Author's response to reviews

Title: Physician Tracking in Sub-Saharan Africa: Current Initiatives and Opportunities

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Author's response to reviews: see over
Dear HRH,

Thank you for the opportunity to submit this revision of our manuscript, “Physician tracking in sub-Saharan Africa: current initiatives and opportunities” (MS: 5078839711445571). Below is a detailed response to reviewers’ comments. In addition, we made edits to better match our manuscript with HRH formatting, particularly for references. We look forward to hearing back from you.

Sincerely,
Candice Chen

Reviewer 1:

The third paragraph of the introduction contains many interesting statements. But it would be better to support them with some references. Otherwise, I think they may be part in the discussion section.

We moved the WHO Handbook on Monitoring and Evaluation of Human Resources for Health reference, which discusses many of the points made in this paragraph up; and added two additional references:


It would be also useful to distinguish/clarify somewhere what is a registry system and what is a tracking system, just to remove any confusion. Most of the Physician Registries are not tracking systems of Physicians. While it is true that the two systems often have the same target people but not always the same objectives.

Added in the introduction: In many countries, the most established databases of physicians are Medical Council registration systems. However, the primary goal of Medical Councils has been to regulate the medical profession [12] and the data gathered for this purpose is not always matched to the needs of workforce planning.

Reviewer 2:

This is an important topic and provides valuable information about efforts to develop physician tracking systems in Sub-Saharan African countries. The two case studies were very helpful to highlight the innovative approaches used in developing countries that face many challenges. This paper could be strengthened by providing additional information on the costs associated with these tracking systems. For example, what are the annual costs for each of the systems and who pays what? Are there any issues with finding sufficient resources to cover the costs for either country? Can you provide any information about how the tracking data are used? For example, if the countries with the tracking systems are engaging in workforce planning, have any new policies been developed as a result?
Providing the additional information could be valuable to other countries who may be contemplating the development of such a system and having a clear understanding of the options, their associated costs and the value of the system to inform policy would be very helpful.

The Uganda case study was revised to include some additional detail: Development costs were supported by the SMS provider. Consumers are charged 200 Ugandan Shillings (8 cents in US Dollars) and the fee is split between the telephone company (100 Ugandan Shillings), SMS provider (50 Ugandan Shillings) and UMDPC (50 Ugandan Shillings).

For the Ghana case we added: The start-up costs for this venture were minimal with the telecom providing the SIM cards and the GMA absorbing the cost of distributing the SIM cards to their members.

Reviewer 3:

Major Revisions

1. In the Methods, some details on how the literature was done will be helpful.

   Added to the Methods: We used the Scopus database to search for articles fitting the following criteria: 1) detailing the use of human resource for health data for the purpose of physician tracking; 2) detailing implementation of health management information systems or human resources information systems for the purposes of developing physician and provider databases; or 3) describing the role of national institutions, such as medical councils and ministries of health, in physician tracking activities. Initial search results yielded 2,177 articles. After a review of the abstracts and elimination of duplicates, 165 articles were retained. Full text review yielded 63 relevant articles.

2. The countries without tracking frameworks, some more details like why will be informative. / 3. Those that had existent tracking systems for how long had they existed?

   We wish that we could provide more information in these areas, but our methods limit us to what is available in the literature and online from national institutions.

4. A robust tracking system is talked about and recommended, how would this look it?

   Our goal in this manuscript was to stress the importance of robust physician tracking systems, provide a landscape of current practice, and highlight areas to consider for data collection and opportunities for innovative use of these tracking systems. For example, to consider collecting data on practice in the private sector as this sector grows in many countries. Next steps would be to develop a framework for what a robust physician tracking system would look like and how it might be tailored to country specific requirements. Toward this end and to answer comments 6 and 7 below, MEPI has developed a Physician Tracking TWG that has embarked on this work – to develop a framework considering integration between all stakeholders and ensure sustainability. However, this work is just beginning and not ready for publication at this time.

   We considered and can add a sentence at the end regarding next steps. However, we lean towards being less prescriptive at this time and ending with a positive light of opportunities in the area.
5. Two innovations are talked about, how were they identified?

Both innovations were identified through the MEPI site visits as indicated in the Methods section. To clarify how additional information was obtained, we added: In each case, additional information was sought after site visits. In the case of Ghana, the data for the report was mainly obtained through a WHO report that was published highlighting the initiative. In the case of Uganda, one of the authors is with the Uganda Medical and Dental Practitioners’ Council and helped to found the messaging system described.

6. It appears like the MEPI project helped medical schools to start tracking graduates, it is not clear how this linked or links with the medical councils tracking? / 7. What about the sustainability question? Will the MEPI schools keeping doing this after the MEPI money runs out?

Both important issues, see above.

Minor

8. Were there any explanations for the differences in the data captured on the registration forms for the different countries?

Due to our methods design we were only able to review existing registration forms for data captured.

9. In how many countries does the emergency notification happened/happens?

We provide this as an example of how countries might use physician tracking systems. Unfortunately, we did not do an actual survey of countries to answer this question.

10. Reference 14 has no author names.

Fixed.