PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Challenges to achieving universal health coverage through community-based health planning and services delivery approach: a qualitative study in Ghana
AUTHORS	Assan, Abraham; Takian, Amirhossein; Aikins, Moses; Akbari Sari, Ali

VERSION 1 – REVIEW

REVIEWER	Evelyn Sakeah Navrongo Health Research Centre, Ghana
REVIEW RETURNED	13-Jul-2018

GENERAL COMMENTS	1. “Current contribution of CHPS to Out Patients Department (OPD’s) attendance across the country is only 5%, which may not worth the resources vested into the initiative.” Using only the OPD attendance as a justification might be misleading because the curative component of the CHPS is minute compared to the preventive and home-based services health professionals provide in rural communities. Preventive care is the most important component of the CHPS program and do you know how many people have been saved from the CHPS program through preventive care in rural areas? Have you done any cost-benefit analysis to know whether the 5% is not worth it? Do you know the cost of illness or death? Can you tell your readers the number of CHPS zones that exist and the population these CHPS zones cover? Many of these CHPS compounds are located in dispersed and hard to reach areas, so it is not every rural setting that has a CHPS compound. 2. “Our list of participants includes community health management committee (CHMC) –basically comprise of traditional leader (chiefs)” I do not agree with this statement. For instance, in the Upper East region, traditional leaders such as chiefs are treated as a special group. How do you expect a paramount chief or a divisional chief to be part of the CHMC? The committee does not usually include chiefs. 3. I think you should have done comparative analysis of the CHPS program across the regions since CHPS implementation is not the same in these regions? The CHPS program started as an experiment in the Upper East region, so you do not expect CHPS in that region to be same as in the Central region.

	Can you indicate the regions these quotes are coming from?

REVIEWER	Chandrakant Lahariya World Health Organization New Delhi, India
REVIEW RETURNED	31-Jul-2018

GENERAL COMMENTS	This research article is based upon an important topic of engagement of communities in delivery of health services. The researchers have studied the community based health planning and services initiative of Ghana. This topic is very relevant in times of universal health coverage where role and relevance of community in health systems strengthening and service delivery is becoming increasingly important. Though, there are limitations in this manuscript such as small sample size, the results section is well written and bring attention on some of the issues which are relevant for many low and middle income countries, scaling up community engagement for health service delivery. Nonetheless, other than results section, all other section needs to be re-written and significantly edited for clarity of the information and text. Specific comments are as follows: - Abstract need major re-writing. For example, in abstract while methods have been detailed, the results section is weak. - Introduction is superfluous and long. The aims and objectives should be clearly outlined. Additional information may be, if needed, can be presented in box or supplementary text. - Discussion section is weak and need to be contextualized and policy implications of the findings should be discussed in more details than at present. There is high relevance of these findings for many LMICs and that is not addressed sufficiently. This section need to be succinct. The policy recommendations also need to be written in a more actionable and succinct format. - Table 1: at best in web-only content. - Some of the quotes from qualitative work may be presented in Box.

VERSION 1 – AUTHOR RESPONSE

Reviewer 1:
1.0 “Current contribution of CHPS to Outpatients Department (OPD) attendance across the country is only 5%, which may not worth the resources vested into the initiative.”
Using only the OPD attendance as a justification might be misleading because the curative component of the CHPS is minute compared to the preventive and home-based services health professionals provide in rural communities. Preventive care is the most important component of the CHPS program and do you know how many people have been saved from the CHPS program through preventive care in rural areas? Have you done any cost-benefit analysis to know whether the 5% is not worth it? Do you know the cost of illness or death?
Response: We believe that this is a valid point because promotion and prevention are at the heart of the CHPS program. Therefore, it might be misleading to highlight CHPS’ contribution to OPD. In view of this, we have deleted the above statement from the manuscript.

1.1. Can you tell your readers the number of CHPS zones that exist and the population these CHPS zones cover? Many of these CHPS compounds are located in dispersed and hard to reach areas, so it is not every rural setting that has a CHPS compound.
Response: This has been addressed accordingly in the manuscript. Please refer to page 4.

2.0. “Our list of participants includes community health management committee (CHMC) –basically comprise of traditional leader (chiefs)”
I do not agree with this statement. For instance, in the Upper East region, traditional leaders such as chiefs are treated as a special group. How do you expect a paramount chief or a divisional chief to be part of the CHMC? The committee does not usually include chiefs.
Response: It is true that, the community health management committee (CHMC) do not include paramount chiefs or divisional chiefs, since they are at the highest level in terms of hierarchy of chiefs. However, our study includes traditional leaders such as chiefs at the basic (community) levels who happen to be part of the CHMC. We have therefore made such correction for clarity of the kind of chiefs that we interviewed.

3. I think you should have done comparative analysis of the CHPS program across the regions since CHPS implementation is not the same in these regions? The CHPS program started as an experiment in the Upper East region, so you do not expect CHPS in that region to be same as in the Central region.

Response: Although “comparative analysis” was not our main objective, our study presents major key differences across regions of study. More details can be found at page 10.

3.1. Can you indicate the regions these quotes are coming from?
Response: This comment has been addressed accordingly.

Reviewer 2:
1.0. Abstract needs major re-writing. For example, in abstract while methods have been detailed, the results section is weak.
Response: Thank you for the comment. We have now revised the abstract. However, the result section cannot be as detailed as the methods. The method section remains as it is because it is a requirement of the journal, and considering the abstract’s limited word count, it is impossible to expand the result section. Besides, the Result section (of the main manuscript) provides thorough explanation of the summary. I hope this will satisfy the respected reviewer. Kindly refer to page 2.

1.1. Introduction is superfluous and long. The aims and objectives should be clearly outlined. Additional information may be, if needed, can be presented in box or supplementary text.
Response: The introduction section has been revised to address this comment accordingly.

1.2. Discussion section is weak and need to be contextualized and policy implications of the findings should be discussed in more details than at present. There is high relevance of these findings for many LMICs and that is not addressed sufficiently. This section need to be succinct.
Response: The entire discussion section has been revised to address this important comment.

1.3. The policy recommendations also need to be written in a more actionable and succinct format.
Response: The comment has been addressed accordingly. Kindly refer to page 14.

1.5. Table 1: at best in web-only content.
Response: Please be informed it is a requirement of the journal for authors to position tables at the end of the manuscript. We can be hopeful that this will be in a web-only format when published.

1.6. Some of the quotes from qualitative work may be presented in Box.
Response: Thank you. However, considering the chronological presentation of our results, we believe the present positions of the quotes makes the manuscript more readable and the narration will be more fluid and sensible, than when presented in a box.

VERSION 2 – REVIEW

REVIEWER	Dr. Evelyn Sakeah Navrongo Health Research Centre, Ghana
REVIEW RETURNED	18-Oct-2018

GENERAL COMMENTS	This paper has been carefully revised and therefore much improved.

REVIEWER	Chandrakant Lahariya World Health Organization India
REVIEW RETURNED	21-Oct-2018

GENERAL COMMENTS	The comments on previous version has been largely well responded. It might be useful if acceptable, this article is published with an accompanying commentary, which can address the aspects, which are not covered by the authors.