Reviewer's report

Title: Joint Special Issue, E.9: Effective Scale-Up: Avoiding the Same Old Traps

Version: 2 Date: 24 November 2008

Reviewer: Barbara Rawlins

Reviewer's report:

Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached.

1. It is not totally clear in the last paragraph of the Introduction section what they are saying should be scaled up – competency-based training?, “performance improvement programs”, holistic training programs? This should be made more explicit.

2. The authors should acknowledge how the “performance factors” they refer to in paragraph three of the Discussion section grew out of decades of private sector experience with quality improvement as well as primary health care settings in developing countries, and how the Performance Improvement approach was refined and promoted in the non-profit sector by the Performance Improvement Consultative Group among USIAD-funded agencies.

3. Most of the assertions in the Discussion section do not have citations to back them up. This section would be stronger if more evidence from the literature (peer review or gray) or Intra Health Program reports were cited.

4. The Discussion section does a nice job of describing elements needed for effective inservice training (with some reference to preservice education) but does not adequately address how effective training approaches can be rapidly scaled up.

Minor Essential Revisions

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

6. There is an issue with several terms not being defined, coming across as jargon, and being distracting to the reader. The term “paraprofessional” is not clear and not defined and I would suggest dropping this term. I have seen it used before but it is never clear which health workers it refers to and, to me, it has a somewhat condescending connotation. Other obtuse terms include “peer networks” and “lifelong learning skills”.

Discretionary Revisions

These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.
Please note that both the comments entered here and answers to the questions below constitute the report, bearing your name, that will be passed on to the authors and published on the website if the article is accepted.

5. In the Introduction section, define and describe “Task Shifting” as it is defined in the Addis Ababa Declaration.

6. The section on “Strengthening Human Resource Information Systems” only discusses tracking those trained. It could be expanded to discuss strengthening health management information systems (HMIS) in general. When scaling up training and trying to determine if it is effective, it would be useful to have better quality service statistics on service use and the components of care received to see if clients are receiving evidence based interventions taught during training.

7. There is no discussion of building the capacity of the trainers (training of trainers) as part of strengthening the training and education system, and what role quality trainers (inservice)/teachers (preservice) play in scaling up effective training programs. Improving curricula alone is not adequate. Those teaching the curricula must have their training skills upgraded so that skills are taught in a competency-based manner.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Declaration of competing interests:**

I declare that I have no competing interests.