Reviewer's report

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

Version: 1 Date: 18 November 2013

Reviewer: James McCaffery

Reviewer's report:

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.

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”

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.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.
Declaration of competing interests:

I declare that I have no competing interests.