Reviewer's report

Title: A new strategy and its effect on adherence to intermittent preventive treatment of malaria in pregnancy in Uganda.

Version: 2 Date: 8 February 2013

Reviewer: DAUDI SIMBA

Reviewer's report:

GENERAL COMMENTS

Firstly, let me admit that I am used to reviewing research and review manuscripts. Since I am not used to reviewing statements such as 'Call for Commitment' my comments might not be thorough.

The call for commitment is about a very important topic that addresses one of the biggest health problems in low income countries that threatens the success of one of the MDGs. The introduction and widespread use of misoprostol therefore has a great potential to avert deaths due to abortions, a significant proportion arising from induced abortions that in some countries is regarded as criminal. Thus in advocating for a wider use of misoprostol authors should have taken into consideration this fact. Policy makers in such countries would need strong arguments to convince them of the danger of upholding policies that incriminate induced abortions and the benefits of making a change.

However, the discussion leading to the call for commitment in the manuscript is neither backed with rigorous scientific evidence on the pros and cons adopting the proposed call for commitment nor does it expound on the limitations to be faced in implementing the suggested strategies and suggestions to deal with them. While the document did not benefit from the vast literature existing on the subject, the cited literature used by authors to back up their arguments does not originate from peer reviewed publications. All the statements are backed with on anecdotal experience from a particular country that has not been published in peer reviewed journal, see references number 9, 12 and 14.

SPECIFIC COMMENTS

Strategy number 1:

There are a number of challenges in the deployment of community health workers (CHW) in relation to their sustainability and technical support. The discussion that leads to the statement does not address the limitation of deploying CHW in improving access to services in rural communities and how to avert them.

In some countries, the use of traditional birth attendants has been discouraged on the argument of questionable quality of care. Authors should have discussed the merits and demerits of training TBAs to use misoprostol in such countries.
Strategy number 2 and 3:
Unrestricted use of misoprostol might lead to misuse by non-professionals. The regulatory authorities in low income countries, where the drug is advocated for use, are weak. The authors are silent on this potential threat to the implementation in their call for commitment.

Strategy 3:
Despite the promising results of using misoprostol to combat maternal mortality due to abortions many low income countries are yet to adopt this safe method as a policy. The discussion by authors should have gone further to allay fears of such policy makers, in the quest for advocating for policy change.

**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