Author’s response to reviews

Title: Microeconomic Institutions and Personnel Economics for Health Care Delivery. A Formal Exploration of what Matters to Health Workers in Rwanda

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Point by point response to reviewers comments on ‘Microeconomic Institutions and Personnel Economics for Health Care Delivery. A Formal Exploration of what Matters to Health Workers in Rwanda’ (HRHE-D-16-00145R1)

Reviewers’ comments are in italics with authors’ response immediately following.

Reviewers’ comments:

1. The article has been extensively re-worked, but the results are not satisfactory from the point of view of its clarity for the reader. It is evident is that now the article is in essence a double-track text, with a central text and an almost equal (or more) collection of lengthy footnotes, something that contradicts the purpose of a footnote as a brief side comment to a coherent central argument.

   Thank you for this comment. We have now sharpened the narrative to make the central argument come out better. We also shortened and reduced the number of footnotes from 68 to 34, bringing them into the text, merging some and dropping others. (we also dropped 15 references to sharpen the narrative). We are aware that customs and preferences about footnotes may be specific and hope we have satisfactory addressed this comment; we would be happy to adapt further to the journal’s preferences and customs where needed.

2. The original fault of the article, to report a 12-year old field research, proved to be impossible to overcome. The 5th section, reporting the changes in the Rwandan health system tells a story of profound changes affecting the very same micro institutional factors that the article refers, with expansion of professional supply and many insurance players. I would suggest that perhaps the researchers may conduct a present day focus group
discussion and show a before-after comparison. Alternatively they can describe, by using the extensive and interesting framework that they developed, the present-day situation of motivation and attitudes of health workers, referring to the 2005 qualitative study as a comparison.

Thank you for this comment, which has helped to think through the structure of the paper more thoroughly. We have followed your advice and have included a detailed picture of today’s situation using all existing recent studies in this field, as well as policy reports, that we are aware off. Appendix 1 of this response lists the 17 new studies and reports that we have consulted. Two of them (Lannes and Vasan) are PhD thesis that have several more detailed empirical studies encompassed within them. The detail and rigor of these studies allow us to build an accurate and detailed picture of the contemporary situation. We have add a new section that describes the situation in Rwanda in 2015, replacing previous section 4 Changes since the field work. This new section shares three important observations that are relevant for the earlier findings. First, the studies indicate that, despite improvements, the earlier identified problems and challenges remain, both in terms of shortages of health workers, and performance problems, although sometimes under a different form or at a different level. Second, policy interventions that have been implemented have had mixed results for human resources. This includes policies aiming at training of health workers, increasing health worker numbers, and performance related pay. Mutual insurance is found to have primarily had impact on outreach and demand for health care, broadening access for users, while its effect on human resources remains ambiguous, with some evidence indicating that it has increased turn over and reduced performance per visit of health workers. Third, the studies and policy documents indicate that the earlier identified micro institutions continue to play a central role. Their operational value is also illustrated by the current HRH Strategic plan of the MoH. We see this as evidence of the usefulness of this framework.

We also revised the abstract, intro and conclusion to reflect these changes.

3. There are inconsistencies that need to be corrected as well, in wording or arguments such as:

a. "This study focuses on one country, Rwanda, where health care problems are typical but where the institutional environment is dynamic enough to study changes" (not clear the meaning of this sentence)

b. "The transcripts were then coded, which means that a label was attributed to each unit of text or quotation, reflecting the underlying content of the topic discussed..... vs. The analysis is carried out in four steps. In a first step all quotes by participants are grouped in more or less homogeneous groups, called 'free nodes'" (discrepancies in verb tenses, methodology is described in past and later in present tense)
Thank you for these comments, and apologies that this was not clear. We have now changed these sentences to clarify the meaning. We have also gone through the entire text again to make sure the text and argument is consistent.

Appendix: New studies consulted


Brown S., P. McSharry (2016), Improving accuracy and usability of growth charts: case study in Rwanda. BMJ Open 6:


Lannes L., 2015b, Improving health worker performance: The patient-perspective from a PBF program in Rwanda, Social Science and Medicine 138, 1-11


Ministry of Health, 2014, Application of the Workload Indicator of Staffing Need (WISN) Methodology in Rwanda


Ministry of Health, 2015, Human Resources for Health (HRH) Strategic Plan 2015-18

Ministry of Health, 2015, HRH Sustainability Agenda for Action

Ministry of Health, 2016, Human Resources for Health (HRH) Operational Plan 2016-18


Vasan A., 2016, Improving the quality of primary care delivery and health worker performance in rural Rwanda using WHO Integrated Management of Adolescent and Adult Illness guidelines, PhD Dissertation London School of Hygiene and Tropical Medicine.