Author’s response to reviews

Title: Institutional Capacity For Health Systems Research In East And Central African Schools Of Public Health: Knowledge Translation And Effective Communication

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Author's response to reviews: see over
Institutional Capacity For Health Systems Research In East And Central African Schools
Of Public Health Knowledge Translation And Effective Communication

Response to reviewers

Reviewer : Flavia Senkubuge Reviewer's report:

General points:
We are grateful for comments that we find very encouraging. Below are our responses to the issues raised by the reviewers.

<table>
<thead>
<tr>
<th>Reviewer’s Comments</th>
<th>Revisions made</th>
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<tbody>
<tr>
<td>1. Is the question posed by the authors new and well defined? Although the question is generally not new, in Africa issues around Knowledge translation have been paid very little attention. It therefore is a very good topic to discuss and is well defined.</td>
<td>Noted, no author response necessary.</td>
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<td>2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work? The methods section needs clarification. • On the tool, did you first adapt then develop? If yes then it is adapted and then developed. • Validity of the tool would require much more than just amendments and clarifications. Here I think it was clarity of the tool that was achieved though amendments. • What consideration was given to selection bias? • What was the potential sample size from each school? 3. Are the data sound and well controlled? • Did you use any statistical packages? e.g. for data entry or analysis? • How was data quality ensured? e.g. double data etc.</td>
<td>Correction made abstract and methods section. The tool was adapted to context then modified. P. 5 under methods The sample was purposively chosen. All faculty involved in HSR in each school were included but they are relatively few therefore the effect of selection bias is likely limited and the sampling reflected the need to grow interest in HSR. Study limitations P.10 Excel was used for analysis. P.6 under methods. Validation workshops were held in each school to discuss and validate the results. P. 6 under methods.</td>
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<td>4. Does the manuscript adhere to the relevant standards for reporting and data deposition? • Yes, the data is presented well. • Under table 1 since most values are rounded to the first decimal point it is suggested that the response rate should be rounded off to the first decimal point e.g. 15/58 Makerere 25, 9% instead of 26%.</td>
<td>Figures in the tables have been rounded off as appropriate in the various tables. (Table 1-5)</td>
</tr>
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<td>5. Are the discussion and conclusions well balanced and adequately supported by the data? • A very good write up that flows very well. Again be careful and avoid long sentences and reference appropriately.</td>
<td>Noted. Sentences have been revised.</td>
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| 6. Do the title and abstract accurately convey what has been found? • The title should be revised to: Knowledge Translation and Communication across Schools | In order to capture the main thrust of the study title revised to read: “Institutional Capacity For Health Systems Research In East And Central...
African Schools Of Public Health Knowledge Translation And Effective Communication”

7. Is the writing acceptable?
• Yes, the manuscript is well written and flows well. There is need to reference some areas unless these are the author’s words (see comments on manuscript). The author also has sentences that need to be shortened as they are too long e.g. Background first sentence paragraph 3 starting with The last decade...
• Please refer to the manuscript for the additional changes in the abstract

Noted. Sentences revised. Specific editorial comments revised.

Discretionary Revisions
• The addition of a qualitative component to the results would have improved the discussion and results especially considering that key informant interviews were conducted among the stakeholders.

We agree that this would have enhanced the discussion. Interviews with the Focal persons regarding the process of the assessment has been captured qualitatively and reported in an accompanying paper. However more qualitative data that focused on the KT aspects of each SPH could perhaps be a suggestion for further research.

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

Noted, no author response necessary

Quality of written English: Acceptable

Noted, no author response necessary

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

Noted, no author response necessary

Declaration of competing interests: ‘I declare that I have no competing interests
Reviewer: Wanja Mwaura-Tenambergen  
Reviewer's report:

General comments:

This manuscript presents important findings on the capacity of higher learning institutions in their role in translating knowledge into evidence-based solutions for better policy making in the health sector in East and Central African countries. The paper is well written and authors have adequately answered key questions with regard to institutional capacity. The research question in this study is new in the context of East and Central Africa where there has been little information documented on the capacity of various Schools of Public Health to conduct KT activities. The research question is well defined and clear.

As I read this manuscript, I would like to mention that I am not deeply read on the concepts of knowledge translation that the authors draw upon and therefore I may not be I cannot judge how well this paper builds on past research.

We are grateful for comments and thank the reviewer for the time taken.

Major Compulsory Revisions Methods

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<td>1. The authors did not describe the inclusion criteria of the respondents, e.g. paragraph 2 line 4 “....staff within the institution who has a stake or interest in HSR...” Was it just because they were part of the institution or what selection criteria were used to include them in the study? This could have potential selection bias and therefore difficulties in comparing results from the different SPHs. Suggestion: include inclusion criteria.</td>
<td>While the sampling was purposive, selection criteria was based first on those who were identified as either teaching or doing researching HSR. Further in order to have a common understanding of HSR, the questionnaire began by providing a definition of HSR and offering examples of studies we believe reflect HSR as well as those that do not. P. 5.</td>
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Results

1. It is not clear what the authors meant by “leadership support” in this study. Is it at individual or the institutional level support? Another term is the "communication staff”. Are these staff researchers themselves or another cadre of staff within the SPHs? Suggestion: For clarity, include operational definition of these terminologies "leadership support", and "communication staff” | Terms - “leadership support” and "communication staff" elaborated on P.7. |

2. Use of only one primary data collection tool “self-assessment” in this study could pose a bias - bearing in mind that the respondents were to grade their own institution performance. For example, paragraph 7: Research uptake: it would be interesting to know through the key informant interview results, why the linkage between SPH and media was scored very low (1.3) yet media campaigns have been documented as tools in promoting health policies. Suggestion: Results from key informant interviews and document review would enrich the study findings. | Comment noted on use of single tool. Key informant interviews were done but did not capture opinion on KT. Given these are self-assessments and therefore personal perceptions, the results have to be interpreted with that in mind. However the frequency of certain responses assists with understanding the prevalence of the opinion. |
3. The sample size of some of the SPHs was too small in some institutions e.g. National University of Rwanda School of Public Health, Rwanda (4 respondents), and University of Nairobi, School of Public Health, Kenya (5 respondents) and therefore the results may not be a representation of the SPH’s capacity to conduct KT activities. Suggestion: Add an explanation on how the study has managed this.

Sampling was purposive and some of the schools e.g. Rwanda and Nairobi are relatively small with few staff overall and even fewer involved in HSR. Selection bias addressed.

Minor Essential Revisions

1. The authors have used different names and abbreviations of the study institutions e.g. CPHMS in one part, Jimma in another paragraph and different in the Tables. Suggestion: Be consistent in use of names or abbreviation throughout the write including Tables for ease of reference.

Abbreviations revised to maintain consistency

2. Results paragraph 5: last line add respectively
Paragraph 7: typo range should be 3.0 and not 30.
Paragraph 2: List the names of the four SPH ....
List of abbreviations used – check capitalization of full names.

Figures in paragraph and table revised

Discretionary Revisions

1. Recommendations: Other than institutional capacity, I think there is need to develop strategies to improve individual researcher’s capacity to translate knowledge as indicated in your results Table 3 particularly for Nairobi and Kigali.

While we appreciate the need for individual capacity, we found much evidence in the literature that has focussed on this aspect. However, translating individual capacity to permeate the institution for the purpose of sustainability was the focus of the institutional assessment so we have restricted our recommendations to this level of capacity strengthening.

Level of interest: An article of importance in its field

Noted, no author response necessary

Quality of written English: Acceptable

Noted, no author response necessary

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

Noted, no author response necessary

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