Reviewer's report

Title: Frontline health workers as brokers: Provider perceptions, experiences and mitigating strategies to improve access to essential medicines in South Africa

Version: 2
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Reviewer: Janet Long

Reviewer's report:

Dear Authors

Thank you for inviting me to review this interesting paper. It considers problems associated with the distribution of medicines via community health centres and the ways in which local providers have assessed and acted to mitigate barriers.

I feel this is an important paper and shows clearly why frontline healthcare providers need to be consulted in health services design and redesign. A number of well-meaning policy decisions that actually work against the successful distribution of medicines is clearly illustrated.

It is well written and logically structured and tells a convincing story of those parts of the system that are not working well. Applying the five access dimensions framework to the themes found in the interviews is a helpful way to structure the paper and is used well to bring out and illustrate the many facets of the issue.

Minor essential revisions:

The angle of healthcare providers being brokers is a reasonable one. Nursing has a long history of nurses acting as patient advocates (a brokerage role), acting to promote the best interests of the patient when dealing with doctors and other professions in the greater healthcare system. Transfer of knowledge from clinician to clinician through knowledge brokers and opinion leaders is also well covered in the literature. Brokerage underpins knowledge translation of any kind – whether translation is from research into practice or from experiential learning into research agendas leading to policy and is fundamental to quality improvement. This use of the brokerage concept to view health providers' specialist knowledge as input to the policy makers is a useful one.

1. I think the brokerage / advocacy / facilitation angle in your setting needs a bit more fleshing out and I think a few extra sentences as suggested below would do this. I was aware that there are three types of situation / types of knowledge that you identified could be brokered: (i) there are issues identified with no solutions offered (e.g. patients unable to afford transport to the nearest clinic), (ii) issues identified with potential solutions outside the health providers’ power (e.g. building circular transport links) and (iii) issues identified with solutions already being used (e.g. changes in dispensing medications for people with chronic conditions). I wonder if these issues should be kept separate as the barriers that are being actively addressed (iii) fit the brokerage angle very clearly, but the
others are not so clear. Acknowledging these three tiers of knowledge brokerage would tidy it up for me.

2. While the benefits of “taking advantage of the flexibilities of the health system” is clear in some of the settings you examined, there are of course, downsides to this ad hoc approach. You raise the issue of variation within local practices on p.20 and this is an important point that perhaps could have been fleshed out a bit more (e.g. without formal evidence to show a practice’s efficacy or some kind of benchmarking with other services it may well be detrimental). It links in with the idea of a formal pilot of what some centres are doing. Secondly, there is the downside of health providers paying themselves for stranded patients to get home (p15). This is clearly not a sustainable or acceptable solution and I thought worthy of at least a brief discussion.

3. There are a couple of terms that were used that were not known to me (“stock outs” and “residential clinics”). I worked out their meaning from the context but a phrase explaining each at the first mention would assist readers like me.

4. The issue of circular migrants was an intriguing one and was well explained in the results. You did not provide a quote from the interviews relevant to the issue. If it was discussed by the participants, add a phrase saying this. Otherwise it sounds like external information that should not go in the results.

Thank you again for the chance to review this work and wish you well in your future work.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I declare that I have no competing interests.