Author's response to reviews

Title: Picking up the bill - improving healthcare utilisation in the Democratic Republic of Congo through user fee subsidisation. A before and after study.

Authors:

Rishma Maini (mainirishma@gmail.com)
Rafael Van den Bergh (rafael.van.den.bergh@brussels.msf.org)
Johan van Griensven (jvangriensven@itg.be)
Katie Tayler-Smith (katherine.harries@brussels.msf.org)
Janet Ousley (janetously1@gmail.com)
Daniel Carter (d-carter@dfid.gov.uk)
Seb Mhatre (s-mhatre@dfid.gov.uk)
Lara Ho (lara.ho@rescue.org)
Rony Zachariah (rony.zachariah@brussels.msf.org)

Version: 7
Date: 1 July 2014

Author's response to reviews: see over
Dear Dr Morrey,

**MS: 1383962147102710 – Picking up the bill – improving healthcare utilisation in the Democratic Republic of Congo through user fee subsidisation. A before and after study.**

Thank you very much for your email dated 25th June 2014. We have been through your comments and suggestions carefully and have revised our paper accordingly.

Please find for your kind consideration the following:

1) A “point by point” response to your comments and suggestions below.

2) A new revised version of the manuscript marked R3.

We hope that these changes meet with your favourable consideration, and in the meantime please do not hesitate to get in touch if you require any further information.

Yours Sincerely,

Rishma Maini

Department for International Development
Democratic Republic of Congo

Email: mainirishma@gmail.com
RESPONSE TO THE ASSOCIATE EDITOR’S COMMENTS

We thank the associate editor for his useful and helpful comments and suggestions. We have tried to revise the manuscript in line with the same.

The specific changes and response to the different points raised include:

Line 41: definition of user fees: please specify - ?in health facilities? (transportation or buying drugs in the street are not user fees)

- The line “User fees, defined as out-of-pocket payments for health-care” has now been changed to “User fees, defined as out-of-pocket payments by patients for medical services in health facilities...” in lines 93-94.

Line 58: have created

- This has been amended from “…the Millenium Development Goals has created…” to “the Millenium Development Goals have created...” in line 110.

Line 59: prefer ?showed? to ?demonstrated?

- This has been amended from “Ponsar et al. demonstrated that user fees...” to “Ponsar et al. showed that user fees...” in lines 111-112.

Line 63: could specify between brackets what you include under ?running cost?

- The running costs have now been specified in brackets in lines 115-117: “User fee subsidisation – whereby the running cost of services (which covers fuel for generators, disinfectant products, and medical supplies)...”


- This has been changed from “A recent systematic review has demonstrated...” to “Evidence has shown that” in lines 120-121.

Line 70: try to better combine main idea in line 68 and statement in line 70-71.

- This line has now been changed from “A recent systematic review has demonstrated that introducing or increasing user fees can result in a decrease in the use of both preventative and curative health-care services. The converse has also been proven; abolishing user fees has been shown to lead to an overall increase in health-care utilisation rates” to: “Evidence has shown that introducing or increasing user fees can result in a decrease in the use of both preventative and curative health-care services, while abolishing user fees can lead to an overall increase in health-care utilisation rates.” (lines 120-123).

Line 73-76: it is not automatic ? nuance your statement ? use ?often? or ?sometimes? or ?can?

- This line has been changed from “the resultant increase in health-care utilisation has been shown to negatively affect staff morale because..” to: “the resultant increase in health-care utilisation can negatively affect staff morale because...” (lines 126-127.)
Line 76-78: not always, the evidence is limited, but it is indeed a risk.
- This has been changed from “In addition, the abolishment of user fees has historically been accompanied by an increase in the number of reports of informal payments being made to health workers” to: “In addition, although the evidence is limited, the abolishment of user fees has sometimes been accompanied by an increase in the number of reports of informal payments being made to health workers” (lines 128-130).

Line 88 or line 125: somewhere in your article, you have to explain that the health zone in DRC equates to the health district elsewhere in Africa.
- The following sentence has now been added “Each health zone is similar to a “health district” in other areas of Africa; it is a well-defined geographical area comprising a referral hospital and satellite health centres serving a population of approximately 120,000 people.” See lines 177-180.

Line 89: ?whether user fees should be subsidised? ? try to reformulate. Maybe user fees should be lowered through a third party subsidization? ? in fact, as I understand now, that it would be more appropriate to say that it is a ?running cost subsidization? ? or you have to explain that there was a deal between the NGOs and the health facilities: you reduce/remove your user fees and in exchange we compensate some costs. What is still unclear in the paper is with which of the three compensations (drugs, salary supplements and running cost subsidization) the user fee removal was synchronized. By the way, was there some kind of a contract with the health facilities? As editor, I have been struggling with understanding the actual nature of the interventions since the beginning. It is important to be accurate on this!
- This has been changed from “whether user fees should be subsidised in the DRC and other low-income countries” to: “whether user fees should be subsidised through third party subsidisation in the DRC and other low-income countries”. (see lines 141-142).
- It is also stated in lines 222-223 that the running cost subsidisation (following the compensation for drugs and salary supplements in health zones) allowed user fees to subsequently be lowered.

Line 99: very limited
- This has been changed from “government financing of the health sector is limited” to: “government financing of the health sector is very limited” (line 148).

Lines 123, 129, 189: put me maybe capital letters => Access to Health-Care Programme
- This has been amended in the text at lines 172, 182 and 240.

Line 127: give the period of this war
- The period of the war is now given (1998-2003) in line 177.
Line 134-135: cost per capita per year
  • This has been amended in the text at line 187-188.

Line 137-138: give the equivalent per capita per year
  • This has been provided in the text at line 192.

Line 146-147: idem, per year
  • This has been amended in the text at lines 201-202.

Line 155: provide the average $ per capita per year going to salary supplements
  • This has been provided in the text at line 216.

Line 171: your research is about injection of resources along 3 different logics (drugs, salary supplements and user fee/running cost subsidization), this is the reason I insist on the fact that you provide info on $ per capita per year for the 3 schemes and describe well how the user fee removal was synchronized with the 3 injection of resources.
  • Line 191: words in French should be in italic letters.
    This has been amended in the text at line 244.

Line 211: ?several years out of date? ? 30 years in fact!
  • This has been changed from “although this source of data is several years out of date” to “although this source of data is 30 years out of date”. (lines 265-266).

Line 213: have been, have never been validated and so were
  • This has been changed from “census data for health zones has been collected during vaccination campaigns but has never been validated to: “census data for health zones have been collected during vaccination campaigns but have never been validated” (line 268).

Line 305: italic for the words in French
  • This has been amended in the text at line 360.

Line 321: a number is missing
  • This has been amended in the text at line 376.

Line 334: to my understanding, with an interrupted time series model, the intervention has a short-term effect if your ?2 coefficient (the dummy representing the intervention) is significant and a long term effect if the ? 3 (postslope) coefficient is significant. The measure at month 24 is not the long-term effect. Reformulate.
  • This has now been amended throughout the text. The words “short-term” and “long-term” are only used when discussing the coefficients and not used interchangeably with one month and 24 month effects.
Line 347: this seems to indicate
- The line “This indicated...” has been changed to “This seems to indicate...” (lines 402-403).

Line 351: the title of the section (line 318) talks about aggregate level? here your present the mean health-care utilization rate, make sure that the reader is not confused
- Lines 406-407 “For the effect at the aggregate level, the mean health-care utilisation rate of the 16 health zones was calculated 12 months prior to and 24 months following the introduction of user fee subsidisation” emphasises that the mean health-care utilisation refers to the mean utilisation rate of all 16 health zones i.e. at the aggregate level.

Line 352: the effect of user fee subsidization prior to their introduction? I guess that the effect comes after not before ? please reformulate.
- This has been changed from “the effect of user fee subsidisation on the mean health-care utilisation rate 12 months prior to and 24 months following the introduction of user fee subsidisation...” to: “For the effect at the aggregate level, the mean health-care utilisation rate of the 16 health zones was calculated 12 months prior to and 24 months following the introduction of user fee subsidisation...” (lines 406-408).

Line 385-388: I would reformulate. Maybe: ?However, on the other hand, it also seems that the user fee subsidisation did not generate the long term positive effect one could expect: in only 1 health zone, there was a significant positive change in the trend of utilization (computed on 24 months). In other health zones, the change was most of the time negative, but always not significant. These findings suggest that the studied user fee subsidization sometimes generated some quick wins (significant in 7/16 health zones), but without triggering any positive loops developing their effect in the months that follow.
- The suggested text has now been added at lines 441-447.

Line 412-415: I would not refer the supervision by the NGOs as a strength of the study. It is a contextual information. Reformulate. It may be better to say a weakness is our reliance on routine data, etc and then present the supervision by the NGOs as a factor limiting this weakness.
- As suggested, this has now been removed as a strength of the study. In lines 484-485, the supervision of data collection by NGOs is presented as a factor limiting the manipulation of routine data.

Line 485-486: the sentence ?The results presented can be shared with other low income countries experimenting with various subsidized health-care schemes? is not really necessary. Or reformulate it.
- This sentence has now been removed from the text.

----------------------------------------------
ESSENTIAL EDITORIAL REQUESTS

Abstract

Please include the Abstract in your manuscript file.
  • This has been amended in the manuscript.

Competing Interests

Please refer to the authors by name or by their initials in the 'Competing Interests' section.
  • This has been amended in the text (lines 545-548).

We hope these changes will meet with your favourable consideration.

Yours Sincerely,

Rishma Maini