Author's response to reviews

Title: Community Health Workers for ART in sub-Saharan Africa: Learning from past experiences? Capitalising on new opportunities?

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Version: 2 Date: 16 February 2009

Author's response to reviews: see over
Reply to review by Y Dambisya

Comment a: We agree there are different sources of ART coverage data. We therefore decided not to provide specific percentages but confined ourselves to stating the still major challenge of scaling up ART in most of sub-Saharan Africa.

Comments b,c,f,h,i: We accepted all editing suggestions and revised our text and references accordingly.

Comment d: We put the date when TASO started the field officer programme, as requested by the reviewer

Comment e: We used the same format for all ten criteria as suggested by the reviewer

Reply to review by M Philips

In order to make the large volume of information easier to read, we followed the reviewer’s suggestion to further clarify the structure of the article. We did this in the last paragraph of the introduction. We considered the suggestion to reduce the numbers of examples of CHW programmes in Uganda but decided against this, because it is also our intention to illustrate the many different forms of facility-based CHWs for ART. To our knowledge, there is currently no policy intention of scaling up one specific CHW programme in Uganda, which is why we chose instead the four types of CHWs who we found were most involved in ART-related activities.

Major compulsory revisions:
We acknowledge the reviewer’s major concern that our article takes mainly a perspective from the formal/government/public health system. We therefore added a paragraph in the introduction, spelling this out and indicating clearly that this perspective has its limitations and does not capture the complexity of CHW-related issues additionally and outside the formal health system. Our definition of CHWs is also related to this perspective and we clarify this in an additional sentence in the introduction.

WIM: please check in the introduction whether you think my additional explanations are sufficient.

Discretionary revisions:
Point 1: WIM please comment. I’m not sure where to make the suggested comment regarding where CHWs can be based.

Point 2: WIM please comment. I’m not sure I agree with Mit when she writes that the lessons from past CHW programmes have not been used as guiding principles in the new programmes. Sure, not many lessons have been learnt (this we state very clearly in the conclusion), but my impression is that e.g. remuneration has been a real choice, based on the experiences with CHW programmes in the past. What would you say? Or maybe I did not get Mit’s point here?

Point 3: We made further clarifications regarding our methods of literature review and field research. Most information on past CHW programmes is from the literature review while most information on the present ART-related CHW programmes is mainly based on our field research because not much has yet been published on experiences with the latter programmes.

Point 4: What the reviewer says about the definition of task shifting and specialisation is true. Still, we decided to abide by the WHO definition in order to avoid confusion but added a clarifying remark and WHO reference.

Point 5: We added numeracy as an important competence of CHWs.
Point 6: WIM please comment. Mit is right here, but I think by making explicit that we take a “formal health system’s view”, we are clear enough and do not have to change this. Would you mention our perspective again in the paragraph on remuneration or do you think our explanatory paragraph about our perspective in the intro is sufficient?

Point 7: WIM: Probably no revision required?

Point 8: WIM. I’m not sure I understood Mit’s argument here. We do not say it is applicable to HIV/AIDS but only refer to ART. And I strongly think that the issues of chronic disease care, such as long-term adherence, are of major importance for a successful scale-up of ART. If this is neglected, the scale-up is not real.

Point 9: WIM. HSAs in Malawi. The info we have from Anna in the task-shifting report is different. According to her, the HSAs have to be permanently based in the community they work in.

We added the information about NGOs also being involved in the’ training of HSAs.

Point 10: Regarding the choice of CHWs we agree that it is imbalanced in terms of numbers. However, in our field work we identified 8 types of CHWs in Uganda, 6 in Malawi and 6 Ethiopia. We agree there may be more who are not health facility based but by taking a ‘formal health system perspective’ we excluded those.

Point 11: Wim: I reintroduced an explanatory sentence which was in the text before but which we thought was not necessary in this context.

We agree, the term expert patients can be confusing as its meaning is not always clear. Therefore we added an explanatory sentence on the two concepts of expert patients mentioned by the reviewer.

Point 12: We agree with the reviewer that the comparison of CHW salaries with the salaries in the formal health services takes overriding importance in our argument due to the perspective we have chosen. We do, however comment on how the salaries of CHWs in Uganda compare with the average income of people in rural areas and also added this information for the HEWs in Ethiopia and the HSAs in Malawi. (if we get this information from Yibeltal and Eric)