Author's response to reviews

Title: The players and the process behind Uganda's National Health Insurance Scheme: a case study of Uganda

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Author's response to reviews: see over
Response to Reviewer: Amy Hagopian
We very much appreciate the efforts of the reviewer in proposing ways to improve our manuscript. We have considered and incorporated those comments as indicated below.

Comment
This is a vastly improved manuscript, and much more interesting to read. A little English language editing might be in order, which I hope the journal can provide.

Response
One native English speaker has checked the manuscript, and it has been professionally edited by the company Edanz.

Comment
Table 2 should provide brief (one phrase) descriptions of the NHIS, CHIS and PCHIS, just because people will look at it out of context. Table 3 might benefit from being turned on its side.

Response
We have now provided explanations of NHIS, CHIS, and PCHIS for Table 2. We have changed the orientation of Table 3.

Comment
In the "Financing of proposed NHIS" section, authors refer to "The formal sector workers and their four dependents who make 10% of the country population..." That is confusing. You mean "up to four of their dependents?"
Response
We have now changed that section on p. 11 as follows:

Formal-sector workers and up to four of their dependents—accounting for approximately 10% of the country’s population—will be eligible to join the Social Health Insurance Scheme and Private Commercial Health Insurance Schemes at the inception of the NHIS.

Comment
I still find it hard to believe the solidarity fund will be sufficient to cover the non-formal sector workers, but that isn’t really the point of the article, so I can let that go.

Response
The solidarity fund will primarily target the indigent segment of the population—those who are below the poverty line and who form 25% of the country’s population.

Comment
The "Conceptual Framework" section on page 12 is probably still more information than we need.

Response
The text on "Conceptual Framework" section on page 12 has now been deleted.
Second Reviewer: Irene AkuaAgyepong
We thank the reviewer for her insightful comments, and we certainly understand the need to amplify the content in the paper with respect to context and analysis. Below, we provide detailed responses to the comments raised.

General Comment
The authors also need to carefully and critically go over the document (and read and re-read their revision) to pay attention to correcting minor grammatical, editorial mistakes and style issues such as missing words / some sentences made up phrases that are not well linked together to make a clear sentences etc. The writing can be considerably tightened in several places without losing meaning.

Response
One native English speaker has checked the manuscript, and it has been professionally edited by the company Edanz.

Specific Comments
Comment
Context
The description of context can be improved
The section labelled political context (page 5) does not really describe political context. The first line is on economic growth (should be put under socio-economic context). The second line is on poverty prevalence /incidence (should probably also be put under socio-economic context). The rest of it is on the MDG and health service access (should probably be put under the health system, health goal attainment or some similar heading).

Response
We have made great efforts to improve the context along the suggested lines, as indicated in the response below. We have changed the section heading on p. 5 to ‘Socio-economic and political context underlying NHIS development’.
Comment
It will be helpful to under political context give readers some idea of the kind of political governance system Uganda has e.g. and the implication for the proposed reform. My understanding is that this paper is essentially an analysis of stakeholder power, interest, positions and reactions related to a proposed reform. Political governance systems can affect the way stakeholders exercise power etc. Information is also needed on socio-economic context. Economic growth is mentioned in one line under political context. And health spending per capita and proportion government spending on health under financing. What is the GNI or GDP of Uganda? What proportion of its population is in formal versus non formal employment? Etc. These are all important contextual considerations in the UHC related reforms in SSA.

There are not so many texts that deal with how to describe the context of policy reform, but the authors might like to look at the following to help them think through how to better describe the context in relation to the reform and issues of interest being presented in this paper:

The content of the reform under consideration needs to be clearly presented somewhere for the convenience of the reader. It is also important to be able to relate the content to how the stakeholders reacted to the proposals and why

Response
To address the above requests for additional contextual information we have added the following sections:
Uganda is a low-income country with a gross domestic product (GDP) of US$550 per capita in 2012. The proportion of the population employed in the informal sector was 54.5% and 14.7 % of the population was urbanised in 2012[10].

Of the population, 72% resides within a 5-km radius of a health facility, and universal primary and secondary education has boosted literacy rates. The average national literacy rate in 2010 was 76%. Progress in overall human development indicators in Uganda has been consistent but relatively low. The life expectancy improved from 45 years in 2003 to 52 years in 2008. Key health impact indicators, particularly infant and under-5 mortality, are improving [14]. However, maternal and child death remain high, accounting for 20.4% of the disease burden in the country. In 2010, the maternal mortality ratio was estimated at 435 deaths per 100,000 live births and the infant mortality rate was estimated at 54 deaths per 1,000 live births. Uganda faces a double epidemic of communicable and non-communicable diseases. Communicable diseases account for 54% of the total burden of disease in the country, with HIV/AIDS, tuberculosis, and malaria being the leading causes of ill health. Non-communicable diseases are an emerging problem with costly treatment implications. Coupled with this is the high fertility rate, which at 6.2 per woman is the second-highest rate in the world. In addition, significant disparities exist in health status among regions and socio-economic strata, with rural areas having the highest burden of ill health and death [10, 15]. On the political front, Uganda has progressed towards a multi-party democracy. The stability of the country’s political system can be seen as offering a strong advantage for establishing the NHIS. Having held office for 26 years, President
Museveni of the NRM is one of the longest-serving leaders in sub-Saharan Africa. The impetus for the NHIS is strongly associated with democratic reforms in Uganda, where the NRM won the first multi-party elections in 2006 and again in 2011.

p. 6

Since then, government health expenditure as a percentage of total government expenditure has remained under 10%; it was 7% in 2010. The Total Health Expenditure (THE) per capita in 2010 was $52, which was 9% of nominal GDP. The government health expenditure was 22% of the THE, which was US$11.2 per capita per annum. Household expenditure on health was 42% of the THE, and the balance of 36% came from donors and NGOs. Also in 2010, household OOP spending on health per capita was US$22. In terms of financing sources as a percentage of THE, private spending provides 49%, donors and Non-Governmental Organisations (NGOs) 36%, and public (government) 15% [18].

We also made the following addition to the results and discussion section on p. 17:

Households contribute over 40% of THE funds, which results in great inequalities in general health and access and use of healthcare services because it disproportionately constrains poorer people from accessing the necessary care. This situation also increases the incidence of catastrophic expenditure, thereby increasing the level of poverty [58]. Current health-financing trends provide the option of a pooled mechanism for health insurance in the case of limited government funding.

**Comment**

**Process**

What was the first feasibility study?
Response
We have clarified this point with the following addition on p. 7:

The feasibility study was exploratory and looked at the potential for establishing social health insurance in Uganda.

Comment
Why did it not lead to any firm policy or implementation? Why was there a need to commission a second feasibility study?

Response
To clarify this point, we made the following addition to p. 7:

The study pointed out the limited knowledge that existed in Uganda with regard to social health insurance policies and administration. It recommended a further detailed examination of implementation arrangements [27].

We also added the following section to p. 8:
Continued poor financing of health-system access led the government to commission a second feasibility study on health insurance. This aimed to align the design of health insurance with the first health policy, the Health Sector Strategic Plan of 2000–05, and to provide insight into implementation plans [27].

Comment
I find you are actually presenting information related to an analysis of stakeholder power, interests and positions and how they played out in influencing events under this section. Perhaps instead of this section on process, which overlaps your stakeholder analysis section, after describing the context, you might just want to briefly provide a sequence of events in this section on process or else merge it with your findings. You may also choose to provide the information on the content of the proposed reform here. All the other
information could then join the information you present later related to the stakeholder analysis.

**Response**
In line with the reviewer’s recommendation, we have now transferred a larger part of the text to the section on stakeholder analysis.

**Comment**

**Objectives**
The objective of this paper is clearly stated in the abstract as “To depict how stakeholders and their power and interests have shaped the process of agenda setting and policy formulation for the proposed national health insurance scheme in Uganda” It is clearly stated as such in the abstract but becomes harder to clearly find stated in the body of the paper. It appears to be more implicit. It is important to clearly outline the objective in the body of the paper. It will also help the authors in structuring their work to keep remembering the objective. Sometimes the paper is not as focused as it could be. I think it is important to keep remembering this objective and let it influence the presentations. Perhaps clearly state the objectives of the paper just before presenting the methodology, to remind the reader.

**Response**
We completely agree with the proposal of the reviewer, and we have now inserted the objective on p. 11 before the methodology section as follows:

The objective of the present paper is to depict the role and interests of key stakeholders and how their power to contest proposed reforms has shaped the agenda setting and policy formulation for the proposed NHIS in Uganda.

**Comment**

**Methodology**
My impression of this paper is that that methodology is a single case study of agenda
setting and policy formulation related to the proposed national health insurance scheme in Uganda. It involved an analysis of context, content of the proposals and process as well as a retrospective stakeholder analysis. I find the first paragraph under methods rather confusing. Perhaps the authors should relook at it, think again exactly what they are trying to say and make sure it is stated clearly in less confusing language.

**Response**
We are in complete agreement with the reviewer’s comments, and we have modified the first part of the paragraph of the methodology on p. 12 as:

The methodology adopted here is a single case study of agenda setting and policy formulation related to the proposed NHIS in Uganda. It involves an analysis of real-life context, the content of proposals and the process, and a retrospective stakeholder analysis using the single instance of NHIS policy development. The choice of research method matched our goal of providing a retrospective analysis of the participants (both individuals and groups) engaged in the NHIS development, examining how action or inaction by the stakeholders influenced this process, and investigating the context in which the process unfolded.

**Comment**

**Conceptual framework**
You still need to improve the way the section on conceptual framework is written. What is the policy network approach? How did you use it in this work since you say it informed your conceptual framework? What is the Walt and Gilson triangle? How did it inform your conceptual framework? I think presenting the conceptual framework after stating the problem and your objectives, before describing the methodology may be useful in terms of natural flow of the paper.

**Response**
Following the suggestion of the other reviewer, that section has now been deleted.
Comment

Results and discussion
The descriptive is strong, the analytical is weaker. If you are using the Walt and Gilson framework you need to link the information about context and content of the reform as well as the processes to the analysis of the actors (stakeholders) and their interests and link all these elements to explain how they have influenced Uganda’s current state in relation to the proposed reforms i.e. the analytic needs to be strengthened.

Response

We have made substantial revisions and additions to the text in the light of the reviewer’s comments. We made the following changes to the ‘Health financing’ section on p. 17:

Households contribute over 40% of THE funds, which results in great inequalities in general health and access and use of healthcare services because it disproportionately constrains poorer people from receiving the necessary care. This situation also increases the incidence of catastrophic expenditure, thereby increasing the level of poverty [58]. Current health-financing trends provide the option of a pooled mechanism for health insurance in the case of limited government funding.

We made this change on p. 18:

The change of position of such stakeholders as the NSSF and private insurers illustrates the key characteristics of stakeholders on how support for a policy can shift over time, and in this case such shifts provided opportunities for developing NHIS policy.

We also made the following changes to the Conclusions on p. 21
The study points out how a policy-making process characterised by negotiation, bargaining, and adjustment of policy actions responded to stakeholders’ aspirations and positions. Among other ways, the stakeholders influenced the policy makers in changing the design and name of the proposed health-financing reform from SHI to NHI. Stakeholders were also influential in changing the design from a single to multiple schemes and in the immediate incorporation of the informal employment sector in the design and operation of the scheme.

and on p. 23
This paper points out how policy making is a complex process with an unstable and rapidly changing context. The use of stakeholder analysis in predicting and managing the future is time limited, and it is desirable that it be supplemented by other policy analysis approaches, such as the Delphi method [65].