Author’s response to reviews

Title: The hepatitis C infection in Iran: a policy analysis of agenda setting using Kingdon’s multiple streams framework

Authors:

Masoud Behzadifar (behzadifar.m@tak.iums.ac.ir)
Hasan Abolghasem Gorji (gorjiha@yahoo.com)
Aziz Rezapour (Rezapoar_a57@yahoo.com)
Nicola Luigi Bragazzi (robertobragazzi@gmail.com)

Version: 1 Date: 02 Mar 2019

Author’s response to reviews:

Dear Distinguished Editor-in-chief

We have carefully revised our manuscript taking into full account all reviewers’ concerns and observations. Looking forward to your final editorial acceptance and publication of our manuscript.

Reviewer reports:

Reviewer #1: This is very attractive paper and has good structure and design but need several comments to be improved.

Thanks a lot for your appreciation of our work.

1. In this analysis of agenda setting process of HCV policy, the level of agenda setting not mentioned.

Thanks a lot for your valuable suggestion. We have specified the level (macro-level, that is to say, national and not regional level).
2. Researchers not presented enough evidences about the problem in introduction and not mentioned clearly why this issue need to this approach of research.

Thanks a lot for this comment. We added a paragraph to address your request. We added that “Undoubtedly, HCV should be placed on policy- and decision-makers’ agenda. Policies play a vital role in health issues related to community health, so understanding the relevant factors that can impact on the process of agenda setting is very important. More specifically, the present investigation aimed to better understand HCV-related issues and their impact on policies in Iran. Therefore, Kingdon's multiple streams framework was deemed suitable for the purpose and, as such, was selected for this study. This framework is, indeed, an appropriate technique for the planned analysis, in that it enables to explore HCV-related issues and the effects they have on the process of agenda setting”.

3. In the problem stream the factors identified but the relationship between this factors and main issue not mentioned clearly.

Thanks for your valuable comment. We have significantly edited and cleared better the relationship.

4. In the discussion section authors not presented any discussion about; 1-The strengths and weaknesses of used framework; 2-the limitations of study; 3- compare abut findings of this study with other studies in this scope (Methodological and conceptual dimensions of study).

Thanks a lot for your valuable suggestions. We have added a section entitled “Strengths and limitations”. We have clarified that “This study has some strengths and limitations, that should be properly acknowledged. The strengths include the use of a well-known conceptual framework (Kingston’s multiple streams model), which enables scholars to collect relevant data and to perform an accurate analysis of HCV-related issues and their impact on policies in Iran. Kingston’s model is, indeed, a valuable structured tool, which focuses on the different aspects of the processes of policy- and decision-making. Besides methodological rigor and transparency, another strength of the present investigation is given by its novelty, in that it explores a topic usually overlooked in the existing scholarly literature. There is, indeed, a dearth of data and information about healthcare-related decision- and policy-making in low- and middle-income countries. On the other hand, this study suffers from some limitations. For instance, the sample of participants was not completely representative of the entire civil society. Moreover, the study design was cross-sectional and not longitudinal. The focus of this article was national and not regional, and it failed to address the cultural and social differences that may exist in different provinces of Iran”. Moreover, we added a section entitled “Comparison with other studies”. We specified that “The existing scholarly literature focusing on policy processes in low and middle-
income countries analyzed by means of Kingdon’s multiple streams framework is rather limited. Few studies have explored such topics. A recently published investigation, conducted in Kenya, has addressed some of the major health challenges this country is experiencing and the obstacles hindering the full implementation of intersectoral collaborations and actions focusing on health promotion. In Iran, a qualitative case study approach was employed to address the “Health in All Policies”. Kingdon’s model was utilized at the micro-level (province level). Political commitment and policy entrepreneurs were found to be the two most relevant leverages in the political process. In Cameroon, the policy analysis of performance-based financing in the healthcare sector showed the importance of setting a dedicated team in order to implement and pursue the policy. The process of decision- and policy-making was also influenced by other factors, including available media information, scientific evidence and previous policies and experiences. Other studies are from developed countries, such as Ireland, Canada and UK. In Ireland, Kingdon’s multiple streams theory has been used to analyze and provide recommendations regarding diabetes care. Authors were able to describe the non-convergence of the politics stream, due to the lack of support from health service management, changes at the level of the organizational structure and lack of adequate funding. In Canada, the theoretical framework was used to investigate Human Papillomavirus (HPV) vaccination-related issues, underlining how the existence of cost-effectiveness models and advocacy of stakeholders including citizens and HPV-affected politicians influenced the government in deciding to fund the immunization campaign also for male subjects. In the UK, using this model, author was able to uncover continuities and discontinuities in the problem, politics and policy streams over the past 70 years of the British National Health Service. All these studies have found Kingdon’s multiple streams tool to be informative and useful in providing an accurate analysis reflecting the different stages and steps of decision- and policy-making, in terms of opportunities, obstacles and challenges”.

5. Finally the major gap of study is the main question of study that not answered: what is the policy window in this issue? Has it been opened? Is it still closed? This question needs clarification and should be discussed further in the conclusion.

Thanks for this comment. We have added that “When the HCV elimination by 2030 was set as a target by the WHO in the SDGs, a new opportunity window was created. The WHO, with the cooperation and commitment made by all countries through the cooperation of all stakeholders, has made many efforts towards the achievement of this goal. With the implementation of the HTP, the Iranian government has begun to prioritize health-related issues, and HCV has also been of interest both to decision- and policy-makers. The documentation on infectious diseases has indicated that Iranian decision- and policy makers are, indeed, interested in controlling HCV. On the other hand, not all stakeholders have shown the same level of interest and commitment towards the development and implementation of some HCV-related policies. The interviewees
stated that the most important HCV-related actor, the MoHME, is acting as a policy entrepreneur, but needs the support of all the other stakeholders”.

Reviewer #2: The manuscript provides a qualitative research in health agenda setting domain. With no hesitation I would recommend acceptance with revisions below:

Thanks a lot for your appreciation of our work.

Background:

1- In the 3rd paragraph: please edit the writing to make more solid argument. In p line 33, 34 please avoid 1st person pronouns & clarify the context of your statements.

Thanks for your comment. We have avoided 1st person pronouns and better clarified the context of the statements. We have edited the paragraph, which now reads as “Advocacy in HCV control programs has led to achievement of goals such as treating and managing patients effectively, reducing the costs of medicines, developing pharmaceutical companies that produce locally medicines without buying them from other countries and, as such, significantly curbing the expenses (2). Advocacy of the country's stakeholders is an important and vital element integral to healthcare policy (11). To prevent, control and cure a disease, one needs to implement new policies or change the old ones (12) and this represents a very complex policy process (13). Policy- and decision-makers should decide on different issues for the health sector, issues such as the amount of personal interest, the magnitude of the topic, the available scientific evidence, political and social considerations, the efforts of interest groups and their impact on the topic. All these issues can influence the decisions of health policy- and decision-makers whether to put a topic on their agenda (14). Various factors, indeed, can impact on the process of agenda setting and should be taken into consideration (15)”.

2- Please provide a clear rationale of your aim. A sort of link between your introduction & the statement of study aim required.

Thanks a lot for your valuable comment. We have specified that “More specifically, the present investigation aimed to better understand HCV-related issues and their impact on policies in Iran. Therefore, Kingdon's multiple streams framework was deemed suitable for the purpose and, as such, was selected for this study. This framework is, indeed, an appropriate technique for the planned analysis, in that it enables to explore HCV-related issues and the effects they have on the process of agenda setting”.

...
3- Also, I would suggest few sentences after stating the aim to justify it in related to your introduction.

Thanks for your valuable suggestion. We have added that “Policies are implemented effectively when all of these streams converge resulting in a policy window. Policy entrepreneurs can facilitate this process and create opportunities for policy progress. As previously stated, the aim of this study was to investigate the determinants of the process of agenda setting of HCV-related issues in Iran”.

4- Kingdon's model well-explained in Methods; however, an intro from the original Agenda Setting theory must be in the background. A brief on Kingdon's model & why you chose it should be added in background within the agenda setting literature.

Thanks a lot for your comment. We have added that “Kingdon's multiple streams framework is one of the most used conceptual tools for understanding the process of policy making, including policies in the field of healthcare. This instrument enables scholars to capture the different steps of policy making process: how policies are developed and implemented, which are the obstacles (lack of interest, lack of clarity and ambiguity, among others) that hinder the full implementation of a given policy”.

Methods:

5- Please provide more details about searching process. This may include: criteria, keyword, search engines, etc..

Thanks a lot for this valuable comment. We have added that “A comprehensive search was conducted to identify documents related to HCV issues and policies, contained in scholarly publications as well as in the grey literature in Iran. The websites of the different pertinent ministries and related organizations – such as the Ministry of Health and Medical Education (MoHME), the Parliament (Majlis), the Iranian Judicial system, the Ministry of Cooperatives, Labour, and Social Welfare (MoCLSW), the state prisons and security and corrective measures organization, the Red Crescent, the Imam Khomeini Relief Foundation (IKRF), and the Ministry of Sport and Youth (MoSY) – were consulted. Also, different scholarly databases, including PubMed/MEDLINE, ISI/Web of Science (WoS), Embase and Scopus, were searched from January 1990 up to July 2018, using a string of keywords related to the topic under study. For grey literature, Google Scholar was used. Concerning the search strategy, the following keywords were selected: (policy OR policies OR plans OR programs OR strategies OR solutions) AND ("hepatitis C virus" OR "viral hepatitis" OR HCV) AND Iran”.
6- The questions list that use in interviews must be enclosed to understand the structure of the interviewing procedure.

Thanks a lot for your comment. We have specified that “With regards to policies concerning HCV, the following questions were asked: 1. Problem stream: What challenges still solved and unaddressed make HCV a problem in Iran? 2. Policy stream: What solutions have been found and adopted by individuals or groups to address HCV-related issues in Iran? 3. Political will stream: what are the political factors that can influence the effective adoption of HCV-related policies in Iran?”.

Results:

7- The first stream must be Problem stream not Policy. Please correct.

Thanks a lot for your expert feedback. We have amended as requested.

8- From a procedural perspective, please provide brief on how you classify data into the three streams.

Thanks a lot for this comment. We did it on the basis of content. “Data extracted from documents and interviews were analyzed both manually and using MAXQDA Version 10 software for content analysis. After familiarizing with the data and after a preliminary analysis of the interviews, initial codes were prepared and, after removing the same duplicate codes, they were interpreted and, finally, assigned under the themes of Kingdon’s multiple streams framework (problem, policy and political will streams)”.

9- I would suggest avoiding the style of inserting quotations from interviewees, you might rewrite what's important into your text.

Thanks a lot for this valuable suggestion. We have removed direct quotations from interviewees and we have rewritten the text, accordingly.

10- Numbering your findings must be like: 1 then 1.2, 1.3, etc..

Thanks a lot for this helpful suggestion. We have amended the numbering of our findings as suggested.
Discussion:

11- I would suggest using subheadings in discussion to help reader in catching main 'So What?' points that you want to emphasize.

Thanks a lot for this valuable suggestion. We have added subheadings to facilitate the reading of the discussion, emphasizing the main points.

12- Please provide your suggestions for further research in the study topic.

Thanks a lot for your valuable suggestion. This section has been added, as requested. We added that “Based on the above-mentioned shortcomings, further research is urgently needed in the field. Future studies should employ a larger sample size, perhaps utilizing a randomized sampling technique and a longitudinal study design in order to capture time trends and temporal patterns. Also a regional focus should be adopted in order to collect relevant actionable data, useful for policy- and decision-makers at the meso- and micro-levels”.