Author’s response to reviews

Title: Implementing without guidelines: Learning at the coalface - A case study of health promoters in an era of community health workers in South Africa

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We acknowledge the suggestion given and have edited the paper prior to this re-submission. The Abstract, Introduction, Methods and Discussion Sections have been amended as follows:

Author Response:

Abstract:

Abstract conclusion section, line 63-65, we added a closing statement that reads: “This is a missed opportunity, researchers and policy makers need to think more about how to feed experience / tacit knowledge up the system.”

Introduction:

Introduction section, line 88-90, we added a sentence that reads: “Research has the potential to play this role by influencing PHC reform policy formulation and implementation, through identifying possible factors for and against policy solutions such as these, that seek to strengthen the health system (1, 2)”.

Discussion:

Discussion section, paragraph line 513 to 525, formerly read:

“Although there has been tacit learning at facility level, there is no mechanism for that learning to be transmitted ‘up the system’. The experience of HPPs could be used to inform development of new job descriptions and operational guidelines for HP practice and rPHC. Examples from South Africa exist, where learning from implementing change enabled policy design for sexually transmitted infection management and antiretroviral roll-out (39, 40). This represents a missed
opportunity for learning from the bottom-up. Our results provide further support for the hypothesis that implementation of policy change is at the discretion of front-line implementers (41, 42). However, global experiences show that combining both top-down and bottom-up initiatives is crucial for effective implementation of reforms (43-45).

And now Discussion section, paragraph line 513 to 530 reads as follows:

“Although there has been tacit learning at facility level, there is no mechanism for that learning to be transmitted ‘up the system’. Data from this coalface experience of HPPs could be used to inform development of new job descriptions and operational guidelines for HP practice and strengthen rPHC implementation. Examples from South Africa exist, where learning from implementing change enabled policy design for sexually transmitted infection management and antiretroviral roll-out – where policy implementers at the bottom, influenced policy-elites at the top, through continual communication and networking among policy makers, practitioners and researchers during the implementation process influencing national uptake (41, 42). Study data highlighted in this research represents a missed opportunity for learning from the bottom-up. Our results provide further support for the hypothesis that implementation of policy change is at the discretion of front-line implementers (43, 44). We learn that that some sufficiently skilled and confident health promoters have carved out a role for themselves, supporting the CHW programme, particularly where supervision from the local facility is lacking. However, global experiences show that combining both top-down and bottom-up initiatives is crucial for effective implementation of reforms (45-47). Research data, presented herein can also help fulfil these gaps by shaping policy through linearly feeding this experience/tacit knowledge up the system (3).”

Discussion section line 562-563 now reads: In Box 1 below, we provide some recommendations for South Africa using lessons learnt from our study

Policy makers and HP managers (at the top), can learn from innovation within facilities (at the bottom) and develop formalised operational guidelines and direction for health promotion practitioners’ routine practices, particularly within the primary health reform.

Role clarification of health promotion practitioners using a combination of approaches:

• Re-framing the role of HPPs to that of a more senior level, in which their role is to support, supervise and train CHWs, in line with qualifications set in the primary health reform policy;
• Developing job descriptions, including formal integration of health promoters into WBOTs and conducting patient follow-up and household visits with CHWs;
• Re-training HPPs across the health system (national to PHC) to be able to provide formal support and oversight to CHWs and WBOTs.
• Defining competency levels for the HP workforce in South Africa, to be able to train and recruit appropriate cadres to fit into the goal of the primary health reform.
References added: