Author’s response to reviews

Title: The emergence and current performance of a health research system: lessons from Guinea Bissau

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Version: 2 Date: 22 January 2012

Author's response to reviews: see over
Reviewer’s report
Title: The emergence and current performance of a health research system: lessons from Guinea Bissau

Version: 1 Date: 31 August 2011

Reviewer: Helen Burchett

Reviewer’s report:

First of all, we would like to kindly thank Helen Burchett for the thorough review and detailed comments that will certainly help us improve the article. Below, we provide a response to the 32 Essential revisions, and 56 discretionary revisions.

Essential Revisions

1. Results, p9: is INASA the only organisation conducting research in Guinea Bissau? This is implied from the findings section. But given experiences in other LICs, have you considered research produced by universities, health professionals (e.g. conducting small-scale unfunded research alongside their clinical work) or foreign researchers? These should be considered and discussed. If INASA is the only organisation, this is surely rather unusual and should therefore be commented on and discussed. On a similar note, are all the research centres based in the capital? There are also implications associated with this point.

We have revised the text. An important overall point in our response is that we would like to emphasize that the situation in Guinea Bissau seems rather unique. While several countries in the region face similar challenges (e.g. donor-dependence, weak health system, shortage of health workers), the dynamics and challenges appear much graver and explicit in Guinea Bissau. An important cause seems the difficult recent history and ongoing political instability.

Based on our experiences with NHRS development in many other LIC, we have considered research produced by others. At the moment of conducting this study, INASA is the only Guinean organization conducting formal health research in the country. INASA includes the former BHP, National Laboratory, Department of Epidemiology, etc. In addition, INEP conducts more social science related research. A few other projects have been initiated, but these collaborate with BHP (which is part of INASA). The only other separate research projects that we identified are an Italian study on malaria prevention, a UK funded project on Effective Interventions (which seems to have been stalled due to the ongoing instability in the country) and a Portuguese – Brazilian collaboration that is looking at traditional medicine. These are short term studies, led and conducted by expatriate researchers who tend to be in the country for a very short time. We have found one case where a foreign consultant was helping a local health directorate to do basic monitoring. For specific epidemics (e.g. cholera), foreign researchers from organizations such as MSF or the CDC come in. We have added this to the text.

2. Results, p14: can you add a summary or overview of the current performance or state of the NHRS in Guinea Bissau? As it stands, I don’t feel I take away a
We have added a summary at the start of the second part of the result section (where the NHRS is being described).

3. Methods: describe the NHRS framework in the methods section, as well as referencing table 1. This will set up the sub-headings used in the findings section. Also note that the findings headings do not match the table.

At the beginning of the result section, the NHRS framework is described and we make reference to table 1. We have added a description of the functions of the NHRS framework to this. We describe some functions of the NHRS in more detail, and therefore we have added some headings.

4. Describe the Bandim Health Project – it is first mentioned in the methods (re: sample) without any explanation of what it is.

We have added a brief description of the BHP to the background section. It is described in more detail in the results section.

5. Methods: there methods of analysis are unclear. ‘relevant parts’ of the interviews were transcribed – but no mention is made of how these transcripts were used in the analysis. It says a detailed summary was prepared for each interview. This suggests that the transcripts weren’t used. The description of the analysis in the abstract was clearer.

We have revised the text to make our methods of analysis more clearly.

6. Methods: it mentions that the focus of the first interviews was a general exploration – how many interviews were ‘first’? And what was the focus of the remaining interviews?

We have revised the text to make this more clear in the methods section.

7. Methods: ten research projects were chosen to explore the NHRS functions in depth. How were these projects studied – were interviewees asked only about these projects? Did document analysis focus on them? Also, it states that articles published in scientific journals were used to structure interviews – were these articles about the ten project, or different articles? If different, how were they chosen?

We have revised the text to make this clearer in the method section. A part of the interviews and document analysis focuses on these ten projects, and a part was about the NHRS and its functions. Interviews mostly involved multiple topics, research projects, etc. This makes it unrealistic to pinpoint in the method section which interview or document analysis was exactly for which purpose. There are very few researchers in the country, and most interviewees were involved in multiple projects, and asked about multiple issues, themes and projects.

8. Methods: clarify whether the two national workshops were organised and run
by the researchers or others. Did interviewees attend these workshops? How many people (and who) attended?

_We have provided more information about this in the method section. These workshops were organized by INASA and COHRED together. Since there is only a small number of researchers and stakeholders in the country, many of the interviewees attended these workshops. We bring this up as this provides extra confirmation of our results._

9. Methods: which three key informants reflected on the draft – and why were they selected? I assume by ‘minor textual changes’ you mean that they did not change the substance or meaning of the findings – but this could be made clearer.

_We have removed this from the method section as no substantial changes were made and we do not want to reveal the identities of these informants in the manuscript._

10. Results: the results section reads as though it is a statements of facts, rather than the findings from qualitative research. Rewording it (e.g. ‘interviewees reported that...’ or ‘it was generally felt that...’) may help. It is also not clear what findings came from the document analysis and what came from interviews. This could be clarified (for example by referencing documents).

_There are different approaches to qualitative research and to describing results. At a few places in the text we have reworded the result section, and added some referencing, as suggested by the reviewer. In general however, we believe that our approach to writing the result section is appropriate for a historical analysis of the emergence of a health research system, and for an assessment of the current functioning of such a system. Comparable analyses in journals like Research Policy and Social Studies of Science use a similar approach._

11. Results, p6: ‘the introduction of measles vaccines’ – when was this? Was this for a study or was it a health policy? It is unclear as written.

_1981. We have revised the text to make clear that these were health care activities that were closely studied for research purposes. Please note that in Guinea Bissau, a clear separation between introducing health activities for health purposes or for research purposes is sometimes difficult to make._


_We have revised the text_

13. Results, p6: it is not clear whether the routine vaccinations and vaccine outreach activities were research activities or health care activities

_We have revised the text, these were health care activities that were closely studied for research purposes (in reality, this distinction cannot always be made)._
14. Results, p6, last line: ‘in these trials’ – which trials?

_We have revised the text: these were the HTMV trials._

15. Results, p7, paragraph 2: ENRECA – what does this stand for?

_Enhancing Research Capacity. We have revised the text._

16. Results, p9, last paragraph: this is vague but seems as though it may be particularly pertinent. Can you give more information about what the senior official initiated and how it developed? Also, describe what the National Institute of Public Health would encompass (NIPH = INASA).

_We have revised the text to describe this more clearly. A more detailed description of the NIPH is provided in the result section under ‘creating and sustaining resources’._

17. Results, p9: is INASA the only organisation conducting research in Guinea Bissau? This is implied from the findings section. But given experiences in other LICs, have you considered research produced by universities, health professionals (e.g. conducting small-scale unfunded research alongside their clinical work) or foreign researchers? These should be considered and discussed. If INASA is the only organisation, this is surely rather unusual and should therefore be commented on and discussed. On a similar note, are all the research centres based in the capital? There are also implications associated with this point.

_This point is similar to point 1, for which we have revised the text._

18. Results, p9, Stewardship: ‘health research has been integrated into the national plan’ – this sounds interesting and crucial for this study. Can you provide more information about this?

_We have revised the text and added a bit more information. Health research is mentioned in the national plan as an important tool to improve policy, practice and innovation for health._

19. Results, p9, Stewardship: the quote does not match the comment above about expat/international agencies.

_The director of the BHP is of Danish origin. We have made this more explicit in the text._

20. Results, p11, Financing: who funded the salaries of the few INASA researchers? How? Was there the MoH budget?

_We have revised the text and made explicit that the INASA researchers are funded through the MOH budget._

21. Results, p11, Producing and Using, last line: clarify what you mean by
We have revised this in the text. The program that is being studied is called ‘effective interventions’ and has the aim of reducing infant mortality. Due to the ongoing instability in Guinea Bissau, the research as part of the program was not operational when we conducted our interviews.

22. Results, p12, paragraph 1: ‘Until 2004 research papers...’ – were these BHP papers? What were they translated from/to? Who were they disseminated to?

We have revised the text.

23. Results, p12, paragraph 1: ‘until some years ago’ – this vague – can you be more precise? Also, why did they stop having dissemination meetings?

We have revised the text. We asked why these meetings were no longer held, but did not get a clear answer.

24. Results, p12, paragraph 1: how are current/recent studies disseminated?

We have revised the text. At the moment of our study, there was no organized approach for disseminating research results.

25. Results, p12, last line: ‘International agencies and NGOs’ – is there dialogue between researchers and these organisations as well, or is it just with MoH?

We have revised the text in the paragraph above the one discussed. It now makes explicit that there is some personal engagement. In addition we describe how NGOs and international agencies have commissioned research and, in a few cases, used some of the results.

26. Results, p13, paragraph 1: how were ‘locally commissioned studies’ used in the Guinean health system? Were they used by the international agencies/NGOs who commissioned them or by others?

We have revised the text. These commissioned studies have mostly informed their own work and that of the MOH.

27. Results, p13, paragraph 1: ‘failed to inform themselves’ – this is a very blame-laden statement. Can you really say that it is their fault? Without knowing the circumstances, it is difficult to say, but given that they may be constrained by international policy and directions from their HQ and that research findings might not be disseminated, I would consider rewording this e.g. ‘there were also cases where they did not make use of local research findings or pushed their own protocols...’

We believe a ‘blame-laden’ statement is appropriate here. There were several cases where external actors came in and did not inform themselves of what research was going on, or had been conducted in the country. Research findings are all published in international journals and the BHP has a website that is easily found and kept up to date. We met health consultants from MSF who were working for several weeks in
the country on cholera and had not even considered that local research could exist, while several high-quality studies have been locally conducted and published. In addition there were examples of new intervention projects being started in communities that were part of ongoing longitudinal studies, without even consulting the research community in the country.

28. Results, p13, paragraph 1: add more information about what interference there was – how did they interfere? What impact did it have?

We revised the text to make this more explicit. We do not want to provide too much detail in the manuscript, as this might influence future collaboration.

29. Discussion, paragraph 2: ‘at the same time, there has been much less attention...’ – what about the pay for healthcare workers? You state that research on this changed the national policy.

We believe the text is appropriate here. We describe “there has been much less attention”. The study that led to an increase in the pay for healthcare workers is an example of one of the few locally initiated studies, headed by a Guinean, which focused on a local health economics questions.

30. Discussion, p15, paragraph 2: this reads more like recommendations than discussion.

In our approach of discussing this single case of Guinea Bissau, we start some of the paragraphs with bringing in a general consideration, after which we discuss the specifics of the case. This approach to discussing a single case is used more often in single case study research, and we feel it is appropriate for our discussion.

31. Discussion, p15, paragraph 2: add references to last line.

We have added a reference to the last line.

32. Discussion, p16, paragraph 2: you mention funding here. Yet there was no mention of local/national funding in the findings.

We revised the text and made explicit that some funding is coming from the MOH (under ‘financing’ in the result section).

Discretionary Revisions

1. Background, consider adding a bit more detail about Guinea Bissau e.g. that there are 10 regions, is it disperse or compact etc – for those unfamiliar.

We provide some basic characteristics: “This small West African country, with an estimated population of 1.5 million is one of the five poorest in the world. Since independence from Portugal in 1974, Guinea Bissau has experienced considerable political and military upheaval: a few years after the first multi party elections in 1994 the country fell into a civil war that ended by 2000 after which the country has seen a rapid succession of both military and civilian governments. During the civil war many health workers left the country and the health infrastructure rapidly deteriorated. Ongoing political instability, a lack
of trained health workers and low government expenditure on health (estimated at 3 USD per capita in 2006) have hampered the reconstruction of the health system.” We think this includes the most important information about the country in relation to the purpose of our article. We have added a few details later in the manuscript.

2. Background, paragraph 1, line 6 – change ‘on better sending and explaining’ to ‘on better dissemination and explaining’

We have revised the text.

3. Background, paragraph 1, lines 17-24: this is quite an unclear section – could it be re-worked (and maybe shortened? It seems quite verbose without actually saying too much)

We believe this is an important section as it describes that a ‘system’ of research starts to emerge when research is being conducted. The fact that NHRS development is in reality mostly an attempt to modulate an emerged system is important, as changing systems is very difficult. To our knowledge, this point is overlooked in the literature on NHRS development, and in practical approaches to NHRS development.

4. Background, page 2, line 1: ‘Note the distinction between a prescriptive system approach...’ this was unclear to me.

To emphasize and point out this distinction, we have added this sentence.

5. Background, page 2, paragraph 2: ‘nearly 650 publications’ – add reference for this (or state how you found out, if you calculated this yourself)

We have revised the text. We have calculated this by searching publications from Guinea Bissau (or with data from Guinea Bissau), and excluded non-health studies and commentaries. Precisely demarcating health related research from non-health related research was sometimes difficult and rather arbitrary. The number we provide is the best we could do.

6. Background, page 3, line 2: consider replacing ‘widely challenged’ – a vague and unclear term – with ‘weak’

We have revised the text.

7. Background, page 3, line 2-3: I am not convinced it is a unique case – there are other countries with weak health systems and high quality research.

While there are countries that face similar dynamics, our experience (in many other LIC) is that these dynamics are stronger and explicit in Guinea Bissau.

8. Background, page 3, line 6: ‘to deal with a’ – is unclear.

We agree that ‘to deal with’ is not very specific, but prefer not to revise the text as we want to put the emphasis on the ‘system’.

We revised the text

10. Methods, page 3, last line: consider ‘and/or’ instead of ‘or’ in ‘policy maker or practitioner’

We revised the text

11. Methods, Interviewing: ‘that were not previously related to research in’ – consider ‘that were not previously involved in’

We revised the text

12. Methods, Interviewing: unclear what is meant by ‘relevant parts transcribed verbatim’

We have tried to make this more explicit in the text.

13. Results, page 5: ‘analyses for medical care and for research’ – is unclear

We believe the text is appropriate, as the laboratory performed tests for both medical care, and was also the laboratory that conducted tests for research purposes.

14. Results, page 5: ‘as was assumed in the North’ – assumed by whom? If possible, reference.

This was the general opinion in the North. This can be clearly found in newspaper articles, scientific publications, etc. There is no single ‘main’ reference to this point.

15. Results, page 6, line 2: ‘dose of infection’ – unclear

We have added a reference to the publication in which this study is described and explained

16. Results, page 6, line 12: ‘local health provision activities’ should be ‘health care provision activities’

We have revised the text

17. Results, page 6, ‘were reproducible elsewhere’ – this implies that there was intervention, yet you state ‘observations’. You may want to replace it with ‘were also found elsewhere’.

We understand the point made, but have chosen not to change the text.

18. Results, page 6, last paragraph: ‘monitor the changes in childhood mortality’ – should be ‘monitor changes in’
We have revised the text.

19. Results, p6, last paragraph: check the accuracy of the use of terms ‘survey’ (implying one-off) and ‘surveillance’ (implying ongoing) and childhood and neonatal.

We have checked the terms and believe we have used them accurately.

20. Results, p7, first paragraph: what happened in Guinea Bissau regarding HTMV – did they continue to offer it because of the international recommendation?

They did continue to provide HTMV in Guinea Bissau for various reasons, until the international recommendation was changed. We prefer not to further describe this in the manuscript.

21. Results, p7, 2nd paragraph: ‘funded the training of Guinean researcher’ (should be researchers)

We have revised the text.

22. Results, p7, 2nd paragraph: ‘data collection of entry with’ should read ‘data collection or data entry for…’

We revised the text.

23. Results, p7, paragraph 3: ‘in this period’ – do you mean the 1990s? Could be clarified.

Yes, we have revised the text.

24. Results, p7, paragraph 3: ‘new projects were started on amongst’ – should be ‘on, amongst’

We revised the text

25. Results, p7, paragraph 4: from mid-2000 – clarify – was this at the end of the war?

We revised this in the text. The war has been formally over a few times…Mid 2000 is when elections were held.

26. Results, p7, paragraph 4: ‘8 Guineans finished...’ – were these the same as listed above? Seems to be some repetition about the MSc/PhD students.

We have not changed the text. This is partly the same group, to which new students are added, and some MSc students move onto PhD programs. The numbers provided are correct.
27. Results, p8, paragraph 2: ‘that possibly some of the routine’ – consider ‘the possibility that some routine vaccinations...’
   *We have revised the text.*

28. Results, p8, paragraph 2: ‘non-specific effects on child survival’ – may be confusing to readers not specialised in child health/immunisation
   *We have not revised the text, as the NSE are an important research result, and we provide several references.*

29. Results, p8, paragraph 2: ‘The findings that vaccines had...' – change to ‘These findings were controversial’ (otherwise repetitive)
   *We have revised the text*

30. Results, p8, paragraph 2: ‘ignore these finding’ – should be ‘findings’
   *We have revised the text*

31. Results, p8, paragraph 2: ‘challenging the used methods’ – should be ‘methods used’
   *We revised the text*

32. Results, p8, paragraph 3: ‘and cover all 10 regions’ – consider ‘and now covers all 10 regions’.
   *We revised the text*

33. Results, p9, Stewardship: ‘Until recently the research topics’ – should be ‘Until recently research topics’
   *We revised the text*

34. Results, p9, last line: move to paragraph below.
   *We revised the text*

35. Results, p10, paragraph 1: sentences on ethics are unclear.
   *We revised the text.*

36. Results, p10, paragraph 2: who funded the KAP study on water and sanitation?
   *UNICEF did, we added this to the text.*

37. Results, p10, last sentence: revise to ‘which takes a long time to arrive’
   *We have revised the text.*
38. Results, p11, line 2: revise to ‘HINARI (a programme that...)

We have revised the text.

39. Results, p11, Producing and Using, consider replacing ‘the largest part of health research’ with ‘most health research’

We have revised the text.

40. Results, p11, Producing and Using, consider replacing ‘maternal vulnerability’ with ‘maternal health’ – I’m not sure what the former means.

We have revised the text.

41. Results, p11, Producing and Using: ‘in the past, Swedish and Portuguese’ – when was this? When did it stop – and why?

We prefer to keep the text as it is. The Portuguese mostly pulled out before the liberation war, but there has been some research activity before the civil war. The Swedish seem to have pulled out mostly before the civil war, but it was difficult to get first-hand detailed information about this.

42. Results, p11, Producing and Using: ‘the most significant contribution seems the’ – consider ‘contribution was the’

We have revised the text.

43. Results, p11, Producing and Using: ‘recently some researchers’ – were these working in isolation or in collaboration with Guinean researchers?

These are working in isolation from the Guinean researchers.

44. Results, p11, ‘Efforts to Enhance’: ‘there has been a special edition’ – consider ‘there was a special edition on health research in 2002...’

We have revised the text.

45. Results, p12: ‘asking illegal user fees to patients’ – consider revising to ‘demanding illegal user fees from patients’

We prefer not to change the text.

46. Results, p12: ‘The country ‘s health system’ [typo]

We have revised the text.

47. Results, p12: NGO’s should be NGOs (repeated elsewhere as well)

We have revised the text.
48. Results, p13, paragraph 2: consider changing ‘more difficult to contribute’ to
‘more difficult for research to contribute to local decision-making’
‘Since the beginning research findings’ to ‘Since the beginning their research
findings’
‘Research showed that infectious...’ to ‘Their studies showed that infectious...’
‘...major cause for child mortality and that...’ to ‘...major cause of child mortality in
Guinea Bissau and that...’
‘Studies on the effect of the WHO...’ to ‘Their studies on the effect of the WHO...’

We have revised the text.

49. Results, p13, paragraph 2: ‘to the withdrawal of the vaccine’ – at the
international or national level?

International withdrawal. We have revised the text.

50. Discussion, paragraph 2: ‘research practices and the systems’ – do you
mean the research system, the health system, or both?

We mean the practices of research and the system of research. Research systems
influence research practices, and research practices influence research systems.

51. Discussion, paragraph 2: ‘they take place co-evolve’ consider ‘co-evolve over
time’.

We have revised the text.

52. Discussion, p15, paragraph 1: ‘The challenge is to develop...’ – how will this
be possible, if funding remains external to the country?

Research priority setting and encouraging donors to align to local priorities, are
important steps (as part of NHRS development). These are described in the text.

53. Discussion, p16, paragraph 3: ‘The examples of research use...more
complex than often described...’ – as many other studies confirm – would be
useful to note this and reference some.

We fully agree that there are many interesting studies that explore the complexities of
research utilization, but prefer to keep the text as it is.

54. Discussion, p16, last line: ‘ultimately depends on the end-user’ – I strongly
question this. It suggests a naive view, from the perspective of researchers who
lack any understanding of the complexity of the issues or the constraints that
decision-makers must work within. I strongly suggest you reword it.

We have added that this end-user is working in a context.

55. Discussion, p17, paragraph 2: This is quite abstract and would benefit from
being made a bit less so.
We agree that this is quite abstract, but believe we need this abstract terminology to make an important point. (which is much more ‘mainstream’ in fields like agricultural innovation and innovation systems)

56. Abstract: would benefit from inclusion of some of the points made about international HRS and how they link with NHRS as discussed in the discussion section.

We agree, but find it difficult to add this to the abstract, as some of the concepts are not easy to understand and require more words than is possible in the abstract.

Again, we would like to kindly thank Helen Burchett for many constructive comments that we found really useful.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare I have no competing interests.

Reviewer's report

Title: The emergence and current performance of a health research system: lessons from Guinea Bissau

Version: 1 Date: 25 October 2011

Reviewer: Harriet Nabudere

Reviewer's report:
Discretionary Revisions:
In the background section, it should be made clearer the difference between 'National Health Research System' as a recommended model by the WHO and the 'Health Research System', i.e, current status of health research in Guinea Bissau.

We kindly thank Harriet Nabudere for reviewing our manuscript and for the suggestion made. We have revised the text and tried to make the distinction between a NHRS and a health research system more clearly.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests: I declare that I have no competing interests.