Author's response to reviews

Title: African vaccination week as a vehicle for integrated health service delivery

Authors:

Richard Mihigo (mihigor@who.int)
Blanche Anya (anyab@who.int)
Joseph Okeibunor (okeibunorj@who.int)
Samuel Ajibola (ajibolas@who.int)
Collins Boakye-Agyemang (boakyeagyemangc@who.int)
Linda Muzenda (muzendal@who.int)
Flavienne Issembe (Issembef@who.int)
Deo Nshimirimana (nshimirimanad@who.int)

Version: 3 Date: 11 May 2015

Author's response to reviews:

Joseph C. Okeibunor
Immunization Vaccines and Emergencies
WHO Regional Office for Africa

May 11, 2015

Alfredo Auro V Evangelista
Journal Editorial Office
BMC Health Services Research

Dear Auro

Submission of Second Revised Manuscript: African vaccination week as a vehicle for integrated health service delivery

Please find the manuscript titled, “African Vaccination Week as a Vehicle for Integrated Health service Delivery submitted to your journal for consideration, review and publication. I have revised the cover letter incorporate other comments on editorial issues, since I could not find any comments/observations of the reviewers that were not addressed in the cover letter of March 18, 2015. However, if with your support specific unattended issues are pointed out to me I will be glad to implement the necessary revision to the cover letter. Please note that in line with the recommendation to minimize the use of abbreviations in the abstract I have further revised the abstract.

It is our hope that the revised version will meet your journals standards. For reference to the revision made please find attached response to reviewers’ comments.
We look forward to your kind consideration of the revised manuscript
Best wishes
Joseph
On behalf of the authors

Response for Reviewers’ Comments

Abstract
1. The abstract of the manuscript should not exceed 350* words and must be structured into separate sections
Response: The abstract is exactly 350 words, structured into separate sections
2. Please minimize the use of abbreviations and do not cite references in the abstract.
Response: The use of abbreviations is minimized to only AVW (African Vaccination Week) and OPV (Oral Polio Vaccines)

Manuscript Body
1. Please note that Case Reports require the following sections:
   -Background
   -Case Presentation
   -Conclusions
   -Consent
   -List of abbreviations used (if any)
   -CARE checklist – additional file
Response: This is not a case study. It a report of programme implementation and the outline above does not fit
2. Please ensure that these sections are present and clearly labelled as described above. Please do check the instructions for authors on the journal website to ensure that your manuscript follows the correct structure for this journal and article type, and to ensure that you are aware of additional recommendations for formatting that will facilitate handling of your manuscript
Response: Please refer to response above

Consent
1. Please include a 'Consent' section in your manuscript after the Conclusions. This should state that the patient has given their consent for the Case report to be published.
Response: Please note that this is not a case study and does not require approval of any individual to get the programme report published
CARE Checklist

1. Case reports submitted to the journal must have a populated CARE checklist included as an additional file. A Word file of the checklist and flow diagram can be downloaded here: http://www.care-statement.org/care-checklist.html.

Response: This is not a case report

Reviewer 4059233891545407

Major compulsory

1. While statements are made about changes in coverage, there is actually no numbers provided. For example, in the Abstract under Conclusion it states that “….shown positive results particularly in improving immunization coverage”. However, nowhere in the article are any data provided. In fact, it never mentions the number of children or women ultimately reached. I think this would be important to add to quantify the accomplishments of the activity.

Response: The abstract has been reworked to bring in some of the data presented earlier in the main result section of the paper. We have also reworked the statement to shift emphasis from increasing coverage to number of interventions delivered during the AVW

2. While the article deals with the success of the article, it does not mention any evaluation that was done (or could be done in the future) to assess the activity and which to base their summary. I realize that the information reviewed was from country reports but were there any post-activity assessments conducted?

Response: We have included a section on limitation which flags the need for a carefully planned post campaign survey research in future. The present paper is largely a programme report

3. Based on the lessons learned in the region, could the authors make suggestions in the Discussion on how the activity could be evaluated in the future, both in terms of coverage changes and any cost-effectiveness studies?

Response: It is hoped that after the fifth edition there will be a post campaign survey, which will then look into the issues of coverage more in-depth. The present paper focuses on the feasibility of integrated delivery of equity focus pro-poor health interventions for now.

4. Page 3, last 2½ lines, it states that the paper will review the achievements made in the areas of raising awareness and creating demand for immunizations. However, no data or information is supplied to address these two issues. Either results on these two topics should be provided or the authors should modify this sentence so it coincides with the remainder of the article.

Response: This statement has been deleted

5. Page 5, line 196 – the authors choose to include catch-up vaccination activities as the commonest intervention integrated with AVW. Integration with
vaccination activities generally refers to the integration of immunization with other non-vaccination interventions, i.e., not with other strategies of vaccination. I think the authors should consider expanding on their choice. The authors could use this as an opportunity to introduce and highlight differences between integration activities depending on whether it is with routine immunization or during week of vaccination activities. I do not think all WHO regions use this concept the same.

Response: The major aim of AVW in the African Region is to create awareness and get government and people to appreciate their rights and responsibilities over immunization services. For clearer presentation however, this has been expanded. As advised.

6. Page 5, line 196 – coverage improvements are again mentioned without any data being provided.

Response: This has been reworked to show that the improvement was measured in terms of number of countries delivering multiple interventions in addition to the major goal of creating awareness on immunization.

7. Discussion, page 6, lines 226 and 241. The authors state that integration is a “viable option” (line 226) and other activities “could be integrated easily” (line 241) with the WVA. While this may be the case, no mention is made in the article of logistics and implementation to understand just how the integration proceeded, i.e., lessons learned, the inherent problems, what was easily accomplished, etc. Without some mention or discussion on implementation it is difficult to judge these comments.

Response: This has been reworked with some illustrations to show the workability of using AVW as a platform for integrated delivery of interventions. The constraints were also discussed in the discussion section of the paper.

Minor essential:

1. The figure needs to be labeled more clearly with a title with AVW spelled out and the legend clearly labeled.

Response: this figure has been redrawn in line with the observations. Labels are more clearly stated and the title with AVW spelled out. The legends are clearly labeled.

Reviewer 1681932190158005

Major Compulsory:

This is an interesting topic - using an established health promotion – African Vaccination Week – to promote other health programs. However, I do not see it as a research study, but rather as a report or editorial. In order to improve its usefulness to the reader, I would suggest the following structure.

Response: The suggested structure was followed

Introduction
Clearly explain what AVW is. When did it start, who started it, what kind of planning went into developing it, What is its purpose, what are the specific guidelines for implementing it, are outcomes being measured, what are some proposed specific activities, who is the target population?

Response: This explanation has been incorporated on the fourth paragraph under ‘introduction’.

Explain why AVW is being used to add health activities, especially if it is “an initiative that primarily aims at increasing public awareness on the benefits of vaccines and immunization” as stated in the paper.

Response: This explanation has been incorporated in paragraph 7

Describe specific activities related to immunizations that are undertaken and that lend themselves to other activities.

Methods
Specifically state the data collection methods, data collected on the AVW and its quality.

Response: We have elaborated on this section being cognizant of the fact that this is a report.

Results
Tables should be parallel or combined into one table. It is difficult to envision changes from one year to the next if the data are not presented in a similar way.

Response: the two tables have been merged in one for easy comparison

The authors indicate numbers of persons treated, but there is no reference information such as denominators or what percentage of a group the numbers constitute. The reader cannot judge the significance/success of the program without these numbers.

Response: This has been reworked to place emphasis on the number of interventions and countries involved.

There are abbreviations in the tables that should be defined in a legend.

Response: The abbreviations have been defined and included in the list of abbreviations

Discussion
Tell the reader why these data represent success or lack thereof. Simply adding health activities may not enhance health if it diminishes the effects of the initial program.

Response: This has been elaborated upon in the discussion section of the report.