Reviewer’s report

Title: Shaping legal abortion provision in Ghana: using policy theory to inform evidenced-based practice

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Reviewer: Jane J Doherty

Reviewer’s report:

Overall comment:

I found this article interesting to read and particularly enjoyed the frank quotes. I thought the presentation of the findings and the discussion were particularly well handled. I think the research issue (the role of providers in weakening implementation of abortion policy) is very important: this issue is under-researched, particularly in Africa. I support the publication of the article.

As detailed below, I think at the start of the article you need to position your research more clearly by making a stronger argument for how the research adds to the existing body of knowledge, and clarifying what you mean by ‘using policy theory to inform evidenced-based practice.’ In the conclusions I think you need to be more reflective by identifying the limitations of Lipsky’s theory as highlighted by this research experience, acknowledging more strongly that providers are embedded in a socio-cultural context that constrains the way they choose to behave, and provide some evidence to support your policy recommendations.

Minor Essential Revisions:

Is the question posed by the authors new and well defined?:

The question is well-defined but I think you should make it more clear upfront that you looked specifically at the role of providers’ attitudes/values, rather than other issues such as resource constraints (which was the focus of Lipsky’s original work). In the last paragraph of the introduction you imply that the study is trying to understand why legal abortion services are not implemented by providers which in turn implies a comprehensive review of all the issues, including lack of resources, time, training etc., which you did not do.

Towards the end of the introduction it is stated that there are other articles that have dealt with the behaviour of providers delivering abortion services, that some of these studies come from Africa, and that some have already raised the issue of religion and morality. So I think you need to make it more clear how the study adds to this existing knowledge. I suggest the argument include:

• the fact that no other study in Ghana has focused on the role of front-line providers in implementation
• abortion policy is a particular priority for investigation (because it is a hard-won
right, the impact is unexpectedly low and maternal mortality remains high, measure of equity of access etc.)

• you used Lipsky’s theory as a way to narrow the focus of the study, categorise the practices of providers, and generate recommendations specifically targeted at a major, deep-seated obstacle to implementation

• unlike much of the literature on front-line providers that talks about resource and time constraints, heavy workload, poor incentives, low morale, poor inter-personal relationships etc., you look at attitudes and values (which are more deep-seated obstacles that can persist even in well-resourced settings)

Are the methods appropriate and well described, and are sufficient details provided to replicate the work?:

Generally, yes, except that:

• You need to explain Lipsky’s theory more clearly (on p4, para 4) because not all readers will be familiar with it – at the same time, you need to explain more clearly why you chose it as your particular theoretical approach. As I understand it, the argument goes:

  o Traditional evaluations focused on outputs, outcomes and impacts – when a programme failed to achieve the desired effect, the tendency was to blame the design of the policy.

  o With the development of policy analysis and other research techniques (such as realist evaluation, for example), there was an appreciation of the need to explain why and how change did or did not happen, and to look at the role played by actors, processes and the context in shaping change. However, the tendency when looking at actors was to focus on those with substantial and obvious power to effect change.

  o Lipsky highlighted the fact that frontline providers do not mechanically implement the policies that are designed by their superiors. They have discretion with regards to what they implement and how they implement it. They use this power of discretion to develop strategies to deal with the conflict between what the policy demands and the resources at their disposal allow (these are called coping mechanisms and, as coping has somewhat of a positive ring, I think you need to explain that coping relates to balancing competing demands, not to ‘managing to get the service implemented as intended’).

  o Because of the high emotions around abortion policy, especially in societies with strong religious or cultural aversion to abortion, examining providers’ behaviour is particularly important as this could be a key barrier to access.

  o Your understanding of the theory directed you to focus on the role of providers but, because of the policy under investigation – abortion – you chose to focus on attitudes and values, and how these influenced practice, rather than on other aspects of providers’ circumstances (such as supervision and training etc.).

• You need to understand on what basis people were purposively sampled (i.e. how did you choose them and how did you choose which institutions to use)
• You need to be absolutely clear about how many staff of which type from each institution (by level and public/private) were interviewed – the current wording is too vague – a table might help?

• You need to explain why you included providers such as pharmacists who are not ‘front-line’ in terms of counselling and influencing women’s behaviour (or are they?)

• You need to describe the process for generating recommendations: Did you ask your key informants’ opinions on this? Did you have a workshop with policy-makers/managers/providers? Did you rely on evidence from the literature?

• You need to comment on whether you got ethics approval and how you dealt with anonymity and confidentiality

Are the data sound and well controlled?:
Yes.

Does the manuscript adhere to the relevant standards for reporting and data deposition?:
Yes.

Are the discussion and conclusions well balanced and adequately supported by the data?:

With respect to the discussion, yes. The only thing I thought was missing was a comment on how some key informants tended to imply that people wanting an abortion were people who were in adulterous relationships or had had ‘frivolous’ pre-marital sex, whereas the reasons for needing an abortion are much more diverse and complex.

The conclusions do address the discussion well, but it is not clear where recommendations are merely your considered opinions (in which case you need to make this clear by saying that ‘this might work’ or ‘this is worth investigating further’) or based on key informants’ recommendations or derived from the literature (in which case you need to add references). Many of your recommendations fall into the category of the need for continued advocacy for abortion services, even within the health services, which might be a point to make and substantiate more. I quickly did a Google search and found the following two references that might be useful in this regard as they talk about working with providers:

• Barbara Klugman and Debbie Budlender. Advocating for Abortion Access: Eleven Country Studies – the Kenyan experience may be especially relevant

• Implementation of legal abortion in Nepal: a model for rapid scale-up of high-quality care. Ghazaleh Samandari, Merrill Wolf, Indira Basnet, Alyson Hyman and Kathryn Andersen

As you claim at the start of the article that you wanted to test the theory, I think you need to add to the discussion or conclusion that:
• Lipsky’s theory focuses on how resource constraints prompt providers to modify their behaviours (such as prioritising patients or making them queue or putting them off) whereas your study showed that attitudes and values are just as important

• Lipsky’s theory places great emphasis on how providers have a significant degree of power in deciding how a policy should be implemented practice and therefore become ‘policy-makers’ themselves, but that your study showed that their behaviour is highly constrained by organisational and political factors and so this diminished their personal power (you do already say this but do not link it to Lipsky’s theory)

Do the title and abstract accurately convey what has been found?

Not entirely – I think it implies that the study is about an intervention (that was theory-based) that led to a change in practice. How about “Using policy theory to understand poor implementation of abortion services in Ghana”?

Is the writing acceptable?

Yes, generally, but there are some sentences that are grammatically incomplete or do not make sense. Some examples I noticed:

• P4, 2nd para, 1st sentence: ‘Although it is clearly’

• P4, 3rd para, last sentence starting ‘It is particularly relevant’: I have no idea what this sentence is about!

A lot of acronyms are used that are not explained: remember to write out the full meaning the first time the acronym is used.

Discretionary Revisions:

• 1st para, 1st sentence: this would have more impact if you could quote some figures

• Throughout: perhaps you should not use the term ‘medical staff’ because for some readers this means doctors – ‘health professionals’ is better.

• 2nd para under methods: here you should explain more clearly how women get access to abortion services (you do mention some details during the findings but this is too late) – do they first have to come to a clinic to see a midwife, and then does she refer them to a doctor? (so nurses never do abortions themselves?); does a generalist do the abortion or an obstetrician?

• A question of terminology: Is the term ‘obstetrician’ used in its usual sense i.e. as a specialist who has four-years post-medical training? Or does it refer to a generalist doctor who might have have a post-graduate diploma? I am asking because it seems strange that you recommend at the end of the article that all abortions should be done by obstetricians, as I see specialists as a rare and expensive resource that are not an affordable solution in Africa (especially as that level of expertise is not required for most abortions).

• P12, 1st para under heading ‘Counselling’: The description of the GHS Standards should perhaps come in the introduction so that people understand the details of the abortion policy right from the start.
• I wasn’t clear whether there were any differences between people practising in the public and private sectors

• You seem to imply at some stage that managers are also street level bureaucrats – I would argue against this because they do not have daily contact with patients i.e. are not at that interface – so I would rather say that street level bureaucrats do not have complete discretion as their choices are constrained by other levels of the system

• P18, 2nd para: your point about the dichotomy (or hypocrisy, as some people might put it!) – this is clearly a reality experienced everywhere and I think you do need to acknowledge somewhere that the trends you expose are not unique to Africa – in fact historically they were very common in the West, too, and still persist – so this needs to bring you to the point that these issues are part of a bigger discussion about women’s freedom to make choices, sexual and reproductive rights etc.

• P18 last para – maybe quality the last sentence by saying ‘the are sometimes accused

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**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.