Reviewer's report

Title: Are "Village Doctors" in Bangladesh a curse or a blessing?

Version: 1 Date: 4 January 2010

Reviewer: Henry Perry

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Major Compulsory Revisions: None
Minor Essential Revisions: None
Discretionary Revisions:
I think improvements in the article would be helpful. Here are my suggestions. Some of these analyses may be intended for other publications, but if there is an opportunity to include them here, it would be helpful:

1. A few words about the process through which a person becomes a ‘village doctor’ would be helpful. Are there any formal training programs? Is it an apprenticeship process? And so forth.

2. Where do drug sellers fit into this scheme of local providers of health care in Chakaria? Could village doctors also be considered drug sellers?

3. Why are homeopathic doctors distinguished from village doctors?

4. How representative of rural Bangladesh is Chakaria?

5. Any further analysis of differences in care-seeking behavior for acute versus chronic conditions, for more serious conditions, for children, and for women would be of interest. Also, we know that patients in these settings seek assistance from multiple types of providers. This is not really addressed in the reporting of the data except to a minimal extent (regarding % of patients who see an MBBS doctor in combination with other types of healthcare providers).

6. In the discussion, the statement that 600 MBBS doctors would be required to attend to all the ailments of patients if they all went to an MBBS doctor needs to be more clearly justified and more fully discussed. How many MBBS doctors are there currently in the Chakaria area? The calculation that led to the need for 600 MBBS doctors implies that every sick patient would see an MBBS doctor EVERY DAY that he/she is sick. This is not a realistic assumption.

7. The Discussion and Policy Implication section doesn’t give adequate attention to thinking about how to incorporate existing “informal” village health care providers into other commonly used approaches to providing access to essential primary health care services in Bangladesh (government community-based workers, NGO CHWs – especially BRAC’s Shasthya Shebikas, and so forth). Shasthya Shebikas are supported with local revenue from the communities, and government community-based workers have a sustainable source of support. Thus, at least these types of village-based workers are not subject to the short-term funding issues which plague many NGO programs in Bangladesh and
around the world.

8. The discussion at the very end of the government program to train “Palli Chikitshaks” is important. How many of the village doctors in Chakaria were trained as part of this program in 1978? The last paragraph states that they are “considered better in terms of quality.” Better than what? MBBS doctors? What is the potential for some type of similar program which would provide newly trained “Palli Chikitshaks” with up-to-date training on how to manage common serious illnesses (and to incorporate some kind of supervisory or accountability system to encourage compliance)? In my view, the statement in the final paragraph needs further elaboration: “the major challenges facing these models of using community-based agents to provide health services … lie with issues like competence, trust and sustainability of the programmes.” Selection, training and supervision of community-based agents are also critical.

9. The whole issue of task shifting and how many doctors are needed to meet basic healthcare needs is a critical one from the global perspective. Several recent references on this that have gained a lot of attention are listed below. They or similar articles might be brought into the discussion.

Forecasting the global shortage of physicians: an economic- and needs-based approach.

Scheffler RM, Liu JX, Kinfu Y, Dal Poz MR.
Bull World Health Organ. 2008 Jul;86(7):516-523B.

Estimates of health care professional shortages in sub-Saharan Africa by 2015.
Scheffler RM, Mahoney CB, Fulton BD, Dal Poz MR, Preker AS.

I am attaching as a separate document a chapter of a book entitled Physician Assistants: Their Contribution to Health Care (1982) by Henry Perry and Bina Breitner. This addresses the whole concept of physicians, physician extenders and village health workers. Some of the concepts discussed here might fit nicely into the discussion section.

10. It is not clear from the paper whether the MBBS doctors are working in government health facilities or as private independent practitioners. This would be useful to know. Also, there needs to be a little more discussion of the paramedics (SACMOs). Finally, do we know why local people choose not to go to MBBS doctors? Is it just the opposite of why they choose village doctors (which was cited in the article)? We would like to assume that MBBS doctors provide a higher quality of care than do village doctors. Is there any evidence for this? (Quality includes not only technical quality but also the quality of the interpersonal interaction as well!) This is an important issue. The data clearly show that patients want quality care. Defining this and creating ways in which to communicate to local people that providers are providing quality care is a key issue, and addressing this issue is an important policy consideration.

11. I think there is more literature on use of informal providers in Bangladesh and elsewhere that should be cited in the discussion.
12. The study raises the question of just how many local healthcare providers there are in Chakaria and what they do. Is there information on this that could be productively incorporated into the article? Related to this, there is no mention of childbirth and local delivery attendants. This is an important aspect of primary health care and should be at least mentioned some way or other.

Based on the above, I recommend that the article be accepted with consideration of the above comments as discretionary revisions.

**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.