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: Oladepo Oladimeji
No revisions were requested by this reviewer

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 as suggested e.g Page 11, line 10-11 senior official from a key multilateral, Page 11, line 14 one bilateral agency staff member, Page 14, line 10 bilateral donor consultant, Page 14, line 17 one Haitian consultant, Page 15, line 15 dispirited local consultant, line 11 MSPP human resource staff, line 22, A former Minister of Health, Page 16, line 7 Haitian development practitioner, line 12/13 key multilateral advisor to the MSPP, line 22 one Haitian consultant

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:
Page 5, line 22-24 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.

Page 7, line 17-18
We have clarified:

MJM and PSH initially manually coded the interview data from notes primarily recorded in English.

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?

Page 7, line 3-15
We have clarified as suggested:

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:

Page 20, lines 21-25
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

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.
Page 1, line 11 We have corrected this as indicated

- Methods – useful to add dates in the document inclusion criteria.
We have corrected as suggested

Page 5, line 22-24
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.
Page 10, line 23-24 We have added as suggested:
. . . 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 as suggested

e.g Page 11, line 10-11 senior official from a key multilateral, Page 11, line 14
one bilateral agency staff member, Page 14, line 10 bilateral donor consultant, Page 14, line 17 one Haitian consultant, Page 15, line 15 dispirited local consultant, line 11 MSPP human resource staff, line 22, A former Minister of Health, Page 16, line 7 Haitian development practitioner, line 12/13 key multilateral advisor to the MSPP, line 22 one Haitian consultant

- 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 as suggested page 2, lines 10-16:

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 health care. 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.

Page 10, 19-15 and pg 11 lines 1-2, We have amended as suggested, under ‘international marketplace’ we have added:
The U.S. and Canada are among Haiti’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 Haiti 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.

Page 20, lines 21-25 we have not been able to amended the text but we recognise in the limitations the bias to the public and not-for-profit private providers

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.