Author's response to reviews

Title: Global Challenges with Scale-Up of the Integrated Management of Childhood Illness Strategy: Results of a Multi-country Survey

Authors:

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Author's response to reviews: see over
Response to Comments

Title: Global Challenges to IMCI Scale-up: Results of a Multi-country Survey

Version: 2  Date: 13 April 2011

Editor's comment:

a. **Introduction:** Please comment specifically on the content of ICMT—what is the typical training content and duration recommended by the WHO? The first time any information is presented on this is in the Discussion.

   a. A brief description of the training course is provided in the paper. This is a summary but does increase the length of the paper

b. **Introduction:** What extant evidence is there that the training improves provider performance?

   Data from the multi-country evaluation has shown that the IMCI case management course reduces under-five mortality rates and improves health-related behaviour, such as utilisation of antibiotics, health services and bed-nets, health worker performance, quality of services and outcomes. A few more details have been added in the text of the paper.


c. Methods: What is an NPO? Please spell out all acronyms the first time they are used.
   NPO is National Professional Officer. This has been spelt out in the paper

d. Methods: What was the rationale for the original survey? How does it complement other studies of IMCI effectiveness? What does it add?
   A rationale has been added in the Introduction

e. Study procedures: You will need to describe the data collection here as well. It need not be as detailed as in the paper this is referring to (need an actual reference also), but this paper needs to stand on its own.
   The data collection is described and a reference has been provided

f. Results: This section needs to start by summarizing key findings on the countries included in the study, informants per country, nature and duration of training, etc. before getting into the key challenges. This can be done in a summary table.
   A summary table has been added

Reviewer's report

A. Major Compulsory Revisions
   None

B. Minor Essential Revisions
   1. Throughout the document abbreviations should always include the full name when first used; e.g. NPO, PHC, MOH
      Change effected

   2. Abstract/Background – remove the brackets around “including follow-up” – done

   3. Abstract/Methods – table 1 shows the result of three questionnaires while methods mentions only two. This has been clarified

   4. Abstract/Results – start on a new line; “lack of enough high caliber facilitators, instructors and trainers” should me mentioned as one of the commonest challenges to scale-up; why no comment about how countries addressed challenges to follow-up.
      Sorry – oversight on our part - These changes have been made

   5. Methods/countries – table 2 shows 27 countries in 6 regions, why say “26 countries and one region”
      This has been clarified
6. Methods/study procedures – Form C is mentioned but results not included in table 2 or mentioned again in the document; MOH not mentioned in methods

Questionnaire C was for routine health care providers at facility level. They are not responsible for organising ICMT courses. Thus they were not asked about the challenges to scaling up of IMCI case management training courses. However they were asked about their experiences of and perceptions of current training courses and their experiences of follow-up after training. Reference to QC has been added. More details about trainees perception of current training has been reported on in the first paper published.


7. Results/line one – exclude the second mention of IMCI – apologies.... the duplication has been deleted

8. Results/perceived challenges to scale-up – commonest challenges perceived by MOH/NPO must include HR related; five themes mentioned but only four given; was studying in a second language ever mentioned as a problem?

Most countries had adapted the course and translated it into their national language. HR related challenges now included. The challenges are provided in Fig 1.

9. Results/challenges to follow-up – a few suggested language changes in the second para ”..programme officers reported several attitudes and ..” “seemed unable to plan how follow up can be integrated..” “a group of participants also expressed a sentiment of despondency..”

Thank you. The wording has been changed

10. Discussion – end of first para – “..scale-up of IMCI needs to be further investigated” as some investigation has already been done – change effected

11. Discussion – second para line eleven – focal person does not need a capital - changed

12. Discussion – second para line 21 – “ providing a more global perspective..” - changed

13. Discussion – second para line 22 – “Thus the paper serves to ..” - changed

14. Figure I – who was evaluated?; many abbreviations used – this has been clarified

15. Figure II – who was evaluated?; what is “zorba POA” – this has been clarified

16. Figure II sub-heading 3 - “Lack of resources for IMCI.” – change effected

17. Figure II sub-heading 3 line bullet six – “.training for untrained workers” – change effected

18. Figure III – who was evaluated?; data for trainees but no mention of them in results or discussion; frequency rather than “freq”; extra stop in last line- change effected

19. Figure IV – these four points are not the same as the three points mentioned in the last line of results – this has been synchronised
20. Table I – state what figures are given in brackets – done - no (%)

21. Table II heading – delete “by region and country” – done

22. Table II – give meaning of abbrev MOH/NPO and CD/Fac; information missing in second last line; what about the results of form C?
Thank you the omission has been noted in the second last line and the correct information has been provided. Form Questionnaire C did not ask about national barriers to IMCI scale up and Trainees are not responsible for planning training courses.

23. Table III – many abbreviations in heading and table need to be spelled out or given at bottom of table
abbreviations have been spelt out

C. Discretionary Revisions
Under “Several approaches to overcome barriers to IMCI” in the discussion the authors should consider mentioning the distance IMCI project running in South Africa at present as this is a major alternative to ICATT and eIMCI
done

Level of interest: An article of importance 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