Reviewer’s report

Title: Evidence-informed policy formulation and implementation: Comparative case study of two national policies for improving health and social care in Sweden

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Reviewer: Kaelan Moat

Reviewer’s report:

Overall, this is a very interesting and well-written manuscript, with several important insights that many readers will find useful. Additionally, the methodological approach employed in this study is increasingly an important one in the field. In particular, policy analysis papers that acknowledge the role of political and health systems context in an explicit way are needed to provide those planning to undertake similar analyses with illustrations of how to do it in a rigorous way. I think the authors have done a good job in establishing the method as an appropriate and robust one, however, there are several issues that need to be addressed (or at least acknowledged in the paper) in order to make it a strong contribution—and importantly one that stands up to the scrutiny of those with training in political science and policy analysis frameworks and methods.

Major compulsory revisions

Overarching

Note that these comments aren’t to suggest that, in its current form, the manuscript doesn’t offer important and valuable insights, and I don’t think it’s feasible to revisit the analysis to address some of the more direct issues surrounding the factors used to explain policy outcomes. However, I would encourage the authors to consider the comments below and decide whether the way the paper is framed is appropriate. Perhaps they may want to acknowledge that the analysis as stands is primarily an exploratory and descriptive account of the cases, organized by their framework, rather than an explanatory policy analysis that explains policy outcomes using factors found in the political context. While there are kernels of the latter here, I believe more work is needed to achieve that in a way that is convincing for the reader.

1. Despite the authors’ assertion that many analyses of the policy process and the influence of evidence in these processes are incomplete given they often fail to explicitly address implementation, they themselves have only taken a partial view of the policy process by failing to assess the agenda setting stage (i.e. why the policy cases they have chosen made it to the point of serious consideration, despite the fact that at any given point in time there are many potential policy issues that vie for government’s attention in Sweden). While I am not suggesting it is necessary for the authors to undertake a fulsome analysis of the agenda
setting process, it would be important to explain to some extent why and how the issues in the cases they analyzed came to government’s agenda, and also acknowledge that they do not intend to include this policy development stage in their study. At present, the authors seem to suggest that their accounts are a more comprehensive take on the policy process, but this can’t be true because they only analyze policy development and implementation.

2. The issue of contextual factors, and in particular political context, are often described by the authors as key to understanding the way policy processes unfold, which I fully agree with and support. However, despite the emphasis placed on this in the paper (there is even a statement espousing the importance of political science in the background section) the authors don’t currently engage an adequate range of concepts from the field of policy analysis and political science to help explain the outcomes they observed in their cases—particularly the vital roles played by institutions, interest group pressure (although they do mention the importance of interests) and ideas. For example, from the institutionalism literature it is known that the legacies of past policies and path dependency are important in shaping future policy processes, that there are ‘winners and losers’ in the policy process which can often be explained by power imbalances between interest groups (and past policies can influence these imbalances as well!), and that ideology, values and policy paradigms can shape policy outcomes. However, the authors haven’t taken many of these factors into account in an analytical way—that is to say they are acknowledged briefly, but not used to fully explain the policy outcomes in their study. Some questions that these missing details leave in the mind of the reader include:

a. In policy case #1 the authors highlight that there were “several implementation challenges because the guidelines would affect many parts of the healthcare system and implied a paradigm shift in emphasizing the preventative aspects of healthcare”, which seems to be intricately linked to existing political and health system contextual factors. However, the authors don’t explain exactly the parts of the healthcare system that are affected (e.g. is the implementation barrier related to the interests of physician groups who have traditionally been focused on curative, rather than preventative care, and are also paid for curative rather than preventative care which has caused them to form an opposition to the policy?). This type of statement seems like a key part of the policy process ‘story’, but no details are provided. Later in this case description, the authors mention consensus processes and stakeholder engagement as a strategy to overcome this barrier, but don’t explicitly make the linkage to any substantive detail that helps the reader understand the true importance of this barrier in the context of the whole policy process. For example, were there factors that explain why the opposition form health professional organizations were particularly important barriers to consider in this case? Do these professional organizations have significant influence over the process and as such are required to be ‘on board’ before proceeding? If so, why do they have such influence over the process? These kinds of analytical insights are very important in policy analysis that takes political context into consideration.

b. In policy case #2, why does SALAR seem to have much more influence on the
development of the policy than other actors, and why was it necessary to engage other interests in the negotiations of the policy (was it because of particular rules set out in past policies about who has decision-making authority in this type of issue, previous arrangements that have established networks that define the policy processes related to the care of older people, etc.)?

3. A related point about how context is defined in the paper also seems important to raise here. In particular, the authors quote Bowen and Zwi to state that context includes political, social, historical and economic elements as well as the healthcare system and the service context. However despite some description of the history of the Swedish health system and some of the historical political context in the methods section, the authors don’t provide much in the way of describing the important political, social, historical or health system contextual factors at play within each of the case analyses—so the reader isn’t left with a clear picture about how context matters in this study.

4. While contextual factors are quite important, isn’t it the case that the nature of the policy issue being considered within each case would also be quite an influential predictor of policy outcomes? This is often seen for issue that are more (or less) polarizing than others, that are more (or less) salient than others, or are more (or less) familiar than others. For example, the guidelines development process (Case #1) in many contexts can be quite systematic and routinized (and often less polarizing or salient), so it might not be a surprise that in this study, this case was characterized by a much more closed group of actors (established by institutional rules and past processes), and also by a much more systematic and rational use of evidence. It would be helpful if the authors either more explicitly took issue characteristics into consideration, or acknowledge that they did not and explain the reasons why for the readers (and this could be captured in the discussion).

Methods

1. The authors have generally done a good job describing the methods, however, a compelling rationale for case selection was not fully explained. This makes it a challenge to have confidence in the results. The following issues should be addressed in the paper, which are fundamental to understand the robustness of the logic underpinning the methods:

a. Which criteria were used to determine which cases were selected? The phrase ‘typical cases’ is used, but the authors don’t explain how these two policies represent ‘typical cases’ in Sweden, or why typical case sampling is beneficial in this instance (i.e. why is this a good strategy to address the research question?).

b. Furthermore it isn’t clear whether any other criteria were used to select the cases. For example, was it the type of issue (e.g. guideline development vs. actual policy development of a strategy for care improvements) used? Were cases sampled on the dependent variable of interest in order to explain contributing factors to divergent outcomes, as is often done in political analyses (consider that the two important outcomes in this case were divergent rational/linear systematic evidence use vs. negotiated and pragmatic evidence
use, and the authors describe why this was the case)? This type of detail would be helpful in order to establish rigor in case selection.

2. It isn’t clear in the description of data collection what ‘observations’ referred to, nor the type of data that were obtained through these observations. For example, did the authors engage as participant observers at meetings held within each decision-making process? Were they passively observing in other ways? Were the ‘data’ notes taken as observers, or something else? How was this data analyzed? This isn’t clear in the manuscript at present, and I think it is quite important.

Discussion/conclusion

1. As related to the points made above, one of the core conclusions drawn by the authors is that “policy actors’ roles in the health policy system were found to have a great influence on the choices of strategies and collaborators in the policy formulation, sourcing and using evidence…”, however, while they have successfully acknowledged the existence of these kinds of factors, they haven’t necessarily provided a compelling analysis that shows how and why these relationships exist (see comments above about omissions in the analysis related to the nature of political context and how it shapes the policy process).

Minor essential revisions

1. While Table 1 is extremely helpful to get the ‘big picture’ about each case, and the analysis as a whole, it may provide more clarity if the authors were to consider a different organization of the points in the ‘differences’ column to assist the reader in identifying the linkages between the two cases. For instance, in the ‘policy formulation’ row, it is clear that point 1 in case 2 is a difference when compared to point 1 in case 1 (and ditto for the others in this row). However, this isn’t always clear in this column for all of the points which sometimes makes it difficult to make comparisons. Perhaps the authors could organize the points by thematic heading and then highlight how the cases were different with respect to this theme. For example, in the ‘policy formulation’ row, the authors could have a thematic heading for ‘nature and relationships of the actors involved in the policy process’ (or something that captures this) and then note that:

a. Case 1: Policy was developed independently by the government agency Vs.

b. Case 2: Policy was developed in negotiations between the government and SALAR.

Discretionary revisions (not mandatory)

1. In the last paragraph of the background section, the authors state that “the focus should be on understanding the process behind policy change, rather than studying how to increase the amount of evidence used in policymaking”. This may just be a difference in opinion, so I’ll leave it to the authors to decide whether they address it: Ideally wouldn’t it be that if we’re interested in supporting
the use of research evidence in policymaking to promote health systems strengthening, we need to understand better how policy processes unfold and the factors that influence them, we also try to understand whether there are mechanisms that can help to support the increased use of evidence in these processes? If the authors agree, then I think it would be helpful to include a statement about this.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests