Author’s response to reviews

Title: What makes advocacy work? Stakeholders’ voices and insights from prioritisation of Maternal and Child Health programme in Nigeria

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Dear Editors,
Thank you for sharing further comments on our paper. We have now addressed all comments and as requested in the table below, we have outlined the point-by-point responses to each comment. Please let us know if you require any further information and we look forward to receiving the final decision in due course.
Best wishes,
Prof Uzochukwu on behalf of authors

Reviewer 1

Reviewer’s Comment
The abstract displays the major concern with the manuscript. The policy makers who might be the focus of advocacy are not mentioned.
Authors’ Response
Thank you for the comments. We have now mentioned the stakeholders interviewed including policymakers, and while policymakers were already in the results we have also mentioned them more clearly in the conclusions. (See methods and conclusions of the abstract, and methods section paragraph 1 of the main manuscript)

Reviewer’s Comment
Since Nigeria is a 3-tiered system of governance, it is important to explain which level or levels are being targeted.

Authors’ Response
Thank you for the comments. The levels targeted were the National and State levels (See abstract, methods section and 6th paragraph of the Methods of the main manuscript)

Reviewer’s Comment
The Methods talk about theories but not the important indicators of successful policy implementation that one would hope could be documented. Unless one knows what the expected objectives of the advocacy process and the related policies are, one does not know what to make of the processes. Of concern is the fact that MCH policies are extremely wide-ranging from child immunization to family planning to safe motherhood and more. Which of these are the main focus of the inquiry/manuscript? In short, the reader needs to be told up front, succinctly in the abstract not only the processes of assessment, but what is being assessed - what is the evidence the assessment is looking for to indicate whether advocacy is successful.

Authors’ Response
Thank you. We have now clarified that the objective of the advocacy process was to sustain the MCH (Ante natal, delivery, post natal and immunization) services as a policy priority. (See abstract, background section; also background section, paragraph 4 of the main manuscript).

Reviewer’s Comment
Furthermore, the abstract says, "Effective advocacy mechanism involves alliance brokering to increase influence, the media supporting and engaging in advocacy, and the use of champions, influencers, and spouses (Leadership and Elite Gendered Power Dynamics)." How are the authors judging the 'effectiveness' of specific processes on specific policies? In addition, "All these enhanced the entrenchment of MCH on the political and financial agenda." Which policies have been entrenched at which of the 3 levels of governance - what are the actual results or evidence that this occurred? Advocacy is an input, so the question arises, did advocacy result in anything -
we can say that 30,000 bednets were distributed in the community, but unless we report that people actually used them and malaria cases dropped, it is meaningless to focus only on the input.

Authors’ Response
Thank you for the comments. We found that key outcomes of advocacy included financial commitment, political involvement, policy enactment, and implementation at the national level as shown in Box 1. Specifically, the outcomes included the reactivation of the Midwives service scheme (MSS), which was in place before the advent of SURE P/MCH, appropriation of the Basic Health Care Provision Fund (BHCPF) in the 2018 national health budget, signing of a declaration by participating organizations calling for action by the Government to address among other things, maternal and neonatal death and declaring them a priority and leading to the federal government setting up a task-force to speed up the reduction of maternal deaths with a target to increase funding for family planning services from US $3million to US $4million, from 2018, media sensitization on accountability for health funds. Other outcomes included prioritization of Reproductive, Maternal, Newborn Child, Adolescent Health plus Nutrition (RMNCAH+N). Also, the World Bank Approved US$500 Million to improve MCH, achieve the ‘Saving One Million Lives’ Goal (a high-impact reproductive and child health and nutrition interventions) whose operation was expected to last from August 1, 2015, to December 2019. There was raised awareness and ‘education’ of the State governor about the significance of health issues through advocacy.
(See Results paragraph 2 of the main manuscript).

We have reflected that all the advocacy activities enhanced entrenchment of MCH on the political and financial agenda at the state and federal level.
(See abstract, results section)

Reviewer’s Comment
The abstract concludes by saying, “Advocacy is a useful tool to bring together different forces by allowing expression of voices and ensuring accountability, but there is no hint of evidence for those claims to usefulness. While an abstract is meant to be brief, it should at least present major evidence and findings and use those to make conclusions.

Authors’ Response
Thank you for the comment. We have identified multiple advocacy organizations and individuals and further results summarized in the abstract constitute the major evidence in support of our conclusions.
(See abstract, results section)
In looking at reviewer questions and author responses, I am drawn to the question about what MCH policies with 'free services' were available prior to the SURE-P intervention and it seems like a wide variety of programs existed and continued to exist before, during and after SURE-P. This leads one to wonder what the SURE-P accomplished. Did additional states eventually add? Did the NHIS eventually start to cover more than federal civil services. As implied on comments about the abstract above, what are the indicators of policy influenced by advocacy? There is a response to one reviewer that, "We did not set out to assess the effectiveness of advocacy efforts as it was outside the scope of this paper and represents an area for future research." Without presenting any evidence that advocacy works, there is no point describing interventions. The purpose of advocacy is to bring about change, to seek funding support, to sustain programs, and if we cannot show that advocacy method a, b, or c achieves that, there is nothing to be learned.

Authors’ Response
Thank you, we take this point. Our realist study was about understanding the mechanisms of how advocacy works. With this in mind, the detailed effectiveness assessment and the detailed account of what services existed prior to the SURE-P intervention and what the SURE-P had accomplished remain outside the scope of this paper. However, in testing our programme theory, we have reported key outcomes of advocacy in Box 1 (financial commitment, political involvement, policy enactment, and implementation at the national level). Furthermore, in addressing this comment we have also acknowledged our study boundaries in the limitations. (See Box 1 and limitation of the study section)

Reviewer’s Comment
A reviewer asks about the 3rd or NGO sector - the authors do not indicate what were considered to be the first two sectors, and one is left to assume that these might be the public and the private sectors - AND one expects that all three provide health services. As a provider of health services, what do the authors perceive as appropriate advocacy action TOWARD them? Do we expect a church mission hospital that survives on donations and fees to start offering free services just because the local government MCH clinics are free? Again, what are the advocacy targets, approaches and results of SURE-P. It is not enough to report on processes without saying what and who were targeted and what were the results (with evidence). In addition we can note that NGOs can fulfill two roles in this process - some are actual health service providers. Others including CSOs are active in educating their members and the public about social issues. We need to be very clear about how the term NGO is used - as the purveyors of advocacy or as the provider of services.

Authors’ Response
Thank you and this comment somewhat relates to the previous point about the intended outcomes of advocacy. While advocacy efforts aim to improve prioritization of the MCH on the political agenda, they do not have any fixed targets against which effectiveness of advocacy can be measured. This is because of the context-specificity of advocacy efforts within the contexts of multiple on-going programmes.
Making specific recommendations for different actors is again outside the scope of this paper, but the example of church services is a good one to show our thinking. Instead of offering free services which may not be financially sustainable (as the reviewer rightly acknowledges), the expectation of these providers may be that they ensure quality of care, engage in public-private partnerships and establish a clear referral of patients where appropriate and necessary.

We stated that the first 2 sectors are the public and private organizations. The NGOs were the purveyors of advocacy and not as the providers of services. We have added a sentence to make this clearer.
(See background section paragraph 5)

Reviewer’s Comment
Overall theoretical concepts are interesting but how are these functionally operationalized to produce advocacy interventions and then what are the results of these interventions?

Authors’ Response
Thank you, and we’d like to clarify that the use of theory in realist studies is to aid understanding the programme theories rather than guide operationalization of interventions. However, in linking the theoretical concepts with our results, we identified how theoretical constructs can help understand the mechanisms through which advocacy works in the real world.
(See Theoretical Framework section)
(See Results section paragraph 2 of the main manuscript).

Reviewer’s Comment
In terms of selecting a single state, the authors responded to a reviewer, "we believe our findings reflect what happened in other states during the period of inquiry." Believing is one thing and knowing is another. It would certainly have been possible to obtain documents to review about the interventions in a few other states to confirm whether there are similarities or major differences. The fact that different states are in different cultural zones and have different political parties in charge imply that one state alone may not be representative of the program as a whole. While it may have been challenging to do interviews in several states, it should have been possible to obtain and review project documents. Fortunately there are some advocacy events at the national level that are described in Box 1.

Authors’ Response
We appreciate this comment. In our study, we advanced the understanding of how advocacy works at federal and state levels. We fully agree that different states are in different cultural zones and have different political parties in charge implying that one state alone may not be representative of the program as a whole. From this perspective, we felt that obtaining documents will give us only a partial (and potentially biased) picture of the real world. Therefore, we had identified Anambra State as a case study of sub-national level and acknowledged this as a limitation of the study.
(See Methods section, paragraph 1 and Limitation of the study section)
Reviewer’s Comment
In response to one reviewer the authors say that, "we have added that the World Bank approved US$500 Million to improve Maternal and Child Health, achieve the 'Saving One Million Lives' Goal whose operation was expected to last from August 1, 2015, to December 2019 as part of our findings." It is not clear whether this is intended to be seen as a result or evidence of advocacy efforts. I am not sure whether the project lobbied the World Bank. My experience is that the BANK offers packages, and governments must agree to seek those packages and then use the funds correctly. I have seen several Bank supported projects get hung up at the state level because of mismanagement and worse. Hopefully, advocacy would be aimed at making government more accountable with the resources made available by the Bank and other donors. Governments must request the funds and once received, advocates must ensure that the funds are used as intended. Another important advocacy issue relates to the fact that donor funds do not last forever - they jumpstart some projects - then advocacy is needed to ensure that governments sustain those projects after the donors leave.

Authors’ Response
Thank you for the comments. Advocacy often has indirect effects so no direct lobbying is always necessary, and indeed as the Reviewer assumed, in this case the World Bank was not directly lobbied. We’d also like to clarify that we did not conduct advocacy from the project (as an intervention) but examined advocacy efforts by the key stakeholders.

The World Bank approval of US$500 Million to improve Maternal and Child Health, achieve the 'Saving One Million Lives' is intended to be seen as evidence of advocacy efforts or an example of an outcome of advocacy. We agree that the BANK offers packages, and governments must agree to seek those packages and then use the funds correctly. However, advocacy enables the government to agree to seek those packages and use the funds correctly. We have added a sentence to reflect this.
(See Results section paragraph 2)

Reviewer’s Comment
In the methods we clearly see "literature and document review." This can mean many things including a systematic search in published peer review literature. One needs to specify the specific literature and documents sought after, which apparently consists mainly of project and agency reports and maybe some news stories or articles published as a result of the project, but who knows.

Authors’ Response
Thank you for the comments. The literature and document review included a systematic search in published peer review literature including project and agency reports, news stories and articles published as a result of the project. The literature review has also informed the identification of relevant theories to provide theoretical grounding for our programme theories and empirical literature to compare our results. This has been reflected.
(See methods section, paragraph 3 and Theoretical framework)
Reviewer’s Comment
The term 'advocacy events' appears throughout the document, but it does not appear to be defined specifically in the methods section. This would help when it comes to explaining the BOX and how the authors identified the items to be included - so the question is whether these items fit a clear definition. The results mention the following: "The nature of their engagement included organizing demonstrations, workshops, symposiums, town hall meetings, individual meetings, press conferences, and engagements with media." It would help to rationalize such a list with a definition - one suspects that town hall would not have been done since the authors said they did not track activities below the state level - if LGAs were not included, one doubts towns were a level of advocacy.

Authors’ Response
Thank you for the comment. In addition to the World Health Organization’s definition of advocacy for health as a combination of individual and social actions that are expected to achieve social acceptance, political commitment, policy, and systems support for a given health goal or programme, we have expanded this for clarity.
(see background section, paragraph 1)

We did not track activities below the state level in Anambra State. The town hall meeting that took place was at the national level. We have clarified that the town hall meetings took place at the national level
(See Results section, paragraph 1)

Reviewer’s Comment
This statement in the results, "concerned individuals and groups, armed with evidence advocate to the government through policy influencers/champions, national and local media, this will help key decision-makers understand severity of the problem and will trigger government commitment and lead to enactment and funding of sustainable MCH policies," is actually a very good description of the overall purpose of the study and the intent of the manuscript - that is documenting who were these concerned people, what advocacy did they perform targeted at which policy makers achieving what effect/result?

Authors’ Response
We appreciate this comment. We agree that this statement which is found in the methodology, is a useful description of the overall purpose of the study and the intent of the manuscript. These are actually the advocacy issues that guided the Programme Theory. We therefore have included this into the last paragraph of the Theoretical Framework, just before the Methods secti

Reviewer’s Comment
Later in the results the following gives us a clearer idea of who might be the policy makers targeted - "Strategic engagements with stakeholders like the minister of health, minister of national planning and minister of finance, legislators, chairman Senate committee on health and chairman house of representative on health and the wife of the Governor after the suspension of funding to SURE-P MCH facilitated the process of sustained concern on MCH both at the national and sub-national level." This is a mix of legislative (policy lawmakers) and executive (policy implementors) that would aid the reader's understanding if noted earlier - remember the abstract should give some specifics, too.

Authors’ Response
Thank you for the comments. We identified "Strategic engagements with stakeholders like the minister of health, minister of national planning and minister of finance, legislators, chairman Senate committee on health and chairman house of representative on health and the wife of the Governor after the suspension of funding to SURE-P MCH facilitated the process of sustained concern on MCH both at the national and sub-national level" as part of the contextual factors and mechanism of advocacy in MCH and we placed it under this sub heading for appropriate flow of the results.

Reviewer’s Comment
The BOX listing events is an important addition to the paper. It would help to explain that these 14 were all the 'events' that were documented over the period or only a sample. For some events there is a tangible outcome in terms of policy implementation/action: "The Minister set up a committee to revitalise the MSS programme that contained activities similar to SURE-P." Others are less concrete: "HEWAN sensitized and mobilized on accountability for health funds. More reports in the media on accountability for health." One assumes that evidence for this 'sensitation' was obtained from documents/reports, but did it result in policy related ACTION? Were any of these events confirmed and more fully described through the interview process. It would be very appropriate in terms of the mentioned triangulation for information to be validated through more than one source. Interviews might help explain more of the outcomes that are vague in some of the 14 events.

Authors’ Response
The 14 events were all the events that were documented over the period at the National and Anambra State. We have added this for clarity.
(See Methods section paragraph 4)

We also take the point about the different nature of advocacy outcomes. This actually relates to some of the earlier comments about the nature of advocacy and context-specificity of outcomes, as in some cases less tangible outcomes in the short-term can lead to longer-term effects. We did explore the outcomes in the interviews as much as possible, and where participants reflected on the outcomes we had reported them in the Results.
(See Results section)
Reviewer’s Comment
The discussion rightly says: "This study provided evidence on the mechanism of advocacy activities for sustained prioritization of MCH activities in Nigeria. To understand fully the role of advocacy, three theories were applied. These theories can help to understand the beliefs and assumptions about the way the policy-making process works and identify causal connections to explain how and why a change may or may not occur as a result of advocacy efforts. Combining these theories sheds new light on the effectiveness of advocacy in prioritization of health programmes. They also allow for the transferability of findings from this and how they can be applied in other contexts." The theories should guide development of instruments that gather evidence not only to confirm the relevance of the theory to what happened in the project, but also 'effectiveness' as stated above. The reader is left with the ultimate question of whether the authors have assembled enough evidence to show that the advocacy efforts as described herein actually led to a sustained and enhanced implementation of life saving MCH policies.

Authors’ Response
Thank you for the comment. We have assembled and reported evidence that the advocacy efforts as described in the study actually led to a sustained and enhanced implementation of life saving MCH policies. However, we take the point about the balance between effectiveness and processes, as we have also responded to some of the earlier comments. While we did report multiple outcomes of advocacy (which speak to sustained and enhanced implementation of MCH services), we maintained the main focus on advancing the understanding of how advocacy works from the realist perspective. We have acknowledged this balance in the Study Limitations section. (See limitation section)

Reviewer 2

Reviewer’s Comment
Page 17, line 50 - The search and data extraction were done not was.

Authors’ Response
Thank you for the correction. We have corrected this.
(See methods section 2nd paragraph)

Reviewer’s Comment
This statement in Page 18, lines 1 - 7- The advocacy issues that guided this PT was "given the sudden withdrawal of a national MCH Programme and a chronic threat of high MCH morbidity and mortality, if concerned individuals and groups, armed with evidence advocate to the
government through policy influencers/champions, national and local media, this will help key decision-makers understand severity of the problem and will trigger government commitment and lead to enactment and funding of sustainable MCH policies" is clumsy, please, reframe.

Authors’ Response
Thank you for the comment. We have reframed the statement to read “In the context of poor health outcomes, interest from policymakers and politicians in maternal and child health care (MCH), combined with advocacy and lobbying from key policy actors to prioritise MCH, is likely to help generate and maintain political and economic commitment ultimately contributing to sustained implementation of and access to MCH services for vulnerable groups”
(See methods section paragraph 4)