Protocol for Scoping Review to understand evidence around community participation and contracting in plural health systems and its relevance in the context of Universalised access to health.

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ABSTRACT

COMPLUS aims to understand and promote Community participation in health governance for more accountable and responsive public health systems. In this context, a scoping review would be useful to understand the already documented extent of community participation in pluralistic health systems, and in the space of contracting public health services. This scoping review will follow the Arksey and O'Malley (3) methodology and the protocol documented here integrates the plans for scoping reviews to be conducted across three distinct areas of inquiry.

BACKGROUND

This scoping review is being carried out as a part of the COMPLUS research program; Community voices in health governance, translating community participation into practice, in a world of Pluralistic Health Systems. COMPLUS aims to strengthen the participation and voice of communities and community structures in urban pluralistic health systems for better alignment of health system actors around the common goals of accountable, responsive, and inclusive health systems. Specifically, the project objectives are:

1. To delineate policy, institutional and community contexts that facilitate or impede effective community participation in urban pluralistic health systems through urban health committees.
2. To build ground-up and implement context-specific interventions in the three countries co-produced with marginalized communities in urban settings and health system stakeholders to facilitate participation and community voice.
3. To trace relationships between contexts, mechanisms, and outcomes of implementation of the intervention and draw on the analysis to refine the intervention and propose measures that can facilitate and strengthen community voice.
4. To learn from the different country contexts and foster capacity strengthening of communities, health system stakeholders and global health researchers.

STUDY OBJECTIVES

This scoping review aims to contribute knowledge towards objective 1 and will specifically look at 3 areas of inquiry:

1. To understand what empirical evidence exists around Community Participation in the context of pluralistic health systems.

2. To understand the experiences of contracting in pluralistic health systems.
. Government funded health systems contract out specific or entire health services to non-state actors in a variety of ways, and this scoping review will attempt to understand the impact this has on the delivery of the service and on public health outcomes.
3. To understand, what is a 'Pluralized health system' and how does that impact experience of health care in the context of Universalized access to health.

FRAMEWORK AND METHODOLOGY

The three scoping reviews will use the methodological framework used and published by Arksey and O'Malley (3) and will encompass the following steps:

1. Identifying the research question: We have identified 3 main research questions that are supported by sub-questions which are our areas of inquiry and tabulated above.
2. Identifying relevant studies: We will inquire into a set of 5 databases (Ebscohost, Google Scholar, Scielo, Lilacs, and Scopus) to enlist academic and non-academic articles based on our defined search strings as tabulated below. We will also include academic and non-academic publications outside the scope of these searches that are known to be relevant to the topics of the scoping reviews. .
3. Study Selection: We will use a specific methodology as drafted below for selecting only the relevant articles based on our inclusion and exclusion criteria as described in the table below.
4. Charting the data: As drafted below in detail, the data from the select studies will be documented in tables across a standard set of questions to offer comparative analysis and understanding the extent of knowledge around specific aspects of our research questions.
5. Collating, summarizing and reporting the results: We will present the results of our scoping reviews in articles, to be published in academic journals.

Below we provide more detail on steps 2-4.

STEP 2:

For each scoping review, each team member will be assigned a database (or databases) to apply the scoping review's search string. Specific identifiers (dois, authors, titles) for articles extracted from the databases will be used to construct Zotero libraries for each database. These libraries will be scanned to identify and remove duplicates, and a unique consolidated list will be created and uploaded to a shared library in rayyan.ai, that is accessible to all team members.

STEP 3:

In this step, we will apply the inclusion/exclusion criteria shown in Table 1 to the articles in the libraries in Rayyan, in the following stages:

1. The first step for sifting papers will involve review by a single reviewer of the consolidated list to screen out articles that do not meet the selection criteria identified in Table 1 above. We will divide up the articles amongst team members to make it manageable. Reviewers will make decisions based on consideration of the topic and the abstract. Reviewers may choose to briefly read the full article if the abstract is not available or does not offer adequate clarity for decision making.
2. In this first step, articles will categorised as Yes (include), No (exclude) or Maybe (perhaps include).

3. Articles categorised as No will be removed from the data set at this point.
4. Articles categorised as Maybe or Yes will then be reviewed in a second step by a second reviewer. If the second review confirms either a Maybe or a Yes, the article will be retained. If the second reviewer categorises it as a No, then the article will be subjected to a third review as a third step.
5. The third review will decide either Yes or No. If no, the article will be removed; If yes, the article will be retained.
6. At this stage, the reviewers will review the entire manuscript for making the decision. Any disagreements that arise between the reviewers at each stage of the selection process will be resolved through discussion, or with an additional reviewer/s.
7. The final list of 'yes' articles then will be exported from the article library in rayyan.ai to an Excel spreadsheet.

STEP 4: Data Extraction and Charting

We will follow the following steps:

1. Each article from the list will then be studied and data extracted around a specific set of drafted questions.
2. A Microsoft excel document will be used for this purpose.
3. Brief notes around each question for each article will form the basis of evidence around our research questions.

TIME FRAMES

As a general rule, articles that have been published from 1990 onwards alone will be considered for the reviews.

LANGUAGE

There is evidence that failure to include articles published in languages other than English may lead to ignoring important studies and introducing bias in otherwise high-quality reviews, particularly if the review team lack resources to translate articles adequately (1,2).

This means that reviews must further assess the extent to which such biases arise from language discrepancies and prevent these biases to the extent they can.

For this review, articles published in English, Spanish, and Portuguese will be primarily considered. This will to some extent ameliorate any potential bias that may arise from a focus on English-language articles, opening up a larger geographical focus (notably South and Central America).

FUNDING

CONFLICT OF INTEREST

There are no known conflicts of interest at the time of publication of this manuscript.

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Table 1: Objective, Search String, Inclusion and Exclusion criteria

Scoping Review Objective	Search String	Inclusion Criteria	Exclusion Criteria
Objective 1: To understand what empirical evidence exists around Community Participation in pluralistic health systems context: 1. Under public private partnerships, what are the public accountability mechanisms that enable community voice? 2. Under public private partnership, what are the opportunities for influence on the part of communities on policy and planning, design, implementation and monitoring of health services? Under public private partnerships, how are diverse stakeholders given opportunity to participate and how does power play out between stakeholders?	"Mixed Health Systems" OR "universal health systems" OR "Unified Health Systems" OR "Universal Health Coverage" AND "Community Participation" OR "Community Voice" OR "Citizen voice" OR "Citizen participation" AND Accountability	1. Only empirical examples	1. Non empirical 2. Suggestions, suggestive frameworks 3. Editorials 4. Recommendations 5. Opinion pieces 6. Reports
Objective 2: To understand the experiences of contracting private providers to deliver public service in pluralistic health systems. We are particularly interested around:	("mixed health*" OR "uni* health*" OR "plural* health*" OR "primary health*") AND ("incentive*" OR "performance" OR "motiv*" OR "payment" OR		1. Studies not involving urban areas 2. Studies not involving primary care 3. Studies of financial performance of health systems

1. Do systems for contracting in primary care encourage community participation, and if so, how is participation embedded within contracting systems? 2. What kind of contracting arrangements exist across the world? 3. How do contracting systems affect access, equity, and quality of health services? 4. To what extent are contracting systems placed within a human rights framework?	"behavio*" OR "quality" OR "access" OR "equity" OR "right*" OR "justice" OR "participation" OR "accountability" OR "monitoring" OR "community*") AND ("contract*" OR "purchas*")		without reference to any contracting 4. Studies in which contracting is used analogous to registration 5. Studies in contracting not involving state or health services as one of the parties to the contract
Objective 3: To understand, what is a 'Pluralized health system' and how such systems influence experience of and access to healthcare. We are particularly interested around: 1. What terms are used in the literature to describe health systems characterised by mixed public and private delivery of health care under a	("mixed health*" OR "unified health*" OR "plural* health*" OR "public private mix in health*" OR "public private partnerships in health*") AND ("universal" OR "access" OR "equit*" OR "inequ*" OR "coverage")		1. Studies not involving urban areas 2. Articles comparing the separate performance of public and private sectors (as opposed to performance of different actors in a unified system/ project) 3. Articles focusing exclusively on the financing of healthcare systems 4. Studies not involving on primary care

single system, and do these descriptors differ in any significant way? 2. How do plural health systems relate to concepts of universal coverage and universal health systems? 3. How, if at all, do pluralised health systems influence access to healthcare and healthcare equity?			5. Articles focusing on judicialization 6. suggestions and suggestive frameworks 7. Opinion pieces and editorials (except where these contain helpful definitions/conceptual discussion – to be screened at full text review stage)

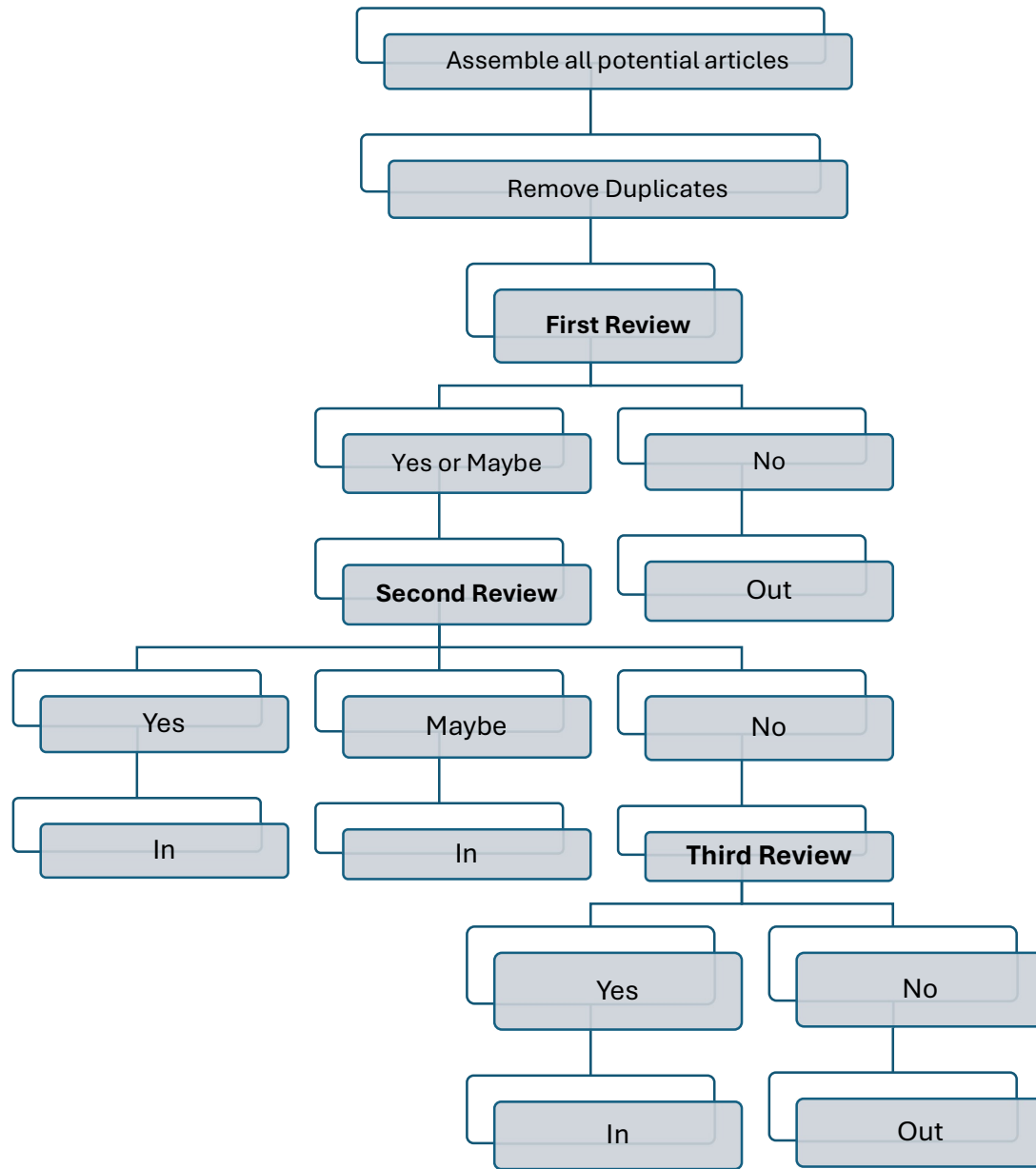Figure 1 Review steps