Reviewer's report

Title: Targeting Artemesinin Combination Therapies for malaria: the design of two complex interventions to support the use of diagnostics by Tanzanian clinicians

Version: 1 Date: 4 March 2014

Reviewer: Marcel Tanner

Reviewer's report:

This is a very important paper that is of great value for all malaria control and elimination programmes. The paper should be published after a few revisions as follows:

Major Compulsory Revisions:

The discussion should include a more solid, systematic and coherent discussion on the internal and external (generalisation) validity of the findings of this interesting and important trial. Adding this important piece into a revised discussion would make the paper and its translation into control and elimination programmes most valuable.

The overall evidence based on RDTs etc must be updated. Just take the example of the country where the study was undertaken, where the authors only refer to a MIM-abstract of 2009, but where a major amount of evidence has now been published:

For example:


In addition there is also more published evidence from other areas. Thus, an update of the evidence, will and must lead to a slight re-write of the introduction as well as of the discussion as already stated.
Finally the authors should think about the title. They should avoid the word "complex"....these were well researched and developed intervention approaches. Do not add complexity where it only confuses people. Talk about novel ways of developing and validating interventions so that also operational people become interested and will apply/introduce in their national settings and sub-national strategies.

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

Yes, I am chair of the external Expert Oversight Committee of the ACT-consortium that produced this paper.
Otherwise no CoI.