Author's response to reviews

Title: Efficacious, Effective, and Embedded Interventions: Implementation Research in Infectious Disease Control

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Author's response to reviews: see over
Responses to reviewer concerns.

**Reviewer 1 – Gunnar Aksel Bjune**

We were very pleased to read that this review found the paper timely and thought provoking. We have indeed tried to fill the gap in the literature of providing a working definition and the one developed was a result of several person hours of discussion with researchers in the area.

The opening “self evident” statements have been removed.

We have expanded slightly the discussion on embedding.

This review had no compulsory revision remarks. However he did suggest some minor revisions.

- The illustrations have been revised.
  - There was some disagreement between what the 2 reviewers wanted here. Given this reviewer was not very keen on the “self evident” statements in the beginning anyway, we removed figure 1 which was related to that section and also figures 2 and 3 which he did suggest did not add anything. We have now included just one figure which is related to the concept of the product cycle and this is introduced early in the piece. We have also made the reference to the feedback loop between basic and applied research

**Discretionary revisions**

- We have expanded the section on the definitions.
- The main definition has been shortened and a brief discussion on the points raised from problematizing the definitions has been presented.
- We have retained “health gains” because that is a better reflection of the point we are trying to make.
- We have explained that the operationalisation of the definition is beyond the scope of this initial piece of work.

**Reviewer 2 – Gill Walt**

This reviewer was sympathetic to the overall message of the paper although found it too descriptive. As an aside to this comment, it is worth noting that the paper was a multidisciplinary effort and two of the authors, one with a laboratory sciences and one with a clinical sciences background absolutely appreciated the descriptive nature because it gave them the opportunity to reflect critically on the points we had been discussing. A clear challenge for making interdisciplinary work accessible across teams is finding the level at which to express the ideas.

That notwithstanding, the point has been well taken and the points are made more succinctly.
Some of the conceptual and theoretical ideas have now been introduced. The reference provided was a bibliometric analysis of the status of implementation research in public policy and public administration. While it provides interesting insights into which disciplines publish in the area and the origins of implementation research, it does not actually discuss the content of what it is—a major problem which our paper tries to address. Some ideas have been drawn from the paper however, and the reference cited.

The introduction has been shortened as mentioned in the previous response.

In tightening the language and removing the list of disciplines, we have attempted to address the concern about losing the point, we have introduced examples from specific infectious diseases and downplayed claims to key strategies and progress.

All the particular comments have been addressed.

We have increased the emphasis on the role of health systems and changes in institutions and not just the need for a focus on populations.

We have also reworked the section on definitions

We are grateful for the comments from the review and editorial teams