Author’s response to reviews

Title: The factors affecting the institutionalization of two policy units in Burkina Faso’s health system: a case study

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Author’s response to reviews:

Thank you for your comments. I submitted the revised version of the manuscript “The factors affecting the institutionalization of two policy units in Burkina Faso’s health system: a case study”.

Amended text has been highlighted in yellow in the background and the discussion, under findings in relation to other studies.

We hope that these amendments will make the manuscript suitable, and we look forward to hearing from you.

The section added to the background section is:

Several knowledge translation platforms have been introduced in Burkina Faso to improve the evidence based decision making, and one of these is the rapid response service. The rapid response service is a small unit in the Burkina Faso’s ministry of health, located at the central level in Ouagadougou (the country capital) and funded by the European Union. The aims of the rapid response service is to provide the policymakers with appraised research evidence about
health systems when they need in the short period of time say days or weeks. The potential benefits to the decision-making process from this service are quite apparent. However, this puts the future of this Knowledge translation platform in the balance as has commonly been seen with donor funder projects or programs in Burkina Faso. Their transition into local ownership and their institutionalization thereafter have been shown to be fragile, and many have collapsed following the end of the donor funding. In order to determine the factors that can help it thrive as a support for decision makers, we chosen two cases that provide insights as to the factors that facilitate and hinder institutionalization in this context.

The section added to discussion section, under findings in relation to other studies is:

Knowledge translation platforms (KT) have been increasingly viewed as an approach that can help to collaboratively achieve health systems goal by engaging in targeted efforts to support the use of policy, including rapid response services. Recent work suggests that in order for KT platform units to be meaningful supports to the policy process through efforts such as a rapid response service, it is important they are sustained, and ideally that they become institutionalized. A study conducted by Kasonde in Zambia on creating a Knowledge Translation Platform in Zambia health system shows the Ministry of Health becoming a routine demander of KTP services, but uncertainty over the KT funding base has been, and continues to be, a persistent feature and become more or less institutionalized [45]. Our findings are also consistent with a study conducted by El-Jardali on understanding factors that can help to ensure the sustainability of Knowledge translation platforms. Three major challenges were raised: first the location of the platforms; second ensuring the sustainability after the end of funding and third building capacity [46].