PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Access to oxytocin and misoprostol for management of post-partum haemorrhage in Kenya, Uganda and Zambia: a cross-sectional assessment of availability, prices and affordability.
AUTHORS	Kibira, Denis; Ooms, Gaby; van den Ham, Hendrika; Namugambe-Kitutu, Juliet; Reed, Tim; Leufkens, Hubert; Mantel-Teeuwisse, Aukje

VERSION 1 – REVIEW

REVIEWER	Ifeoma Okafor College of Medicine, University of Lagos, Nigeria
REVIEW RETURNED	21-Aug-2020

GENERAL COMMENTS	Lines 151-164 The first paragraph of methods is not clear. Are the authors analysing secondary data? If yes, should be stated as such. Lines 183-191 How did author move from 144 Health Facilities to 30 per country? Lines 200-201 Free medicines in 2 countries out of the 3 is a serious limitation that has affected data output for one of the main outcome objectives, 'affordability' Line 225 "at least 4 medicine outlets" Are they public, private or mission, or all combined? Does it mean that all proposed medicine outlets were not surveyed? Availability- The apparent higher availability in rural than urban areas warrants further investigation.

REVIEWER	Ben Mol Monash University BWM is supported by a NHMRC Investigator grant (GNT1176437) BWM reports consultancy from Merck and Guerbet . BMW reports research support from Merck and Guerbet
REVIEW RETURNED	01-Sep-2020

GENERAL COMMENTS	Well written paper Table 1 can be extended with the result I do not think that 80% availability is good; please adjust conclusion Table 1 can be more informative; please add the results to that table.

VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

1.1. Lines 151-164 The first paragraph of methods is not clear. Are the authors analysing secondary data? If yes, should be stated as such.

We appreciate the reviewer's comment. This assessment is indeed a secondary analysis of primary data. We have indicated under methodology (line 167) that this is a secondary analysis.

1.2. Lines 183-191 How did author move from 144 Health Facilities to 30 per country?

We agree with the reviewer's observation that the statement on number of facilities is not clear. We have written the paragraph (line 191-201) to remove any ambiguity.

1.3. Lines 200-201 Free medicines in 2 countries out of the 3 is a serious limitation that has affected data output for one of the main outcome objectives, 'affordability'

We appreciate the reviewer's comment on 'free medicines' in the public sector as a possible limitation to study 'affordability' in Uganda and Zambia. But 'free medicines' not necessarily indicate that patients always have affordable access. Due to stock outs, patients may be forced to go to other sectors where they may not be able to afford the medicines. We have added a sentence in discussion section (line 63-65) to address this concern.

1.4. Line 225 "at least 4 medicine outlets" Are they public, private or mission, or all combined? Does it mean that all proposed medicine outlets were not surveyed?

We thank the reviewer for helping us to clarify this statement as shown in line 235-237. Mean price ratios (MPRs) are derived during analysis by dividing the mean unit price (in dollars) by the Management Sciences for Health international buyers' reference unit price. This is done to facilitate cross-country comparisons by expressing medicine prices obtained during the survey as ratios relative to a standard set of international reference prices. According to the WHO/HAI methodology, the analysis is only possible if price data is available from at least four medicine outlets per sector. This does not mean imply that proposed facilities were not surveyed. The wording in the methods section has been clarified and a reference to the WHO/HAI methodology has been inserted in line 237.

1.5. Availability- The apparent higher availability in rural than urban areas warrants further investigation.

We agree with reviewer that more efforts should be instituted to investigate the reasons behind the findings. We have emphasized this in the discussion section (line 39-40).

Reviewer: 2

2.1. Table 1 can be extended with the result

We thank the reviewer for the comment. Table 1 was meant to provide a breakdown of facilities surveyed but we agree that it is not informative enough. We have therefore deleted the table (line 251) and added the results to figure 1 and 2.

2.2. I do not think that 80% availability is good; please adjust conclusion

We appreciate the reviewer's point. Availability of 80% is a benchmark provided by WHO to allow comparisons between countries or regions or between different moments in time, and is not intended to justify for 'good' or 'not good'. We have revised the conclusion in abstract (line 77-78) and discussion section (line 82-83).

2.3. Table 1 can be more informative; please add the results to that table.

Please, refer to comment 2.1 above.