Author’s response to reviews

Title: Kenya´s Health in All Policies strategy: a policy analysis using Kingdon’s multiple streams

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Author’s response to reviews:

Dear editor,

We are pleased to note that both reviewers liked the content of our paper.

First, we have addressed each and every of the reviewer´s comments and we have indicated by track changes and highlights in the manuscript. Secondly we ensured that the manuscript language and journal´s requirements have been met.

Please find below our point-by-point responses.

Best regards,

Joy Mauti, on behalf of co-authors.
Reviewer #1: Manuscript Review

General Comments:

This article presents the findings of a qualitative case study investigating how Health in All Policies (HiAP) in Kenya made it to the political agenda, and the degree of translation of HiAP into practice. The authors conducted interviews with 40 key informants from government and outside of government, who were involved in the policymaking process. They also included data from documents. The authors analyzed the data using Kingdon's theory as a conceptual framework. Results indicate that although some progress has been made in getting HiAP on the political agenda, for instance HiAP has been endorsed in policy documents, there are many current challenges to implementation, including lack of awareness of HiAP and lack of HiAP structures in place.

Thank you for your useful summary of our study.

1) The article provides some important information and findings on the current status of HiAP in Kenya.

We really appreciate that the reviewer agrees with us that this paper provides pertinent information concerning HiAP in Kenya.

2) This reviewer feels that the research questions need to be more greatly aligned with the results. Moreover, greater clarity is needed in some areas.

Thank you. As this remark overlaps with the reviewers specific comment 4, we have addressed the comment under 4.

Specific questions/suggestions:

3) There is much text describing the Vision 2030, but relatively less describing objective 6 in the national "Health Policy" 2014-2030. This is somewhat perplexing since HiAP is explicitly featured in the Health Policy.

Thank you. Table 6 indicates the highlighted Sectors and Social determinants of Health under the HiAP objective in the Health Policy document. It also indicated the commitment to work with the non-government sector and that is all there is in the policy document, which I have already discussed in various sections of the paper page 3 line 96-97, page 11-line 235-240.
Vision 2030 is important in this study as this is the national development Agenda that all ministries adhere to. It is the basis for Intersectoral action for SDGs a link to which HiAP policy processes can progress and be successful in Kenya.

4) At the top of page 5, the purpose of the article seems to be stated as 1- to investigate how the HiAP approach made it to the political agenda, and 2- to investigate the degree to which the commitment to HiAP is translated into practice (essentially assessing HiAP implementation). Then, the research questions are presented (relating to the three streams) at the bottom of page 5 through to page 6. These purposes and questions, however, do not clearly align with some areas of the results section. Greater description linking these is needed.

Thank you for your comment. We have made it clear that the study only focuses on HiAP adoption, including policy agenda-setting and policy formulation. We reviewed the entire results section again and made sure it is fully aligned in relation to the three streams which seek to answer the research purpose.

5) First sentence, page 6 (and the first sentence on page 7): You may want to consider if "adoption" is best word. What, specifically, is meant by adoption? Is it referring to getting HiAP on the political agenda or HiAP implementation?

Thank you for your comment. Adoption is the most relevant word it is referring to HiAP rising to the political agenda and its formulation in Kenya.

6) Under "Study setting", please provide more information on the role of the counties vs. national government in decision-making regarding policies related to HiAP. Which level of government is involved in HiAP?

Thank you. We have revised and addressed this comment on page 5 line 144-148.

7) Under "interviews": Did key informants come from government positions at the county or national level? Some examples of the positions held (the specific titles) would also be helpful to include.

Thank you. The key informants came from government positions at National level. The range of positions held (specific titles; Under-Secretary, Chief Economists, Deputy Economists, Economists, Policy director, Deputy Policy director, Head of Departments, department members) included on page 8 line 201-204.
8) Under "interviews": Was a specific eligibility criteria used? What, specifically, is meant by those "involved in the policymaking process"?

A purposeful sampling approach was used to select the first batch of key informants, followed by a snowball approach (e.g., first key informants providing additional names of resource persons whom we also included in the list of potential key informants) to reach data saturation. We purposefully approached two types of respondents in each ministry involved in HiAP: working at the highest level of policymaking and working at the technical level. We also sought to include informants from relevant categories who had been involved in the policy process, e.g.: bilateral cooperation agencies, civil society, academia, independent consultants and policy institutes. Informants were contacted by email or phone and, based on their approval to participate, were recruited by the interviewer (first author) to data collection. We have included the statement on page 7 and 8 line 182-190.

9) Table 1: It would be helpful to include a comment about the 10% female interviewees. It seems surprising there were so few females. Is this reflective of the government employees and groups of people sampled?

The authors intended to have achieved gender balance in this study. However, all the positions of interest within the study period were predominately filled by men. This was for both government and the other areas. We have included this statement in the manuscript as well on page 8 line 208-210

10) Under "Analysis": "The codes and nodes were categorized in a way as to…study [22]". More detail is needed.

Thank you for your comment. We revised this section’s title to “Analytic Approach” and have added more details in this section page 10 line 218-223.

11) Under "Analysis": Table 2 may be more appropriate in the results section, as opposed to analysis.

Thank you for your comment. We believe table 2 is more appropriate under the “Analytical approach” subtitle as it summarizes the entire analysis which is then expounded on in the results.
12) Please ensure all tables are labelled correctly in the text (i.e., page 14 should possibly read table 4 and 5, not 3 and 4).

Thank you for your comment. We have ensured the tables are labelled correctly.

13) Page 17, line16-18: "When they went back to Kenya, the interviewees attended several meetings to ensure that HiAP was understood and was being supportive". Who are the audience members referred to in this sentence? Ensure that HiAP was understood and was being supported by whom?

Thank you. The audience members were staff from the ministry of health. We have included this information in the manuscript on page 16 line 306.

14) Great information is presented in table 7, since it seems to indicate an understanding of how various sectors' decisions and policies impact health.

Thank you, we appreciate that you acknowledge the valuable information displayed on (now) Table 10.

15) Page 23, lines 5-7: "The key findings revealed that some of the problems included…". What are the problems referring to, specifically? Problems in getting HiAP on the political agenda or in implementation?

Thank you for your comment. The problems being discussed refer to HiAP rising to the political agenda in Kenya:

16) Under conclusion: It would be helpful if the current status of HiAP was more clearly described (either in this section or in the background). More clear and specific information is needed about Kenya still being in the "adoption stages".

Thank you for your comment. I have elaborated the conclusion to read as “HiAP in Kenya is still in the early adoption and formulation stages. It has been endorsed in the policy documents, but great efforts need to be in place for HiAP to be implemented any time soon. The efforts include political will and leadership from the highest political office which will foster national ownership and ensure a win-win situation across all government sectors. Issues relating to Funding for implementation of HiAP have to be considered from the onset so as to avoid it being a hindrance. Training and sensitization of HiAP at local level can be done by linking of HiAP with the SDGs.
implementation under the Vision 2030 framework. Findings of this study are highly policy-relevant to decision-makers and program implementers in other countries seeking to adopt HiAP in lower resource settings.” This is on page 26 line 533-541.

17) There are many spelling, grammar, and sentence errors throughout the paper that need to be corrected.

Thank you. We have ensured that any grammatical error has been corrected. We had initially submitted the paper to a professional editor before first submission. Once again upon this observation we have employed the services of a second professional editor. With regards to the quotes- we reported them verbatim and thought best to leave them as originally said.

18) It seems there are a lack of HiAP structures and tools in place. You may want to include some mention of this. Below is a link for a document that may be helpful.


Thank you. The first author read document and noted some governance tools present in Kenya and some that are potential tools for HiAP. We have summarized them on a tables and included it as table 9 on page 20.

Health Impact Assessment as a tool for HiAP in Kenya is currently being elaborated as a paper due for submission soon.

Reviewer #2: Full Title:

* Suggest revisit the title as the paper examines the process and to some extent, the adoption of HiAP in Kenya; it does not really engage in the subject of if and how HiAP has been used for agenda setting.

Thank you for your suggestion. With regards to this paper we look at Agenda-setting in Kindgon as the first step in the policy cycle where problems and their possible solutions gain attention. We have revised also the title to “Kenya’s Health in All Policies strategy: a policy analysis using Kingdon’s multiple streams”
Abstract:

* Examining the adoption of HiAP in Kenya, rather than evaluating, given the study design?

Thank you for your comment. We revised the term to examining the adoption of HiAP in Kenya.

Background:

* Politics stream - missing is any comment on the complexity of policy making process in countries such as Kenya that are reliant on external financing (especially the health sector); the HiAP process would to a large extent be shaped by global actors and discourse, including global initiatives shaping Kenya's health system, and at times by passing national planning process and priorities? Would this to any extent have implications for national "ownership" of the HiAP agenda?

Thank you. We have commented on this on page 5 and page 6 line 148-155. In particular, we provided figures illustrating Kenya’s donor dependency for public health expenditures, affecting national ownership.

* In terms of "window of opportunity" - the key question of interest becomes how do all these streams interplay? what are/have been to date, the facilitators and barriers to effective adoption and implementation of HiAP in Kenya? I find this analysis missing to some extent in the discussions section, or perhaps not clearly argued.

Thank you for your comment. A window of opportunity was created once HiAP gained enough political attention as a strategy to address the SDH in efforts to combat the double burden of disease. WHO Kenya office as a key facilitator propagated efforts to map the SDH in Kenya and HiAP adoption by collaborating with the ministry, academia among other stakeholders. Another key facilitator was that a former Minister of Health who used her political influence to address SDH. Her continued contribution in her position as one of the SDH commissioners made HiAP stay in the political limelight during her tenure. Kenya’s participation to global conferences on this thematic area have also been a window of opportunity for HiAP. We have discussed this in the window of opportunity section page 21 line 406-414.

* Might want to mention the recent World Medical Association Council meeting in Livingstone (2017), where a commitment was made to setting up collaborative groups— and to sharing experience between countries; Kenya for example was keen to learn more from the Zambian experience of setting up a ministry responsible for SDH.
Thank you for your suggestion. We have mentioned it on page 3 line 97-99.

Study setting:

* Qualitative case study carried out nationally, based on document review and key informant interviews? A focus on any specific counties within Kenya to gauge the adoption of the HiAP approach at sub-national level policy making processes?

Thank you. The case study focuses on Kenya as a country, i.e. the analysis was performed at the national level. To the best of our knowledge, HiAP has not yet been adopted at county level. The draft HiAP framework we had access to indicates how this will be done but there is currently no progress there.

* Effective adoption and implementation of the HiAP approach is closely linked to effective coordination of resources at national and sub-national (county) levels. The paper does not adequately touch on the resource question which is fundamental to the whole issue of addressing the "power dynamics" and "governance framework" for an SDH approach (which challenges the status quo). Perhaps the authors can include brief details in this respect. For example, are funds directly channeled from central treasury to the councils or via the concerned sectoral Ministries? How much of external financing is off budget and direct to the districts? Do councils have autonomy in use of resources? A reader not familiar with the Kenyan devolution process, will find it difficult to follow your final conclusion of why the "three reasons pose a challenge for any policy formulation" - it deserves a bit more explanation. Also, the details linked to the new structure and forthcoming constitutional change, and the challenges this might pose to policy formulation maybe better placed in the results or discussion section?

Thank you for your comment. The funds are directly channelled from central treasury to the counties who solely decide how the funds are spent at county level. Donors can also directly fund projects within a given county independent of the government contributing to external financing which is off budget. These reasons pose a challenge for any policy formulation and can have implications for national "ownership" of the HiAP agenda. We have included the statement on page 5 and page 6 line 148-155.

* Key Informant Interviews: any specific criteria adopted in selecting key informants, with respect to specific ministries, DPs and international and national NGOs? As well as with respect to the specific individuals interviewed within these organisations? Or based on availability?
Thank you. A purposeful sampling approach was used to select the first batch of key informants, followed by a snowball approach (e.g., first key informants providing additional names of resource persons whom we also included in the list of potential key informants) to reach data saturation. We purposefully approached two types of respondents in each ministry involved in HiAP: working at the highest level of policymaking and working at the technical level. We also sought to include informants from relevant categories who had been involved in the policy process, e.g.: bilateral cooperation agencies, civil society, academia, independent consultants and policy institutes. Informants were contacted by email or phone and, based on their approval to participate, were recruited by the interviewer (first author) to data collection. We have included the statement on page 7 and 8 line 182-190.

* The authors might consider including a table with some key country indicators (social, economic, financing, health, etc), as well as chronology of key country policies/strategies/frameworks linked to HiAP process, as well as Vision 2030? Helps contextualizing the SDH and HiAP discourse.

Thank you for your suggestion. We have added this as table 1 and 2 on page 6.

Analysis

* Curious - did the authors also assess key informant knowledge regarding the importance of an SDH approach to addressing health and wellbeing? And then the challenges encountered in an SDH approach? The conceptualization and importance of an SDH approach to addressing health and well being is just gaining momentum, with a gradual understanding of the importance of an SDH approach, more so as addressing nutrition and NCDs have become national priorities… this is a process.

Thank you for your comment. We did not assess the key informant knowledge regarding the importance of an SDH approach. We have included this as a limitation to the study (page 26 line 526-528). Information regarding the importance or relevance of a SDH approach to address health issues in Kenya was not specifically sought in the interviews. Outside of the Health Sector, most ministries did agree that collaboration to address the SDH was important but were not aware of any SDH approach. As such they could neither assess its importance nor realise the complex challenges of using an SDH approach. The process for national ownership is slow but gaining momentum as pointed out by the reviewer.
Results

* Problem stream: refer authors to my last comment on SDH. National and regional researchers also bear some responsibility for poor recognition of SDH as it is a reflection of the conceptualization and analysis of research data, that till very recently has failed to take into consideration the various underlying determinants (beyond health); and also the extent to which research effectively informs the policy making process (as evidenced by your Table 3 - increasing awareness of global discourse amongst academia and independent consultants, but this has not transcended to the policy makers and the civil society; it begs the question of priorities - whose priority? Global and/or national?)

Thank you. The main people who were involved as SDH and HiAP research in Kenya were either from Academia or independent consultants. They were aware of global discourses, but this information did not necessarily transcend to policy makers and civil society. As such, HiAP like many polices remains a global priority first but still gaining momentum as a national priority. We have included this on page 25 line 498 to 502

* Adelaide statement (page 14)- perhaps a line/footnote on this? What is this statement and its relevance? Not every reader is familiar with the Adelaide statement

Thank you for your suggestion, we have noted it and have subsequently added a statement related to that statement on page 14 line 290 to 291.

HiAP and development goals

* Vision 2030 is a Vision which usually would not be concrete and have a budget attached to it; there are various strategies over time to achieve this Vision, and these Strategies are costed (p18); but perhaps in Kenya it is otherwise? The Vision has a specific budget linked to it? When was Vision 2030 adopted? Before the HiAP discourse? In what way was Vision 2030 modified with adoption of SDGs? (p19)

Thank you. Vision 2030 preceded the adoption of HiAP. Vision 2030 was adopted in 2008 and Kenya outlined HiAP as a policy objective in 2011 for the period 2014-2030. Vision 2030 is a national development framework with medium term plans and flagship projects which have specific budgets. Each of the 17 SDGs was matched with Vision 2030 Second Medium Term Plan (MTP) objectives so as to ensure that the global development framework and its implementation was directly linked towards achieving both Vision 2030 and SDGs (page 17 line 330-333).
Politics

* HiAP as a policy approach is influenced by national, regional and global political discourse. Question is to what extent has this been localized?

Thank you. Efforts to localize HiAP in Kenya started by placing it as a policy objective in the health policy documents. The current Vision 2030 intersectoral bodies and SDGs action at county level can provide significant support for intersectoral action for health and development. Having political backing from the highest office will certainly facilitate full national ownership for HiAP. We have discussed this in various sections throughout the paper and included a statement on political will at highest government level under discussion on page 29 line 498-502.

* Collaboration between sectors can't be in abstract, but would be linked to specific initiatives and interventions (p20): (and Table 7 provides evidence of intersectoral coordination to the contrary-present or potential areas). The HIV intersectoral approach (mentioned later in the paper), is one good example of how such an approach can be successfully driven when linked to a specific initiative that is well funded as well as politically championed, and requires an implementation strategy across specific sectors.

Yes and thank you for your comment. HiAP has not been implemented especially at local level, we believe when it will be, it will also be pinned to specific initiatives.

* WHO 2013 makes a note of some interesting earlier mental health initiative and entry points for intersectoral action:

"The UK Government funding for the mental health policy reforms in Kenya, for example, supported the collaboration of a range of non-health sectors including police, prisons, schools, child protection and social welfare whilst an NGO supported community engagement and action at other levels and a local university facilitated a participatory process in a high need community.." p8

"on several entry points simultaneously. For example the work on mental health in Kenya used evidence to feed into a sustained policy dialogue on mental health involving ministries of health, social welfare, education, police, prisons and child protection about the issues raised, including the policy and institutional needs, and the integration of mental health into generic health sector reforms." p16

It also discusses intersectoral collaboration on child nutrition in informal settlements in Mombasa.
Thank you for your suggestions. We have also included the examples of mental health on pages 22 and 23 line 439 to 444.

* Is it not a good idea that meetings are held on need basis and not regularly? There is usually a tendency of endless committees and meetings with undue attention to actual implementation?

Thank you for your comment. Concise regular meeting establishes communication channels and better working models for implementing the HiAP approach.

National Collaboring Centre for Determinants of Health. (2012) support formal communication processes (e.g., monthly meetings and regular appointments) as important for the initiation and implementation of intersectoral activities.

(Citation: National Collaboring Centre for Determinants of Health. (2012). Assessing the impact and effectiveness of intersectoral action on the social determinants of health and health equity: An expedited systematic review. Antigonish, NS: National Collaboring Centre for Determinants of Health, St. Francis Xavier University.

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* Following is a very insightful comment from one of the key informants and would the authors might consider delving a bit more into it: "think Kenya has always mainstreamed the issues of health and no wonder the concept of health in all policies has not been so pronounced"…implies that without being labeled HiAP, intersectoral initiatives have been in place for some time? Also a present danger in many countries when discussing "mainstreaming" is to set up committees and focal persons in specific sectors, without a clear understanding of how to go about the process of "mainstreaming" and its resource and technical implications. Sometimes when institutions are weak, the most simple of processes stand a better chance of being successfully implemented. Intersectoral collaborations involves a degree of complexity and calls for transparency in resource allocation - a challenging scenario. The authors might consider a paragraph based on experiences from other regional countries on "What are the challenges to inter-sectoral collaboration? For a more coordinated and cost-effective implementation of HiAP? What are the necessary governance structures?"

Many countries have adopted the SDG agenda, and committed to HiAP and an SDH approach; moving from policy to practice is another story.
Thank you for your comment. We have added insights from South Africa ISC on pages 24 and 25 from line 488 to 494 in response to both of your questions.

We have given examples of governance structures on table 9 page 20.

The first author is currently writing a paper on how Health Impact Assessment can be a tool for HiAP.

Kindly allow us to note that the we have discussed the issue of resources/finances to the extent the focus of this study could allow and considering the word limit of the journal. We believe that the issue of resources for HiAP is very broad and warrants a study of its own. We have added this as a recommendation for future research on page 26 line 528-529.

* The sudden reference to Namibia Vision 2030 seems out of place- or perhaps elaborate a bit on it? How does Namibia's Vision compare with Kenya's? Its relevance for Kenya's HiAP agenda?

Namibia’s Vision 2030 had already adopted HiAP as a strategy whereas Kenya’s Vision 2030 had not. It serves as an example from which Kenya can learn from. This has also been clarified in the manuscript on page 27 first paragraph.

Discussion

* As noted earlier, the discussion section can be strengthened a bit more; with details on some of the key facilitators and barriers to the HiAP process to date? For example: given its links to the SDG commitments, to what extent have the SDGs been localized in Kenya, and understood throughout the decentralised governance system? Is there a convergence/divergence between the SDGs and Agenda 2063 ("The Africa we want") adopted by the African Union? What plans are in place to integrate the SDGs, as well as Agenda 2063, into national plans, policies and practice? What are some of the key prerequisites for effective implementation of SDGs? This would have some implication for effective adoption and implementation of HiAP in Kenya,

Thank you for your comment. We have added a paragraph on the same on page 24 line 476 to 487. This aspect of HiAP and SDGs in Kenya will be discussed further in the first author’s third paper that specifically focuses on HiAP and SDGs in Kenya.

* The concluding paragraph of the discussion referring to the shortcomings of Kingdom's framework when assessing public policies in developing countries, might fit better under a
section on limitation of this study (were there any other limitations worth mentioning)?
Given the role of international actors in policy making processes and agenda setting in
Kenya, would it not have been better to adopt another framework of analysis? Which other
framework might the authors recommend? Walt and Gilson (1994) health policy triangle
which considers the policy process, content, context and actors? Or??

Thank you for your comment. Despite its frequent use to study health policymaking in LMICs,
The Walt & Gilson policy triangle framework was considered too simplistic to unravel the
multiple dimensions and aspects of the policy process in relation to HiAP in Kenya.
Unfortunately, common public policy frameworks (Hall’s three Is; the ACF; Baumgartner &
Jones’ punctuated equilibrium model, etc.) rarely incorporate international actors in their
dimensions. Multiple empirical papers have actually identified this shortcoming (e.g., Di
Ruggiero et al 2015 (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4358203/).

Also, Leppo et al 2013, Stahl et al among others show how HiAP is underpinned by Kingdon
framework and that is why we chose it for this study. We have indicated that on page 4 line 111-
112.

Although it is imperfect, Kingdon’s multiple streams approach still enabled to incorporate their
role (as policy entrepreneurs) in the policy stream, as it did in many other global health policy
research (Ridde 2009; Kadio et al 2017; etc.).

* The authors rightly conclude that HiAP in Kenya is in its infancy. It therefore still has to go
through the phase of making it nationally relevant; its implantation will be linked to specific
priorities and not in abstract, and will have resource implications. SDH is a long and
challenging process.

Thank you for your comment. Yes more efforts are required to further HiAP in Kenya in
addressing SDHs

References:

 Might want to look at:

Solar O, Valentine N, Rice M, et al. Moving forward to equity in health: what kind of

2nd International Health Promotion Workshop, Kitale, Kenya, 9 August 2013 "Health in All
Policies" - What does that mean to local communities?
Achieving Policy Coherence at National, Regional and Global Levels to Address SDH and SDGs (Dr Michieka Okioga Michieka, Kenya National Young Academy of Scientists). (SDH WORKSHOP, 7-8 Nov 2016, Jo'burgh, SA)

Thank you. The first author looked at both Solar et al and Dr. Michieka’s powerpoint presentation and added them to the paper.

WE did not find the 2013 report for the Workshop in Kitale but someone from the Alliance for Health Promotion who organized this workshop was one of the interviewees.