Reviewer’s report

Title: Parasite-based malaria diagnosis: Are Health Systems in Uganda equipped enough to implement the policy?

Version: 3 Date: 12 June 2012

Reviewer: Hugh Reyburn

Reviewer’s report:

This is a study of the quality of care for malaria in outpatient facilities in Uganda. It is an important although ambitious study and the title is slightly misleading as it is really an overview that includes more than parasite based diagnosis and the quality of slide reading has not been assessed.

The first para of the introduction states that 33/43 MOHs had moved to ‘parasitological testing’ by 2008. I think this needs a reference and the policy for malaria diagnosis in Uganda at the time of the study needs to be clarified as I think presumptive diagnosis of malaria in children still applied, and there was thus not much point in slide or RDT testing children (although I agree presumptive diagnosis in adults had been abandoned). In addition, its not clear who was providing RDTs or with what training on their use.

I think it will be useful to have a table summarising the assessment tools that were used. More importantly I think there should be a table summarising and referencing what was the Ugandan standard of care for malaria at the time of the study.

The test of skills and knowledge is an important component but some detail or reference is needed to know if this was a standard or validated tool. I agree there is a need for such a tool if it’s a valid measure of knowledge.

The absence of QA for slide or RDT testing is an important point although it might be a little harsh since quality control of slide reading is very rare outside research groups and there are still no established quality systems for RDT at level of primary care (comparison with routine slides seems unworkable although its recommended by WHO). I think expert review of actual slides that had been used for patient care in the clinic would have been much more useful.

The referral data were obtained by case notes of admitted patients so there is no measure of complete/incomplete referrals and the cases arriving in hospital are unlikely to represent referred patients generally. Some comment on this would be a good addition. In addition, it would be useful to know the case fatality of the referred cases as an indication of whether they were appropriate referrals or not.

A key finding is the frequency of drug stock outs but the authors have a single indicator of ‘ACT or SP stockout’ while I think these need to be cited individually since (as far as I’m aware) ACT was the standard treatment in 2008 and SP was reserved for IPTp only.

Overall I think this is a well written paper on an important topic and merits
publication. The above comments are discretionary

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.