Author's response to reviews

Title: Training needs for research in health inequities among health and demographic researchers from eight African and Asian countries

Authors:

Joke A Haafkens (j.a.haafkens@uva.nl)
Yulia Blomstedt (yulia.blomstedt@epiph.umu.se)
Malin Eriksson (malin.eriksson@epiph.umu.se)
Heiko Becher (Heiko.Becher@urz.uni-heidelberg.de)
Heribert Ramroth (Heribert.Ramroth@uni-heidelberg.de)
John Kinsman (john.kinsman@epiph.umu.se)

Version: 4 Date: 2 December 2014

Author's response to reviews: see over
Answer to the reviewers

Reviewer: Abdul-Quader

Background:
We edited the background section and shortened it from 1199 words to 1099 words. We have removed details that are not needed to understand the context of the study. At the same, as requested, we have highlighted the overall purpose of the paper in the background section (lines 140-143) and provided a rationale why an inductive method (concept mapping) was chosen to answer the research question (lines 143-145). We also removed the section about the terms that are used for measuring health inequities from the section about data collection and inserted this information in the background section (lines 64-67).

Methods
We removed the word focus group. We agree with the reviewer that this may be misleading.

Data collection
See revised manuscript lines 64-67

Ethics
We provided an extensive ethics section because our experience is that some BMC journals require this. We have shorted the ethics section somewhat on the reviewer’s request. But we believe that some substantial information about how we implemented ethical considerations in our study must be given in research papers. (See lines 239-253)

Results
As suggested by the reviewer, in the revised manuscript we only report of the results with respect to the clusters. We removed results about individual items as well as interpretations. Some of these interpretations are used in the discussion section. (see lines 287-312)

Discussion
As suggested we have moved information on the limitations of the study to the final part of the discussion section and we have left out details with respect to the findings about the participants. See lines 396-421). We have also clarified how the findings can be used in the implementation of a training program. (see lines 377-394)

Reviewer: Katia Mohindra

Major comments
1. Thanks for making this comment on the North-South and South-South collaboration. The INTREC project is a true example of a project that stimulates both types of collaborations. That is, the training is developed by all Northern and Southern partners, with the input of future learners from the South. Six case country specific situation studies, all of which were conducted and published by Southern partners, have provided other input for developing the training program. Moreover, before the training program started it was discussed in an expert meeting with 44 experts from the South, as well as by INTRECs scientific committee that consists of members from Africa and Asia (the majority) and the USA and Europe.
The pilot training program (has been) taught by teachers from Europe, the USA (some of whom of Asian origin) and Indonesia. The training will be critically evaluated by all students (from the South) and stakeholders. The content of the training is transferable. Next year, the training will be implemented in a regular public health program at Gadjah Mada University and in the capacity building program of INDEPTH that is held at different locations in Africa an Asia. As of next year all teachers will be from the South. The Northern partners will continue to liaise with students and teachers to stimulate SDH research in African and Asian INDEPTH HDSSs and beyond. We
believe that INTREC facilitates interactions between 4 continents, with a focus on the development of research capacity among researchers from Asia and Africa. This paper is written by European partners. This is the result of the division of labour between the work packages in this project, and it is certainly not the rule. The two other papers that have been published as a result of this project are written by researchers from Africa and Asia. We have added information about the North South and South-South collaboration in the revised manuscript (see lines 108-112, lines 121-124, line 382, line 388-390. Moreover, the INTREC and INDEPTH websites provide additional information about this issue. In short, the lack of input from African and Asian partners cannot be mentioned as a limitation of INTREC, or for that matter this study.

2. Thank you for your suggestion to discuss this strength of our study in our manuscript. We have followed your advise (see lines 346-354 in the discussion section).

Minor comments

1. The abstract needs some editing, including specifying for whom Health equity "is a global policy priority" as is done in the text - important to clarify this.
   Response: We shortened and edited the abstract. the section you commented on has been removed.

2. Can you expand on how a variety of researchers were sampled and a more in-depth description of the participants, just a line or two describing key aspects for what you have in the table 1.
   Response: see lines 159-166

3. Line 93, the authors write that suggest that systematic reviews have shown that there is little evidence linking SDH and health outcomes, yet they have not actually cited systematic review studies.
   Response: You are right the Asian studies are literature studies but not systematic reviews. See lines 100-102.

4. Lines 101-102, I am not clear on why there is a need for "specific SDH training programs", as opposed to public health training programs (which do exist in many LMICs) with SDH content - although I would agree that this needs strengthening.
   Members of the CSHD (e.g. Ostlin, ref [9]) have characterized SDH research as a new wave of health research, a paradigmatic shift and as something that has not been taught in public health schools before. This means that SDH research requires specific training. However, such training programs can be incorporated as a separate module in public health education, as will be done with the INTREC training program in Indonesia.

5. Line 168 "select a good variety of participants", needs rephrasing.
   Response: done. See lines 159-166

6. Line 192, delete one of the "only" in the sentence.
   Response: done
7. Line 263, delete underscore.
Response: done

8. Table 3, please check the table to make sure all the data is correctly aligned.
Response: we checked this.

Discretionary comments
1. I would suggest changing the title. I originally thought that the authors would be from LMICs describing their own views, later in the methods, I now understand where the title comes from, but I still find it confusing/uninteresting.

We changed the title: Training needs for research in health inequities among health and demographic researchers from eight African and Asian countries

Both reviewers
Thank you for your interest in this paper and your remarks for strengthening it further.
Lines 101-102, I am not clear on why there is a need for "specific SDH training programs", as opposed to public health training programs (which do exist in many LMICs) with SDH content - although I would agree that this needs strengthening.

1. Line 168 "select a good variety of participants", needs rephrasing.
2. Line 192, delete one of the "only" in the sentence.
3. Line 263, delete underscore.
4. Table 3, please check the table to make sure all the data is correctly aligned.

Discretionary comments

1. I would suggest changing the title. I originally thought that the authors would be from LMICs describing their own views, later in the methods, I now understand where the title comes from, but I still find it confusing/uninteresting.