Author's response to reviews

Title: An integrated approach of community health worker support for HIV/AIDS and TB care in Mozambique

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Author's response to reviews:

Dear editor

We are pleased to submit a revision of our article titled 'An integrated approach of community health worker support for HIV/AIDS and TB care in Angonia district, Mozambique'

We hope we have managed to answer the reviewers helpful comments adequately; these are copied in full below. If there are any outstanding questions, we would be prepared to make additional revisions.

Thank you for your consideration.

Yours sincerely

Nathan

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Reviewer 1: Eliud Wandwalo

General comments

The paper addresses issue of critical importance especially in Sub-Saharan Africa settings which bear the brunt of dual TB/HIV infection complicated with human resources shortage. Overall the paper is well written, but is not clear to me whether the authors are reporting their experience on integrated approach of community health workers or they are presenting a review paper on this subject. If the former is true then readers will expect to be informed in details on the
methodology and results which are not well explained in this paper. If the latter is true then the authors should structure their paper as such.

Thank you for reviewing our paper. This is a descriptive report of the evolution of community health workers in Mozambique. As this was not an intervention study, we are not able to provide impact (before-after) data.

Specific comments

1. Introduction

Second paragraph, second sentence, page 2; authors used mixed reference system, please use numbering system as in the rest of the paper

This has been fixed

2. Setting

Please provide more background of the burden of HIV and TB in Mozambique and Ango'nia district. Readers would like to know the burden of TB and HIV in Ang'nia relative to the country, how is the health system organised to cope with the problem of TB, HIV and human resources

These data have been included

3. Page 5, TB volunteers

second paragraph, first sentence....against the prevailing DOTS paradigm; Please explain what do you mean and how is your approach is different from this paradigm.

An explanation has been added in the text

The same paragraph, second sentence the author is refering to a study, is this the same study they are reporting, please provide more information or provide results

These data come from the activity report [reference 14] , which is a separate reference to the descriptive we present.

4. Discussions

The authors makes discussions of the results which have no evidence (data). For example in the second paragraph they say their approach is acceptable but they have not shown the reader evidence of this, how did they measure this?

In the discussions, in the third paragraph authors say the approach has helped improve geographical access but in the achievements page 9, they indicate CHT
have been established in 2 of 18 localities??

Currently there are 5 CHTS with a plan to implement progressively CHT in all localities. This has been clarified in the text.

Authors should focus their discussions to the results.

As a descriptive paper, we feel the discussion is not inappropriate

I could not find information in text which explains table

References to all figures and tables have been added

Reviewer 2: Emmanuel Nwabueze Aguwa

Major Compulsory Revisions

This study has not conclusively answered the research question i.e. integrating the activities of community health workers for HIV/AIDS and Tb care. This study should compare the activities when the different community health workers were running parallel programs to the time when their activities were harmonized.

This is an excellent suggestion; however, we are not able to do this as it is a descriptive paper, not an intervention study

Minor Essential Revisions

Abstract should contain key findings from your study. The last sentence was not addressed in the text.

The abstract has been revised

Keywords should come after the abstract and not before it.

This has been addressed

In Introduction:

Paragraph 2: line 5 – remove (Mayxay et al 2004). This is Harvard referencing. All the other reference you used is Vancouver. Maintain only one method of referencing.

Done

Setting: line 1 – replace to read - …172 out of 177 countries. “of” is missing in the text.
The text has been revised throughout

Fig 1: No figure is shown

We have made reference to figure 1 in the text

Fig 2: Unnecessary

We have deleted figure 2

Table 1: No test of significance was done to indicate whether findings are significant or not. Chi square of relevant figures (i.e. where expected cell is not less 5) is necessary.

As this is not a direct before-after comparison it would not be appropriate to apply a statistical test

Table 2: Does not represent research data. Hence remove.

We do not present the data as research data but rather to give a sense of the contribution of the model

Reviewer 3: Venkata Mohan

I would like to congratulate the entire team involved in the setting up of the process and responsible for the creation of a very much essential and appropriate team.

Thank you very much for this encouragement

Firstly, the authors haven’t mentioned their contributions, their experience in the work and in making the manuscript. It would be very helpful if they provide these details.

This has been added to the end of the article

The title maybe should include the exact location – the district of Angonia also, instead of generalizing it to the whole of Mozambique, if it is the case, then the authors haven’t mentioned about the CHT existence and working patterns elsewhere in the country.

We have made the necessary modifications

In the introduction, the existing burden of various diseases and health conditions like HIV, TB, Malaria, MCH indicators in the district needs to be highlighted.
This has been added where possible

On page 4, second para, the name and type of the rural hospital would be helpful, indication whether its Secondary care or a tertiary care hospital with its capacities, infrastructure and health programmes addressed.

Details have been added

4 month long rainy season falls in what period of the year?

Clarification has been provided in the text

How is the terrain in Angonia, plains or hilly or both, population density needs to be mentioned to get an idea of the work which the health workers would be doing.

Clarification has been provided in the text

On page 4, DOT, PHA need to be expanded before abbreviating

Done

Similarly, on page 5, DOTS needs to be expanded.

Done

On page 6, first para, currently 10 ACS are active, out of how many initiated? This should be mentioned for all the earlier teams also, to get an idea of the drop outs/ lack of enthusiasm among the health workers.

This information has been included in the text

Page 7: Where are Figures 1 & 2? What is mentioned as figure 2 looks like it should have been fig 3. Please add legends to the figures, place the correct figures appropriately labeled.

Done

On page 8, VCS one for 15,000 population will it be realistic and practically possible to cover everybody considering the existing terrain and resources.

Clarification has been provided in the text

Table 2 comes first, table 1 hasn’t been introduced till this point, need to look at this and correct such gross mistakes.
Text has been revised throughout

On page 9,

A 5 day training will not be sufficient for their job descriptions, what are the minimum requirements for the workers?

We have included details in the text

Who pays for the driver, fuel, maintenance of the community managed ambulance? Besides how many places are connected to the roads, what about those areas which are not accessible by roads, how will they manage referrals or emergencies?

These are important issues for resource poor settings and the reason why bicycle ambulances we chosen. Bicycles are common form of transportation already used by the families and communities for personal purpose. Most places are accessible by bike even if during rainy season it is sometimes necessary to use other roads with bigger distance to reach the health centre. Each of the 18 localities has 2 to 3 bicycle-ambulances. The community has chosen the places where they should be located in order to be easily accessible for the majority of persons.

Without going into too much detail, clarification has been made in the text.

In the discussion section, some information on the data management, feedback to the community and evaluation aspects should come in.

This has been added

Figure 1, Cannot be visualized, should be in appropriate format and mentioned in the manuscript.

The necessary modifications have been made

Figure 2 is difficult to interpret. It looks like there is a mistake in the labeling please clarify

We have deleted figure 2

There should be brief legends foe the figures.

These have been added

Some information on the training of these volunteers or workers like the training
materials, modules used should be attached as appendix.

We can do this if the editors agree to including an appendix

An organigram or flow chart needs to be attached indicating the check list, pattern of management and referral for individual health conditions they are required to screen.

As above – this could be included as an appendix

Overall this is a great initiative, but considering the fact that earlier ventures resulting in failures and this CHT approach also resorting to not compensating the team members for their time and efforts, it is to be seen as to how effective and sustainable this would be. The authors need to address this key issue in their discussions and justify the approach if needed.

We agree that this is an important point, and have adjusted the final paragraph