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:**

Professor Miguel González-Block and Professor Stephen Hanney
Editors-in-Chief
Health Research Policy and Systems

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Dear Professors González-Block and Hanney,

Re: Resubmission of manuscript reference N°: HRPS-D-16-00116

Please find attached a revised version of our manuscript “The factors affecting the institutionalization of two policy units in Burkina Faso’s health system: a case study”, which we would like to submit for further consideration for publication as a Research Article in Health Research Policy and Systems.
In the following pages are our point-by-point responses to each of the comments made by the reviewers, followed by a brief list of other changes that have been made, with reasons.

Revisions in the text are shown using yellow highlights. We hope that the revisions in the manuscript and our accompanying responses will be sufficient to make our manuscript suitable for publication in Health Research Policy and Systems.

We look forward to hearing from you at your earliest convenience.

Yours sincerely,

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Reviewer #1:

1) The same authors published another article very recently in HRPS on a two policy units' study. The focus of these two articles are different and complementary. In the first article, the two units are identified but not in the second. Because the documents included in the analysis seem to be the same in the two studies and we do not know if the interviewed responded are the same. This is a bit confusing and I think that this must be explained the readers. This should be done in the abstract and in the introduction.

This study is one of three designed to support the development of a better understanding of the institutionalization of the rapid response service in Burkina Faso’s health system:
a) The first paper (Zida A, Lavis JN, Sewankambo NK, Kouyate B, Moat K, Shearer J. Analysis of the policymaking process in Burkina Faso’s health sector: case studies of the creation of two health system support units. Health research policy and systems. 2017 Feb 13;15(1):10) was designed to understand the policymaking process leading to the creation of a unit in the health system. The paper analysed the policy-making processes associated with the establishment of the two units and documented the factors that influenced this process.

b) The second paper is this one, and is a multiple case study examining one unit that has been successfully implemented and institutionalized and a second that has not been so successful. It contributes to our understanding of the dynamics linking the key drivers and indicators of institutionalization. It also examines how factors within the managerial setting, including the workplace environment and budgetary and human resource availability, may influence the institutionalization process.

c) In the third paper, having explored the policymaking process required to create a unit in the health system and factors that influence the institutionalization process, we evaluated the process and extent of institutionalization of the rapid response service (Zida A, Lavis JN, Sewankambo NK, Kouyate B, Ouedraogo S. Evaluating the process and extent of institutionalization: a case study of a rapid response unit for health policy in Burkina Faso. Int J Health Policy Manag. 2017;6(x):1–12. doi:10.15171/ijhpm.2017.39).

The publication order was supposed to be paper 1, then paper 2 and then paper 3. Unfortunately, this paper (paper 2) was submitted to another journal some time ago, and we did not receive any response until quite recently, so the planned publication order has been disrupted. We have added more explanation of this to the Abstract (line 26) and Background section (lines 118–134), plus references to the two other papers (references 8 and 9) to set this study in context more clearly.

2) My second comment is about the first section added in the manuscript on page 5. The example of the "rapid response service" would be a good one, but only if there is any evidence that this service has been implemented and proven useful in the Burkinabè context. To my knowledge, this is not the case and the "potential benefits" has to be demonstrated. I suggest to use a more convincing example to support this argument.
This section has been amended to make clear that this study was designed to provide information about factors that might help with the process of institutionalization of the rapid response service and to explain how it fits with two other papers that we have also published (Lines 118–134).

3) Line 163-167: Two policy units were selected because they were generally considered successful or not. By whom?

We have amended this section to make clear how the two units were selected. The first was chosen as successful on the basis of its use by the World Bank as a case study, in which it was acknowledged to be well on the way to institutionalization (new references 15 and 16). The second was chosen drawing on the knowledge of one of the authors (BK), who knew about the problems in the unit because of his professional position (lines 170–173).

4) In the method section, the authors should give more information about the "external reviewers who were engaged to review the study's findings". Where did they come from? How were they recruited? What were their qualification?

The ‘external reviewers’ are two of the authors of the paper (BK and KM). Both knew about the units concerned because of their professional background, but were not involved in the data collection process. They were therefore able to review the findings and check that they were coherent and consistent. We have added more information about this to the Methods section (lines 254–257), and added the initials to the Discussion section to avoid confusion (lines 657–659).

5) Line 584: "...a second researcher was involved in and consulted during various stages of data analysis (and in interpreting the results)". This is presented only in the discussion, it must be mentioned in the method section. And his contribution must be detailed.
Information about the role of the second researcher is set out in the Methods section (lines 238–239).

6) The first paragraph of the result section (line 246) should be in the method section.

This paragraph has been moved to the ‘Data sources’ section, where we first mention the interviews (lines 221–229).

Reviewer #2:

1) Very interesting findings. The methods section is well developed and I have particularly read the manuscript with interest but I am not satisfy with the results section. In the first case, there is no quotes. I think the particularity of the qualitative research is to highlight numbers or give more understanding of a phenomenon. The institutionalization of the two unit is well described by the missing thing is the place of the interviewees. Let them talk. In the second case, you try a bit to cite them but it is enough for me. Please use your material to support some of your ideas or results.

We have added a number of additional quotes to the sections on the individual units, and also to the comparison section. These are highlighted in yellow, and are at lines 299–307, 322–327, 345–352, 368–373, 404–409, 441–446, 456–463, 486–492, and 552–556. Table 2 contains information about some of the data sources apart from interviews. We have also added a new reference 38, to support the statement about the lack of resources in non-communicable diseases in Burkina Faso (line 434).

2) One other thing is the position of ZA as participant-observer: for me this is not a strength but should be mention as a weakness of the study. To be really objective in that case is very difficult even if you used an independent reviewer during analysis an interpretation.
We agree that this is a difficult position. We believe that the use of a participant-observer has both strengths and weaknesses. We have therefore amended this section to explain how it could have been regarded as a weakness as well as a strength, and therefore lead into a discussion of the steps we took to avoid it damaging the study (lines 651–653).

3) There is one sentence I can't understand: ligne 246-248: it seems there is a contradiction.

We apologize for the confusion. We have amended this to make clear that the respondents were interviewed about particular units, and had all been involved in the setting up or early activities of at least one, but that not all of them still worked in the unit at the time of the interview. Please note that this section has also been moved to the Data Sources section, in line with comments from Reviewer 1 (lines 221–229).

4) line 684: "father". It seems to be a mistake

You are correct; this should read ‘Future’. We have corrected this. We have also had the manuscript checked by a native English speaking scientific editor to improve the grammar and readability.

5) As general comment: The reference period is a bit far and it seems that many things have changed nowadays with the studied units. With the turning over in the ministry of health and also the change on the denomination of main services and units, this research have the merit to inform decision and policy makers on the factors important to be taken account for the institutionalization of units.

We agree with this. As a result, we have reviewed the data used, particularly the interview transcripts, and it is clear that many of the participants’ comments related to more recent activity, rather than what happened before 2012. We have therefore amended the paper to reflect this, and
make clear that the data used relate to the period from January 2005 (the midway evaluation point for the 2001 to 2010 National Program for Health Development) and January 2016, when the interviews were held (lines 190–197).

Other changes

Lines 774–775: We have amended the declaration about ethical issues and consent to publish to make clear that data were anonymized, rather than aggregated, because we have added more quotes.

Lines 781–783: We have amended the declaration on availability of data and material to improve the English.

We have had the paper checked by a native English speaking scientific editor, so there are minor amendments to grammar, and to improve the flow and readability throughout. These have not been highlighted individually.