Author's response to reviews

Title: Challenges in tackling tuberculosis on the Thai-Myanmar border: a qualitative study based on stakeholder perspectives

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Author's response to reviews: see over
To Whom It May Concern

Dear Editor in Chief

We wish to submit our revised manuscript entitled “Challenges in tackling tuberculosis on the Thai-Myanmar border: findings from a qualitative study with health professionals.” We renamed the title from “Challenges in tackling tuberculosis on the Thai-Myanmar border: a qualitative study based on stakeholder perspectives” based on a reviewer’s report. We confirm that this work is original and has not been published elsewhere.

We would like to state a point-by-point description of the changes we made as follows.

Editorial requests:

1. Please rename introduction to background.
   - We have renamed introduction to background.

2. Please remove figures from manuscript and upload as separate files leaving figure legends in manuscript.
   - We have removed figures from manuscript and will upload as separate files.

Reviewer: Dr. Mrinalini Das
Reviewer's report:

Major Compulsory Revisions

1. The manuscript details many themes, however, the conclusions and recommendations are based on 'limited coordination' between stakeholders in border areas of these 2 countries. The findings/results must point out 'limited coordination as main theme' and other themes should lead to it.
   - In abstract and conclusion, we have pointed out “limited corroboriation and coordination among stakeholders as a main theme.” Other themes followed to the main key theme.
2. There are multiple themes explained however, few could be combined together under one head. For example, coordination (1) and referral mechanism (2) describes the challenges in procedures. Service delivery, organizational structure, policy implementation mentions the on-ground implementation issues. The author must re-categorize to make the text more concise and concrete.

- We have combined the multiple themes together. The theme “Referral mechanisms” was moved to “Coordination and collaboration among stakeholders” since referral is associated with coordination between stakeholders. We re-categorized it as “Unstructured referral mechanisms” under “Coordination and collaboration among stakeholders.” “Policy implementation” was also moved to the theme “Service delivery” since study respondents reported that the policy does not state practically to deliver TB services at a local level. “Policy implementation was re-categorized as “Impractical policy at a local level” under “Service delivery.” “Organization structure” remained in the key themes. According to “The WHO Health Systems Framework”(http://www.wpro.who.int/health_services/health_systems_framework/en/) “Service delivery” is one of the important system building components and differs from “Health workforce” that is part of “Organization structure.” Hence, we did not combine “Service delivery” with “Organization structure.”

3. Abstract section: Results: Line 44: Please elaborate the themes in results and do not just mention the thematic categories. Elaborating about the themes in brief will help the reader.
- We have deleted the thematic categories and elaborated about the themes in brief (Line 44-50).

4. Abstract section: Conclusion: Line 50: Please relate conclusion with the results in the abstract.
- We have revised the conclusion based on the results in abstract (Line 51-54).

5. It would be better if authors could detail/mention about the team of interviewers and the study team (how many and who were they: researcher, note-taker etc.)
- We have described the members of study team in Methods(Line 125-130)
6. The language used in TB research, programme and policies have changed. Please change 'suspected' word to presumptive (Line 179) and 'defaulters' to Loss-to-follow-up (Line 222)
   ▪ We have changed the words (Line 189 and Line 269)

Minor Essential Revisions
1. Line 115 & Line 128: 'Semi structured in-depth interviews' phrase is written interchangeably in both sections. Please be consistent.
   ▪ We have used “Semi-structured in-depth interviews” consistently.

2. Line 137: It will be helpful for the reader to understand what 'activities, behaviors and actions' were observed by the team. Please describe in brief.
   ▪ We have described observations (Line 144-146).

3. Results section: Line 163: Table 1 is missing in the text, however Table 2 describes the heading of Table 1. I guess it is a typing error. Please verify.
   ▪ We have changed Table 2 to Table 1 (Line 170).

4. Results section: Line 165: "The two interpreters..... fluent in Myanmar". This statement is better suited for Methods section.
   ▪ We have moved the statement to Methods section (Line 127-130).

5. Line 183: Provide a description about Figure 3 and how it was calculated, for interpretation.
   ▪ We have stated the description how we calculated (Line 195-197).

6. There is a repetition of information in first two paragraphs of discussion section. Please review and edit.
   ▪ We have deleted the repetition of information and edited in discussion.

Reviewer: Dr. Christian Auer
Reviewer's report:
1. Title: it contains the word stakeholder: this is a very general word (see also line 29); it may be better to use health policy makers and health care providers. Or „health professionals“ I would re-word the title, e.g. as follows: „Challenges in tackling tuberculosis on the Thai-Myanmar border: findings from a qualitative study with health professionals“
   ▪ We have changed the title to “Challenges in tackling tuberculosis on the Thai-Myanmar border: findings from a qualitative study with health professionals.”
2. Line 26 and line 79: „top 22 high burden countries“ is potentially misleading (it may suggest that Myanmar and Thailand belong to the five most affected HBCs. Better to state that Myanmar and Thailand belong to the 22 HBCs.
   ▪ We have changed “top 22 high burden countries” to “Myanmar and Thailand belong to the 22 high burden countries for TB (Line 26 and line 79).

3. Line 42: what is meant with “led key themes” (is it leading key themes?)
   ▪ We have changed the sentence to “Coding also developed categories that led to key themes.” (Line 42).

4. Line 91: add the word „Thai“ in front of the word „average“.
   ▪ We have added the word “Myanmar.” We compared the Myanmar case notification rates (Line 90).

5. Line 94: delete the word infection.
   ▪ We have deleted the word “infection” (Line 93).

6. Line 95: change the order: identifying TB patients comes first, followed by treatment adherence.
   ▪ We have changed the order (Line 94).

7. METHODS: Lines 115-117: Did anything determine if 1 or 2 key persons were approached? What about the refusal rate (how many refused to be interviewed -see also line 158)?
   ▪ We have described the reason why we selected only 1 or 2 key persons (Line 115-117).
   ▪ The refusal rate was added in Results section (Line 171-175).

8. Methods, data collection: this should be better structured. It seems better to first mention the three approaches used. Thus, mention in lines 128-129 the following (what follows is a suggestion): “Data collection was three-fold: (i) collection baseline information such as TB policies, (ii) conduction of in-depth semi-structured interviews; and (iii) observations made at health care organizations.” Adjust the paragraph accordingly.
   ▪ We have re-structured data collection and adjusted the paragraph.

9. Connected to this: in the methods section of the Abstract, the method observations should be mentioned.
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- We have added the method observations in Abstract.

10. Line 130 refers to sectors and responsibilities. Which sectors? Whose responsibilities?
   - We have changed the word “sector” to health care organizations and their responsibilities (Line 139).

11. The last two sentences of the paragraph on data collection should be improved (e.g. it seems that the last sentence rather belongs to ‘data analysis’).
   - We have moved the paragraph to data analysis.

12. Line 182: if my counting is correct, it is 23, not 24.
   - We have re-categorized the challenges based on another reviewer’s advice. The number is 19 (Table 2).

13. Line 191: it seems that this should be Figure 3. Also Line 201.
   - We have corrected (Line 205 and 210).

14. Line 206: How many did not receive their section? (although this is a qualitative study, in some instances indicating the number of respondents is appropriate – possible also in Line 213).
   - Two health care organizations did not receive (Line 215).

15. Line 260 (and also lines 304-306): the following sentence does not make sense: “There is a need to perform a local assessment of TB burdens among patients and stakeholders”: One it should be TB burden (not burdens); two, there is no such thing as TB burden among stakeholders. Connected to this: you seem to say that there is a need to assess the local TB burden (among the patients). Why is this needed? What kind of obstacles would this lessen? Is this really needed? Aren’t the available figures about the number of TB cases sufficient?
   - We have deleted the word “TB burdens” and changed the sentence as follows: There is a need to perform a local assessment of partnerships and roles among stakeholders in order to best accomplish the goals of the national plan (Line 251-252).

16. The quote on Lines 265-267: isn’t this rather a good illustration for the sub-chapter on coordination and collaboration (Line 185)?
   - We have deleted the quote since we re-structured the key themes and challenges.
17. Lines 269 – 276: It may be good to more clearly express that these are the perceptions of the respondents rather than facts (at the moment the section seems to go in the direction of patient blaming). Note that the quote you use (Line 278) is not blaming the patient but rather explaining why patients come late.
   - We have changed the sentence to explain the quote why patients came late (Line 280-284).

DISCUSSION:
18. Line 293: a task force is mentioned. Task force is mentioned for the first time here and it is not clear what it refers to.
   - The task force should have been mentioned in Results. We have explained the task force in “coordination and collaboration among stakeholders” (Line 230).

19. Line 302: vein = ?
   - We have deleted the word “vein.”

20. Line 322: I would be careful with advocating self-administered treatment. You may opt for family DOT.
   - We have deleted “self-administered treatment” (Line 323-324).

21. Line 333: you mention security: this is the only time in this manuscript apart from a mention in the Introduction section; there is nothing in the Results section of the manuscript). As a general rule, suggestions made in the Discussion section should refer to a finding in the Results section.
   - Security was associated with legal status that is stated in Results. We have changed the word “security” to “access” (Line 335).

22. Line 342 states (as limitation): “the research team conducted interviews in English”. But line 129 states: “The interviews were conducted either in English, Myanmar or Thai.” This seems inconsistent. Please clarify (here in the discussion section and in the methods section). Does Line 342 mean that 10 of the 31 interviews were conducted in English?
   - We have changed the sentence to clarify the interview language. Line 342 meant 10 interviews were conducted in other languages (Line 345-347).

23. General statement: in a few instances, the wording is not correct (e.g. Line 358 where twice the word “the” should be deleted).
24. References: the quality of the reference section is poor! Examples:
   1) Ref. 3 is not just Figueroa but also Ramon-Pardo
   2) Ref 5: I tried to access it but the link did not work
   Please check all references for correctness and COMPLETENESS make sure that all links work. Also, whenever a link is given, it should be stated when you accessed the link. (This is normally required; you may want to check if BMC Health Services Research requires this).
   - We have checked all the references. We added Ramon-Pardo in Ref.3. We checked Ref 5. We can access the link. We edited Ref 8. We stated when we had access to the link.

25. Figure 1 does not contain a lot of information. Is it not possible to indicate the various health facilities, CBOs and NGO offices on the map?
   - It is impossible to indicate the health facilities on the map since we have to protect confidentiality of all participants including the name of their organizations. It is stated in our study consent sheet. Indicating organization offices on the map has the potential problem that readers of this manuscript could identify which organizations participated in the study.

26. Figure 2: Why are the TB Policy Makers and the TB Service Providers presented twice (once for Thailand and once for Myanmar) but the Public Health Actors only once? Also, what really is the difference between the Public Health Actors and the TB Service Providers? Aren’t the TB Service Providers a sub-group of the Public Health Actors? When reading lines 171 to 180, it becomes a bit clearer but it seems to me that figure 2 and Lines 171 to 180 are not fully consistent.
   - Public Health Actors are community based organizations that do not provide TB diagnosis and treatment services. We have edited the figure to show there are public health actors in both countries.

27. Figure 3: kindly explain what the % means: it seems to be: “Percentage of respondents mentioning the said challenge”. Also indicate the sample size. However, more important is that there is a fundamental challenge regarding Figure 3: Table 2 lists 23 challenges but Figure 3 only presents three of them. Why were only three presented in Figure 3? (Were these three the once with the largest difference between Thailand and Myanmar?) This needs to be explained. I suggest
that you present in Figure 3 the five most commonly mentioned challenges (with two bars for each of the five challenges, as in the current Figure 3: one for Thailand and one for Myanmar) or the seven mentioned key challenges (as presented in Lines 282-286).

- We have stated the description of how we calculated (Line 195-197) and indicated the sample size in the Figure. We presented in Figure 3 the four most commonly mentioned challenges identified in the main theme “Coordination and collaboration among stakeholders.” We used to calculate the proportions by dividing the number of times each participant mentioned by the total number of times all participants mentioned in the previous Figure 3. However, we realized some participants repeated the same words many times. Therefore, the proportions were calculated again by dividing the number of respondents who reported the challenges by the total number of respondents in each country.

28. Slightly connected to this: Please indicate for Table 2 for each of the 23 items the number of times this item (challenge) was mentioned (or at least for the seven overarching challenges).

- We have indicated the number of participants mentioning the five overarching challenges in Table 2.

We look forward to your favorable response to the revised manuscript.

Sincerely,

Aiko Kaji.