has identified stakeholders in KT in the health sector in Uganda and for each of them, the perceived roles they play.
Identified stakeholders and perceived roles are fairly in line with what is documented in the literature. We note that every stakeholder is perceived to play positive and negative roles and, we recommend that efforts must be made to build capacities of the different stakeholders to play their positive roles more effectively whilst mitigating the negative roles.

The above findings have raised some issues that need to be addressed enable stakeholders play a more effective role in KT in Uganda. Regarding CSOs, we recommend that they need to be empowered with evidence to enable them demand and for accountability from policy makers and in plan enter and also encourage donors to focus on local health priorities. This emphasizes the need for strengthening linkages between CSOs and the community. In order to prove community's effectiveness in KT, there is need to put in place platforms for engagement, researchers and policy makers being able to effectively engage with communities and organizing communities to be able to engage in policy processes[43].

For the media to be playing a more effective role in KT, they must be provided with the right information, must be organized and the context in which they work must be supportive. There is also need to strengthen the linkage between the media, researchers and the community. This study has also highlighted the opinion of some respondents that a weak public reduces the impact of the media, meaning that there must be parallel efforts to strengthen the public to respond to media messages.

Policy makers need to put in place required institutional frameworks and platforms for engagement that will enhance higher ownership and application of evidence by policy makers and politicians [35]. Time pressures they face could be mitigated by recruiting advisors and or putting in place think tanks as already tried in some LIC [24].

Regarding researchers, Identified weaknesses of failure to focus on community needs and local priorities can be addressed through putting in place inclusive research priority setting mechanisms. In addition, structures need to be put in place for communities to participate in research processes including links between communities and researchers. Literature says researchers should improve their dissemination skills, but maybe this should not be their main role. They may instead produce user friendly research products and in prove their engagement with the media and civil society. Indeed in a study of understanding the process of translating research into policy with regards to male medical circumcision and prevention of mother to child transmission, Ssengooba et al reported that researchers were found to be media “shy” [23]. Some studies have stated that researchers can also act as policy entrepreneurs through organizing themselves in networks and engaging policy makers. In instances where this has been successful, some of the policymakers had a research background [29].

10 Referencing: Please check that your references make the point that you’re saying they’re making. As a co-author on reference 45, I don’t Thank you very much for this comment. We have had the paper again and noted the active role of professional bodies in evidence generation in the case on magnesium sulphate. Our focus is on public health policy making as opposed and we have referenced appropriate references.
think that our paper suggests that professional bodies are not active in the policy process. Please relook at this paper as well as all other references to be sure that you are not misquoting the authors. If you like the following paper may give you a better overview than reference 45, which was an earlier paper:


| 11 | Needs some language corrections before being published | We thank you for that observation. We have significantly improved the grammatical and spelling errors including in the references. The manuscript has been revised thoroughly on language. We now feel that the manuscript reads much better. |