Author's response to reviews

Title: Whole-system change: case study of factors facilitating early implementation of a primary health care reform in a South African province

Authors:

Helen Schneider (hschneider@uwc.ac.za)
Rene English (Rene.English@hst.org.za)
Hanani Tabana (Hananitabana@yahoo.com)
Thesandree Padayachee (thesandree.padayachee@hst.org.za)
Marsha Orgill (Ms.Orgill@uct.ac.za)

Version: 3
Date: 6 November 2014

Author's response to reviews: see over
To the Editors
BMC Health Services Research

Thank you to reviewers for their comments on the paper. Below find the details of how we have addressed their comments in the manuscript.

Reviewer 1:

Major compulsory revisions

“Its weakness is that the data is based on the early years of a new approach to PHC outreach, and therefore has not had much time to embed itself. While this acknowledged by the authors who focus on the initial stages of implementation (e.g. planning), it means that the analysis rises unanswered questions (which in the end are what matters) as to the sustainability of the approach over time. It would be good to see this acknowledged in the conclusions, with a recommendation on how to overcome this lacuna – e.g. by encouraging the task team/province to raise more funds from donors for implementation (lack of resources being identified as a problem), or to rethink priorities in the health budget, etc. Surely the point of evaluating this initiative is to offer recommendations for adaptation and changes in priorities to ensure achievement of goals, at least for this province? A short paragraph in the discussion or conclusions could address this.”

“The other thing which would benefit from discussion is an additional paragraph on the lack of resources. On page 20 the authors say that there was a lack of extra funding (and what it was needed for, such as additional nurses), but do not say where those resources should come from – district/provincial budgets and whether they did not. Were none of those needs met because there was no extra funding and what was the role of donor funds? Some clarification of what resources were needed for implementation, who provided them or where they came from (or did not) and what the implications are for the longer term would be helpful.”

I have addressed this inter-related set of comments on resources, sustainability and recommendations to the provincial authorities as follows:
- Adding a sentence in the abstract as follows: Successful adoption does not, however, guarantee sustained implementation at scale, and we consider the challenges to further implementation.
- Adding a paragraph in the results section (now page 22) as follows: In reality, resources for implementation were being gradually mobilized from within district and provincial budgets and staff establishments, without the injection of additional external resources. Provincial managers were also actively considering alternative resourcing strategies: “[We should] train and use another cadre of health workers such as enrolled nurses. If we train them to be team leaders, or at least if we group wards so that one professional nurse supervises a number of wards, because we are running out of professional nurses.” (District Director)
- Adding a paragraph at the start of the discussion as follows: Table 3 summarises the strengths and weaknesses of the PHC outreach team implementation in the North West Province. As a formative evaluation
exercise, these findings were fed back to, and discussed in, the provincial Task Team. Weaknesses such as the insufficient involvement of PHC facility managers were already understood and were being addressed. Some of the key resource constraints, such as fairer remuneration for CHWs, while well within the means of a middle income country such as South Africa, require policy and resource allocation shifts at national level. This did not, however, prevent the province from moving forward with a progressive roll out of the strategy.

- Adding the following sentence to the paragraph discussing sustainability in the conclusion: This will require a willingness to adapt elements of design (such as the team leader cadre) and mobilising additional resources for the strategy at national level.

Minor comments:

Page 4, under background: SA ‘recently’ established – say the year.

Year added (2010)

The two grammatical errors picked up have been corrected

Page 8 In the description of North West Province which talks about the training of CHWs and Team Leaders and which began in late 2011 with an initial set of 24 – could the authors clarify whether some of these CHWs were already working – for NGOs or in other roles or were they newly trained?

This is clarified as follows (now page 9): Training of CHWs and Team Leaders began in late 2011 and 24 pilot teams were established, drawing on the existing pool of community based cadres and spanning all sub-districts.

Reviewer 2:

Major compulsory revisions:

“Page 12 in the first paragraph it is not clearly stated whether the informed consent included that interviews were going to be recorded and how interviewees would be kept anonymous.”

Ethics statement now reads: The University of Cape Town’s Ethics Committee granted clearance for the study. Written informed consent, including for recording of interviews, was obtained from each person prior to participation, and individual anonymity and the right to withdraw from the interview also guaranteed.

“Page 18, first paragraph, it would help the reader to know what was considered a young children and which chronic diseases were included and which approach was used to know a person was suffering from such a condition.”

Sentence now reads (Page 19): It started with an initial phase of registering and
screening all households by the teams over a period of three months, with subsequent regular follow-up of “vulnerable” households (having a pregnant women, children under the age of five years or someone receiving treatment for a chronic illnesses).

*In the discussion there are no references to other experiences in South Africa or other southern Africa country. If other similar experiences exist it would be interesting to have a paragraph or two comparing implementation processes, successes and failures.*

The following paragraph has been added to the discussion:
The experience of the North West Province also has relevance for thinking about processes of scale up and governance, which, according to Liu et al [23] have been inadequately theorized or documented in relation to CHW programmes. In their review of national CHW programmes in India, Pakistan and Ethiopia and Brazil, they point to the quality of background PHC systems as key to the strength and sustainability of CHW initiatives and further highlight the need for coordinated management across levels of the health system [23]. Both were key features of the North West Provincial case study. In contrast, a policy analysis of the establishment of the community health assistant cadre in Zambia, showed how inadequate attention to design and consultation and the privileging of powerful actors, including donors, produced a policy outcome that had low buy-in and limited chances of implementation [24].

*In the conclusions it would be important to have a final authors comment, opinion or recommendation for the South African DoH related to whether implement this plan in the other South African provinces and why.*

The following paragraph has been added to the conclusions:
Finally, the transferability of the “simple rules” identified in the North West Provincial case study to other contexts would need to be tested empirically. The notion of simple rules does, however, provide a way to consider the interactions between processes, contexts and interventions in designing and implementing health system reforms.

**Minor Essential Revisions**

*Page 11 I would spell out HST and UWC as they are South African organizations and may not be obvious for readers outside South Africa. Maybe include these acronyms in the list of abbreviations.*

Done

*Page 13. In the first paragraph of the results it is presented the NGO who collaborated with the DoH. I would do a proper explanation and spell out in page 11 and then use HST through the whole paper instead of NGO partner.*

Done
Page 13, end of first paragraph, the authors should give more detail on where “see later” refers to in the manuscript.

Have deleted the words “see later”

Page 13, second paragraph I would avoid the phrase “perhaps most striking” and change it to something more objective as this is still in the results.

Phrase removed

Page 16, spell out DHS and maybe include it in the list of abbreviations.

Done

Page 25 at the end of the results I would suggest to the authors to include a summary table of strengths and weaknesses of the implementation of this new system.

The following table has been added at the start of the discussion section

Table 3: Summary of strengths and weaknesses of implementation

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and ownership of the strategy</td>
<td>High level of knowledge and ownership amongst senior and middle level managers, and to a large extent, amongst CHWs and team leaders;</td>
<td>Primary health care clinic managers less well briefed and not fully owning the strategy;</td>
</tr>
<tr>
<td>Early implementation strategy</td>
<td>Establishment of PHC Task team and NGO partnership; Alignment of systems (roles with training and M&amp;E systems); Appropriate sequencing of activities; Community and local manager participation;</td>
<td>Sustaining intensive communication and engagement processes with local managers and communities in roll out phases;</td>
</tr>
<tr>
<td>Mobilization of resources and system inputs</td>
<td>Involvement of key directorates (HR, financing, information) in PHC Task team; Integration of strategy into district budgets;</td>
<td>Team leaders appointed from existing staff establishments thus creating pressures on PHC facilities; No additional resources to ensure better CHW remuneration; Limited pool of professional staff to lead teams; Strains on local clinic infrastructure;</td>
</tr>
<tr>
<td>Changes in service</td>
<td>Evidence of widespread</td>
<td>Uneven integration into local</td>
</tr>
<tr>
<td>delivery</td>
<td>adoption of new model; Supported by sub-district and local area managers.</td>
<td>PHC clinics.</td>
</tr>
</tbody>
</table>

Discretionary Revisions

Page 8 last paragraph I would change first sentence to “In this paper we are presenting the contextual factors and implementation...”

Paragraph has been changed

Page 17, Substitute “Their” with “HST”

Done

Page 29, second paragraph I would add “Province” to “North West”

Done

Yours sincerely

Helen Schneider (on behalf of the authors)