

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Technical capacities needed to implement the World Health Organization's primary eye care package for Africa: results of a Delphi process
AUTHORS	Aghaji, Ada; Burchett, Helen; Mathenge, Wanjiku; Faal, Hannah; Umeh, Rich; Ezepue, Felix; Isiyaku, Sunday; Kyari, Fatima; Wiafe, Boateng; Foster, Allen; Gilbert, Clare

VERSION 1 – REVIEW

REVIEWER	Rajiv Khandekar King Khaled Eye Specialist Hospital, Saudi Arabia
REVIEW RETURNED	07-Aug-2020

GENERAL COMMENTS	<p>I congratulate for this professionally written manuscript that could be useful to global and regional stakeholders supporting strengthening eye health care in African subcontinent with ultimate goal of addressing avoidable blindness.</p> <p>The WHO AFRO has 47 member countries. Feedback of 9 experts (some of them could be covering more than one country) could be a limitation while extrapolating the findings to all 47 countries.</p> <p>In introduction, status of PHC in them should be described. It should also include range of health budget allocation in these countries.</p> <p>Since finding of this study will be useful to international organizations (GOs and NGOs), the selective and limited (nine) expert's option could be less desired for policy making for the region and actual review of PHC and PEC status of 47 countries should be recommended to confirm the findings of this study before policy making.</p> <p>PEC should be piggyback on the existing PHC for sustainability and proposal for initiating/strengthening PEC in these countries should not be for strengthening PHC. This should be highlighted either in limitation or before recommendations and conclusion.</p>
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REVIEWER	Mitchell V. Brinks The Casey Eye Institute at the Oregon Health and Science University Portland, Oregon, USA
REVIEW RETURNED	10-Nov-2020

GENERAL COMMENTS	Your fine work leading the way forward on WHO and SSA goals while using objective and validated is to be commended. Well informed and diverse leaders participated and were effective at
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	<p>reaching consensus on a range of important topics. Moving forward a greater breadth of participants weighing in on the topics analyzed here would provide both more evidence and perspective, and also possibly aide buy-in from primary care providers, eye doctors outside of academic and NGO organizations, and the pool of personnel most likely to fill these roles. Two considerations may deserve further comment in this well written manuscript. First, the method by which the Delphi process participants were selected (or for that matter, not selected) could be clarified to further transparency. Second, anticipated variations in the adaptation of these conclusions to the various countries and regions under consideration would add further depth to the analysis.</p> <p>Thank you, Mitch Brinks</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Rajiv Khandekar

Institution and Country: King Khaled Eye Specialist Hospital, Saudi Arabia

Comments to the Author

I congratulate for this professionally written manuscript that could be useful to global and regional stakeholders supporting strengthening eye health care in African subcontinent with ultimate goal of addressing avoidable blindness.

Thank you for your kind comments!

The WHO AFRO has 47 member countries. Feedback of 9 experts (some of them could be covering more than one country) could be a limitation while extrapolating the findings to all 47 countries.

We agree and we have included this argument in the discussion. Page 21 paragraph 5.

In introduction, status of PHC in them should be described.

The variability of the capacities of the PHC systems of the 47 member states to implement additional interventions is mentioned. Page 4 Paragraph 1 Reference 14

It should also include range of health budget allocation in these countries.

A statement on the level of health financing of WHO AFRO member states has been added.

Page 20. Paragraph 2. Reference 27.

Since finding of this study will be useful to international organizations (GOs and NGOs), the selective and limited (nine) expert's option could be less desired for policy making for the region and actual review of PHC and PEC status of 47 countries should be recommended to confirm the findings of this study before policy making.

Thank you for your comment. We agree. To make it as representative of PEC in SSA as possible, the Delphi questionnaire was based on a literature review of published peer reviewed articles on PEC in SSA. Page 5. Paragraph 2

PEC should be piggybacked on the existing PHC for sustainability and proposal for initiating/strengthening PEC in these countries should not be for strengthening PHC. This should be highlighted either in limitation or before recommendations and conclusion.

We agree with this and have included this statement in the discussion. "This is important as the delivery of PEC can only be as effective as the PHC into which it is integrated." Page 20 paragraph 3, reference 11.

Reviewer: 2

Reviewer Name: Mitchell V. Brinks

Institution and Country: The Casey Eye Institute at the Oregon Health and Science University

Portland, Oregon, USA

Comments to the Author

Your fine work leading the way forward on WHO and SSA goals while using objective and validated is to be commended. Well informed and diverse leaders participated and were effective at reaching consensus on a range of important topics.

Thank you for your kind comments!

Moving forward a greater breadth of participants weighing in on the topics analyzed here would provide both more evidence and perspective, and also possibly aide buy-in from primary care providers, eye doctors outside of academic and NGO organizations, and the pool of personnel most likely to fill these roles.

Your comment is correct, and we have mentioned this as a limitation of the study. "Another limitation is that although all panel members had relevant expertise and

experience, primary health care practitioners were not included, as the focus was on eye

care which the majority of primary health care practitioners in Africa would have little experience of." Page 22. Paragraph 1.

Two considerations may deserve further comment in this well written manuscript. First, the method by which the Delphi process participants were selected (or for that matter, not selected) could be clarified to further transparency.

We have elaborated on the snowballing process. Page 7 Paragraph 1

Second, anticipated variations in the adaptation of these conclusions to the various countries and regions under consideration would add further depth to the analysis.

We agree entirely with your comment, hence the statement:

“Local adaptation of the WHO AFRO package may be required, and hence the capacities needed to address varying eye health needs in different settings and PHC contexts. For example, the cadres providing PHC are likely to vary, as is the availability of informal health providers.” Page 21 Paragraph 4.

Thank you, Mitch Brinks