Reviewer’s report

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

Version: 1 Date: 27 July 2009

Reviewer: William Brieger

Reviewer’s report:

It is always important to get the views of the actual players in a program/intervention, not just the numbers that result from intervention - this is a good example of giving programme participants an opportunity to speak.

Abstract and Background

the background refers to both initiatives and programme goals - one wants to be sure these refer to the same thing - i.e. are the programme goals also goals for the initiatives? Is it correct to assume that the programme goals are improving the delivery of antimalarials? If so, what is ‘improved delivery”? It would be useful to look at the second paragraph in the Background section. One might briefly say a little more about the initiatives - were there four? - and at which sector(s) they were aimed. Specifically highlight any aspects pertaining to PMRs - and then refer to these in the Abstract achieving clarity and linkage.

Also in the brief methods section of the abstract say why a qualitative approach was chosen and whether it is part of wider efforts at reviewing these programs/initiatives. See Paragraph 3 in Background.

In the Results part when we talk of ‘Factors undermining programme implementation’ one assumes this is concerned with implementation of those components of the initiatives to improve delivery unless those initiatives are geared only to the PMRs and not other modes of delivery. Here again being specific about the components of the initiatives may help.

When medicine sellers are termed ‘unregulated’ does this imply no licensing laws in Kenya or that there are a wide variety of types of PMRs, some licensed and others not - e.g. small provisions shop keepers who happen to sell a few meds? Without clarification the reader assumes that all medicine sellers are illegal, as it were.

One conclusion that could be added would be the need to involve the public/the customers - through educational processes - in monitoring the performance of the PMRs if there is lack of government resources to do this directly. See Paragraph 2 under Program Implementation and also ... “By ensuring an informed public, mass communication approaches enable customers to directly regulate sellers’ activities,” on page 21. Are there data to show that customers may have actually started performing this role?
Mention of micro-precesses in the conclusion appears new here - were descriptions of and comments on micro-processes part of the results section? If so, point this out in the results, too.

The above comments on the Abstract obviously have implications for the main text.

Does the policy analysis triangle have four parts?: policy analysis triangle has been used ... implications of the findings within each of the interrelated components of 1) actors, 2) context, 3) microprocesses and 4) content ...

Methods

Make some mention of the fact that there was a quantitative component of the evaluation and explain why the qualitative component was included before describing specific instruments.

Referring the reader to another publication to understand why the three districts were chosen is distracting - can one not simply say that Kwale, Makueni and Busia districts were the original demonstration or test areas representing different malaria ecological settings - a simple sentence would make reading easier.

As part of the sampling process comment on the adequacy of the actual number of FGDs and IDIs among each category and location in terms of achieving a goal of qualitative research - saturation of ideas and information.

How does the policy triangle analysis function as an actual analytical methodology - tell the reader what one actually does with it.

Results

Under Section 1 there was only one mention about the legal/regulatory environment of PMRs in their various forms toward the end - trainers and managers worried about ‘unregulated’ nature .... Since the abstract mentioned the concern about ‘unregulated’ shops, one would expect this issue to be addressed more fully as part of the context. Maybe no question stimulated thoughts along these lines, especially among consumers. Issues of trust, reliability, regularity of stock and service were all mentioned - it might be of import then that respondents, especially consumers, were not thinking about PMR legal status but just accepted them as a source of help. So there are some implications in distinguishing between chemists and patent medicine sellers by mothers - but how did they visualize this difference and what effect did it have on their choices?

An editing concern with Section 2 is that the first paragraph could be broken up into 2 or 3 for easier reading and comprehension. Section 2 presents the BIG IRONY in the work with medicine sellers - can’t live with them, can’t live without them. The actual thing that people criticise them for - being business/profit oriented people - is what guides people to them - the ‘demand driven’ part - customers seem to know what they want - they go demand it, and expect to get it
- and just consider advice as part of the sales pitch - which they put up with if they can get what they demand - especially when government health facilities waste their time or lack medicines then need. So while there may be low trust, customers know how to maneuver in the medicine market place to get what they want. This doesn’t mean they trust government health workers any more, especially those that yell at and abuse them. In short, the trust issue should not be blown out of proportion. Do the customers behave any differently in any other kind of shop?

The following finding is very important: “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. 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.” This touches on regulatory issues - assuming the PMRs are licensed to sell patent medicines, those medicines must be sold in their original packets. Selling loose tablets out of a tin is legally ‘dispensing’, which by lay in most places PMRs are not allowed to do - of course the loose tablets would be cheaper, but the PMRs should only sell packets. Do respondents realize this legal or regulatory aspect of the business?

In Section 3 there is talk about the trainers also being regulators. Does this mean all trainees were in regulated businesses after all? I think the reader would benefit from a brief description about the process of patent medicine selling in Kenya and who regulates and licenses whom and how.

In Section 4 and even earlier define micro-processes - what makes them micro.

Were there particular processes that were the focus of training and on which the authors were seeking information/documentation? If there are specific target processes, please state them and then go through each with the respondent’s views on each - and what they think changes or not and why.

On the other hand - do the micro-processes refer to training processes? Or both training and practice processes? There does seem to be some valuable feedback about the training, but clearly this is a different issue from whether PMR practices and processes changed in their shops. Maybe training feedback should be a separate section?

Also in the Results one again gets the impression that this triangular analysis has four sides.

Section 5 raises a very important issue - while there may have been confusion and delay because of the changing drug policy then - one needs to think toward the future when changes will likely again occur - even is still use AL or AA, there may be newly approved brands to contend with.

The issue of contradictory radio messages is especially important if one recommends a greater consumer role in monitoring performance. Were these specifically mentioned by respondents or is this simply an observation by the authors - evidence would be nice.
Conclusions

Traditionally one would like to see a ‘Discussion’ section that does include conclusions, but lays emphasis in its title on discussing implications, making comparisons, and then drawing conclusions. That said, it would be useful to compare these findings with other PMR interventions, though admittedly there are not an overwhelming number of them in the literature - published or grey.

Finally, I don’t believe there is a reference to Table 2 in the main text