Reviewer's report

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

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Reviewer: Mit MP Philips

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This article treats an important issue and its content is very timely, as the fashion in re-introducing community health workers is on the agenda in many Sub Saharan Africa countries. Many health teams struggle with some of the questions dealt with and there is little guidance available on how to make an optimal choice among various options. The ten criteria approach, based on a mix of critical literature review and field expertise, is therefore useful and practical.

The article contains a lot of information, both on what criteria could be useful guidance and on some key elements in 3 different contexts. This large volume of information makes it interesting, but at the same time somewhat tough to read. Maybe some adaptations could be made in further clarifying/ emphasising the structure of the article, or, to choose for somewhat lighter application of the criteria on the case studies. This could be done by reducing the number of contexts, but also by focusing on specific issues within the contexts. E.g. the variation of CHWs in Uganda leads to a lot of information and contrary to Malawi and Ethiopia, there has been no clear choice which CHW to focus on in the review that follows.

Major Compulsory Revisions

The main remark concerns the fact that this article takes mainly a view from the formal health systems and maybe due to the chosen contexts or the contributing authors defines this mainly, although not exclusively as a governmental health system.

This leads to greater importance given to the perspective of the formal health services and the benefits it can bring to formal health systems, without however taking into account the (potential but often present) conflict of interest that exists between formal health services and the community health workers. This point is touched upon when the low consideration of formal health workers towards CHW is stated, but there is no mention of the existing competition for funds, supplies and/or patients.
An example is the supervision of CHW by the formal health system, which is accepted as the norm, without exploring alternative set-ups who might be more conducive.

The overriding perspective of the formal health system shapes the guiding criteria, not taking into account some possible fundamental disagreements on expectations of health care delivery between health systems/care providers and patients/population.

It explains also the importance given to some of the criteria such as ?alignment with the formal health system?.

Little attention is given to collaborations between NGO sector and government services to support CHWs.

This perspective also leads to little attention to the initial objectives of CHWs in terms of empowerment, information/knowledge of the community, bridging the distance between population and formal health system in other ways than geographic extension. These aspects have been very strongly present in efforts to roll out HIV/AIDS care into communities and are probably one of the most important lessons to learn to make renewed investment into CHWs more successful. The point is touched upon under criterium 9, but exclusively from a programmatic perspective concerning adherence and retention on care.

This ?formal health systems? perspective and possible limitations as a consequence should clearly be stated. It does not reduce the usefulness of the article, but highlights its interest mainly for policy makers part of or concerned mainly with these formal ?national? health systems.

Discretionary Revisions

It would be useful to state from the start that CHWs can be both based in health facilities and in the community. The name induces easily confusion otherwise. Only further in the article health facility based tasks are clearly described. In the conclusion one speaks again about community based extension of health services, ignoring the health facility workload reduction.

The conclusion seems to state that existing experience from the past has led to lessons learnt for the contexts described. This does not follow from the article. The authors have reviewed the current experiences in the light of existing literature and experience, but this is done in the article -rather in hindsight, these lessons learned have not been used as guiding principles to develop the CHW policies in the countries described.

Chronological in the text:
The method of literature review could be clarified in terms of balance between literature on the previous wave of CHWs and the present mainly HIV-related tendency.

Definition of task shifting in introduction: less specialised?? potential for confusion as what is meant is health workers with shorter formal training and often very specialised in specific tasks. But probably this reflects the problem with the standard definition used?

Under selection: literacy but also calculacy is important

Under ?Adequate remuneration?. This point is only treated from an institutional point of view, neglecting the consequences for patient payment and thus negative effects on coverage and population impact (main raison d'?tre of CHWs). Replacing lacking remuneration by drug sales or patient fees leads to less effective schemes and less rational/standardised care. It also limits their interest for poor areas.

Under ?Alignment?: the functions a formal health system must assure. It is not clear if this means for themselves or including for CHWs. I think this is a point for discussion rather than a statement (see major point).

Point 10 p. 7: the chronic condition referred to, is not applicable to HIV/AIDS as a whole. It is only so for patients already on ART. The considerations under this point should be clarified in the importance given to this specific perspective, not necessary in terms of scaling up ART.

In Malawi HAS are not selected from the community they’re based in, selection & training is done centrally. This shows the limitation/variation of the community concept. The lack of training has been replaced in some districts by NGOs, not only other HSAs?

The description of different CHWs is instructive, but imbalanced with 6 from Uganda. In Malawi and Ethiopia certainly there are also other CHWs. Maybe not part of the formal health system, but?

Expert patients: the term induces some confusion as not always clear if mainly self-management (as in high income countries for chronic care) or workers caring for/managing/supporting other patients with additional advantage of their personal expertise in illness and/or treatment.

The salary issue should be nuanced in taking into account the 2 aspects of comparison: One view is comparing it to formal health staff (but we know these are insufficiently remunerated in most SSA), the other is to compare the salary with the work actually achieved and/or the possibility as a base for livelihood for the health worker and their family. Again the comparison with the formal health system is given overriding importance due to the specific perspective.

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable
**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.