Reviewer’s report

Title: Health systems readiness to provide geriatric friendly care services in Uganda: a cross-sectional study

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Reviewer: Emmanuel Bagaragaza

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Reviewer: Emmanuel Bagaragaza, MPH, PhD

Date: 05/07/2019

I. Introduction

The topic covered by this manuscript, "health system readiness to provide geriatric friendly care service", is essential and a prerequisite for health system performance and quality health services for older persons.

This manuscript contributes to the dynamic of making available the standardised and quality information and promotes health services research in the geriatric field in Africa. Thus, the results of this study provide useful information and should strengthen the preparation and adaptation of health systems in Africa to cope with the demographic and epidemiological transition in Uganda and other low-income countries.

The authors have studied "the readiness of Uganda's public health system to provide geriatric friendly care services" and they showed that readiness of public health facilities to provide geriatric friendly care services in Uganda is still low. Their findings are clear about the progress achieved and emphasised that the strengthening of the health system is welcome, particularly in leadership, financing and human resources. They showed significant difference in readiness across the district and HS level.

However, to ensure a clear understanding of readers, the authors should/could further clarify some points mentioned below.
II. General comments:

Firstly, I commend the authors for their efforts to identify readiness tracer items adapted to the context of study while referring to WHO standards.

As a first study, it cannot be exhaustive; we hope that it will be supplemented by future studies. Nevertheless, we may wonder why certain tracer items that would be relevant to geriatric care, particularly "chronic disease management" and integrated care services, were not being considered straightaway?

In addition, given the context of the study, some social aspects, like inter-generational solidarity, respect for older people and care for older persons are very important; I've been wondering why the authors did not include the tracer items relating to social dimension; therefore, pay more attention to Community level.

In fact, many item tracers used for geriatric services are not applicable at the community level, but it would have been very interesting to know if these levels are ready and aware of geriatric care because they are the gateways to the health system. As has been the case in some Western countries, the development of geriatric services was based on the hospital model without paying attention to the development of local leadership and community services, whereas they are the basis for integrated care services for older people and professional collaboration across all care settings for geriatric services quality and performance. It why, as a manuscript that can be used to guide public policy, those aspects deserve to be at least being introduced and discussed.

III. Specific comments

Introduction:

The interest of the subject is well argued. The authors presented the demographic situation in Uganda, highlighting the lack of information and research on the capacities to produce geriatric services in Uganda and in low-income countries in general.

Authors highlight the demographic transition in Uganda, they do not emphasize the epidemiological transition that sub-Saharan countries have to face with the increasing prevalence of chronic non-communicable diseases. This phenomenon is not due to the aging process only, but also to changing lifestyles in Africa, especially in the elderly population. This epidemiological transition must be taken into account in public health policy "on the organization and preparedness of public health systems in low-income countries", particularly in the geriatric field where chronic non-communicable diseases are likely to take precedence over communicable diseases.
Methods:

The authors used methodology approach based on recognized conceptual framework "WHO's building blocks Framework", and on the evaluation method usually used in other sectors of health systems for assessing and monitoring health service availability and the readiness of facilities to deliver health-care interventions. This enhances the acceptability, comparison and use of their results.

This research is a "cross-sectional study" conducted on primary health care facilities level. This level is relevant for the development of geriatric services; nevertheless, the authors do not explain why they have not been interested in services development at community level, like Health Centre II and Village Heath team, that is closer to the place living of older people and could play an important role for Health promotion, disease prevention, and healthy aging.

Line 153: "Data was collected thought interviewing heads of HFs"; your interview was conducted as a qualitative survey or the participants have responded on closed questions like in the quantitative survey? Is not clear which kind of interview you carried out?

Line: 154 and 462: You mentioned triangulation method for data collection (observation, verification, and inspection); what these approaches consist of? In particular "verification and inspection" and how the qualitative data obtained from those approaches were analyzed and integrated into the analysis of the data collected by the questionnaire?

Results:

The findings were reported and objectives of the study was meted. I suggest that authors should verify and correct some points and others deserve to be clarified.

Line 285 (table 3): the score for item d1.1 (HCIII) is 45.45, it is correct or it should be 41.7? Otherwise, the total (yes & no) is greater than 100.

The authors have not chosen to present the scores of all tracer items, but their choice still not clarified to readers; some tracer or sub-block items not presented seem to be more relevant for geriatric services. For example, in table 3, Building block (d) concerning geriatric service delivery, many item tracers like d1.5, d1.5 d5.5 d5.1-3 or C3.1, etc. were not being presented. The readers cannot deduce that those items are unavailable because some other unavailable or inapplicable items were presented for example item Midwives had a geriatric training (Table 2). I invite the authors to clarify their choice concerning the presentation, or not, of the different tracer items.

Lines 347 and 350: medical equipment and commodities VS medical commodities and equipment
Line 85: "SDG" (Sustainable Development Goals) was not defined in the manuscript

Discussion:

The discussion of results is not clear-cut about how the authors have used qualitative data collected from observation and interview to collaborate their quantitative results; the integration of those data could reinforce or qualified their interpretation and discussion of the WHO building block scores that were high, so they could appreciate the availability and functioning of those building blocks.

References Format

Verify the n° of references, for example line 150, 151, 152 = 26 or 23; 21 is 24 and 22 is 25

IV. Conclusion

This work has the merit of complementing existing tools and provides a basis for measuring service-specific readiness to provide geriatric friendly care service in Uganda and other low-income countries.

I hope that the suggestions could allow authors to clarify their manuscript for a better understanding of the readers.

I recommend this manuscript for publication and I recommend some modifications to improve the paper before publication.

Thank You!

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes
Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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