Author’s response to reviews

Title: A Review of Kenya’s Cancer Policies to Improve Access to Cancer Testing and Treatment in the Country

Authors:

Louise Makau Barasa (Lmakaubarasa@gmail.com)
Sandra Greene (sbgreene@email.unc.edu)
Nicholas Othieno-Abinya (naoabinya@gmail.com)
Stephanie Wheeler (Stephanie_Wheeler@unc.edu)
Asheley Skinner (asheley.skinner@duke.edu)
Antonia Bennett (avbenn@unc.edu)

Version: 1 Date: 24 Oct 2019

Author’s response to reviews:

Responses to Reviewer Comments for Manuscript HRPS-D-19-00105
"A Review of Kenya’s Cancer Policies to Improve Access to Cancer Testing and Treatment in the Country"

Reviewer #1:

This is a very interesting article which looks at the country policies, and follows up on how these policies are enforced. However, the paper needs to improve of the flow of the discussion and to clearly present how one part of the methodology and its findings lead to the next.

Response: Thank you for reviewing the paper and providing suggestions and recommendations to strengthen it. Below are our responses in addition to changes effected in the manuscript.

1. Abstract - Background. I suggest that the main objectives of the paper be enumerated as these would determine the results presentation and eventually the conclusions of the paper (Page 1 lines 20 to 22.
Response: The objectives of the paper have been revised and enumerated (page 1-2, lines 21-23)

2. Abstract - Results section. This seems to focus on the survey and interview findings rather than what was found in the review of policies. (Page 2, Lines 28ff)
Response: This section has been revised to reflect findings from the policy review and key informant survey.

3. Introduction page 2 to 4. The burden of the problem is clearly presented in the first paragraphs at the beginning of the section. However, the section on the history of legislative actions and policies starting
on page 2 line 54 seems to overlap with what is supposed to be the review of the policies section. This would be acceptable if the later section on results has a deeper analyses on each of the policy documents, especially on how it affects specific cancers especially those most prevalent in Kenya.

Response: This history of legislative actions provides readers with background and context on Kenya’s cancer policy development to date. A deeper analysis of each policy including gaps is presented in pages 7-11.

The study’s focus is on the effect of current policies on general access to cancer testing and treatment. Two documents (National Guidelines for the Prevention and Management of Cervical, Breast and Prostate Cancer and the National Cervical Cancer Prevention Program: Strategic Plan 2012-2015) focus on the most prevalent cancers in the country. A future study can look at their effect on the specific cancers that they target.

4. Study aims. There are three aims or "objectives" of the paper. However, it was not clear how for example looking at policies can actually identify barriers when these usually happen during implementation. (page 4 lines 77 to 80). The second aim was on documenting modifiable policy factors (line 79) but the source of these were not described whether it was from the policy documents nor from the surveys. The third aim on developing policy recommendation was not clearly defined on how it was fulfilled, although some components of policy formulation such as stakeholder analyses were described, we don't know what actually took place. The latter part of the section (lines 83 to 86) seem to be a repeat of the first section.

Response: The study aims and sources were reviewed and revised (Page 4 lines 84-87)

5. Materials and Methods. I hope there was a framework that was described that clearly defined how the findings from the policy analyses contributed to the formulation of the policy survey and what ever happened after that. (page 4 to 5)

Response: The Andersen and Aday Conceptual Framework on Health Access (1974) was applied in analyzing data from the survey and responding to the key study question (page 6 lines, 121-127). A detailed description of the framework was presented in our previous study which is referenced in this manuscript.

6. Materials and Methods - Section on stakeholder analyses (page 5 line 102 to 105. I hope there was clearer information on how these stakeholders were identified, which policies they contributed to, and what have they done more to help.

Response. We have added the Stakeholder groups identification process (page 5 lines 103-110)

The study is limited to analyzing the roles of stakeholder groups on the policy formulation and implementation process. Studying contributions to specific policies and potential actions to help falls outside of the current scope of this study.

7. Summary of literature review findings: - Page 5 (lines 108 to 113). If these were cited from a previous paper, should this not be in the background section to justify doing this project?

Response: This section was revised to focus on the policy review findings. This was deemed more appropriate for the study and responded to the study aims. (page 7-11, lines 151-248).

8. Policy Analyses findings - (beginning page 6) 3 Important documents were presented, but it would have been clearer if there was a description on how these three related to the many documents listed in Table 1, which comes later. The description of the three documents here could have been more informative, if they included key features (which they did), how the policy affects priority cancer programmes (as what is stated in the title), and what are the policy gaps, implementation issues or research gaps that were identified by the authors. While it was described a bit in the first item, it would
have been more useful if these were presented for all three documents. A summary statement or table at
the end of the discussion of the three papers - as this should properly lead to the key informant
interviews section. Also some clearer description on the issues of testing and that of treatment.
Responses:

1. An introduction to these documents and their role in laying the legal and implementation framework
   for the other policy documents has been added.

2. Kenya does not have priority cancer programs. Therefore, these documents are reviewed for their
   role in Kenya’s cancer sector and specifically how they influence cancer testing and treatment.

3. Gaps and implementation issues have been added in each section where the policies are analyzed,

4. A summary statement at the end of the discussion has been added and a table added in the appendices
   section (table 3).

5. This request was unclear “ Also some clearer description on the issues of testing and that of
   treatment” however our initial publication provides details on the barriers faced in the delivery and
   seeking of cancer testing and treatment in Kenya.

9. Key informant interview (Page 8, lines 179ff). I would like to see why this part of the project had to
   be done, What were the gaps and issues identified in the policy analyses that made the authors need to
   do a survey? What questions did they ask? Why did they stop at 14 respondents and was there a reason
   they chose this number, and how did they select the respondents?

Response:

1. Key informant interviews were designed as part of the larger study looking at barriers to cancer
   testing and treatment. A portion of the survey focused on cancer policies.(page 5-6, lines 111-134)
2. The objective of the survey was to collect the opinions of clinicians delivering cancer services and
   patient advocacy groups, as some of the most impacted by Kenya’s cancer policies.
3. The initial goal was to interview up to 20 key informants; it was anticipated this sample size would
   enable thematic saturation – the point at which no new themes emerged from subsequent interviews.
   Potential study participants were recruited in two phases: 1) through personal contact and introductions
   to key cancer sector experts and policy makers in Kenya; and 2) using direct emails to organizations
   listed in the Kenya Cancer Network Organization (KENCO) website and published articles. 45
   potential participants were identified by January 2016: 24 clinicians, 17 cancer support group leaders
   and four policymakers. More than half (n=25) of the 45 contacted potential study participants
   responded between December 2015 and January 2016. Discussions with each of the respondents were
   used to explain the study and determine eligibility (clinician or leader of a cancer patients and survivors
   support and advocacy group). Fourteen key informants participated: eight were female and six male;
   seven were clinicians (three oncologists, two pathologists, one surgeon and one palliative care doctor);
   and seven were non-clinicians (cancer patients and survivors support and advocacy group leaders).
   Thematic saturation was obtained by the tenth interview, but four additional interviews were conducted
   prior to analysis.
10. Page 9 Line 182. What is structural coding?
Response:
Structural coding is a question-based code that acts as a labelling and index device, allowing
researchers to quickly access data likely to be relevant to a particular analysis from a larger data set. It's used as a categorization technique for further qualitative data analysis (Patel, S. 2014). (page 7, line 135)

11. Page 9 Line 198ff. What was the purpose of the stakeholder analyses? Were they being asked how the contributed to the previous review or are we looking at developing new policy recommendations and we are convening a new stakeholder group. How were the present five groups identified and what was the bases for the grouping? While the paragraph generally lists what they are doing, the important question that should be asked is how much are they helping in influencing the policies made. Some of the activities seem to apply to cancer in general, but we hope to see more on how these actually affect specific priority cancer programs more clearly.

Response:

1. In the Material and Methods section (page 5, line 103-119), we present the reasons for conducting the stakeholder analysis as follows: “a stakeholder analysis identified key groups in Kenya’s policy development and implementation process. This included understanding their roles, levels of influence and interest in the policy development and implementation with the aim of proposing a communication and engagement strategy that would enhance each stakeholder group’s support of the proposed policy actions.”

2. The stakeholder analysis was conducted following published guidelines on conducting public health stakeholder analysis notably by ABT Associates/ USAID (http://www.phrplus.org/Pubs/hts3.pdf)

3. Stakeholder groups were identified based on knowledge of Kenya’s policy making and implementation landscape and informed by research and consultations during the proposal development phase of this study in 2014-2015. Additional information was obtained from Kenya Cancer Research and Control National Stakeholder Meeting Brief held in May 2014 in Kenya.

4. Page 23, Table 3 has been added summarizing the stakeholders, their roles and levels of influence in the policies that are made.

5. Since Kenya does not have priority cancer programs, this study looks at how current policies affect access to cancer services for the population.

12. Discussion and recommendations. Page 11 Line 231FF. This seems to be a very substantial presentation of what are included in the policy, but is mixed up with what should be some of the recommendations already. There is a lot of epidemiologic data here which probably can also be used to determine why some of the policies were formulated. Again it seems to speak about cancer in general (and not focusing on testing and on treatment), with many citations not even directly relevant the country Kenya.

Response:

1. This section has been modified and some of the repetitive text removed. However, the authors present the discussion and recommendations to allow readers to reconnect to the policies discussed
earlier in the paper. The epidemiologic data is intended to support the argument for the need for affordable cancer services.

3. Page 15, lines 327-328 mentions the focus is on cancer testing and treatment “access to affordable cancer testing treatment remains out of reach for majority of the population.”

4. References to other low and middle income countries in the region (lines 320-325) facing comparative challenges in cancer testing and treatment are made to demonstrate the viability of the proposed recommendations based on Kenya’s economy and resources as measured by GDP.

5. Other non-regional references have been removed.

13. Increased Focus on Stakeholder Engagement Page 14 Line 301. The focus of this part of the discussion was not very clear and what was supposed to be the input of this activity. While it was describing what happened in the past, there was no description on what were the gaps or issues from the past, and what could be done to improve future activities. Also basically two types of activities were described when there should be more activities as far as stakeholders are concerned, especially in influencing policy development.

Response:
This section (pages 16-18, lines 349-393) has been revised to note the gaps and issues from the past and actions to improve future activities. While several activities can be described, the study selected to prioritize activities that could have the most impact on influencing policy development in the short term.

14. Decentralizing Services, surveillance and data (page 15 lines 322ff. This section is also not clear on how it relates to policies and how they are used. A few lines do mention how these affect activities (334 to 339) but not really changing policies.

Response:
This section has been revised to indicate how the proposed actions relate to the recommended policy changes (pages 18-19 lines 394-418).

15. Limitations Page 16 Lines 346ff). I believe it should generally focus on what were some of the questions being asked, but were not available or answerable from the various methodologies performed. I am also not sure if the cancer patients for example reflect the most common or most problematic ones from the country. (BTW, is there a formal cancer survivor's group in the country. This obviously would be an important stakeholder that should be included).

Response:
1. A limitation based on lack of data on the extent and outcomes from the implementation of the current policies has been added (page 19 lines 420-422).

2. There are several formal cancer survivor groups in the country. Some of the leaders were interviewed in this study as cancer support and advocacy groups leaders. Others like KENCO comprise of survivors and supporters of cancer survivors. These are grouped in the stakeholders as civil society and NGOs.

16. Conclusion. (Page 15 lines 358 ff). Generally when I look at conclusions, I go to the original objectives of the paper, see how the methodology addresses how to reach those objectives, check what
the results say, and what are the conclusions for each objective. This was not clear in this paper. The statements on lines 360 and 361 give a statement reflecting a need by cancer patients when the authors themselves state that having a good representation from patients was a limitation. I also need to see where the statement about the need for costs reduction come from, as what we only saw were the various plans for financing cancer services when we were not clear about how severe access and financing of service were. Establishing county level cancer centers would have been better justified if a mapping of existing centers were described so that an equitable geographic distribution could be planned (as part of a policy program).

Response:

This entire section has been revised in light of the above comments and suggestions (pages 20, lines 433-445)). A list and location of existing cancer centers was provided in our initial publication noted earlier and therefore these were not duplicated here.

17. Table 1. This listing of cancer policies is most informative, but I propose to have a third column on what are the key features and gaps from each policy.

Response:
Thank you for proposing this. Due to the focus on the three key policy documents, gaps on these are noted in the text (pages 7-11).

Reviewer #2: Thank you for the opportunity to review this paper, on policies to improve access to cancer diagnosis and treatment in Kenya. Understanding the range of policy and delivery challenges experienced across the globe is important for researchers and policy-makers; the paper adds useful information on the evolution of Kenya's approach to improving cancer care, and incorporates the authors' previous work to add context and identify barriers to making the policies into reality.
I believe the paper needs revision before publication, to strengthen the argument for the recommendations by making the links to the findings more explicit, and reorganising the structure to reflect the aim and title of the paper.

Major comments

Overall I found the organisation of the paper rather confusing, with previously published work of the author(s) re-covered in the Results section. As a result I wasn't entirely sure of the purpose of this paper: was it to report on the policy review? This is the impression given by the paper's title. However, I would then expect the previously published work to form part of the Introduction and/or Discussion, rather than being re-published in the Results. Or, was the aim to describe a broad body of work (literature review, qualitative work, policy and stakeholder analysis), identify common threads that lead to recommendations, and highlight policy changes that have been influenced by earlier work? In this case the paper would benefit from a more explicit statement of that aim, and of how the various elements feed in to the recommendations. However this is not the impression given by the paper's title, which focuses on the policy review.

Thank you for reviewing our manuscripts. Your comments and suggestions have enabled us to review and revise the paper. We hope that these revisions have strengthened the paper and improved its clarity.
Title
The title focuses on the policy review; if this is the intended focus of the paper, I would expect to see
discussion of previous work by the same authors appear in the Introduction to provide context, and/or
on in the Discussion to explain and extend the findings.
Response:
We have revised the background section in the abstract (page 2, lines 24-25). The following sentence
has been added “This study focuses on policy actions identified in our previous study “Improving
Access to Cancer Testing and Treatment in Kenya (Makau-Barasa L. et al. 2017) and published in the
Journal of Global Oncology.

Methods
I was confused by the description of the work as encompassing 3 elements (literature review, policy
analysis, interviews) in the first paragraph, then the introduction of a stakeholder analysis later in the
Methods. The stakeholder analysis is then introduced as a component of the policy analysis in the
Results, but reported later as a fourth, standalone section. It would be clearer if the way these elements
fit together, was described in a consistent structure through the paper.
Response:
This section (page 2, lines 26-31) has been revised and the stakeholder analysis has been noted as the
third component of the methodology.

Results
Literature review (p5 line 112): I dispute that the findings are published 'in detail' in Makau-Barasa
2017 - they are summarised as part of the Introduction. Perfectly OK to refer to that summary, but
'published in detail' implies a full write-up of search terms, screening criteria etc (unless I'm looking at
the wrong paper?)
Response:
This section has been deleted altogether after consideration of the need to focus on the reviewed
policies.

Discussion
Whilst I didn't directly disagree with the recommendations specifically, it wasn't generally clear how
they tied back to the findings from the policy review, and/or the previous work. The case would be
much stronger if the links to the evidence were explicit.
Response:
This section (pages 14-20) has been revised to focus on findings from this study.

Limitations: the text describes the limitations of the qualitative interviews. What about the limitations
of the policy review (which is the topic of this paper, as described in the title) or indeed the lit review?
Response:
Limitations on the policy review have been added (page 19, lines 420-422)

Minor comments

Abstract
Background: I found the second sentence unclear, until I read the similar sentence later, in the Study
Aims. As written it's not clear whether the synergised information and improved understanding comes
from this research, or from the implementation of the cancer strategy (I think it's the first of those). I
appreciate this is the effect of condensing the text for the abstract, but it could be clearer.
Response:
This background section has been revised and text added for clarification (page 1, lines 18-21).

Conclusions: there are 5 conclusions listed here, in comparison with the three subheadings in the
Discussion section and four key messages in the cover letter. It would be easier to follow the logic if these lined up more clearly.
Response.
This section has been revised to focus on the three main sub-headings in the discussion section (page 3, lines 51-53).

Introduction
Cancer incidence data: the point made is that cancer incidence is growing, and expected to continue to grow (or accelerate?) in the future. However I had to read it a couple of times, and separate the Kenya, Africa, and world numbers. Could this be simplified or clarified - or maybe shown graphically?
Response
This section has been reorganized to make better sense of the country data. Regional and global cancer data was deleted (page 3, lines 55-60).

Results
Key informant findings (p9 line 192): 'simultaneous' meaning wasn't clear until I read the related section in the Discussion - not clear what activities were being done simultaneously.
Response
This section has been revised and corrected (page 6, lines 130-149).

Stakeholder analysis (p10 line 223): I wasn't clear where the 'second set' of stakeholders came from - are they in addition to the original five groups identified at the start of this section? I wasn't sure how they were distinct, particularly from the 'media' group.
Response
This has been corrected (page 12, lines 250-254).

Discussion
I found the second paragraph rather difficult. I agree with your point about demonstrating a record, and that it's important to prioritise - and hence you have focused on a small number of recommendations. I think the problem is the structure of the first sentence, and use of the word 'whilst' - I didn't find it clear.
Response:
The discussion section has been revised in light of yours and reviewer 1 comments. (pages 14-19).

References
Citations are inconsistent in format through the paper, including the citation of Makau-Barasa et al 2017. There are also some inconsistencies and typos in the reference list (for example ref 3, ref 7, ref 10, ref 11).
Response
These have been corrected for consistency (pages 27-30).
P 14 line 314 - is there a word missing? It's not a sentence as written
Response
This section was revised (page 18, lines 384-393).
P14 line 319 - is there a word missing n this sentence?
Response
This section was corrected (page 18, lines 391-393).
P15 line 342 - expansive, or expensive?
Response
This section was revised and that sentence deleted (page 18, lines 402-425).