Author's response to reviews

Title: Practicalities and challenges in re-orienting the health system in Zambia for treating chronic conditions.

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Author's response to reviews: see over
Comments to the reviewer’s reports:

- Abstract (background) – you have mentioned that ‘… two separate studies were conducted….’ What does that mean? Does that mean two methods for data collection?

The paper refers to two different studies, one of which was conducted in four countries and focused on the evolution of CHBC programmes in the context of ART availability, the other one was conducted in one of the four countries and focused on the adaptations made by CHBC actors and in policy and strategy of government to accommodate HIV as a chronic manageable disease. The two studies employed similar methods for data collection such as interviews and FGDs. In table 1 this has been illustrated by providing the sample sizes for each of the data collection methods we used in the two studies. Readers can see which methods was used in which study. However, we appreciate the reviewer’s concern that our methods section required strengthening and we have revised this section accordingly. More details will follow below as to how this was done. We also adapted the text in the abstract to increase the clarity.

- You have used the term ‘decentralisation’ but failed to discuss the meaning of it as this is not an easy term in policy context therefore authors have to define this first within the context of their study. Background section appears rather descriptive and patchy - therefore I would suggest to add some specific facts and figures that can be added to support your arguments. Again, you have often used the word ‘demand’ –but the meaning is not quite clear to me. Please revisit this section to make better sense and improve clarity.

We used the term decentralisation as a descriptive term to indicate that the delivery of complex anti-retroviral treatment moved down to PHC level in order to respond to the needs of people living with HIV. We feel that the way we phrased the sentences on this in our paper clearly indicate that we refer here to decentralisation of health service delivery (as reiterated in the WHO 2008 report on PHC) and as such did not see a need to further define or elaborate on decentralisation as a socio-political process. Later on in the paper, we again use the term decentralisation in the context of the Zambian strategy to which we have included relevant references, which further elaborate on this process in the country, plus some illustration of how this strategy was inspired by the Alma Ata declaration. We feel this to be adequate and hope the reviewer can understand our considerations.

We appreciate the suggestion to add in quantitative data as a way to illustrate the relevance of our paper. However, we felt these statistics (such as ART coverage, NCD projections) were more appropriately placed in our result section where they help to put the developments of chronic care in Zambia into context. We feel it would be repetitive to put these figures also in the background section.

We revised the background section following the comment on being more explicit on the term demand. We refer in this section to changes in health care...
demands. The term ‘health care demand’ is used extensively in health research, when describing demand and supply in health care. Also the WHO report of 2008 on Primary Health Care makes ample use of this terminology but does not further define it. We have followed the use of the term health care demand through to the discussion section in order to be consistent.

• how your 2009 study linked to this one? Needs to make an explicit. You mentioned that: ‘That study helped to identify important components of national HIV programmes….’ What were the components? please provide some to make your readers informed.

Examples are provided in the revised paper.

Again you pointed out that you have used ‘….a range of methods’ but you failed to discuss why did you use such methods – needs some justification.

We elaborated this section, following this specific comment.

The research included ‘ in-depth case studies of three CHBC …’ but I could not see any strong justifications and at the same time because you didn’t employ any strong criteria – that might bring some biases (information) - please revisit this part to make your case strong.

We realised that we did not elaborate in full on our sampling criteria and thank the reviewer for attracting our attention to this. We have revised the section accordingly.

Again, you mentioned that in each programme, you did ‘semi-structured interviews with staff members and external stakeholders (such as local clinic staff), as well as service observations, focus group discussions with caregivers and structured interviews with patients and their relatives’ but you did not provide any justifications, for example, why these methods would be an ideal (appropriate) in this case?

We have inserted this justification at the beginning of the section following the earlier comments.

Sorry, how did you transcribe data? Did you use any process of translation and transliteration?

We inserted more detail on this in the method section.

Sorry, why did you do additional interview with 19 key informants? There was no nothing mentioned about the aspects of data saturation theory!

We understand the confusion based on the way we devised the sentence. This round was not intended to be additional in order to achieve data saturation but the objective was to get a better understanding of the functioning of the national H-MIS in view of our difficulty in obtaining accurate quantitative data
on NCDs in Zambia during the second study (this was mentioned also in the last paragraph of the methodology section as our principal limitation). Only through this additional effort, we were able to get hold of the figures and tables presented in the paper, which are not publicly available otherwise. We interviewed another set of key informants for this purpose which included among others staff at the MoH responsible for aggregating national health data from health facilities all over the country (this particular example has also now been included in the paper), but also data information managers from non-governmental organisations and data clerks at facility-level.

Overall, our studies were not designed to achieve data saturation. The first study, which was a funded study, had a very tight deadline which did not allow for us to conduct interviews until data saturation was reached. The second study intended to bring forward the debate in government and non-governmental institutions on chronic care re-orientation and to this effect we purposively sampled key informants who provided us with their perspectives on this topic.

• Results and discussion sections – presented satisfactorily.
• Overall: This paper is methodologically very weak! Second, I did not get quite clear picture about the justification/rationale of this paper

We hope that with the above revisions we have strengthened the methodology section in a satisfactory manner. The rationale of the paper, we believe has been provided clearly in the background section with quantitative data to justify our research paper appearing later in the result section. We hope that the reviewer will understand why we wish to avoid repetition in the paper and that the papers we explicitly referenced in this section also assist to put the relevance of our paper into context.

In addition, to the comments of the reviewers, we updated our tables and figures of our initial submission to include the latest data on ART coverage for 2012 and on NCDs for 2013. We updated our information on the intentions of the Zambian government to offer a nurse practitioner course, when it came to our knowledge that this in fact is now being implemented. We also made some smaller language revisions to the paper.