Author’s response to reviews

Title: Policy review on the management of pre-eclampsia and eclampsia by community health workers in Mozambique

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Reviewer #1

• Question: Based on the title of the paper, it is; expected to see more discussion on why the CHWs are not trained to handle the subject in question -what are the views of the key informants -First paragraph under the discussion section-line 60-"no such effort to teach management of specific condition of complications in pregnancy for example

Answer: Our review was focused on identifying policies and understand the context that they were created without challenging the reasons. Our discussion with the key informants was to get the information about the policies and discuss the context and content of the referred policies. The fact that we did not found maternal health specific policies can be in part explained by the fact that the WHO and UNICEF supported iCCM model is purely centered on management of the three deadliest illnesses in Sub-Saharan (malaria, pneumonia and diarrhoea) for children under five with no maternal health focus. There is therefore international policy promoting the
adoption of this model as well as several resources available to support its implementation with no maternal health equivalent currently existing. There is mounting evidence of iCCM of childhood illnesses’ strengths and limitations and more recently there is increasing interest in expanding its remit to include other interventions including in the area of maternal health. The text was revised in the manuscript.

• Question: Is the failure of IMCI by the CHWs the main reason for the reluctance to allow for the training of the CHWs to manage preeclampsia and eclampsia at the community level?

Answer: According to our literature review “Often senior MoH policymakers, particularly those with a clinical background, were initially resistant to iCCM due to concerns about CHWs treating more complex conditions, and it took time and effort to convince them of the benefits of this strategy”.

• Question: Was the lack of the tools and training of the CHWs linked to the policy (and practice) or absence of their prescribed roles of just not made available (second paragraph in the discussion section)

Answer: The text was revised in the manuscript to: “the absence of policy did not allow the existence of tools and trainings to appropriately identify and manage these complications”

• Question: "There are laws preventing CHWs in prescribing certain medications " paragraph 3 of discussion section -does this

Answer: The national drug formulary mandate the levels of drug prescription according to the level of training of the health professionals. This reference was added on the text.

• Question: While the overall impression from the desk review is a bit clear, it is not clear about the views of the key informants -what was the overall impression on the policy provisions of expanding the roles of the CHWs in management of Pre-eclampsia and eclampsia?

Answer: In this study we did not conduct in-depth interviews to explore the view of the key informant, we only contacted the key informants in order to access relevant documents and understand the timeline and context of the key events related to CHW policies. This component was part of the CLIP study and still be analyzed and will be reported elsewhere. These review was planned to be previous of the main study.
• Question: this discussion would have helped to link with the community level interventions for pre-eclampsia mentioned in the paragraph -which started in 2017 is it involving the CHWs -is an upfront trial to test/confirm policy to include management of complications in pregnancy relevant for the topic going beyond the current limitation to health promotion in pregnancy?

Discussing more of this aspect would enrich the discussion of the paper

Answer: It is an upfront study that is still ongoing. This review was done to inform the main study and help to revise and adapt the study tools.

Reviewer #2
Thank you for the opportunity to review this manuscript. The manuscript presented the history of the CHW role in Mozambique and in the latter half of the analysis, described this role in relation to maternal health. Overall, the manuscript was well written and interesting to read, however, the relevance of study findings is less clear. In particular, the bulk of the study findings, do not seem relevant to the stated aim of the review, which was to "identify and characterize the health policies related to the role of CHWs in the management of pre-eclampsia and eclampsia in Mozambique."

The Abstract and background sections are clearly written. The background effectively describes the issue of maternal mortality and makes the case for the importance of the CHW role.

• Question: Page 3 line 36: "the majority of maternal deaths, 66%, occur in Sub-Saharan Africa" - is this 66% of maternal deaths in Africa?

Answer: It was revised in the manuscript to better clarify: “In 2015 it was estimated that 99% (302,000) of global maternal deaths occur in developing regions being 66% (201,000) in sub-Saharan Africa”

• Question: I suggest adding some general information about what a CHW is at the end of the background section to provide context for readers unfamiliar with this role.

Answer: A paragraph describing CHWs is now presented in the background “In Mozambique, CHWs are lay people selected by the community where they live to serve as link between the community and the primary health care system. They do not have formal or professional
education. However, they are trained to deliver health promotion and disease prevention advice, under supervision of the local health providers’

• Question: Page 12 line 7: "workers decreased due to…APEs continued…” suggest using CHWs here to be consistent throughout the manuscript.

Answer: The term was revised in the manuscript.

• Question: In the discussion, the authors again present a compelling case for the expansion of the CHW role to include management of pre-eclampsia and eclampsia. However, the discussion does not consistently relate back to study findings. Perhaps if the focus of the manuscript could be adjusted to discuss the evolution of the CHW role in Mozambique, paying particular attention to the gaps in service (i.e., maternal health) and barriers to addressing these gaps, the manuscript would be more cohesive.

Answer: Thank you for this comment. Our study was designed to respond to the aim of determine policies related to the role of community health workers in the management of pre-eclampsia and eclampsia in Mozambique. In order to achieve this objective we revised the information available since the creation of the program. The timeline review was not to address the evolution of the activities but to make sure that no previous policies were addressing our topic of interest. The timeline was also relevant to systematize our review and put it in a context. Unfortunately we cannot include your suggestion, as it will move us from our initial objective but we will consider for another research question to be responded in other study.

In our discussion we highlighted the need for studying the role of CHWs and maternal health particularly in pre-eclampsia and eclampsia. Although, some interventions like measure of blood pressure could be easy to be implemented by CHWs others need assessment of the CHW ability, in different paragraphs of the discussion we emphasized the need of these studies and CLIP trial was presented as an example.