Reviewer's report

Title: Evaluating the impact of decentralising tuberculosis microscopy services to rural township hospitals in Gansu province, China

Version: 1 Date: 7 November 2010

Reviewer: sudipta pandit

Reviewer's report:

a) Major Compulsory Revisions

1. chronic cough (page5, 3rd line): Please specify the duration of cough in TB suspects in the questionnaire.

CORRECTION: According to WHO, TB suspects are those patients, who are having cough persisting for more than 2 weeks. (Reference provided below)

2. What services can be decentralised: This study, together with another study in Guangxi, showed that decentralisation should involve TB diagnosis and treatment care in order to improve patient accessibility. (page 3 of supplementary article, Box.1)

CORRECTION: Please cite the reference of the Guangxi study.

b) Minor Essential Revisions

1. Many times abbreviations have been used directly for the first time, like TB (page2, 5th line), DOTS (page4, 3rd line), GDP (page5, 9th line).

CORRECTION: tuberculosis (TB), Directly Observed Treatment- Short course (DOTS), Gross Domestic Product (GDP)

2. Spelling mistake: pooer (page4, 16th line), Interviewees (page6, 14th line)

CORRECTION: poorer, Interviews

3. MCs identified more than 10 smear-positive cases (page7, 6th line): needs clarification

CORRECTION: It is better to clarify the criterion "more than 10 smear positive cases". Is it the grading (3+) of sputum examination or more than 10 cases of sputum positive TB cases
4. TB patients were treated by the MCs in township hospitals......(page9, 2nd line)

CORRECTION: please mention the staff pattern in MC in INTRODUCTION. In India microscopy center(MC)is staffed by laboratory technician only. Treating doctor is a staff of Tuberculosis unit, which controls specific numbers of MC.

5. TB case management did not strictly follow the National TB control guideline. (page9, 29th line): Thereafter you have cited one example of wrong treatment protocol of one basic doctor.

CORRECTION: In my opinion, example of wrong treatment should be omitted from your well structured, well informative original article. Student may get confused by reading those examples.

6. You have written “Overall the throughputs of MCs in Gansu were low” (page10, 2nd line) and again “MCs in Gansu identified proportionally more smear-positive TB cases (9%) compared to that of the relatively well-off Shandong province (3%)…….” (page10, 30th line).

CORRECTIONS: These two statements appear contradictory. A simple uniform judgement can be given after proper analysis of data.

7. Local governments in Gansu Province could not afford providing adequate training and equipment to MCs. (page10, 11th line).

CORRECTION: To run a MC successfully, human resources are more essential than equipments. Too many or too costly equipments are not required for sputum smear AFB microscopy.

8. The perverse incentives prevalent in China led to unnecessary diagnosis and treatment prescribed to patients [18], including TB patients [19, 20], to maximise profits. (page10, 16th line)

CORRECTION: When the attraction of perverse incentives is prevalent in China, still more than 50% MCs did not find any sputum smear positive case. Is it a real
barrier for decentralisation of MCs? Opinion can be reviewed.

c) Discretionary Revisions

1. In my opinion the last line of the 2nd paragraph of page 4, is not very much relevant with the topic of the article.

CORRECTION: line should be omitted. In that case reference numbers will be changed

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests