Author’s response to reviews

Title: Gaps and Strategies in Developing Health Research Capacity: Experience from the Nigeria Implementation Science Alliance

Authors:

Echezona Ezeanolue (eezeanolue@gmail.com)
William Menson (william.menson@unlv.edu)
Dina Patel (dina.patel@unlv.edu)
Gregory Aarons (gaarons@ucsd.edu)
Ayodotun Olutola (dotun.olutola@gmail.com)
Michael Obiefune (mobiefune.ihv@gmail.com)
Patrick Dakum (pdakum@ihvnigeria.org)
Prosper Okonkwo (pokonkwo@apin.org.ng)
Bola Gobir (bola.ihv@gmail.com)
Timothy Akinmurele (takinmurele@ehainigeria.org)
Anthea Nwandu (anthea.ihv@gmail.com)
Hadiza Khamofu (hkhamofu@ng.fhi360.org)
Bolanle Oyeledun (bolanle3@gmail.com)
Muyiwa Aina (muyi.aina@solinahealth.com)
Andy Eyo (andy@ecews.org)
Obinna Oleribe (obinna.oleribe@expertmanagers.org)
Ikoedem Ibanga (ikoibanga@yahoo.com)
John Oko (johnokpanachi.oko@ccfng.org)
Chukwuma Anyaike (chuxxanyaike@yahoo.com)
John Idoko (jonidoko@yahoo.com)
Dear Editor and Reviewers,

HRPS-D-17-00080R1: Gaps and Strategies in Developing Health Research Capacity: Experience from the Nigeria Implementation Science Alliance

We are grateful for your very helpful reviews on our manuscript. We provide our point-by-point responses as follows:

Reviewer 1:

Comment#1: The results section is very sketchy and do not give a clear indication of what was found. There is one table with top level summaries of the themes agreed, but little indication about how they were arrived at. The Figure 1 does show something of the process, but there is a need for more detail. The themes in the table are very high level and the strategies provided are not very helpful for overcoming challenges or making the most of potential opportunities. For example, gap 1 is lack of sufficient funding for research and strategy 1 is increased funding for research. This is not very constructive, and the discussion does not develop the gap/strategy analysis in the table and discuss ways that this can be implemented. This is true of many of the items listed in the table. The results should expand on the themes, what is covered and what detailed strategies were proposed. The discussion can then take the gaps and strategies and discuss how the solutions proposed can be translated into something practical and sustainable, the stakeholders, infrastructure, incentives and other factors that are all involved.

Response: We have added details of specific gaps and strategies to the top-level summaries provided in the original submission in the results section. Line 154-161, Line 166-190,
Comment#2: The discussion does include a number of the gap/strategies but not all that are covered in the table and there is no reference to any evidence about experience of the strategies or applying some of the solutions. If there is no evidence available to back up the solutions being discussed this should be clearly stated. For example there is some discussion about increasing education about research, or making research a factor to be considered for promotions - is there any evidence to back up these suggestions - has it been tried elsewhere and does it work? In line 246 it states ‘is believed to be’ - but we really need something that refers to evidence and if that is not available - then a statement about ... no evidence available but this might be one option to .... or something similar. There is reference to some work supported by TDR in Mali - but this is rather obscure and needs to be made clearer, anyone who has not heard of TDR will probably not understand the relevance of this statement.

Response: We have added supporting references to the points made, and changed “is believed to be’ to ‘it is expected’

Comment#3: There needs to be a section which covers the limitations of the study and some indication of potential ways forward to try to implement some of the strategies outlined.

Response: We have added a limitations section, Line 288 - 296. We have also added recommendations to the conclusion section. Line 298-333

Reviewer 2:

This is a rigorous paper on developing health research capacity in Nigeria, one of the most populous low and middle income countries (LMICs) in Africa. This paper promises to become an extremely important contribution to the literature on increasing health research capacity in LMICs. However, there are a several compulsory revisions that the authors need to make before this paper could be considered for publication. There are also two discretionary revisions that the authors may want to consider.  

COMPULSORY REVISIONS

Comment#1: Research involving human subjects, human material, or human data, must have been performed in accordance with the Declaration of Helsinki and must have been approved by an appropriate ethics committee: https://www.biomedcentral.com/getpublished/editorial-policies#ethics+and+consent 

The authors state that ethics approval and consent to participate are not applicable. This is probably because, as the methods section suggests, they analysed de-identified data and reported aggregated results, and so on these grounds their research was exempt from a full ethics approval process. If so, it is necessary to state this in the manuscript.  

Likewise, the authors state that consent for publication is not applicable. This is probably it was obtained as part of the participants agreement to participate in the workshop. If so, this needs to be explained in the
manuscript. Response: We have stated in the manuscript that this research was exempt from a full ethics process. Line 133-134, 312-313

Comment#2: It is commendable that the authors share their data in the supplementary material file. Given that the supplementary material contains individual names, it is necessary to mention how consent for publication was obtained. Usually participants can withdraw their consent retrospectively, which may not be possible once the supplement has been published. For this reason, the authors may want to seek advice from their ethics committee and abstain from publishing the supplementary file in its current form. I suggest publishing a blank data collection form and explain that anonymised data would be available on request from the corresponding author. Response: We have withdrawn the supplementary file in its current form and have added a blank data collection form instead

Comment#2: Finally, the References section requires editing to ensure the consistency of style across all references, e.g. doi numbers.

Response: This has been done

DISCRETIONARY REVISIONS Comment#3: The Results section of the Abstract misses the opportunity to report the key findings of the paper pertaining to the recurrent themes for gaps and strategies. Space permitting, the authors may want to mention these in the Results section of the Abstract.

Response: Extra detail has been added to the results as advised, Line 58-65 in the abstract section and Line 166-190 in the results.

Comment#4: The authors can strengthen reporting of their qualitative research by using the most relevant elements of the Consolidated criteria for reporting qualitative research (COREQ): http://intqhc.oxfordjournals.org/content/19/6/349.long In particular, it would be helpful to address reflexivity, i.e. how the authors' background and experiences might have influenced the interpretation of data.

Response: We have addressed reflexivity in our limitations section (Line 290-294)