Author’s response to reviews

Title: Stakeholders' perceptions of policy options to support the integration of community health workers in health systems

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Author’s response to reviews:

Reviewer reports:

Reviewer #1: Dear authors

You have put together a paper which has some important methodological issues which limits its internal and external validity.

The paper requires major revision particular in regards to its main aim and the revision of the whole methodology section. Consequently findings, discussion and conclusion would also require major revision.

Comments and suggestions are presented in the word document of the paper and hopefully it helps to better illustrate the issues that I mention above.

Kind regards

Reply: Thank you for your rigorous review and highly valuable suggestions. We have made several editorial changes in the main manuscript and have provided answers to your comments as below.
Comment: Perhaps add “across the world”

Reply: Thank you for this suggestion. We believe that the current title is best suited to describe the study.

Comment: Please review! Difficult to comprehend! After reading this I am still not clear about the aim of this study!

Reply: Thank you. We have clarified the aim in the abstract as follows: This study assesses stakeholders’ valuation of outcomes of interest, acceptability and feasibility of policy options considered for the CHW guidelines development (page 2). We have also clarified the aim in the background of the article (page 4).

Comment: I would suggest a bit more detail to allow better understanding. For example: What were outcomes of interest? How countries were selected from 5 regions of the world? What guided selection?

Reply: Thank you for this suggestion. The outcomes of interest are listed in table 1 (page 8). A global audience was targeted without being specific to any particular countries. We have provided these details in the body of the article as we are limited by the abstract word count.

Comment: Please review: “as high value” is not same as “highly valued”!

Reply: Thank you. The phrase ‘as high values’ has been replaced with ‘highly’ (page 2).

Comment: From those who were contacted, were there any refusal? What was the rate of refusal (if any)?
Reply: Thank you for this comment. It was not possible to calculate the response rate for this study there was no way to accurately identify the exact number of stakeholders involved with managing CHWs programmes (as the primary targets).

Comment: Suggest “acceptability”

Reply: Thank you for this suggestion. We have avoided using the word acceptability here as it is a technical term (associated with values) we apply in reference to this document and the guidelines.

Comment: I think the main issue is not recognition, but inclusion as cadre of the health system. By formally having CHWs National Programme and formally training CHWs, the recognition is implicitly conferred!

Reply: Thank you for this suggestion. We have modified the sentence to reflect the exclusion of CHWs (page 3).

Comment: Perhaps this aligns better with strengthening then scaling-up! Please, be consistent with use of terms that captures “concepts”!

Reply: Thank you. We have gone through the document to ensure the terminologies are as aligned as possible.

Comment: I my opinion this is not due to recognition or not of CHWs by Health Systems. It is mainly because of lack of monitoring and evaluation mechanisms and tools in place (including periodic supportive supervision). This is also why in study context, their contribution has been evidenced! So, please review this statement!
Reply: Thank you for this suggestion. We have modified the sentence as follows: Despite the long history of CHWs programmes, health systems have often neglected this group of health workers and failed to formally recognize them especially through their exclusion from the roster of health workers legally allowed to deliver services in health systems. This coupled with inadequate monitoring and evaluation mechanisms have resulted in a reduced ability to quantify their contributions to health systems performance (page 3)

Comment: Please review! What are “policy planners”?

Reply: Policy planners as used here refers to also refers to policy-makers. This has been clarified (page 4).

Comment: Perhaps use “reinforced” as it is well known before the recent study!

Reply: Thank you for this suggestion. The use of stakeholders’ assessment studies for acceptability and feasibility of recommendations for WHO guidelines is recent and still not widely practiced. The CHW guidelines have now been published. See reference: WHO guideline on health policy and system support to optimize community health worker programmes. Geneva: World Health Organization; 2018 (page 4).

Comment: How they are stakeholders for CHWs?

Reply: Publishers and librarians in this context are used to describe the wide composition of the online HIFA group and not to necessarily to refer to them as direct CHW stakeholders. The majority of the study respondents were actually participants from the global Institutionalizing Community Health Conference held in Johannesburg, and thus were likely to be directly involved in the operations of managing CHWs across (page 5).

Comment: From all those approached, how many accepted to take part? In addition, approaching all these diverse stakeholders seems inappropriate for the purpose/aim of the study! Potential stakeholders (participants) to respond to the survey would have been better purposefully selected and restricted to those directly involved in policy development, decision-making and/or
implementation of CHWs Programme in their respective countries. This is what makes sense to me!

Reply: Thank you. There was a total of 96 participants involved in the study and most of them were attendees to the global Institutionalizing Community Health Conference held in Johannesburg, and thus were likely to be directly involved in the operations of managing CHWs across. The inability to survey a known sample consisting entirely of direct CHW stakeholders is a limitation of the study which we duly acknowledge (page 5).

Comment: Please review! This is not correctly stated! This does not make sense!

Reply: Thank you for highlighting this. We have corrected as follows: The survey was designed to enable the collection of quantitative and qualitative data on CHW outcomes of interest, and acceptability and feasibility of policy options. (page 5)

Comment: I checked the cited paper and my understanding is that they developed their own questionnaire for specific purpose and they recognised the limitations of using not validated tool for their assessment. Thus, why the authors of the present study decided to use the questionnaire that was not even validated and had limitations in its value?

Reply: The paper in quote was developed to support a WHO rehabilitations guideline, very akin to the objective we had in mind when developing our study aim. We however modified our methodology to suit our study objective such that the interpretation of our result differs slightly from the approach taken by Darzi et al. (page 5)

Comment: Is this related to academic degree?

Reply: Thank you. Yes it is, we have added the word ‘academic’ to the sentence. (page 5)
Comment: Why region and not specific country?

Reply: We categorized the respondents according to the six regions of WHO. (page 5)

Comment: From what is reported here, I conclude that the questionnaire was adapted to study purpose and that was not clear in the text!

Reply: Thank you. We have clarified this in the text and referred to the actual CHW guidelines document wherein the contribution of this study is clearly explained.

Comment: This is very broad and unspecific statement. Please be more specific about other documents were used!

Reply: We have clarified the “related guidelines” phrase to mention that other WHO guidance documents were used. These documents are listed in the guidelines proposal document. See reference 14 for details.

Comment: First it contradicts the previous statement somehow! In addition, it is written in a way that makes difficult for a clear understanding. Please review!

Reply: Thank you. This statement has now been reviewed and an entire paragraph on the guidelines development process has also been added for clarity (page 4)

Comment: If reference available or code, please include!

Reply: The reference number for the ethical approval is ERC.0002869. it has now added (page 6).
Comment: What type of errors? Linguistic? Or check for mismatch between aim and what indeed collected? (Evidence obtained)

Reply: Thank you. We clarified for all the above and to ensure that the questionnaire was relevant to the study aim as well as ensuring that there were no IT hitches in the online submission and collection of the data.

Comment: What was the relevance of this?

Reply: We have estimated the time needed to complete the questionnaire out of courtesy and respect for respondents.

Comment: So it was an online survey? Also, were there controls to ensure that the English and French versions were equivalent in all domains?

Reply: Thank you. The Translation to French was done by a professional Translator. Also, at least two of the study authors are entirely fluid in spoken and written French.

Comment: Many aspects of data collection were already mentioned in previous section. Please review!

Reply: Thank you, we have now merged this header with the survey design to read: Survey design, data collection and analysis (page 6)

Comment: I don’t understand why this was done and what relevance it had?

Reply: The chi-square test was done to check if there were any significant statistical differences between distribution of answers in the feasibility versus acceptability of the policy options.
Comment: Parametric analysis is possible for categorical data! Parametric analysis is not possible when dealing with distributions of results that are not Normal (not normal distribution).

Reply: Thanks for this comment. We have now clarified further in the text that the distribution of the results did not appear normal on visual inspection, hence we didn't do any parametric statistical test.

Comment: But what analysis was done then?

Reply: Thanks for this comment. The text has been further clarified as follows: A chi-square test was therefore used to evaluate discrepancies between distribution of answers in the feasibility versus acceptability of the policy options (page 7)

Comment: Considerable proportion and the question is wouldn’t they perception, value, acceptability and other parameters differ from health authorities?

Reply: The sample size here does not necessarily influence how the different stakeholders perceive the acceptability and feasibility of the policy options from one another.

Comment: I am not sure what the authors want to communicate here? I am struggling to understand!!!

Reply: Thank you for this. We have highlighted the CHW outcomes with the highest rating by stakeholders. We have now italicised throughout the text, the outcomes and interventions so that it is much clearer to the reader.
Comment: I am struggling to make sense of the Table above! What evidence it wants to bring? All items were critical for almost all participants.

Reply: Thank you for this comment. The table helps to illustrate the categorical value ratings attributed to the CHW outcomes of interest by the respondents.

Comment: Not included in the paper!?

Reply: Figures 1 and 2 (now 5a,5b and 6a,6b) are included as attachments to the manuscripts.

Comment: In the methods section, authors fail to mention how qualitative data were analysed!

Reply: Thank you. The qualitative data was used narratively. We have now mentioned this in methods section as follows: The qualitative data was analysed narratively and reported verbatim as relevant according to the policy options categorization above: (1/ selection, education and certification, 2/ management and supervision, 3/ integration in and support by health system and communities) (page 7)

Comment: What this statement means? This confirms that the policies related to CHWs were based on strong evidence and therefore acceptable and feasible! If yes, then why this study?

Reply: Thank you for this. We have corrected the text by removing the words ‘for implementation’ (page 11)

Comment: Please be more clear! I don’t understand what this means? What authors want to communicate here? What is the real message in direct and clear manner?
Reply: Thank you for highlighting this. The text has been clarified as follows: Stakeholders and implementers may want to examine more contextual factors to determine settings-specific approaches regarding these policy options. For example, creating career ladder opportunities for CHWs may be acceptable but judging the required level of effort/resources needed to implement it will be very important in this context. Similarly, though assessing CHWs by service delivery supervision only may be judged as feasible, the level of acceptance may require more caution and sensitivity if it is to be applied at all. (page 17)

Comment: Also difficult to understand what this means?

Reply: Please see comments above.

Comment: This not correct as the study participants are not all users (not even majority)! Please review!

Reply: Thank you. We have changed the word ‘potential’ to possible users (page 12).

Comment: Why mention this if not data related to referred systematic review was reported in the paper? Was this systematic review published?

Reply: This has been clarified in the background section of the paper. Systematic review data were used to formulate the guideline recommendations.

Comment: These are key participants in policy and decision making and having a very low representativeness may compromise the findings of this study! Or not?

Reply: It is a limitation across all the stakeholder groups (not just governments) and we have duly mentioned this in the discussion section.
Comment: I failed to find this in qualitative findings! Please clarify?

Reply: It draws its inference from a narrative that is documented in the qualitative findings as follows: “In many settings, mandatory educational criteria severely drains the pipeline of otherwise qualified CHWs, and this is particularly acute when gender inequalities are considered.” (page 11)

Comment: Please review this statement! It does not reflect accurately the evidence presented!

Reply: Thank you for the suggestion. We have reviewed as follows: In some contexts where female education is noted to be generally lower than males, it may be important to consider (whilst ensuring that quality and capacity are not undermined) that educational criteria or entry qualification standards for CHWs do not put women at a disadvantage of being selected in the first place (page 13)

Comment: Strengths comes from STRONG internal and external study validity! Not from use of mixed methods per se!

Reply: Thank you very much. We agree and deleted the sentence accordingly. (page 13)

Comment: Response rate is calculated by knowing the exact number of those that were invited or approached to participate and those who accepted and indeed completed the survey. Please review the statement!

Reply: Thank you for this confirmation. We had stated very clearly that this was a limitation, reason being there was no way to accurately identify the exact number of stakeholders involved with managing CHWs programmes (as the primary targets) (page 13)
Comment: What is intended with this statement? Please, be more clearer!

Reply: Thank you for this. We have clarified that the low participation of CHWs in the survey was a limitation however, the presence of two CHWs in the guidelines development group ensured that CHW voices contributed to formulating the guidelines recommendations.

Comment: Why it is considered pre-intervention? Who is going to implement the findings for post-intervention?

Reply: We use the term pre-intervention to refer to the fact that the study findings feed into the guidelines recommendations before they are implemented.

Comment: Please review! Not clear!

Reply: Thanks for highlighting this. The text is now reviewed as follows: The study examined the impact of trained CHWs offering health services in a county district and concluded that CHWs may improve access to health care and [that CHWs provision of health services] was acceptable to families in their setting. (page 14)

Comment: Is it health system integration or integration of CHWs within the health system? Please review!

Reply: Thank you for this. The text has now been corrected as follows: The integration of CHWs in health systems is vital for them to thrive in countries. (page 14)
Comment: What interventions?

Reply: We have replaced ‘interventions’ with ‘policy options’. (page 14)

Comment: In my opinion the findings of this study doesn’t corroborate with this statement because and the data collected is not aligned to this aim/purpose of willingness to work with policy-makers! In addition, there is mix of participants which includes stakeholders of CHWs programmes which also includes policy makers and thus this statement also doesn’t make sense for that matter! Policy-makers cannot say they are willing to work with themselves!

Reply: Thank you for this comment. We have now clarified the sentence and it reads thus: The results of the acceptability and feasibility of most of the described policy options above (though interpreted with caution due to the study limitations) indicate the willingness of stakeholders to support the integration of CHWs in health systems of countries (page 14)

Comment: Please review! Please bring something else that is relevant for practice!

Reply: Thank you. The text has been reviewed as follows: Combining our interpretation of the quantitative and qualitative data, we presume that the guidelines contents are relevant to interested stakeholders, paving way for increased acceptance, political will and enthusiasm to implement the recommendations of the guidelines in countries (page 15)

Comment: Revision required as some are incomplete and please be consistent and observe rigorously the rules of the journal in this matter!

Reply: Thank you for this. We have reviewed and adjusted all references accordingly.

Comment: Please review! Incomplete!!!
Reviewer #2: Summary

The study in essence tries to assess the views and opinions of stakeholders from LMICs and other parts of the world regarding factors that need to be considered before community health workers can be formally integrated into the health systems of countries with human resource for health shortage. The authors make use of online questionnaire to assess this. I think the study takes a novel approach and is a good contribution to the field.

Reply: thank you for the positive and encouraging evaluation.

Major revision

Comment: No clear research question

Reply: The research question is put forward in the form of a statement in the abstract and the body of the paper which is “To understand stakeholders’ valuation of outcomes of interest, acceptability and feasibility of policy options for the guidelines under consideration.”

Comment: Poor descriptive data presentation i.e use charts, graphs, piechart etc where appropriate rather than just tables

Reply: Thank you for the valuable suggestion. We have now introduced more graphical illustrations particularly for table 1. With the complexity and length of table 3, we felt it is best to publish it in tabular format to keep it simple.
Comment: Did not discuss in the background ethical issues and patient safety that may arise from the practice and malpractice of CHW

Reply: The scope of the paper is to support evidence gathering on the formulation of the guidelines recommendations with reference to the 15 PICO areas. Prior to planning the research, ethical clearance was obtained from the WHO ethic review committee to undertake the study. We addressed any undesirable effects related to the practice and malpractice of CHW in the process of drafting the recommendations. This information is reported in detail in the guidelines report.

Minor revision

Comment: Including CHW as stakeholders may need to be stated as a limitation of the study as it did introduce bias

Reply: Thank you. It was already mentioned and has now been clarified further as follows. Also, CHWs themselves constituted a minority among the responders to the survey. This was accounted for during the guidelines development process by ensuring that at least two CHWs were part of the guidelines development group (page 13)

Comment: Exact questionnaire used needs to be shared as supplementary material

Reply: Thank you. We have added the English and French versions of the questionnaire to the supplemental materials.

Comment: I think the lead author working for WHO and doing a research using WHO guideline draft needs to be stated as a possible conflict if interest
Reply: Thank you. We have now added a statement to the competing interests section as follows: OA and GC are WHO staff members. OA led the public stakeholder consultation exercise while GC was a member of the Guidelines Development Group. (page 21)

Discretionary revision

Comment: Version of microsoft excel used and whether survey monkey used was the free or paid version.

Reply: Thank you. We have added this detail as follows: Data extraction and analysis were conducted using a subscription-based Survey monkey platform and 2010 Microsoft Excel. (page 7)

Reviewer #3: this article is important in the context of the role of community health workers in UHC and SDGs in many setting specially developing countries. It is well written and represents a good piece.

Reply: Thank you!

Comment: However the following are comments for improvement:

- the methodology should clearly state that this is a mixed method study i.e. both quantitative and qualitative.

Reply: thank you for the suggestion. This was stated in the discussion of the document but has now been clearly introduced into the abstract and the beginning sentence of the methods section:

This study was conducted using a cross-sectional mixed method (quantitative and qualitative) design. (page 5)
Comment: Limitations of the methodology should be expanded for instance lack of wide representation (no respondent from EMR a region known of adopting CHW experiences) and distant collection of qualitative data (which does not provide for further probing with respondents)

Reply: Thank you. This is a limitation we have added to the text. (page 13)

Comment: -presentation of results included some repetitions and the tables are really long and difficult to follow. Charts are also too many and similar in shape giving a bit of a boring sense. I suggest that tables and figures reorganized and represented in an engaging format.

Reply: Thank you. We have now a separate table for the profile characteristics of the responders. Also, we have improved illustrations more clearly using pie and bar charts.

Comment: -the discussion section needs more focus on critical analysis including comparison and contrast with what is written on CHWs.

Reply: Thank you for the suggestion. We agree about the importance of the suggested critical analysis. However, we have already included critical and rigorous reviews based on the evidence from systematic reviews in the guidelines document. WHO guideline on health policy and system support to optimize community health worker programmes. Geneva: World Health Organization; 2018. The focus of this study was to provide the stakeholder valuation in addition to the evidence resulting from the systematic reviews process used in the formulation of recommendations for the guidelines.

Comment: probably the paper could also benefit from giving a background here on the guidelines development process and contents.

Reply: Thank you. We have introduced a paragraph in the background to give a brief overview of the guidelines development process (page 4)
Comment: Overall the discussion section needs to be expanded with reference to literature and deeper interpretation of findings.

Reply: Thank you for the suggestion. We now briefly review in the discussion section the findings of the review of systematic reviews that fed into the main guidelines document.


Comment: - while the conclusion is reasonable, a note should be made I suggest in stressing that the final conclusion should be taken cautiously in view of the limitations of the survey and number and type of respondents.

Reply: Thank you for this valuable suggestion. This has been added to the conclusion as follows: The integration of CHWs in health systems is vital for them to thrive in countries. The results of the acceptability and feasibility of most of the described policy options above (though interpreted with caution due to the study limitations) indicate the willingness of stakeholders to support the integration of CHWs in health systems of countries. (page 14).