Author's response to reviews

Title: Access to electronic health knowledge in five countries in Africa: a descriptive study

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Author's response to reviews: see over
**Reviewer** | **Comments** | **Response**
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Harry McConnell | **General**
The study is highly relevant and uses appropriate methods to answer these important questions. It confirms many informal anecdotal reports and represents a worthwhile contribution to the literature. The findings with respects to HINARE are particularly relevant and are important to convey as this is often discussed in informal circles and it is therefore critical to present the descriptive data and opinions in a qualitative study such as this. The further details described above could be provided as a separate addendum on line for those interested and would add to the credibility of the publication if provided. I recommend this paper for publication.

Thank you.

**Minor essential revisions**
The methods are appropriate for a descriptive study. However, there are not sufficient details provided to replicate the work. In particular, the authors should describe in some detail (1) the semi-structured interview, (2) the basis for choosing these sites in particular, (3) the details of the thematic analysis of the qualitative data using methods of Framework approach and MAXqda software including an explanation of both the Framework approach and the Maxqda software which are both appropriate and recognized but need further clarification, (4) details of the entry into the database using DMSys and in particular the analysis done and specific details of the "predefined analytical plan" and (5) the nature of the specific categorical variables between countries compared using chi-square tests and Fisher’s exact tests and the basis for the use of these tests.

We have added the questionnaire and interview topic guides as additional files 1 & 2 and referred to these in the text. We have described the basis for choosing the sites more fully in the text (page 5, study sites section). We have described the thematic analysis more fully in additional file 3. The analytical plan simply specified indicators (developed from the questionnaire), numerators and denominators for the descriptive analysis and where possible checks on the internal consistency of the data. We can provide this as an additional file if necessary. We explored relationships between categorical variables initially, but found no significant associations. We have revised the first paragraph of the data analysis section to explain this.

Ian Watt | **General**
In investigating the reported use of on-line medical literature in low income countries the authors address an important issue. The paper is well structured and clearly written. I have only a small number of minor comments.
<table>
<thead>
<tr>
<th>Discretionary revisions</th>
<th>We have explained more clearly the basis for choosing the institutions (page 5, study sites section).</th>
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<tbody>
<tr>
<td>Methods: The authors state that the four teaching hospitals were purposefully selected. It would be helpful to know what criteria guided their selection.</td>
<td>We have explained how questionnaires were returned in the data collection methods section (page 5).</td>
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<td>It is stated that individuals were physically handed the questionnaire. It would be interesting to know how they were returned (one implication of this method of delivery is that the survey “deliverer” waited until the questionnaire was completed).</td>
<td>The teaching hospitals are among the largest government funded training institutions in East and West Africa; Internet access is more likely to be available at these institutions. The results of this survey may be generalisable to other large teaching hospitals in countries in Africa with similar facilities. We have added a sentence to this effect at the beginning of the discussion.</td>
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<td>Discussion: Some discussion on the representativeness or otherwise of the surveyed sites would be helpful.</td>
<td>We did not collect information on types of Internet connections or specific hardware and facilities available at each site, so further discussion about the reasons for better results in the Gambia would be purely speculative. Our conclusion that better resources influences use of these initiatives is based on the fact all offices have their own internet connection and the MRC receives large external funding which allows better connectivity and subscription to many more resources. In addition, the participants at the MRC were mainly scientific research staff-we think this point is already made clear in the paper.</td>
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<td>Discussion of why the MRC laboratories in the Gambia achieve better results would be helpful (eg. is it purely because of better resources?)</td>
<td>We have revised the statement about textbooks in the abstract conclusion to: “Textbooks remain an important resource for postgraduate doctors in training”. We hope this better reflects the extent of data provided in the paper.</td>
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<td>Finally in the abstract it is stated in the conclusions that text books remain central to post-graduate doctor training. This may well be the case but little data is given in the paper to support this conclusion.</td>
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