Author's response to reviews

Title: Experiences, opportunities and challenges of implementing task shifting in underserved remote settings: the case of Kongwa district, central Tanzania

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Author's response to reviews: see over
To

Chief Editor

BMC-International Health and Human Rights

Sir/Madam

Re: Re-submission of the manuscript titled “Experiences, opportunities and challenges of implementing task shifting in underserved remote settings: the case of Kongwa district, central Tanzania” to be considered for the next steps

Reference is made to the above heading and the comments recently received from the reviewers.

Thank you for sending us very constructive comments from reviewers which we believe have significantly improved our manuscript. On behalf of my co-authors, I am glad to re-submit the above underlined manuscript to your esteemed journal to be considered for the next steps.

We have addressed the reviewers’ comments and presented the responses on a point-by-point basis as required. The responses are as seen below.

Regards,

Michael A Munga (Corresponding author)
Responses to reviewers’ comments

REVIEWER 1

Comment: 1

- **Response**: We agree that the paper needs to be shortened. We have substantially shortened it (from 37 pages as seen in the original version to 26 pages in the revised version, a reduction of more than 30%). This is in line with the suggestion provided by reviewer 3: We have substantially reduced the length and number of quotes as suggested by all reviewers. At the end of the paper, we have revised the recommendations and presented them in a structured way as suggested. However, recommendations provided by our informants are discussed as ‘main findings’ in the main text.

Minor essential revisions

Comment 1: Presenting national level and district level data separately

- As you may see in the revised manuscript, presentation of national and district level data is based on common themes and; the noted differences in the earlier version of this manuscript are not significant, as they were not clear in the previous version. We still believe that presentation of this data in one section (from district and national level informants) is perfect both for the interest of brevity and avoidance of repetition and thus avoiding to increase the length of the paper. Since all reviewers have insisted on shortening the paper, we think the presentation style used in this current version of the paper is the best instrument in response to the demands raised by the reviewers. We are however flexible if we get other suggestions regarding this particular aspect and the overall improvement of the current manuscript.

Comment 2: Descriptive case study vs Qualitative research

- **Response**: We have replaced the phrase ‘descriptive case study’ with ‘qualitative study design, as suggested.
Comment 3: Replace empirical evidence with rigorous scientific evidence.

Response: We have replaced the words ‘empirical evidence’ with ‘rigorous scientific evidence’ both in the abstract section and in the main text.

Comment 4: In the context section, there is a need to review national regulations/ legal basis pertinent to task shifting, give more details on national health workforce situation and scope of work of different job positions in order to get better ideas what tasks are or can be shifted.

Response: We have implemented the above suggestions as follows: We have provided a description of national policy/ regulations and the legal basis in the context section of this manuscript. We have indicated that, “In Tanzania, the legal framework and existing national health policies and regulations do not recognise task shifting (except for AMOs who are officially recognised to perform MOs duties) as an official strategy for addressing the health personnel crisis. However, there has been ongoing discussions and frequent stakeholder consultations focusing on how to adapt the WHO’s global recommendations which provide a recipe to be adhered before attempting to scale up task shifting”.

We have also provided a description of the Health workforce situation in the country (see the text in the context section and relate it with Table 1) and total number of health workers per 1000 population in the study site.

We have further indicated that “Up to the time of writing this paper there was no rigorous scientific evidence permitting any conclusion regarding which tasks can easily be shifted from one cadre of health worker to another. Note that, there are many cadres of health workers in Tanzania and their tasks are described in detail in each cadre’s job description. It is thus difficult to present all tasks of all cadres in this single paper”.

Comment 5: Give details on specific topics discussed during interviews.

Response: We have clarified the topics which were used in interviews. However, we are not very clear on the level of detail required by the reviewers.
If what we have presented does not sufficiently address the reviewer’s concerns, we will be glad to get more clarifications on the matter and we will respond accordingly.

**Comment 6:** The fact that data were tape-recorded is not reflected in the data collection section.

**Response:** In the revised version, we have clearly indicated that data was tape-recorded and transcribed verbatim.

**Comment 7:** For some topics, (coverage, access and retention of health workers) that are discussed in the results section, no quotes are provided

**Response:** We have provided quotes under each topic as suggested

**REVIWER 2**

**Comment1:** Manuscript needs to be thoroughly proof read for grammatical errors.

**Response:** We have addressed this concern both in response to reviewer 2, 1 and 3’s comments

**Comment 2:** The method section should focus on qualitative interviews

**Response:** We have made corrections regarding this concern and deleted documentary reviews as one of data collection method. Note that, this manuscript is based on a huge technical report which has already been submitted to the funders. Details of the documentary reviews and how data arising from these reviews were reported are found in that particular report.

**Comment 3:** The exact number of personnel interviewed at the district level should be specified

**Response:** We have specified the exact number of personnel interviewed both at the district and national levels

**Comment 4:** No mention is made of the translation and transcription of the data. This needs to be included.
Response: In this revised version, we have clearly indicated this in the data analysis section. We have noted that data was transcribed verbatim and translated. This, hopefully, also satisfies the concern raised by reviewer 1.

Comment 5: On page 14 authors refer to vertical and horizontal task shifting, with vertical shifting being categorised into upward acting and downward acting.

Response: The authors did not coin these concepts. They were coined by Manongi et al. We have provided reference for this (see reference number 14). The provided definitions are exactly those of the original authors and in this version of the manuscript, they have been appropriately referenced. Results presented in this paper only confirmed what was earlier on reported by the above authors and paraphrased by other authors in this subject matter.

Comment 6: Need more detail regarding the district

Response: We have added more details of the study site in terms of number of health workers per capita and also responded to more or less similar concerns as raised by reviewer 1.

Comment 7: Provide literature/reference on the importance of adequate training, supervision and support for task shifting

Response: In this revised version, we have provided/inserted literature on the above topics. However, we are not aware of literature which calls for job descriptions of specialists and other health care personnel. In the case of Tanzania and with reference to reviewer 1 who raised more or less similar concern, we have indicated that: “Up to the time of writing this paper there was no rigorous scientific evidence permitting any conclusion regarding which tasks can easily be shifted from one cadre of health worker to another. Note that, there are many cadres of health workers in Tanzania and their tasks are described in detail in each cadre’s job description. It is thus difficult to present all tasks of all cadres in this single paper”

We will be glad to hear whether we have sufficiently addressed this concern and we are ready to work further to improve the manuscript.
REVIEWER 3

Comment 1: The paper is too long and needs to significantly be shortened in all parts.

Response: As indicated in the responses directed to reviewer 1, the paper has being significantly shortened in all its parts. We however hesitated to reduce the discussion section to around three pages because of the fear that some important findings could not be discussed. We also feared that the flow of arguments will significantly be affected as there are overlaps running through or connecting each topic presented in the manuscript’s discussion section. However, we will be grateful if the reviewer provides us with clear suggestion of what to delete and what to leave. We have also added brief/further analysis in the discussion topics by relating our findings with the existing literature and their implications for the HRH policy and planning. The manuscript has now largely focused on the experiences, benefits (perceived), opportunities and challenges of implementing task shifting in a resource constrained setting.

Comment 2: The results section needs to be consolidated to reflect the approach used.

Response: We have made clear that the paper was largely based on qualitative interviews and we have deleted documentary interviews as one of supplementary method. Similar concern was also raised by reviewer 1 and we have addressed it (see response to reviewer 1).

Comment 2: Need editorial and linguistic corrections

Response: We have done extensive language and editorial corrections in addition to sending the manuscript to English language professional editors.

Additional corrections

- We have removed numbers in all section headings
- We have incorporated two new headings in the discussion section
- We have made minor alteration on the title of the paper i.e instead of article ‘a’ we have replaced it with ‘the’
• We have slightly changed the style of presentation of results and discussion as we found appropriate, though by strictly respecting the reviewers comments.