Author’s response to reviews

Title: Social autopsy: INDEPTH Network experiences of utility, process, practices and challenges in investigating causes and contributors to mortality

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Author’s response to reviews:

Editors-in-Chief: Christopher JL Murray, Institute for Health Metrics and Evaluation; Alan D. Lopez, University of Queensland

Issue Editor: Dr. Rafael Lozano, Professor of Global Health at the University of Washington’s Institute for Health Metrics and Evaluation.

RE: Social autopsy: INDEPTH Network experiences of utility, process, practices and challenges in investigating causes and contributors to mortality

Please find enclosed a second revision of the manuscript entitled “Social autopsy: INDEPTH Network experiences of utility, process, practices and challenges in investigating causes and contributors to mortality” for consideration for publication in the special thematic series on verbal autopsy.

We have revised the manuscript by addressing the reviewers’ comments as well as the comments provided by the handling editor (see annex 1 and 2).

We look forward to your response.

Sincerely yours,

Karin Källander, MSc, PhD
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Reviewer 1 comments and authors’ response

Maria de Fatima Marinho de Souza

1. I read with satisfaction the improvement of the text. What the authors present is a completely modified text after revision and that was very pleasing to read. There is just one problem in the conclusion: I agree that the delay at home was a main problem for child death in Ghana since it was the first factor to take place. Because this study only accounted for already deceased children, we do not know if a child with the same symptoms and who did not incur a delay at home would have survived if the child would have had access to health care. Because we do not have this information, caution is necessary when affirming that the issue of the delay at home was due to the lack of competence of the caretaker to identify the severity of the symptoms or cultural issues that led to a delay in looking for health care. Based on our experience from Latin America, we know that the caretaker and the community are aware that health care can be accessed, and if it is worth seeking care or not. There is no doubt that the cultural issue is important in this situation but the behavior could be modified by experience.

Authors’ response: Indeed the point is well taken and since we don’t have a control group we cannot conclude whether these delays were in fact what led to the death of the child, and we can only assume that non-adherence and low coverage to evidence based interventions such as early and effective treatment for infectious diseases may increase the likelihood of death. This limitation is now included on page 28 in the manuscript.

2. It is also important to point out that access to health care is extremely difficult for communities in isolated areas, often being too expensive to use any sort of transportation. In this sense, the community knows whether it is worth to seek health care or not.

Authors’ response: We agree that for some mothers with sick children seeking outside health care is not a realistic option, which leads to delays at household level. Whether the delays in the home are related to cultural practices, non-awareness of symptoms, poverty or distance to health services cannot be explained by the social autopsy. However, other studies have previously shown that it’s usually a combination of factors of which poverty and distance to health centres are key determinants for late care seeking (Rutebemberwa 2009). We have included a section on this in the discussion on page 25.

3. Based on Uganda’s experience, we believe that searching for health care or not, does not make a difference on the outcome. Why people in Uganda would look for care if the quality of assistance is not good? Could it be because health care was better in the past? Could the cultural differences between two ethnic groups explain these differences?

Authors’ response: It is true that the quality of health care has deteriorated since the user fees were removed and the need to strengthen the quality in the public
health facilities has been emphasized by many. However, why caretakers keep seeking help from public facilities is more likely a result of these being near, as Iganga/Mayuge HDSS has fairly good geographical access. In addition, under grave circumstances people often have no choice. For less severe cases, they go to clinics but when there are danger signs as in children who later die they go to hospital, and sometimes they make up for the poor care by paying or buying drugs. A sentence has been added in the discussion on page 26.

Editors' comments and authors' response:

1. Because you are only looking at 40 cases in Ghana, we would like you to use the name of the site, instead of “Ghana” when referring to these results. Could you also add more detail about why there were only 40 cases included?

   Author response: We have used the name of the site (Dodowa) instead of Ghana throughout the paper and have also described more clearly in the methodology the reason why there are only 40 cases (as it is likely that many child deaths were unreported due to the lack of community key informants in some areas) on page 9.

2. You include the description in the methods section of the different tools for neonates and for children 1 to 59 months of age, and you include Box 1 describing the neonatal social autopsy tool. However, there are no neonates included in your study. We understand the importance of the two different tools, and you can keep description of the neonatal tool in the manuscript, but we would like you to add some explanation of the lack of neonates in the study. In regards to Box 1 and 2, we think this information could be presented in the text, instead of boxed out separately.

   Author response: Point taken. Box 1 and 2 removed and replaced with a shorter text.

3. In the methods section, we would like you to remove the first paragraph in the Uganda section and the first paragraph in the Ghana section. You could consider including a very brief summary in the introduction, or you could remove this information completely.

   Author response: Point taken and text has been significantly shortened.

4. We recommend you delete Table 1 and instead provide a brief description of the methods.

   Author response: Table 1 deleted and instead described in the methods section.

5. Please add a more explicit explanation of the process to determine the relative weights, as listed in Tables 2 and 3. We think the conclusion about the different delays is strong, but the analysis of how you arrived at the conclusion is not as strong, and we feel you need to explain the weighting better.

   Author response: A more detailed description has been added in the methods section on page 17.

6. In our previous set of comments, we asked you to add more detail about how
you analyzed the data. Thank you for adding information to your revised manuscript, but we would still like to see more information added.

Author response: We have tried to add a more detailed description of the data analysis. However, most of the data was descriptive and we mainly used proportions and medians to analyse the categorical and continuous data, respectively. Hence most of the focus of the data analysis section is on how we defined the indicators that were analysed for proportions and how we estimated the relative contribution to delay.