Reviewer’s report

Title: Analyzing the sources and nature of influence: How the Avahan program used evidence to influence HIV/AIDS prevention policy in India

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Reviewer: Robert Hecht

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Review of Avahan Study by Tran et al

The paper addresses an important question – How much influence did the Gates Foundation and its Avahan project have on the development of national AIDS policy in India and of the design of the NACP III program? At the same time, it uses the Avahan experience to look more broadly at whether and how an independent initiative of this kind can impact a major national health program.

The paper uses an interesting framework to tackle this problem, focusing on (1) evidence considered by policy and decision-makers, (2) the channel through which influence is exerted, and (3) the target audience for influence. It also considers three kind of evidence, from research, best practice, and what it calls “tacit” evidence.

The authors do a good job of showing that Avahan did influence NACP III, and of explaining how this happened. For these reasons, and because of the importance of the topic, I would recommend that the paper be published.

Before publication, however, I would suggest that the authors make a number of revisions that would strengthen their arguments and the overall quality of their manuscript.

I highlight these suggestions below under Methods, Findings, and Conclusions. Following that, I answer the editors’ seven questions, with some overlap with my main points for revision. Finally, I have bulleted some smaller or more specific items for revision.

Methods

The authors say that interviews were conducted and the answers coded and triangulated. None of this is shown in the manuscript. Can this be done? If a standard set of interview questions was used, these could also be included in the paper or in an appendix.

The number of interviews (27) spread across four distinct stakeholder groups is small. I doubt that this lends itself to statistically meaningful analysis, but if a large number of interviewees gave a similar answer to given questions it would at least be good to know what percentage of the 27 held such a view. Otherwise it’s difficult to be convinced of the authors’ findings when the “weight” of the
responses is not given. Also, dissenting answers are never mentioned. It would be interesting to know about contrary minority views from those interviewed.

Findings

Since the paper centers on the question of whether and how Avahan influenced NACP III, it would be good if the authors could describe in greater detail on NACP III was designed. What was the process? Who led the work? Where did the inputs come from? What was the role of donors, government leaders, other NGOs, etc? How were decisions made?

The “instruments” used by Avahan to influence NACP III are an important part of the paper. They are mentioned in several places, and Table 1 (“influence strategies”) gives a helpful comprehensive list of these. To give readers a better flavor of how Avahan deployed these strategies, it would be excellent if the authors could describe which of these strategies (instruments) was used over say, the 12 months leading up to the finalization of the NACP III document. How many site visits, presentations, etc took place? Did Avahan have an explicit “engagement” and “dissemination” plan during that time, and if so what were its contents? My hunch is that this engagement was more systematic than the authors are saying.

By the way, are you sure that Site Visits and Presentations are “outside track”, when for example the site visit is for the state health minister or secretary, or when the presentation is by an Avahan official to the one of the NACP III working groups? What about the influence of Bill Gates and the head of the Avahan India office?

Since the Technical Support Units appear to have been a very important channel or instrument for Avahan/Gates influence, it would be good to describe the staffing and activities of the TSUs more.

The impacts of this best practice influence on NACP III are mentioned in the paper, e.g., how Avahan affected NACP III monitoring, norms and standards, project management practices (these three seem to be closely related to each other); focus on high risk groups; involvement of communities and NGOs; and ambition to go to scale). I would suggest that for each of these areas of impact or influence, the authors go into greater depth to explain (a) what was Avahan’s approach, and (b) how it got picked up in NACP III. Some of this is there in the paper, but it could be a lot sharper. After all, this is one of the most important parts of the paper – showing exactly where Avahan had a big impact on NACP III.

The emphasis on tight management, norms, monitoring and MIS – didn’t this come into Avahan in part because of the Gates India team’s prior experience in management consulting? If so, shouldn’t this be mentioned?

The focus on high risk groups and NGO implementers for targeted prevention – I thought this preceded Avahan and was a main feature of NACP I and II? But perhaps what Avahan did was to take it to a larger scale (can you give some
numbers to back this?) and run it tighter and better than the State AIDS Societies had been doing? Can you illustrate this for example by describing how Avahan influenced the state-government run AIDS programs in places like Tamil Nadu and Karnataka?

Conclusions

It seems highly likely, from the authors’ analysis and from what we know from other sources on Avahan and the Indian AIDS program, that Avahan did exercise an important influence on NACP III (and potentially NACP IV, which is just now going public). But we should be careful not to overstate. Avahan was almost exclusively a prevention program – it did not influence India’s AIDS treatment program, which grew rapidly under NACP III to the point where over 400,000 persons were on government-funded antiretroviral therapy by the end of NACP III. Avahan did not affect the government’s program to prevent mother to child transmission. Nothing wrong with focus on HRGs – but the authors should be clear that Avahan’s influence was very strong in one specific part of the national AIDS effort.

Since the overall process for creating NACP III is not described in the paper (we suggest this be added), and the concurrent roles of others (senior federal and state officials, academics, other NGOs, other donors like the World Bank and DfID, global sources of technical guidance like UNAIDS and WHO) in NACP III have not been documented, it’s difficult to judge the relative weight of the Avahan input. If the authors are not able to look at these other sources of influence in this paper, I suggest they at least acknowledge them more fully, admitting that some of these other source of influence may also have had an important bearing on NACP III.

Editors’ questions

1. Is the question posed by the authors new and well defined?

Yes

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

Methods are well described. The interviews were said to be treated quantitatively (coding, triangulation, etc.), but the results of this coding, triangulation, and analysis are not shown.

For quantitative analysis, which is not performed, the sample size of 27 spread across four different groups is small.

3. Are the data sound and well controlled?

Reasonably. No quantitative analysis is presented.

The study mentions that interviews were conducted several years after NACP III was formed and first implemented, which could create recall bias. Further bias
could be introduced from the answers of BMGF staff, who were likely to overstate the effects of the Avahan program. Also it does not seem as though the interviewers asked about other influences (besides Avahan) so the effects of Avahan may have been overemphasized.

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

Yes

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

Yes, for the most part. The general conclusion that Avahan influenced the implementation period of NACP III through best practice evidence seems sound. The use of specific links, such as the example of NACP III and Avahan both using “One supervisor for every 10 targeted interventions” provides specific evidence for these claims. It would be useful to have more concrete examples of Avahan practices that were adopted by NACP III wholesale or in modified form.

The relative impact of Avahan would also be more convincingly demonstrated if authors could describe other concurrent influences. Which other international partners were working in the HIV/AIDS policy space in India at the same time and trying to influence the trajectory of prevention policy? Would their influence have factored into any of the interview responses or government policy documents?

Also the NACP III decision-making process could be described in greater detail, so that readers can understand the full range of factors that might have shaped NACP III, e.g., experience from NACP II, recommendations and practices of other Indian NGOs working on AIDS, guidance from UNAIDS and other outside groups, etc.

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

Yes

7. Is the writing acceptable?

Yes, the paper is well written.

Other minor points:

• On page 6, when the authors discuss building credibility and tacit evidence by facilitating field visits for NACO staff and other stakeholders, can they specify what level of NACO staff attended these visits (leadership v. lower level)?

• On page 8, specify mistrust by whom in second to last paragraph

• Since the number of interviews is well-defined and a coding exercise was carried out, rather than saying things like “most groups of actors interviewed acknowledged” [page 9] note the number or percentage of interviews that
corroborated findings.

• On page 12, it’s noted that since India is not aid-dependent, the financial clout of the Gates Foundation is not likely to have influenced policy decisions. It would also help to have a percentage breakdown of how much of prevention services are funded through the government’s own resources versus external aid. During NACP I to III, our understanding is that the national AIDS response was heavily financed by outside support from World Bank, DfID, USAID, Global Fund, etc.

• In the discussion, having BMGF staff embedded in NACO comes up as an important point, but were there any negative consequences to this—i.e. perceptions that the foundation was trying to wield too much influence on policy decisions? Does this erode any of their credibility?

• Include list of organizations interviewed and questions asked
• Include full list of documents reviewed

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 have done work for the Gates Foundation analyzing policy issues and options related to AIDS, including in India. However, as Gates will not "gain or lose financially from the publication of this manuscript", I do not believe that I have any real competing interests.