Author's response to reviews

Title: Increased fairness in priority setting processes within the health sector: the case of Kapiri-Mposhi District in Zambia

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Author's response to reviews: see over
Dear Sir / Madam,

Ref: Submission of the revised manuscript / article on increased fairness in priority setting processes within the health sector: the case of Kapiri-Mposhi District in Zambia.

Reference is made to the above subject.

Kindly be informed that necessarily adjustments have been made in line with the comments from reviewers as follows:

Reviewer: 1

Referee: Francois Dionne

Comment No.1. The need to properly set up Accountability for Reasonableness (AFR) in the context of the ongoing priority setting activities. AFR is not a tool for priority setting.

Response: Revisions have been in the manuscript in order to discuss AFR as set of conditions that can be used to guide the implementation of a priority setting process. The following revisions have been made:

1). First paragraph of the abstract, page 2.

Priority setting (PS) in health care within resource limitations has continued to receive attention and Accountability for Reasonableness (AFR) has emerged as a useful method to guide the implementation of PS processes.

2). Second paragraph, page 5.

These AFR conditions have over the previous few years been used more frequently to direct the operation of fair and legitimate PS process [11, 12, 13, 14 and 15].


The full introduction of the AFR concepts and principles was initiated in 2008, a continuous assessment followed for two years and a final appraisal (related to the manner in which the AFR conditions had guided the application of the PS process) took place in 2010 [10, 20].


The District Medical Officer (DMO) was fully engaged in the project from the outset and worked throughout to adopt the AFR conditions. The DHMT was to facilitate the application
of the AFR conditions during the annual planning meetings, during stakeholders meetings, and in the day-to-day decision making processes that concerned choice of options within resource limits.

**Comment No 2:** The presentation of the analysis of the impact of the intervention is done in a very confusing manner. AFR has 4 conditions, why not present how the priority setting process rated before and after the intervention with respect to each of the 4 conditions.

**Response:** Changes have been made so as to present the study results with the AFR conditions guiding the presentation (before/baseline study and after the intervention/evaluation study). Below is a presentation of how the sub titles have been organised in the manuscript:

*Local concepts and practices of fairness and fairness principles in PS processes – baseline*

**Sub titles under the Relevance AFR condition**
- Defining the relevance condition through equality and impartiality concepts
- The relevance condition – the concept of stakeholder involvement

**Sub title under the Publicity AFR condition**
- Limited interpretation of fairness using the publicity AFR condition

**Sub title under the Appeals and revisions AFR condition**
- The AFR criteria of appeals and revisions

**Sub title under the Leadership and enforcement AFR condition**
- Role of leadership and enforcement in promoting fair PS

*Introducing AFR- Evaluation*

**Sub titles under the Relevance AFR condition**
- Increased awareness of concepts related to the relevance AFR condition
- Modification of practices related to key AFR concepts (evaluation study)

**Sub title under the Publicity AFR condition**
- Increased use of the AFR publicity concept in defining fair PS

**Sub title under the Appeals and revisions AFR condition**
- Increased use of the appeal condition

**Sub title under the Leadership and enforcement AFR condition**
- Leadership and enforcement - key to improving fair PS

Grammatical errors and spelling mistakes

**Response:** The paper was edited by a native English speaker.
Reviewer: 2

Reviewer: Flora Fang-Hwa Teng

Comment 1: Important to this methodology is accurately describing the in-depth and focus group discussion guide with the references that the authors used to develop the questions (Methods, Paragraph entitled: Data collection techniques).

i.  *The authors need to address this issue by attaching an appendix with this discussion guide.*

ii.  *Further to this, the authors should mention who conducted the focus groups, interviews, within the text of the paper.*

Response:

- The discussion guide is attached to this document.
- The paper has been explained who conducted the focus group discussions as follows: trained social scientists from the University of Zambia (who were part of REACT) conducted both the IDIs and FGDs. (Page 11, paragraph one).

Comment 2: In addition, the data collection techniques paragraph should also include how the authors translated any interviews that were not conducted in English. Secondary this is the importance of cultural interpretation.

Response:

Both tools were administered in English, as all the study participants spoke English well (Page 11, paragraph one).

Comment 3: Within the Methods, Data Analysis section, paragraph 1, the authors mention that the data was triangulated, but they did not give reference to the Methodology.

Response: After this, data from the IDIs, the FGDs, and the reports from the AFR team’s observations and minutes were triangulated to assess similarities and differences. This involved the integration and synthesis of data from three different sources through examining and comparing the different data sets with the aim of exploring its validity. (Page 11, last paragraph and page 12, first paragraph).

Comment 4: As well, the nature and methodology of the ‘mystery visits’ should be clearly identified.

Response: ‘Mystery visits’ has been substituted with the term ‘observation’.

Data collection involved key informant interviews, focus group discussion, as well as documentary review of relevant documents related to health management and PS in Zambia, as well as minutes and observation from ART meetings. (Page 10, last paragraph).
Comment 5: Within the Results section, the authors utilized the Accountability of Reasonableness Framework for data analysis. The transparency and relevance condition were addressed, but the appeals and enforcement were not addressed at all. The authors should include whether this analysis was completed. Additionally, a table with the major themes and associated quotes would be beneficial to add to the richness of the data. Did any other major themes emerge? In what ways did traditional priority setting methods continue to influence the priority setting process.

Response

Changes have been made so as to present the study results with the AFR conditions guiding the presentation (before/baseline study and after the intervention/evaluation study. Additional quotes have been included. Because of the new organization of the results (following the AFR conditions). The ways in which ‘the traditional priority setting methods’ continue to influence the priority setting process have now come out more clearly). Below is a presentation of how the sub titles have been organised in the manuscript.

Local concepts and practices of fairness and fairness principles in PS processes – baseline

Sub titles under the Relevance AFR condition

- Defining the relevance condition through equality and impartiality concepts
- The relevance condition – the concept of stakeholder involvement

Sub title under the Publicity AFR condition

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Sub title under the Appeals and revisions AFR condition

- The AFR criteria of appeals and revisions

Sub title under the Leadership and enforcement AFR condition

- Role of leadership and enforcement in promoting fair PS

Introducing AFR- Evaluation

Sub titles under the Relevance AFR condition

- Increased awareness of concepts related to the relevance AFR condition
- Modification of practices related to key AFR concepts (evaluation study)

Sub title under the Publicity AFR condition

- Increased use of the AFR publicity concept in defining fair PS

Sub title under the Appeals and revisions AFR condition

- Increased use of the appeal condition

Sub title under the Leadership and enforcement AFR condition

- Leadership and enforcement - key to improving fair PS
Below are the additional quotes:

**Increased use of the appeal condition**

“In the olden days, once management made a decision it was final, unlike now. If you make a decision and the decision is not favored by the people, and they come and they try to appeal, then you revisit or probably change it. This has been as a result of REACT.” (DHMT member). (Page 21, last paragraph).

**Leadership and enforcement - key to improving fair PS**

“Apart from REACT, I think that good leadership skills and attributes in the district have contributed to improved fairness PS processes.” (Member of provincial health team). (Page 22, Second paragraph).

“When the audit report was produced…the auditors said that in this year’s audit report there were no major queries.” (DMO). (Page 22, third paragraph).

“What has changed, as I said, is that we are able now to sit down as a team and make a decision together at every level which was not the case before. Maybe because we had a lot of money, there were so many donors in the MoH. But now things have changed, we don’t have enough resources…and then at this point people have understood that there must be stewardship, accountability, and transparency…We have seen that the concepts that we have learnt are helping us.” (DMO). (Page 22 last paragraph - to page 23).

**Comment 6:** Overall, the importance of contextualizing fairness in priority setting in Zambia is a critical issue that should be addressed. The authors should strengthen their discussion with a deeper literature review to place this process in the context of other nations within their region.

**Response:**

Additional literature review has been carried out to contextualise the AFR process as follows:

- It has been documented that leadership qualities such as vision, alignment, relationships are important in facilitating health care decision making (Reeleder, Goel, Singer & Martin, 2006). (Page 25, first paragraph).

- Kapiriri and Maluka have shown that PS takes place within the complex system of healthcare delivery, which consists of layers of social actors, social processes, and structures. In its preoccupation with decision making, the district health decision-makers must deal with many different actors (Kapiriri & Martin, 2007, Maluka, et al, 2010). Page 26, first paragraph).

- International experience has shown that organizational contexts have the capacity to exert a strong enabling influence on public participation, the outcome of which may
also be dependent on the existence of a participatory culture in a particular community (Abelson, 2001; Mitton et al., 2007). (Page 26, third paragraph).

- These findings resonate with what other studies have indicated that PS decisions in developing countries may be determined by guidelines from the central government; decisions are influenced by power and to a limited extent by the norms and values of the involved actors (Kapiriri & Martin, 2007, Maluka, et al, 2010). (Page 27, second paragraph).

- It is important that stakeholders are informed about decisions in order for them to positively contribute towards the process of setting priorities or appealing against them (Friedman, 2008; Gibson, Martin, & Singer, 2005). (Page 27 last paragraph).

Minor Essential Revisions

**Comment 7.** There are minor grammatical errors and spelling mistakes

The paper was edited by a native English speaker.

We would greatly appreciate if our manuscript would be favourably considered.

Yours faithfully,

Joseph Zulu.