Author's response to reviews

Title: Advancing the application of systems thinking in health: exploring dual practice and its management in Kampala, Uganda

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Author's response to reviews: see over
June 8, 2014

Re: MS: 5644644121178868 - Advancing the application of systems thinking in health: exploring dual practice and its management in Kampala, Uganda

Dear HARPS Editors,

On behalf of all of the authors, I would like to express our sincere appreciation to both of the reviewers for taking the time to provide us with such thoughtful and thorough comments. I would also like to extend my deepest gratitude to the editorial team for granting us a generous extension for the revision process.

Please find our responses to each of the comments which required edits, below. In addition to responding to the reviewer’s comments, we have also updated the figures and have detailed any additional edits made.

Thank you for your time and consideration.

With best regards,

Ligia
Response to reviewers
Title: Advancing the application of systems thinking in health: exploring dual practice and its management in Kampala, Uganda; Version: 1

Reviewer: Irene Akua Agyepong
Reviewer's report:

1. Is the question posed by the authors new and well defined?
a. Questions posed by the authors are interesting and relevant and provide a new perspective on the issue by applying a systems thinking lense

b. I think however that the authors could improve the clarity with which they pose the question. This would then affect the way the manuscript is presented. Specifically my understanding is that the question they are asking are posed/framed on page 3, the last paragraph. The first sentence there provides the more descriptive part of the question i.e. “how dual practice evolved and how it is currently managed in the Ugandan health system with and active private sector”.
The second sentence in that paragraph would belong under methodology in my opinion – and should be moved there to give a consistent logical flow to the presentation. The next sentences after the first sentence should provide the “why” part of the questions and I think will make the work more interesting if re-phrased from that perspective. Thus about from the “what” more descriptive question of the first sentence, there would be a more explicitly analytical “why” question stated e.g. “why dual practice has evolved and is being managed the way it is in the Ugandan health system”

Response: Thank you for pointing this out and your suggestion. We have moved the second sentence to the methods section and have added a sentence to specifically highlight that the paper will also look into the “why”s of dual practice in Uganda. However, we can only do so to the extent that the data is available, as the study was designed as an exploratory qualitative case study. “Why dual practice persists” is partly explained through the causal loop diagram – and we have added additional details about the feedback loops that propagate this and the factors that influence them.

c. Finally the last parts of framing of the research question should remain as currently an expression of the usefulness of asking these questions e.g. ….knowledge to help build the science and the field but also knowledge to help policy makers and health managers optimize managing dual practice and its consequences

Response: Thank you, left as is.

d. I would suggest leaving the bit about “rules” out of the last sentence. I think rules are only a part of the whole – and the paper itself clearly shows that the optimizing and managing are being done by a combination of formal and informal processes. Otherwise then modify the sentence to talk about rules and other processes and procedures to optimize managing dual practice and its consequences
Response: Thank you for this suggestion. I took out “develop rules”, as we see your perspective that rules are just one part of the picture and we don’t think we develop these as explicitly through the rest of the paper.
2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
Yes, but think there can be some tightening of the write up to eliminate repetitions
Response: Thank you for this suggestion. We agree that the paper is too long in its current format and we have made edits to the methods section to shorten it and remove any repetitions.

3. Are the data sound and well controlled?
Yes. However presentation could perhaps be improved. Think once the study questions presentation has been sharpened may be useful to relook at presenting the data in a way that clearly follows the questions asked.
Especially to organize the presentation better around answering the “what” question and answering the “why” question
Response: Thank you for your suggestion on improving the data presentation. The findings section is now comprised of 4 sub-sections – one to describe each of the three phases linked to the CLD and one to details the local management approaches identified in this study. Within each of these sections, we describe both the “what” and the “why” – to the extent possible with the existing data.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Okay

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Discussion is too focused on the descriptive and does not adequate provide more analysis around the “why” of the findings, and also issues around the relevance to researchers and the relevance to decision makers in Uganda and beyond. Some of the discussion is repeating findings. Makes the paper longer than it could be. Will need a careful checking process to eliminate these overlaps and tighten the discussion. Discussion will need to be restructured once the study questions have been sharpened as suggested.
Response: Thank you for pointing out ways in which the discussion can be improved. We have restructured it to limit overlap with the findings section – both to eliminate redundancies and to shorten the paper. The discussion has a greater focus on explaining the findings.

Draw out more strongly the lessons for the health system in Uganda and other countries struggling with similar issues.
Response: Thank you for your suggestion. In the discussion, there are now several points where we relate key points to health systems in Uganda and in other low and middle income countries.

Link the discussion better to some of the issues raised in the introduction. The issues are there but a clearer link will be more reader friendly
Response: Thank you for pointing out how this section could become more reader friendly. In the discussion, there are now more explicit references to the issues mentioned in the introduction.

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

7. Is the writing acceptable?
Yes
Yes

Level of interest: An article of importance in its field

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
Reviewer: Jean Macq
I read with interest the article entitled « advancing the application of system thinking in health: exploring dual practice and its management in Kampala, Uganda »

This paper is generally well written (though some further editing might be need to correct some sentences). The structure allows for a clear understanding of the issue tackled and the way it was approached.

Response: Thank you for your reflections. We have done further editing to correct some of the sentences in the previous draft.

The question posed by the author is not so new (i.e. dual practice) but utilization of CLD is innovative and gives a clear picture of a deeply complex issue. Further to that, it may be useful to clarify:

1) Types of dual practices (it appear at first glance that it concerns public-private clinical practices, but then works In NGO or research project is mentioned)
Response: Thank you for pointing this out. We have added to the definition of dual practice in the introduction, so that hopefully the boundaries around what dual practice could be are clearer.

2) Type of private providers (difference between PFP and PNFP is not enough mentioned in the introduction)
RESPONSE: Thank you for pointing out this missing piece of information. We have added a note about the various components of the health system - including the components of the private sector in paragraph 2 of the introduction.

The methods is well described and is sufficient

The way results are presented does not allow enough to differentiate the different stakeholders’ perspectives (i.e. at least national policy makers, local managers and providers involved in dual practice). I would structure it better so as to highlight sources of consensus or disagreements between stakeholders.
Response: Thank you for your note on this. The three phases use mostly information from policy stakeholder discussions. Health providers and health managers often did not reflect on similar policy issues. The perspective of health managers are captured in the last part of the findings – when we describe local management strategies. In here, the perspectives of providers are also included, where they were available.

Results may also be shorten, i.e. by reducing “quotes”
Response: Thank you for this suggestion. While we agree that we need to shorten the results section, we think that the quotes are important to keep. Nevertheless, we reviewed them to ensure they are all entirely relevant to the paper and made adjustments accordingly. We removed some quotes completely and shortened others.

Discussion and conclusion is globally interesting. However,

1) I would strengthen the link with CAS perspective, particularly in relation to auto-organization processes observed around dual practice informal regulation.
Response: Thank you for this comment – we completely agree that self-organization is an important phenomenon. We added text to strengthen the link with CAS.

2) As a detail, I would also re-take the point raised on the “quote” from p6 – i.e. the internal conflict felt by providers between the need to increase income and the proudness to provide high quality public health care services.

Response: Thank you for this mention. We revisited this point in the second paragraph of the discussion.

On the conclusion, rather to formalize “informal policies”, I would suggest the promotion of policies that encourage the design of mutual adjustments / informal arrangement, and that may be conducive to accessible and good quality public health care services, while allowing for sufficient income for the providers.

Response: Thank you for commenting on this key point in the conclusion – on formalizing “informal policies”. The idea of having a formal policy came from the suggestion of many respondents (all groups), to make dual practice more open and transparent. In practice, the right policy might have to be somewhere in between – as fully informal arrangements don’t provide health managers with sufficient tools to enforce their “informal” expectations. In order to make this part of the conclusion more nuanced, we added the following: In the short term, the Ugandan government should consider the promotion of policies that are flexible to local adaptions and that encourage the design of informal arrangements structured enough to promote access and quality of services in the public sector, while at the same time allowing sufficient income for government providers. Informal, local adaptations to managing dual practice exist in Uganda and provide a natural experiment for various dual practice policies. In the long term, the Ugandan government should consider broader improvements to public sector management and increasing the resources available to the health sector, as well as increasing synergies with the private sector.
Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published
Response: Thank you for pointing this out. We reviewed the article again, with the intent to improve the language. To the best of my abilities, we hope we corrected all issues.
Other updates and revisions
In addition to the revisions suggested by the two reviewers, the authors also implemented the following changes.

• As local management practices can be both formal and informal, we no longer refer to these as informal management practices only, in the text and in the figures. Instead, we refer to them as local or facility-level management practices.

• We added a few more references to the paper and overall tried to shorten it. The section on local management strategies is now restructured so that the descriptions are summarized in Table 4, and the findings section is used for broader reflections on these management strategies.

• On the causal loop diagram, we have changed the figure to improve readability. We have also labeled all of the feedback loops we discuss. We have used “graying” of variables to be able to emphasize key CLD components that are most relevant to a particular time period. Finally, we added a close-up figure – slightly re-drawing feedback loops of interest in order to better illustrate intended and unintended consequences, as well as key relationships (Please see new figures).

• For each of the figures – in the text – we have added a proposed location. Also, per journal guidelines, we have included the title figure and a short caption to describe it.

• Finally, in an attempt to shorten the paper, the future research section was shortened and replaced at the end of the strengths and limitations section.