Reviewer's report

Title: Structural inputs for integrating HIV services into routine antenatal care: A mixed methods facility assessment from Morogoro region, Tanzania

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Reviewer: Stephanie Topp

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Title: Structural inputs for integrating HIV services into routine antenatal care: A mixed methods facility assessment from Morogoro region, Tanzania.

Overview: This paper describes a study examining the way material capabilities of health facilities in a specific region of Tanzania assisted or impeded efforts to integrate PMTCT activities into routine antenatal services.

Overall Comments & Major Compulsory Revisions

This paper has potential, but could be much stronger and more compelling with better use of the theoretical framework in conjunction with better utilization of what seems to be an enormous data set.

Overall Comments:

• The authors specify they are guided by Atun et al’s (2010) framework, and have focused on service delivery – as one of the critical functions of a health system identified by Atun et al. It would be good to first outline what all 6 of the critical functions in Atun’s framework are, and specify why in the context of this work your focus was on service delivery and not the others.

• The authors’ summation of Atun’s model and their own application of it require clarification; specifically:

  o The authors note that they have focused on service delivery – as one of the critical functions of a health system identified by Atun et al. It would be good to first outline what all 6 of the critical functions in Atun’s framework are, and specify why in the context of this work your focus was on service delivery and not the other functions.

  o Greater care is needed in describing Atun et al's framework. Specifically, the authors suggest that the framework identifies’ elements of the health system and then, within each element, ‘distinguishes between structural inputs and functions’.

  o But there is semantic / definitional confusion between what the authors of this paper are calling ‘elements’ and what they call ‘functions’. For example, the authors call service delivery an ‘element’ and paraphrasing Atun et al, define integration as a process of adoption and assimilation into various elements, incorporating both ‘structural inputs’ and ‘functions’.

  o Yet in the original paper, Atun et al refer to service delivery as a ‘function’ (one
of six) and suggest that understanding the impact of an intervention on that function requires understanding combinations of technologies (e.g. vaccines, drugs), inputs into service delivery, organizational changes and modifications in process...[p.106]

- While the difference may appear semantic, the theoretical implications are significant, since in Atun’s description there is no sense of ‘dichotomy’ between the structural inputs and relational interactions in the process of ‘adoption and assimilation’. Rather, Atun et al specify that the value of their framework lies in understanding how the constituent parts: interact to collectively influence the extent, pattern and rate of adoption of an intervention within a health system (p.106; emphasis added)

- While agreeing with the authors that it is difficult to capture the complexity of an intervention in totality, I am left wondering about the relevance of Atun et al’s framework to this particular piece of work – with it’s current specified focus on structural inputs only. Structural inputs are arguably the most obvious component of any intervention and to focus on this area is, in many respects, common sense. However, in light of the comments above, the paper may be more ‘gripping’ (and more relevant to an application of Atun’s framework) if (in addition to clarifying the text describing the framework, and their own use of it) the authors could broaden the scope of the study/paper to include some of the organizational changes and relational shifts (drawing on the some 57 provider interviews listed in Table 3!) and reflect more systematically on the way these interacted with the structural inputs already detailed.

- Alternatively – if the authors wish to keep things more simple, and focus exclusively on material readiness for integration, they should probably not adopt Atun’s framework, which clearly points to the way organizational and human decisions / relationships interact with material components to influence the ‘assimilation’ of integrated services.

- One final general note worth considering is the fact that ‘structural inputs’ in some disciplinary traditions would be likely be interpreted as policy and legislative determinants and social norms, rather than the authors’ intended meaning of tangible ‘material’ inputs (space, staff, commodities) to local health facilities. Again, clarity around terminology is extremely important.

Methods

- There doesn’t appear to be an overall objective or guiding question for the study. In the background the authors state that the paper ‘seeks to assess the service delivery part of the broader concept’....but a clear study objective is lacking.

- Related to this: on reading the results – it is unclear whether the authors’ interest lies at the facility level or the regional level? Depending on the answer, the authors should be careful in focusing their results on this level.

- Line 134: 39% of health spending from Tanzanian govt and 38% from external sources...what happened to the other 23% (is it out of pocket?)

- Line 140 / 141: would be helpful to be more specific in describing ‘regions’ — i.e.
is this the official administrative designation (like District or Province elsewhere)

• Line 154: spell out Jhpiego first time it is used.

• More detail is needed to describe the nature of the qualitative interviews including: the nature of sampling, recruitment, the focus of the question guides, whether/how informed consent was obtained.

• It would be good to know more about how the authors synthesised their qualitative and quantitative findings (and in the results – whether there were any anomalies in the data) – as it would seem that Atun et al’s framework provides a good starting point for this?

Results

• The authors should provide a single summary table with the demographic characteristics of the 18 facilities (e.g. urban/rural/remote designation; catchment population; services provided; staffing levels; etc).

• Lines 292-295 / Lines 340-348: these paragraphs are a good examples of ‘structural inputs’ intersecting with organizational / relational components to influence the assimilation of a health intervention. It would be good to see more of this kind of analysis in the paper -- and to see the Discussion focus on these intersections as interesting findings with potential analytical generalisability.

• Line 294/5: should quotation be in italics?

• Line 307: ‘Skewed Staffing’ – this section would benefit from a brief table to help the reader visualize the breakdown.

Discussion:

• The discussion requires significant strengthening to improve clarity and organization.

• References to Option B+ should be clarified for readers without an HIV-specific background.

• The placement of the limitations paragraph should be reconsidered as it is jarring and splits the authors’ reflections in its current location.

• Line 359: Are the authors only interested in the integration of HIV testing – or a full package of PMTCT – into ANC? The background section to this study suggests the latter, but the discussion section is now stating the former.

• Line 381: ‘Our work was not however an in depth study focusing on integration’. The authors must clarify early in the paper what this is a study focusing on...I found this statement surprising given the early introduction to PMTCT policy.

• Line 382: ‘Furthermore, a facility’s capacity and readiness to deliver integrated care does not necessarily lead to actual delivery of integrated care’ - I would agree, which is why consideration of Atun’s whole framework, not a select piece focusing only on material capability becomes so important. The authors do appear to have some data on this and could rework the paper to focus on these very interesting interactions.

• Line 386: While the authors clearly have a significant amount of data, the
process by which this data was triangulated and compared remains unclear. Claiming triangulation requires describing in greater detail how this was done.

Minor Revisions & Typos:
Location of reference numbers e.g.[18] in text needs to be before the period at the end of the sentence, not after, I think?
Line 77: suggest inserting ‘globally’ after (HIV/AIDS)
Line 121: delete the duplicated ‘system’
Line 214: Is ‘consensually’ correct? Suggest replacing with ‘derived (arrived at) by consensus’

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