Author’s response to reviews

Title: What impact do Global Health Initiatives (GHIs) have on human resources for anti-retroviral treatment (ART) roll-out? A qualitative policy analysis of implementation processes in Zambia

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Responses on reviewers comments and explanatory comments on revisions

1. Reviewer - Comments from Dr Phillimon Ndubani

No Major Compulsory Revisions requested.

Minor Essential Revisions [please see below, each point addressed]:

2.1 Following suggestions by both reviewers the methods paragraph from the introduction has been elaborated into a ‘Methods section’. More detail has been provided on the data collection, the interviewees, the recruitment of people interviewed, and the tools. The section also clarifies that both districts are within the focus province.

Following consultation with an in-country study advisor, the authors are requesting to be allowed to keep the province un named, while the ethical approval would indeed allow naming the province, the authors are concerned that if the province was named the identity of the interviewees maybe easy to establish for someone with knowledge of the local context. It is to protect their identity that the authors chose not to name the province. The authors, however, feel comfortable to disclose the province name should they be approached by individual researchers who want to learn more, or design further research that builds on the findings here presented.

2.2 The abstract now clarifies that people interviewed include policymakers and implementers. The interviewees and methods are further elaborated on in the revised methods section.

2.3 The reference to specific interviews is to highlight where specific knowledge originates, as the authors feel this may help further contextualise information for the reader. The authors thank the reviewer for pointing out the confusing way in which these interviews were labelled. Given the different dynamics between national, provincial and district actors, in the revision, the authors have specified whether the interview was with a national, provincial or district level actor. This system of specification is explained in the Methods section.

2.4 Following the comments by both reviewers on the lay-out, as well as the style guidelines of Human Resources for Health, the authors have revised the structure into numbered headings following the suggested outline of – Background, Methods, Results and Discussion, and Conclusion. As rightly pointed out by both reviewers, the results and discussion are combined and the authors hope that the revised layout provides a clearer structure.

The methods section now provides a more detailed definition of actors interviewed, highlighting specifically that these include implementers at all levels.

2.5 The change between Findings and Results has been made. In addition, technical and clinical officers, indeed a term used interchangeably during the research, has been
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clarified. The sentence has been amended to: ‘Since 2004 more than 4000 people started ART in each of the two districts, in clinics run by the district, with no additional staff provided by the Ministry of Health for these services.’

Discretionary Revisions:

The suggestions were thankfully received and the authors have made every effort to clarify the paper according to the suggestions made.

In some cases for example the point 3.6 the authors feel that the text in its existing form highlights that training is not an efficient way to alleviate staff shortages in the health system overall, it does however alleviate staff shortages in the ART Programme as the cadre of staff trained in the provision of ART services has increased, whether this is to the detriment or neglect of other health services is an important issue, which the authors feel they raise in the section on ‘top-ups’.

2. Reviewer Comments received from Caesar Cheelo

Major Compulsory Revisions:

The authors have included a revised and extended methods section, which addresses issues of data collection, data analysis and management in greater detail. It provides greater detail on actors interviewed, the recruitment of interviewees, the interview process itself and the tools used.

Minor Essential Revisions:

The methods section, includes much greater detail on actors interviewed, and clearer definitions of where and at what level such interviews have taken place. By specifically listing the kinds of actors interviewed at all levels the authors feel they have highlighted which groups were interviewed at provincial level. Representatives from all actor groups listed were interviewed at each level. The methods section also provides greater detail on the interview tools used, and questions asked.

The ‘Findings’ section, has been restructured and merged into a ‘Results and Discussion’ section to address the issue raised by both reviewers pointing to the lack of detail in the previous ‘Findings’ section, which much more being provided in the old ‘Discussion’ section. The authors hope that this addresses the concerns raised, including in the comments.

Specific Comments:

In relation to the specific comments provided, the authors thankfully received them and have where possible tried to incorporate these into the text,

Specifically, in relation to point 5. – the distortionary effect of top-ups has been highlighted further. However, it is not clear from the data collected whether the
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Service provision for non-focal diseases within the actual health facilities has worsened. The study and methods were not adequate to assess this, as the study was not focused on outcomes, nor on changes in service provision over time.

One clear observation is that most health workers appear to work a lot on ART. However, this may well be correlating to the burden of disease, as many people require these drugs? Or, it maybe that due to public attention and knowledge devoted to ART more patients for ART are coming to health facilities to access services than for other, possibly lesser known diseases. Research on how the focus on HIV and related diseases affects other health services at facility level, is urgently needed.

From the research conducted, it was clear in the observations of national policy makers that they devote a disproportionate amount of time is spent on HIV and related diseases to the neglect of other health issues and the paper is clear on that.

The emphasis, as suggested by the reviewer, has been slightly changed in the conclusion with an added sentence highlighting that given the level of resources, very little is being done to address the human resources shortage, especially comparable to other expenditure.

**Further revisions:**

To comply with the editorial guidelines of Human Resources for Health, the second line of the article title was amended to include direct reference to the kind of research and methods followed. The revised second line of the title now reads ‘A qualitative policy analysis of implementation processes in Zambia’.

In addition, the article now follows the structures set out in the editorial guidelines of Background, Methods, Results and Discussion, and Conclusion.