Author’s response to reviews

Title: Developing nephrology services in low income countries: A case of Tanzania

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Dear editor,

I wish to express my gratitude on behalf of my colleagues for the opportunity availed to us to review our manuscript. The reviewers’ comments have been very useful, and we believe our manuscript has improve significantly. The responses to the comments are provided as follows;

1. **Reviewer: Kenar Dinesh Jhaveri**

   My minor recommendations

   1. Can the authors clarify ongoing training of pathologists there - is the ISN-ANIO CNC course playing a role? in that Information about pathologists training at MUHAS has been included in the result section (under human resource sub-section) of manuscript including the role ISN-ANIO CNC course has played for nephropathologists.

   2. What is the training program (more details) for nephrologists

      Details of nephrology training program has been added in the result section (under human resources sub-section) manuscript
3. How does this country compare to other African countries from various parts of the continent? (if data available)

Thank you for this good comment, this has been partly addressed in the discussion showing what services are available in sub-Saharan African countries especially for kidney transplantation. We have not been able to provide more information based on the nature of our current article.

2. Reviewer: Keith C Norris, MD, PhD

Thank you for the opportunity to review this manuscript entitled "Developing nephrology services in low income countries: A case of Tanzania".

This is a well written and important article that captures the key strategies, achievements and some of the current challenges facing the provision of nephrology services care in Tanzania. Importantly, the lessons learned can serve as a model for implementing modern nephrology and other health services in resource limited settings.

Comments

I think this manuscript would benefit from a paragraph that provides an overview of the national health system in Tanzania to convey a better understanding of the context of the nephrology health services. Is there an infrastructure for and/or are there other similar resources directed at major non-communicable disease that are important CKD and CVD risk factors - HTN, diabetes? (how prevalent)? Or is much of the CKD related to irreversible AKI? This will enhance the ability to translate to other settings.

A paragraph providing overview of heath system in Tanzania has been added to the background section of the manuscript. Information regarding efforts to address diabetes mellitus and its burden in Tanzania has also been included, this highlights efforts at addressing risk factors for CKD.

I think the lessons learned could potentially serve as a model for implementing not only modern nephrology services in resource limited settings but services for other major clinical conditions.

Burden of kidney diseases in Tanzania

Line 10 "slightly higher prevalence in urban setting (15%) as compared to rural setting (2%)."

15% compared to 2% is more than slightly

This has been changed to reflect the significant difference.
Ref 17 add year - 2016

Changes made as recommended to reference number 18 (17 in the previous version of manuscript)

Ref 29 add year - 2018

Changes made as recommended to reference 32 (number 29 in the previous version)

Table 1

Add estimated population in each region

Changes made as recommended

Table 2

Under discipline, second row spelling of nephrology

Changes made as recommended

Legend - spell out abbreviations: UCT UiB, MUHAS, etc.

Changes made as recommended