Reviewer's report

**Title:** Stakeholder views on the incorporation of Traditional Birth Attendants into the formal health systems of low- and middle-income countries: A qualitative analysis of the HIFA2015 and CHILD2015 email discussion forums

**Version:** 2  
**Date:** 6 February 2014

**Reviewer:** Asheber Gaym

**Reviewer's report:**

The document refers to “task shifting” of skills to TBAs. Task shifting as it is mostly referred to deals with the shift of skills within providers within the “formal” health care provider category. I am not aware of task shifting being referred from providers in the formal health care provider category to lay providers. It seems like a new concept within the “new” concept of task shifting. Please clarify.

The discussions forums on which the study is based deal with the topic of “health care INFORMATION needs” of providers. On the other hand most of the paper deals (or at least implies) with the use of TBAs in service provision. Do the authors think that these particular groups of discussants of this forum (because of the specific nature of the discussion topic being on information rather than service issues) are the right audience to refer to when we are trying to answer the issue of whether TBAs should have a role in health care? I believe that a more specific forum dealing with actual service provision of human resource issues in maternity care would have provided the right perspective (and a more clear and I believe perhaps negative) view on this topic.

Most of the information regarding participant views in provided qualitatively such as “most” “few”. Why were the authors not able to provide numerical quantification to these views? Apparently the information appears to be present.

The paper appears to sometimes refer to “trained” TBAs and at times to the general population of TBAs. Let’s kindly clarify this issue.

Most of the recommendations of these papers are not practicable or feasible. To mention a few:

- Evidence on the effectiveness as well as need, acceptability and feasibility of TBAs in perinatal care should be collected.
- TBAs should be trained, provided with supportive supervision and monitoring ….etc

While the authors are saliently suggesting that TBAs should be reconsidered as part of the health workforce in maternity care due to the challenges of weak maternity services which do not provide reasonable access; how do we expect these same weak systems to undertake the above recommendations? There is a paradox here. If these weak health systems can perform these tasks for TBAs they can as well do it for midwives. The bottom line is they could not somehow
do it for neither group for various reasons. The authors seem to suggest that as some low resource countries are not able to provide maternity services to their populace; this is a sufficient reason for the paper to recommend the use of traditional medical practices. Don’t the authors see an ethical challenge in this conclusion? Rather, the recommendation should be that weak health systems should be worked on to improve and become stronger.

Minor Discretionary Revisions
None

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**
I do not have any competing interests.