Author's response to reviews

Title: Factors influencing implementation of the Ministry of Health-led Private Medicine Retailer Programmes on Malaria in Kenya

Authors:

Yvonne Rowa (Yverowa@yahoo.co.uk)
Timothy Abuya (Tabuya@kilifi.kemri-wellcome.org)
Wilfred Mutemi (Mutemiwm@gmail.com)
Sam Ochola (Sochola06@yahoo.com)
Catherine Molyneux (Smolyneux@kilifi.kemri-wellcome.org)
Vicki Marsh (vmash@kilifi.kemri-wellcome.org)

Version: 3 Date: 5 February 2010

Author's response to reviews: see over
The Editor
BMC Public Health

5th February 2010

Dear Sir or Madam,

Re. Response to reviewer’s comments on the manuscript entitled “Factors influencing implementation of Ministry of Health-led Private Medicine Retailer Programmes on Malaria in Kenya”

This letter details the second set of responses to the reviewer’s comments on the above manuscript.

i). Comments and concerns from reviewer one: Caroline Jones

Comments: Major Compulsory Revisions:
Page 14, Results section (ii) Value & feasibility of programme goal. The section starts with the statement that among mothers interviewed the level of awareness of the programme positively influenced their support of the programme. I have two concerns about this statement: (a) as far as I'm aware there were no in depth interviews with mothers, their views were collected through FGDs and, as such, it would be clearer if the text read: among mothers who participated in the FGDs... (b) This leads on to the second and more important point - what evidence is there to support this claim? That is, (i) how do you define/measure/categorize 'level of awareness' or exposure to the intervention?; (ii) Were FGD participants selected on the basis of their 'exposure' to the intervention & either placed in 'mixed' groups or in groups of 'less aware' & 'more aware'? The reader needs some idea of how the data were categorized and analyzed in order to support the conclusion reached.

Response: This has been made clear in the current version and it now reads:

"Across all groups, actors supported programme goals. Amongst the mothers who participated in FGDs, awareness of the programme followed the same patterns as the intensity of public information and PMR training, with greater awareness in those areas where more activities had taken place. However, while largely expressing support for the programme goals, many mothers expressed reservations about feasibility: page 14"
Comments: Minor Essential Revisions
There are several grammatical and spelling errors that should be addressed:
1. pp 4 second para, 4th line: recommends should be recommended.
2. pp 4 second para last line: insert 'the' before PMR programmes.
3. pp 6 second para penultimate line: delete 'perceptions'
4. pp 6 last para third line: change comma to semi-colon after 'prevention'
5. pp6 last para last line: either add an 's' to training or change were to was.
6. pp7 first line: insert 'was conducted' after the evaluation.
7. pp7 para 2 line 2: delete apostrophe at end of leaders'
8. pp 8 para 2 line 9: Change the start of the sentence from It to, The interviews
9. pp 8 para 2 line 10: change 'covered in FGDs' to 'to those addressed in the FGDs'
10. need to make a decision on whether you will use: anti-malarial or anti malarial (with or without hyphen - need consistency)

Response: All the above comments have been addressed together with the necessary corrections in the language throughout the manuscript.

Comment: Discretionary revisions:
1. It might be useful to address the issues of maintaining quality among PMRs since it is not clear how many post-training visits each PMR received (that is, how much 'support supervision was provided). The evaluation was conducted only 6 months post implementation and it would be useful to have the authors' views on the likelihood that the positive impact of the intervention being maintained at say 12 or 18 months post implementation.

Response: we appreciate this comment and we think that this is a limitation of the study in itself. We have thus inserted in the discussion section in page 23 a statement which reads:

“The second limitation regards period of evaluation (6-8 months post implementation), making it difficult to assess the likelihood that the positive impact of the intervention would be maintained over time. This is also compounded by the fact that there were limited supportive supervisory activities conducted”.

Moreover in the context of this evaluation, we do not have data on the sustainability of knowledge gained over time since it was cross sectional survey.

Comments from Reviewer two: Lesong Conteh

Overall Comment: I have reread the paper and am satisfied that all my comments were addressed

Response: No further action was necessary from this comment
Comments from reviewer 3: William Brieger

General comment: The current manuscript is very well written. The results provide a good sense of findings generally with supportive and illustrative quotations that help the reader.

Response: we thank the reviewer for these positive comments and we hope that the readers will also find it beneficial.

Comment: It might be helpful briefly to say something about pharmacy law in Kenya – each country is slightly different. In some anglophone countries these retail medicine shops can sell the OTC drugs as long as these are proprietary medicines still in their original packaging - this of course is idea for the legal sales of antimalarial drugs as long as the recommended national drug(s) are approved for OTC

Response: We acknowledge this observation as important and as a result we have inserted a couple of sentences in the background in the first paragraph of page 4 within the context of sale of over the counter medicines.

“This is the case in most settings including Kenya where PMRs are licensed to sell OTC medicines such as analgesics, antipyretics, proprietary anti-malarial medicines. Although in practice some PMRs include other prescription only medicines in their stock”

Comment: Another interesting point to stress is familiarity or not of the medicine sellers and the public with current recommended national malaria medicine guidelines or policies - this is in response to the authors' concerns about the plethora of anti-malaria brands and medicines available. If the shops sell halofantrine even though coartem is recommended, for example, then naturally there will be confusion of both the shop keepers and public. I think the authors do imply that the public may be unaware of nationally recommended medicines.

Response: To respond to this comment, several sections of the current version has been amended to address these concerns. In page 16 we have linked the issues of confusion within the context of drug policy changes as indicated below:

“The quantitative surveys in this programme evaluation [23] also pointed to confusion between different types of anti-malarial brands. Overall, the number of brand names in the market continued to challenge the familiarity of both PMRs and their clients on the nationally recommended anti-malarial medicines especially during this transition period of drug policy changes”

Comment: Also are sellers and people aware of the recommended constituent ingredients - do medicine packs display stamps of approval or registration numbers from the national food and drug agency? - some contextual information would be useful.
**Response:** we have clarified this in page 13 of the current version with sentences that describes some contextual features of drug packaging and practices

“In addition, prior to the programme, the vast majority of clients did not consider PMRs to be good advisors on health issues. PMRs themselves reported reliance on package instructions, their own experience gained from trial and error, observations of treatments used in clinics and mass media advertising for information on use of medicines. Since most medicine packages in Kenya contain information on active ingredients and doses, less literate PMRs (and mothers) were felt to be particularly disadvantaged by being unable to read package instructions. For these reasons, and as reported elsewhere [8, 35], choice of OTC medicines was therefore largely demand driven.

Additional information is presented in the same page on the registration of drugs and how that affects assessment of quality.

“There was a special concern reported on unpackaged drugs sold loose from tins, where information on the outside of the tin might not correspond with the contents. This compounded with the fact that in Kenya, medicine packs do not contain any indicator of registration status from the regulatory authority, makes it difficult to track quality of drugs sold. In addition, mothers believed that storing drugs in positions where they would be open to the atmosphere or exposed to dirt, smoke and sun would affect their quality”.

**Comment:** RDTs are mentioned once - are there any other observations of or comments from the shops about accuracy of malaria diagnosis prior to selling medicines? this is a crucial issue as we move forward in recommending a larger role for the medicine sellers, the conclusions talk about the important problem of lack of government resources - though one can question if/why there is no private sector component to their global fund and PMI grants! Assuming a medicine is approved - what role could pharmacy company detailers play - what role could the mass medic play in shaping consumer demands for the appropriate meds? - food for thought

**Response:** we thank the reviewer for this observation unfortunately we do not have any further information on this from our study.

We hope that the reviewers concerns are sufficiently addressed. However, if there are any other issues we will be happy to make the necessary changes to facilitate the process of publication. We look forward to hearing from you,

Yours sincerely,

Timothy Abuya, PhD
On behalf of the authors