Reviewer's report

Title: Scaling up the delivery of refractive error services within a District Health System: The KwaZulu-Natal, South Africa experience

Version: 1 Date: 23 May 2013

Reviewer: Dhivya D Ramasamy

Reviewer's report:

This project is commendable in its effort to establish an integrated care delivery model and to provide training and building capacity.

Discretionary Revisions:

Primary health care is proposed as the gateway into the health system for an individual to access appropriate level of care. It is thus important that this level of care does not screen only for refractive error and low vision. It is mentioned that optometrists and senior PHC staff were trained to screen for other conditions - but it is not apparent how many patients benefited from this.

Minor Essential Revisions:

In the Discussion section, clarify the sentence “Currently there are X number of optometrists in the public sector with government employing Y number”

Table 4: Does this number include patients referred from the lower levels of care? If so, the grand total may have to be corrected. It would be important to mention the number of patients referred and those who complied with the referral, as this shows the successful integration "along the eye care pathway" and effectiveness of the referral.

Methods section: Move the last part of item 3 (“Once trained, all trainees were requested to report...”) to come under item 4. Data Collection and Management section

Discussion section: (Figure 3) Ideally with an increase in the number of patients examined in the PHC, one would expect an increased referral to the higher levels of care. In the PHC only basic examination is done - therefore there should have been an increase in the numbers referred at least up to the district hospital where they have access to refractive services. This is seen in the increase in the numbers examined by optometrists at district and regional level - this can be mentioned explicitly while mentioning the decrease in the total numbers examined at each level.

Major Compulsory Revisions:

In Background section, you have mentioned, “thus the incorporation of eye health into the DHS was an urgent priority in ensuring that eye health, and in particular,
refractive error and low vision services are not delivered outside this framework.” – While it is acceptable that you are proposing that eye care is integrated into the DHS, however, it cannot be concluded that eye care should not be available through additional delivery models.

Mere refractive examination does not solve the problem of refractive error - access to affordable spectacle dispensing services is critical to provide closure to the problem of refractive error. Mention what facilities existed or were made available in this project. If not, it would be essential to mention this in the discussion.

**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.

**Declaration of competing interests:**

I declare that I have no competing interests