Author's response to reviews

Title: Haiti and the health marketplace: The role of the private, informal market in filling the gaps left by the state

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Author's response to reviews:

Revisions:
Reviewer: Katia Mohindra
Reviewer's report:
Thank you for your very useful feedback which we have addressed as outlined below

Major comments
1. Results: Direct quotations presented as findings require a proper identification.
   We have corrected this
2. Methods: It is unclear if the documentary review was done prior, after, or concurrently with the interviews and how you triangulated data
   We have added under ‘methods’ in paragraph 2:
   Searches from 1995, with a particular focus on the period since the United Nations peace-keeping intervention in 2004, were undertaken prior to the interviews in 2011, and updated for this analysis.
3. Methods: Can you clarify the coding/data analysis strategy used and whether data analysis was done with a program (if so which one), this is especially important given that analysis seems to have been done on transcripts in two languages, instead of translating all the documents into the same language to facilitate analysis.
   We have clarified:
   MJM and PSH initially manually coded the interview data from notes primarily recorded in English reviewing the transcripts in English or French. Coded data was grouped into the key themes guided by the broader project research questions and corroborated by the second researcher.
4. Ethics: It is still not clear to me why written consent was not obtained, was there a specific reason why only oral consent was obtained, especially since there was no ethical review done in Haiti. And who witnessed the reading of the information sheet?

We have clarified:

Verbal consent was approved by the University of Queensland Behavioural and Social Sciences Ethical Review Committee on the basis that "informants are senior personnel in national or international agencies, responsible for the health systems issues they will be discussing." The research proposal and ethics approval were provided to the Director-General of the MSPP and the chair of the MSPP ethics committee on arrival in Haïti. Although the key informants were bilingual, interviews were undertaken in French or English (or in the case of Cuban informants, Spanish) depending on the interviewees’ preference. Notes of the interviews were made during the interview, with direct quotations in the language used, but translated by the interviewers prior to analysis. All interviews were undertaken following reading of the information sheet witnessed by the interviewer(s). The information sheet was provided in English, and discussed and clarified in French where necessary prior to verbal consent to proceed.

5. Methods: Language of the topic guide and information sheet?

We have clarified as above

6. Discussion: There is a need to clarify the statement in the section on limitations that reads: "Secondly, while the approach allowed the collection of rich, qualitative information the study was also constrained by the unevenness of the available information, resulting in uneven insights in relation to the market segments." I do not understand this can you rephrase?

We have rewritten:

Secondly, while the approaches used in this study have allowed the collection of rich, qualitative information, the study was also constrained by this unevenness of the available information, with its bias towards the state sector and to a lesser extent, not-for-profit private providers, resulting in uneven insights in relation to other important, but poorly documented, market segments.

Minor comments

1. page 2, sentence with reference 8 - this sentence is incomplete.

We have corrected this

Reviewer: Neil Spicer

Thank you for your very useful feedback which we have addressed as outlined below

Reviewer's report:
Major Compulsory Revisions

A much improved piece. The background very nicely sets up the value of the study and leads the reader into the rest of the article. The Methods are much better.

I think a few further essential changes would be well worth making – none of these are very major in scope and I don't think will take the authors very long but should improve the piece.

Minor issues:

- P 1 Should be low and middle income not lower middle income.

We have corrected this

- Methods – useful to add dates in the document inclusion criteria.

We have clarified:

Searches from 1995, with a particular focus on the period since the United Nations peace-keeping intervention in 2004, were undertaken prior to the interviews in 2011, and updated for this analysis.

- P 10 – ‘Global Fund initiatives’ is vague – is this Global Fund programmes (which diseases)? A few more words are needed.

We have added:

. . . for HIV/AIDS, Tuberculosis and Malaria

- Quotes (various places). For each quote it’s good to state the type of respondent. And to weave each quote into the text a bit more smoothly e.g. A respondent from a multilateral organisation said: ‘...

We have corrected this

- Throughout – a few minor typos, punctuation errors etc.

We have corrected this

More substantial issues:

Background section: This reads well. But I think a couple more sentences are needed to be really clear about what follows – specifically what issues or themes are being looked at in the results under the sections on the different sectors and governance (these start to be hinted at the beginning of the Findings section – different aspects of governance being assessed e.g. state fragility, limited regulation, poor coordination. But I think it would be helpful to clearly frame the analysis from the beginning.

We have clarified on page 2:

The paper discusses how in the absence of state capacity to establish and enforce a regulatory and coordination framework, a highly pluralistic and informal health market has evolved which operates largely outside of the legislative
frameworks governing healthcare. Further, while we present our findings under the different market segments of domestic, international and pharmaceutical, in this informal health marketplace where regulation is weak, the boundaries between the different segments are often blurred and dynamic making such distinctions somewhat artificial. We argue that in this context the size, scope and reach of public health services are severely reduced, leaving space for the establishment of a health market driven largely by self-interest. We also draw attention to the need for donors, service providers and health services researchers in fragile states to extend their analysis beyond the formal public health sector, which in such contexts, provides a relatively limited amount of healthcare services.

Findings section: Some good material here. But I think it could really benefit from a few background numbers (small table or box?) so the reader gets a better sense of the relative importance of the different sectors described – e.g. proportions of health spending under the different sectors, proportion of donor spending as % of overall domestic spending on health etc. Also I would like to see a list of the major health donors and global health initiatives and how much money they have contributed e.g. Global Fund, PEPFAR, GAVI etc.

Under ‘international marketplace’ we have added:

The U.S. and Canada are among Haïti’s largest bilateral donors with much of their assistance channelled through non-governmental agencies. It is estimated that before the 2010 earthquake, approximately half of all spending on health services was provided by donors and that between 2009-2010 US$ 333.71 million of overseas development assistance (ODA) was spent on health [28]. The Global Fund for AIDS, Tuberculosis, and Malaria (Global Fund) has provided finding to Haïti since 2003 with country has receiving a cumulative total of US$ 274,991,502 between 2003 and 2014 [29]. Through PEPFAR, Haiti has received $773.8 million between 2004 and 2011 [30]. Table 2 shows the largest sources of ODA disbursements for health for the period 2009-2010.

Also – I noticed there isn’t very much on the private for profit sector here and in the Discussion – which seems an important omission. Can this be strengthened in both Findings and Discussion – otherwise it seems to be dominated by donor/NGO implementer issues.

We have added where appropriate but recognize in the limitations the bias to the public and not-for-profit private providers