Author’s response to reviews

Title: Associations between national viral hepatitis policies/programmes and country-level socioeconomic factors: a sub-analysis of data from the 2013 WHO viral hepatitis policy report

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Author’s response to reviews:

Dear reviewers,

Thank you for the helpful comments. We address each one below and in the paper, in tracked changes.

Raphael Cuomo (Reviewer 1): In order to better understand the context in which countries adopt policies that address viral hepatitis, the authors compared national endorsement of four policy-relevant survey questions with four socioeconomic indicators by testing univariate and multivariable logistic models.

This article addresses the important issue of national policy responses to national burdens of viral hepatitis. The methodology is clearly explained, and the findings represent a sufficiently worthwhile contribution to the academic literature to warrant publication. However, some minor revisions are recommended:

1. The authors should add more text (citing current literature, if possible) specifically explaining how the four specific socioeconomic indicators chosen for this study may be causative for national governments to institute policies that address viral hepatitis.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5038396/
RESPONSE – Thank you for the review. We have addressed this point in the last paragraph of the Introduction section of the article.

2. The authors should discuss the implications of national variation in pursuing the policies highlighted in the four survey questions.

RESPONSE – We have integrated this suggestion into a paragraph in the discussion. The new text reads:

The four viral hepatitis policy questions that served as dependent variables in our study all reflect major components of the Global Health Sector Strategy. Conducting routine surveillance, for example, is essential for countries to acquire reliable data for decision-making. Raising public awareness about viral hepatitis is essential for encouraging the large numbers of undiagnosed people in many countries to come forward for HBV and HCV testing. Uneven implementation of the relevant policies across different countries thus threatens to limit global progress toward the elimination of HBV and HCV.

3. The authors make several assertions in the Discussion section that would be better presented if supportive citations from the academic literature were included.

RESPONSE – We have added multiple citations to the discussion section.

Jack Wallace (Reviewer 2): General comments

This manuscript provides data on an important topic and is well presented and written. An underlying concern for this reviewer throughout the study relates to the lack of recognition of the regional differences that could affect the capacity, skill, available resources and willingness of countries to develop policies or programs to respond to the issues raised by viral hepatitis, and I'm not sure why viral hepatitis prevalence was not one of the factors investigated as an association with the development of national policies. The issue of funding and resources available is only briefly mentioned, but I would have assumed that would be an issue of importance, particularly given the association between low/middle income countries and a greater prevalence

Specific comments (and my apologies, but there was no page numbering in the version that I could access)
Methods

* It could be clarified that the data is based on the WHO Focal points who completed the survey, rather than the reader assuming that all WHO focal points responded to the survey

RESPONSE – This is made clear in the first line of the results, which is where we believe articles of this nature typically present the number of respondents. The text reads, “The survey that provided the basis for the 2013 Global Policy Report was completed by 126 of 194 WHO Member States (65%).” We are entirely willing to consider either moving this point to elsewhere in the paper or else repeating it elsewhere, although we are not sure if this is necessary. We would like to defer to the editor’s preference.

Introduction:

* The regional variations in viral hepatitis are significant, and will impact on the capacity of countries to develop policies/programmes

RESPONSE – We are glad that you have raised the issue of the role of viral hepatitis prevalence in your general comments and in this comment. We are not ready to conclude that high prevalence necessarily speeds the development of strong policy responses – there are striking examples from the HIV field of national governments refusing to act in the face of growing HIV epidemics. However, the issue should certainly be addressed in our paper. We have added the following paragraph to the discussion –

Higher prevalence of viral hepatitis in low-SES countries2,3 is one explanation that should be considered for the failure of better-off countries to distinguish themselves with stronger policy responses. That is, the countries with the largest viral hepatitis epidemics may have the greatest incentive to implement policies to effectively address this situation. This study did not seek to identify associations between viral hepatitis prevalence and the enactment of policies because a lack of adequate data from many countries has made it difficult to generate accurate estimates of the HBV and HCV disease burden in the past. This situation is improving, and future studies of factors that affect viral hepatitis policy-making may be able to capitalise on more reliable epidemiological evidence.

* Line 20 - reference 6 is not the best reference to use for a clinically-related issue, which is usually expressed more confidently

RESPONSE – This has been corrected – thank you for calling it to our attention.
* Line 43 - the comment "it is important to ask whether there are context-specific factors", sets up an expectation that this study will respond to all of these "context specific factors", which it can't and doesn't.

RESPONSE – Thank you for sharing this observation. The text has been reworded – it now reads, “it is important to try to identify context-specific factors …”

Discussion

* Line 41 - the methodology used in this study can only determine the existence, not the effectiveness of the health policy making

RESPONSE – good point – the word “effective” has been deleted, thank you.

* Line 46 - "existence of some key national policies…"; there is an assumption inherent in this statement that there are several types of national policies and which leads to a need to identify what makes a policy "key"?

RESPONSE – we see how using the term “key” was problematic – we have deleted it.

• 2nd page of the discussion, line 9 - 18: I found this paragraph a little unclear; I was not sure what is meant by a "societal infrastructure" issue or the sentence about financial support

RESPONSE – We have rewritten the paragraph to reduce jargon and express points more directly.

* Line 20 - the issue of low-socioeconomic status country having the greatest hepatitis prevalence should be included in the background.

RESPONSE – We have added a paragraph about this issue to the discussion.

* Line 30 - 40 - the final paragraph of the discussion needs revision, with a lead in sentence to frame the relevance of information included in the rest of the paragraph with the overall study. The sentence supporting the WHO strategy, even with its "clarity and precision" is based on opinion, and while largely supported there are other perspectives.
RESPONSE – The sentence about the WHO strategy has been edited in accordance with this observation. It now reads, “The strategy is potentially a powerful tool for guiding country-level responses to viral hepatitis …”

Further information is required to identify the relevance of the ELPA document to the findings of the rest of the study and any of the findings, particularly with its focus on Europe.

RESPONSE – Clarifying text has been added about the ELPA Hep-CORE study, which had some consistent results with the present study, and the ELPA point has been moved to a more logical place earlier in the discussion section. The rest of the paragraph has been rewritten.

Limitations:

* The lack of reference to the viral hepatitis prevalence within the specific country and the development of a policy/program response to viral hepatitis is fundamental

RESPONSE – This point has now been addressed elsewhere in the discussion section.

* The quantitative nature of the study means that there is no interrogation of the quality of the national responses.

RESPONSE – Thank you for noting this. We have added a sentence to the “limitations” section.