Title: Community Health Workers: to train or to restrain? A longitudinal survey to assess the impact of training community health workers in the Bolama Region, Guinea-Bissau

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Author's response to reviews: see over
Cover Letter

Response to reviewers comments

Please find hereunder in grey the responses to reviews comments.

Reviewer 1:
Miriam Hirschfeld

1.) Minor comments:
a.) On page 4 - it seems that not only "on equity" grounds it is important to evaluate how care is provided, but also on quality and effectiveness grounds

Comment: Sentence was changed as recommended. Please refer to the same page and paragraph.

b.) page 5, para 4, based on (not in) rigid guidelines

Comment: Sentence was changed as recommended. Please refer to the same page and paragraph.

2.) substantial questions:
Based upon your findings, I believe you must address the policy question of continuing to rely upon CHWs in the longer run, or investing in at least "mid-level" personnel (e.g. nurses, health officers...). Even if a country is very poor, just over 50% ability to correctly diagnose and treat severe dehydration, or dysentery does not seem to provide a population with an ethically defendable level of care. If already competence decreases after 3 months (and that with only training for one health condition), the question arises, if this is an adequate health worker category, albeit cheap. While midlevel personnel also require continued training, supervision and support, would this not be a wiser investment over time? You state on page 9 that "improvements vanish over time". On the same page you state that "CHWs can treat simple diseases at low cost" - but is the issue only "stock ruptures" and "catastrophic expenditures" when you document before how spurious the quality of health provision is? Also the quote of "increased coverage ....can contribute to improvements in health indicators" does not seem to correlate with your own findings. In summary, I believe that in the discussion and the conclusion sections you need a serious discussion on the policy question of whether countries should continue to rely on CHWs, instead of seriously planning for and investing in qualified HRH groups.

Comment: The suggestion made by the reviewer is wise and pertinent. We addressed it by including a paragraph in Conclusions section, page 11, para 3. We also believe in some cases investment in skilled professionals might be the best option. Nevertheless, in this case, in results section, we preferred to focus in programmatic issues that might be affecting CHW performance. As it is written in the document, the program didn't address several needs essential to CHW performance. Considering the study limitations, also addressed in
Discussion, our preoccupation was to alert Guinea-Bissau policy makers to be aware of the strategy they have already chosen. As reported, this seems to be the first research made in Guinea-Bissau in this area and it urges to call policy-makers attention for past and actual problems when implementing these programs. We also believe that somehow, this research can influence in informing, improving or even changing HR strategy in the country.

Reviewer 2
João Fernando JS Lima Schwalbach

- The title of Tables and Figures should be improved, adding the date and place of the study (example: .........., Bolama Region, Guinea-Bissau, 2011)

Comment: Titles were improved as recommended. Please refer to titles of Tables and Figures on page 14.

Reviewer 3
James McCaffery

Major compulsory revisions:
This study is well designed, the methodology is clear, and the discussion and conclusions follow well from the data that the research uncovered. However, there are two limitations. One is a small sample size, and this one is declared, described, and handled well. Nothing further needs to be done there. The second is different – it seems to be fairly well established that it is inadequate to use training alone as an intervention to improve and sustain effective CHW performance. This study seems to be one more piece of evidence to support that conclusion. As such, it is important and useful. And the authors do have a suggestive statement at the end which recognizes the other factors: However, many questions about continuous training, supervision and support are still unanswered. Further research should be conducted to explore other factors influencing CHWs’ performance, such as supervision, support, continuous training or even CHWs’ motivation and their integration within the Health System. However, there has been much work done over the past 2 years which goes much deeper into this area, and it seems to me that the authors need at least to acknowledge and point to that work. As it is, there references appear a bit dated; including something more recent would be helpful in two respects: a) to indicate and substantiate this statement about additional factors like supervision and support and b) to provide one or two more recent references in their paper. One such reference might the following: “Community and Formal Health System Support for Enhanced Community Health Worker Performance”, A USG Evidence Summit, Final report, December 2012 (see attachment to this review). This evidence summit included an extensive review of CHW literature as well as a stakeholder group with broad and deep experience, and one of the conclusions is that CHW performance can be developed and sustained by a more intentional and integrated partnership
between the formal health system and the community— and include interventions that go well beyond training, including supervision, peer coaching, incentives and motivation on the part of both partners, supplies, clear role definition of CHWs within community contexts including referral linkages, and so on. Some reference to this would add more substance to their conclusion section and also show that they are aware of recent developments in the CHW space. Without something like this, the article could be read as just contributing to something that most experts in the field already assume, that training by itself is not adequate to sustain performance. There was also a major CHW meeting at the recently complete HRH Forum in Recife, Brazil that might have a contribution, although any report is unlikely to be available soon.

Comment: The authors acknowledge and thank the reviewer for the reference. Reference to some activities who may improve CHW performance not described in the text and mainly related with integration of CHW in health system was included – page 11, paragraph 1. We also reinforced the importance (reported in the same reference) of conduction deeper research on these issues, as some of them are rarely addressed in this field of research – page 11, para 3 & 4.

Minor essential revisions

1. The following phrase in the abstract should be re-examined as I think it inadequately and perhaps inaccurately defines CHWs: “...people chosen within their communities and trained to deal with minor health problems...” CHWs are not always ‘chosen within their communities’ and their most important role is perhaps preventative in nature, and not curative. This could easily be replaced with the following, much better definition found on Page 1 of the background section: “Typically, these CHWs are members of the community who are recruited and trained in health prevention and promotion to provide services within their community”

Comment: We changed as suggested by the reviewer. Please refer to Abstract.

2. On the bottom of page 2, there is the following statement: By improving health coverage, CHWs are seen as a very cost-effective resource, because they provide health care (at low cost) to a large number of people who previously had no access to health care at all. The proposition that CHWs can provide health care at a low cost is one that is very much being debated at this point. In fact, effective CHW programs that provide the support needed might not be low cost at all. Perhaps lower cost than clinics with physicians and nurses, but not low cost. This ‘low cost’ part of this statement needs refining, as it could lead policymakers to conclude that CHW programs can be cheap, and what it means really is that if they don’t have support needed, they will not be effective. All too often, programs on identifying CHW candidates, providing some training, and little else. This is ‘low cost, but not effective.
Comment: A phrase was included to reflect the importance of look at effectiveness and quality of care along with programs cost – page 4, para 1.