Author's response to reviews

Title: Vertical Funding, NGOs, and Health System Strengthening: Perspectives of Public Sector Health Workers in Mozambique

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Author's response to reviews: see over
December 14, 2012

Re: MS: 1957259752576217 Vertical Funding, NGOs, and Health System Strengthening: Perspectives of Public Sector Health Workers in Mozambique

Dear Editor,

Please find enclosed our revised manuscript for the above referenced submission. As the designated corresponding author, I am submitting this letter and revised manuscript on behalf of Dr. Abdul Mussa, the lead author based in the Ministry of Health in Mozambique, and the other two co-authors. We feel fortunate to have had three very thoughtful and constructive reviews. We have made a number of major revisions in response to those comments that we feel have strengthened the manuscript considerably. We have pasted in the comments from each reviewer below and added an explanation of how we responded to each issue beneath each comment, and then highlighted our responses in yellow. A number of references have been added as suggested by the reviewers and they are included in the revised bibliography. We look forward to your response. Please do not hesitate to contact me if you require any further information from Dr. Mussa or the other co-authors.

Sincerely,

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Reviewer comments and author responses (highlighted in yellow)

Reviewer: David McCoy
Reviewer's report:

1. I think it would help if some more contextual information is included in the introduction in terms of the donor and NGO landscape. For example, who are the
biggest donors; and how do they each compare in terms of the ration between vertical and no vertical funding? Similarly, is there any more information to describe the NGO sector? Is it very dominated by international NGOs; or by local NGOs; or a mix?

The introduction has been substantially revised to address each of the issues above. Additional information and citations have been added to describe the balance of vertical and non-vertical funding and to identify key donors.

2. I would like to see the methods section improved:
- It needs to state the dates when interviews were conducted. (This has been added on page 6 in the revised MS)
- the term ‘informational interviews’ needs to be explained. (The goal of these interviews has been clarified on page 6 in the methods section and we have removed the term “informational”)
- the method of purposive sampling also needs to be explained. How was this conducted? (More detail is now provided on page 6 under “sample and data collection”. The most important sampling step was choosing the provinces and districts in which all top managers in key programs were selected).
- the methodology for analysis needs further elaboration. The term ‘thematic coding’ should be explained (for a reader who is not familiar with the technique) + there should be a brief description of how you went about doing this coding. (A more detailed description and added reference is provided on page 7)

3. Very little data were presented given that there were 41 interviews conducted. Could more be presented? And could some of the qualitative data be quantified? (i.e. give a sense of how common views were etc; also it would to know if there were any differences noted between the different groups of informants)

Given the major space limitations for the paper we could not provide more quotations. We used an approach that is conventional in most qualitative research reporting that focuses on presenting “exemplar quotes” that capture shared thematic dimensions. Additional material would be redundant for the purposes of the present paper. Given that the themes we described were so widely shared we have decided not to further quantify them (we have provide broad numbers and characterizations of how widely shared the themes were). We are also concerned that including the numbers would not add useful information to interpreting the findings since the analytical approach sought to identify themes shared widely across all or nearly all respondents. We now note on page 8 that there were not any differences noted between the different groups of informants.
4. It may be easier for the reader to avoid being told what the three cross cutting themes are (at the beginning of the results section). Rather, present the findings from the interviews in terms of the set of four research topics; and then draw out the themes later. At present the headings and sub-headings feel like they are a bit all over the place; and with findings and conclusions sometimes mixed up together.

We have decided to follow the conventions of much qualitative research reporting in which the themes identified in data analysis provide the framework for reporting. We prefer not to report the findings based on the “four research topics” since our mention of these four topics in the original manuscript was somewhat unclear (we have modified this a bit in the revision). We listed four key issues that we focused on but the interview guide in fact had a longer list of questions on the overall topic of vertical aid that yielded open-ended wide ranging answers. The themes that we identified through a systematic process are a more accurate reflection of the key issues that the respondents identified in responding to our questions. Also, we decided to list four themes (rather than the three in the first version) since we had originally included the respondents’ positive comments about vertical aid at the beginning as prelude comments and not a discrete theme. In fact on further reflection, we decided that these comments do constitute a theme. And this helps clarify the data presentation. We now list four major themes and the subheads have been adjusted to follow this list of themes.

5. The paper does a good job of summarising the problems and the effects of vertical funding. However, what is missing is a discussion about the reasons why these problems remain. As these problems have been on the international health agenda for several years now (especially post IHP etc), the question of why these problems remain is important. I would like to know if this was brought up in any of the interviews, especially informants from national level?

In the discussion section, we now directly discuss and cite the IHP compact and address the issue of why these aid coordination issues persist. The question of why they persist was not directly addressed by respondents other than to say that large funders such as PEPFAR continue to channel resources toward NGO partners and not the public system.

6. What needs to be noted somewhere (in addition to the point already made about this being a one sided set of informants) is that the informants may be especially disgruntled precisely because of the internal brain issue. To what extent are the informants individuals who failed to leave the public sector for a better paid job elsewhere.; and who may be biased against vertical funding?
We have now discussed this issue in the discussion section in the paragraph concerning study limitations on page 14.

Discretionary revisions

1. The paper could be improved by incorporating into the introduction section, a clear description of the research aims and objectives. In other words, “explore the perspectives and experiences of key personnel with regards to ……” (the four topics mentioned on page 7)

We have now done this on page 5

2. In the introduction states that “While the scale of new vertical HIV-specific funding is significantly larger than nearly all other health sector funding combined in many African countries, its impact on existing public sector systems and workforce has been understudied”. I think this is over-stated / too exaggerated. At the very least, it should be referenced.

The statement has been moderated and a citation is now offered on page 3.

Finally, this is a good and important paper - and deserves to be published and disseminated. I would really like to see it written up as well as possible. I hope my suggestions and critique are useful and constructive.

Reviewer's report

Reviewer: Marko Vujicic
Reviewer's report:

All of my comments are major compulsory revisions:

Intro could benefit from some basic data on aid flows. How much is through multilateral, bilateral, and private channels. Intro needs to answer 'what does this add'. There has been a lot of qualitative work based on expert opinion on this topic. What is missing is much more rigorous, data driven papers. This is why I think this paper's contribution is minimal.
The background section has been substantially revised to include more specific data and citations concerning aid flows. We emphasize in the revised MS that the perspectives of public sector health system managers have not been sufficiently examined given the recent surges in vertical aid. They are not necessarily part of the “expert opinion” grouping, but more of the frontline health managers who manage aid flows and partners. We therefore still believe this is an important contribution.

Pg 5 – What are the data or references to support the statement: “A much larger proportion of vertical support is channeled directly to NGOs that center on specific projects whose funding, planning, and implementation are conducted outside the MOH. In both forms, vertical funds have generally not supported cross-cutting administration, human resources, logistics costs, or basic training institutions of the MOH.”

We have now added references (WHO specifically) on page 4.

Pg 5 – The workforce shortage figures-do these refer to open funded positions or normative staffing targets?

These are normative staffing targets (page 5).

It appears this paper was written a few years ago. Why did the authors focus on the 2008 government documents and not something more recent? The references are also out of date. This is a problem. References need to be updated because a lot of recent work has gone on in this area. In terms of the starting point, I think it is ok to have this a few years ago, just need a note saying analysis started in 20XX. In terms of references, a key one missing is:


We updated the references and added more recent citations, both in the introduction and in the discussion. We have also added the very useful citation (Vujicic et al 2012) on page 4. We have also added the timeframe for the interviews and analysis in the first paragraph in the “Methods” section.

Need clarification of the sample. Are these all MOH employees, stakeholders?
You explain this as a shortcoming, but why did you not interview NGOs and other non-MOH key informants. Having worked in many similar environments (although not Mozambique) I am somewhat weary of drawing too much from interviews and focus groups with solely MOH officials. Just my view, but if there are any data available to back up some of the views – have there been any health worker labor market analyses done? Is there any data from published papers, or secondary sources on wage differences? What about at least citing analyses in other countries?

Yes – these are all MOH employees (page 6). The focus of the study was to assess health system manager’s views and not to do a full examination of aid coordination more broadly. The latter would have required a much wider representation of actors in the aid world. We felt that assessing the MOH worker perspectives in themselves adds to our understanding of the broader issue, and was achievable with the resources available for the study. The point is well taken however and in our revised discussion section we stress that our findings are only representations of views held by these managers and are not conclusive results about the actual nature of vertical aid coordination. We recommend further research that would focus on assessing the views of NGO and non-MOH agency personnel in Mozambique.

We also now include references (on page 14) to recent studies that provide data on wage differences in Mozambique and internal brain drain from the public sector to NGOs and aid agencies.

On the methods, there are much more sophisticated ways to analyze qualitative data of this nature. The authors need to describe why they did not do this. I am thinking papers by Pieter Serneels, Magnus Lindelow, there is a chapter in Analyzing Health Equity Using Household Survey Data by the World Bank that should be referenced.

In our revised “Methods” section we provide more detail on how the data were analyzed and we have added one methods citation. There are a wide variety of approaches to analyzing data from open-ended semi-structured interviews and we used the theme identification techniques described in the most widely cited qualitative analysis guides (Miles & Huberman, and Bernard and Ryan). We also reviewed papers by Serneels and Lindelow (but did not cite them) to ensure that our methods reporting was consistent with their published work. We reviewed the World Bank reference, but we felt that our earlier references above were more appropriate for the current study purposes.
Reviewer: Frank Feeley
Reviewer’s report:

The article is very well written. The author’s methodology is clearly described, and the arguments are logical and easy to follow, with well chosen quotes from the interviews which adequately support the conclusions reached. However, I am not convinced that the article presents knowledge that goes beyond what is already in the literature or is generally understood by those working in the field. While the subjects interviewed here (Government officials) are perhaps under-represented in the literature on the problems of vertical programs and health systems strengthening, most of the points that they raise are not new. In particular, the failure of vertical programs to adequately build health systems, and the tendency to “over fund” the targeted programmatic interventions are well understood. I’m not sure the article adds new knowledge here. Nor are the problems of donor coordination new----this, after all, is the basis for the SWAp initiatives. It is instructive to see the comparison between SWAp funds and vertical program funds in Mozambique. It would be interesting to see this ratio for other African countries.

Because public sector managers are under-represented in the literature we believe this study does contribute to that literature because it helps capture a better understanding of the management difficulties created by vertical funding, and helps suggest some potential remedies. In particular the internal brain drain issue has not been fully appreciated. The aid coordination problems persist in spite of growing awareness of these issues, which implies that further contributions to the literature could be beneficial to understanding the challenge.

We have added more information and references on the balance of SWAp to vertical funds over the years in Mozambique in the introduction. We have added a new reference (Amico et al 2010) that provides some data on vertical HIV funding in other African countries.

The authors make much of the “internal brain drain” with NGO’s hiring away Government health personnel. While this may not be as well documented as external brain drain, it is very widely recognized as an issue by those working in health and development, and has been specifically addressed in some countries by trying to top up Government salaries rather than hiring away from the Government. It would be interesting to know if the vertical programs offered to do this in Mozambique, rather than relying on NGO’s. The authors’ argument would be stronger if they had data documenting the extent of the “internal brain drain” from Government to health NGO’s supported by vertical programs.
PEPFAR is the largest vertical donor in Mozambique and it has, by design, chosen to avoid contributing to the common fund and channels much of its funding into “implementing partner” NGOs and other agencies. We now provide and cite some data (on page 14) to show that PEPFAR funded partners have employed dozens of Mozambique doctors from the public system. While topping up does occur (it is very difficult to obtain reliable data on this in Mozambique), it has not stopped the significant brain drain still occurring. While these dynamics are well known among those working on the ground, there is little in the published literature about the phenomenon and its impact on health services. We have added a two citations concerning data on wage differentials and brain drain in Mozambique on page 14.

In much of Africa, NGO’s have long been an extension of the public health system, or provided health services where the Government has failed to do so. What we do not learn in this article is the extent to which NGO’s were active in providing health care in Mozambique before the intervention of the large vertical programs. Did the vertical programs bring the NGO’s into the country, or did vertical program money pour through an NGO system that was already well established and better capable of rapid expansion of the programs supported with vertical funding? By relying on the perspective of Government officials, we don’t get much understanding of the comparative abilities of the Government and NGO’s to deliver targeted services when funding was greatly increased.

We have added some description in the introduction to explain that foreign NGOS had already had a dominant position in the health sector before the large increases in aid. But the new funding actually brought a range of new foreign NGOs (and universities) to the health sector. It remains controversial whether NGOs or the government system could best manage the rapid expansion of vertical programs. However, PEPFAR and other large donors chose a priori to concentrate on NGOs perhaps motivated by aversions to government systems deriving from US policy. It is beyond the scope of this paper to address the motivations of PEPFAR and other key donors other than to emphasize that the issues continue to be controversial. In the discussion section, we agree that further research is needed to assess the comparative abilities of the government vs. NGOs and examine the views of NGO and agency managers. The value of the current paper, we believe, is that it reports the experiences of one important group that is often overlooked. But the paper does not, and does not seek to, represent the full spectrum of views on this complex issue.

In short, the article focuses on government response to money funneled through NGO’s, but in fact may be more of an indictment of the weaknesses in vertical programming. The NGO’s may have been the beneficiaries, but we do not get much understanding of the reasons why they (not
the Government) were the recipients of the vertical funding. Without a better understanding of the pre-existing role of NGO’s and the reasons for channeling the money through them, we can’t judge if the response of the Government officials is sour grapes, or a fair indictment of the management of vertical programs.

We have added some additional context on NGOs on pages 4-5 and in the discussion section that provides some understanding of this background. The reasons for channeling funding through NGOs are complex and in some cases ideologically or politically driven on the part of the donors, so a full discussion is beyond the scope of this paper. The response of the Government workers could be “sour grapes” and we mention this now in the discussion section concerning limitations of the study. However, we still feel that obtaining, recording, and reporting public sector health system managers’ experiences and opinions is still a valuable contribution, but cannot answer a broader question of why some major donors continue to choose vertical funding. This paper is also unable to assess whether the vertical model was an appropriate or successful choice, but the frustration expressed by the respondents is an important aspect of this issue.

A few text specific comments are included as “sticky notes” in the original manuscript file attached. I would view these all as suggested improvements.

These suggested improvements were reviewed and added.