

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	A COMPREHENSIVE ON-SITE EVALUATION OF EMERGENCY AND SURGERY SERVICES OF PRIMARY HOSPITALS IN THE UNITED REPUBLIC OF TANZANIA
AUTHORS	Penoyar T, Cohen H, Kibatata P, Magoda A, Saguti G, Noel L, Groth S, Mwakyusa DH and Cherian M

VERSION 1 - REVIEW

REVIEWER	Richard A Gosselin MD Dept Orthopedic Surgery University California San Francisco USA
REVIEW RETURNED	08/10/2011

THE STUDY	Reference 9 is incorrect as stated in the text
------------------	--

REVIEWER	Diana R. Silimperi, MD Vice President, Management Sciences for Health USA I have no competing interest with the publication of this article.
REVIEW RETURNED	02/11/2011

THE STUDY	It would have been useful to describe in more depth the Tool itself and assessment methodology - direct observation, interviews of key informants, record reviews.... Also though the reviewers affiliations were described, no information about their surgical or hospital qualifications were included, or even their specific positions within these organizations which might have indicated their area of expertise. Similarly, the respondents at each facility were not described until a brief note in the discussion section regarding study limitations.
RESULTS & CONCLUSIONS	In the description of the facilities, it would be useful to know the range of hospital size in terms of beds, not only the average; similarly, the range of admissions, and of surgical encounters, not only the average, and a table with the number of facilities with 0, 1, 2 ORs. Some of the results data would be better presented in tables to concisely provide more details. It would be helpful to know if the providers were full time at the facilities or in fact also held private clinics or served multiple sites - as is common practice in many countries. Thus, numbers of providers may be misleading because they may spend a relatively small portion of time actually available for service at any single facility. Was there any attempt to determine if the equipment and labs were functional? For lab that also includes availability of critical reagents. The discussion section starts out with

	a global perspective, the manuscript would be strengthened by linking the global to the Tanzania specific study -for example, the 2 costing studies are noted but are not discussed in context of this assessment. It is not clear how the work begun in 2007 in Tanzania with the IMEESC toolkit or the Surgical Task Force have influenced this assessment (had they already focused on some of the issues the assessment brought forth), and how will the findings be used by the Task Group. Finally, the discussion alludes to the importance of these findings and health system strengthening measures to reach MDGs but abit more description would have been helpful (eg severe pediatric pneumonias although not a surgical emergency, require a reliable oxygen supply).
GENERAL COMMENTS	The lack of infrastructure; skilled, competent providers; and essential functioning equipment at district hospitals is a major global public health concern that has not received sufficient attention. First referral hospitals are an essential component of the primary health care system but have not received sufficent attention, in either surgical or medical care.

VERSION 1 – AUTHOR RESPONSE

Thank you Dr Gosselin and Dr Silimperi for your comments. We agree with their suggestions and incorporated what we felt was appropriate for the scope of the paper. Dr Gosselin's reference was indeed incorrect and has been fixed.

VERSION 2 – REVIEW

REVIEWER	Diana R. Silimperi, MD Vice President, MSH USA
REVIEW RETURNED	14/12/2011
GENERAL COMMENTS	The authors have sufficently addressed previous comments and recommendations for revision.