Reviewer’s report

Title: Integration of TB service in the general hospital in China: understanding the views and experiences from health professionals

Version: 1 Date: 12 October 2011

Reviewer: Anna-Karin Hurtig

Reviewer’s report:

This is an interesting manuscript which discusses experiences of integration of TB control in hospital in a high TB burden country in Asia, China, as well as important policy implications. For the reader to appreciate the study several sections of the manuscript need to be revised and elaborated on including a thicker description of the context.

Major Compulsory Revisions

Introduction

1. It would be important to give a brief account of development of TB control in general in China during the last decade to understand the context of integration of TB control into hospitals. Such an historical account would also include a description of the restructuring process of public health organizations under the health sector reforms. This process is mentioned but not explained or described.

2. The “new” and “old” approaches illustrated by figures 1 and 2 are described. It would be important to elaborate more in detail on to what extent is the “new” integrated model of TB service delivery implemented. How many provinces have adopted the new strategy out of the total number of provinces in China? It is not clear where the “new” policy is being formulated, is says that “designated approach” has “appeared” which is a bit vague. What are the roles of the national and provincial levels?

3. Even if “community based health facilities” are not the focus of the paper it would be good to mention their role if TB control in the text. In the figures it seems there is no referral of patients from hospitals to community based health facilities, is that true?

4. In the fourth paragraph it is stated that the designated hospitals to take on “limited” clinical tasks. What is the designated hospital not doing? Who is doing those tasks?

5. The support from GFATM is mentioned but it is unclear what aspect of the TB control they are supporting. Are they supporting the policy change described?

6. A brief description of the health system in China would be beneficial for understanding the service integration. To what extent is the system decentralized? What is the role of user-fees?
7. The Indonesian case study is interesting but poorly explained, the main finding in ref 14 was for example that although the hospitals were labeled “DOTS” hospitals” they were not by any means treating all TB patients under DOTS. Is something similar happening in china? It is mentioned that only 25-13% of the patients were referred from hospitals to CDC under the “old” policy. It is nowhere in the paper discussed to what extent the “new” integration policy have improved case management. To what extent are we talking about a real integration of guidelines such as DOTS following the new policy?

8. Last paragraph. Do the authors what to way “organization factors” or just “factors” that influence the integration process…

Methods
1. A section is needed describing the settings in some depth. It would be interesting to include some basic TB indicators for the two provinces. How are the sites performing?

2. Under “study design” it is stated that the cases were “purposefully selected”, but it is not clear what purpose the selection had. Are the cases examples of “successful cases”? Are they contrasting in some aspects?

3. “In data collection” a more detailed description of the informants would be useful for the reader. How many in each category, how many were interviewed in each province. It is stated that “four experiences interviewers” conducted the interviews. What were the backgrounds of the interviewers? What relation to the TB programme did they have? How was the study framed and explained to the informants?

4. “Data analysis” the expression “themes emerged inductively and data were organized into early coding concepts” is not very clear. Please explain step by step how the analysis was conducted.

5. In the same section it is stated that sources of bias was managed, but it is not explained what kind of bias the authors refer to and what was actually done. Please be more explicit.

Results
1. The expression “health systems context” is not well explained and is likely to be understood as the context in which the health system is situated rather than factors within the system. It might be useful to think in terms of the functions of the health system (governance, resource generation, financing and service delivery) as advocated by WHO.

2. The authors use both the expression” motivation for change” and “motivation for integration”, please be consistent.

3. “Motivation for integration”, it does not come out clear what triggered the change.(see also earlier comment under “introduction”).
4. “Management coordination”, last paragraph; it is not clear why the competitive relationship between CDC and hospital before integration resulted in effective coordination from the health bureau

Conclusion

1. Avoid vague statements like “Issues of health system context and collaboration need to be considered”, be specific.

2. The generic framework described is not coming across clearly and seems to be outside the scope of this paper.

Minor Essential Revisions

1. In abstract: CDC to be written in full the first time.

2. Suggestion to change of title “Integration of TB services in general hospitals in China…”

3. “Scalp up” used a couple of times should be “Scale up”

4. In “limitation” the word ”generated” should be “generalized”

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:

I declare that I have no competing interests