



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2015_IJTDH_17293
Title of the Manuscript:	Health system barriers and facilitators influencing TB/HIV integration in Ghana
Type of the Article	Original Research Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<u>Compulsory</u> REVISION comments	One limitation is that the data was collected in 2009. There needs to be discussion regarding changes in healthcare system or culture or if it is considered to be unchanged to highlight if findings remain relevant. What does “adequate representation” of key informants mean? Until data saturation, all staff types, specific number of each type? Later “sample sufficiency” was used. These terms are unclear Use consistent terms: in text national managers and in table national leadership It is hard to get a sense if the themes have come from a number of participants at the various levels or if only one participant made certain statements. Quotes are provided, however, there is no indication that many of the participants made similar statements and you provide but one example or if ‘Poorly motivated’ theme seems more like a lack of resources both human and supply which overburden staff according to the example used rather than a motivation issue. From the results and discussion I am not convinced of a lack of “committed” staff – from the manuscript it seemed more of an issue of lack of resources and staff shortage.	This has been address with reference to current information. This has been clarified. Both instances have been changed to national managers for consistency. Some quotes have been added, and numbers inserted to clarify number of participants responding to themes. The authors agree that lack of resources and human resource results in poor staff morale. Poor motivation as a subheading has been eliminated. The conclusion has been rephrased and clarified.



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	Additional exemplars may help clarify or consider changing.	
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<u>Minor</u> REVISION comments		
	Is there qualitative method that can be cited in the methods section? Descriptive qualitative for example? There needs to be a framework from which the methods were based. It would be helpful to describe the 3 different study site models. Does “one stop shop” mean fully integrated services? Table 1 is a bit confusing. I assume the columns are the 3 sites. Enabler’s fund could be more clearly defined. Who funds it? Private donations? Irregular meaning inconsistent funds available/accessible? Is it inadequate capacity of workforce or workforce personnel shortage? Capacity is their ability to do the task but seems you are also referring to an actual shortage of personnel needed, such as prescribing providers. Listed as human resources in discussion. “Standardization of work” – Does that refer to standardization of healthcare delivery or treatment? What ‘work’ means is unclear. Minor grammar errors throughout. For example: 266 The study observed that inadequate human resources and existing financial 267 management practices were key barriers to integration as identified by Gyapong et 268 al. [13]. Staff felt overburdened and were poorly motivated as observed by previous 269 research [14-16, 21, 22], and this was probably aggravated by the high attrition	A description of the qualitative approach has been inserted in the first sentence under methods. Tables have been included to describe the sites and how they relate to each other. The Enabler fund has been clarified. The authors have clarified that this is more a problem of shortage than inadequate capacity of working staff. This has been clarified as standardized design of TB/HIV-related activities nationwide. Minor grammatical errors have been addressed by rephrasing the sentences where relevant.



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	270 among trained staff. - The study does not observe – Findings from this study, also identified by other researchers Gyapong et al. It is unclear how this first sentence is written if Gyapong et al had these findings or similar to findings from your study Gyapong et al also identified these issues. - Have a native English speaker read to remedy some of the minor language issues One sentence should not be a separate sentence. Recommend expanding this thought. The following is a long sentence that could be improved and clarified. The development of local focus is a manifestation of lack of flexibility and 301 external orientation in the work processes resulting in duplication and inefficient use 302 of resources as identified by Uwimana et al. [14], undermining integration. Might be helpful to change direct supervision to direct supervision of treatment for clarity. A header for limitation would be helpful. It currently appears within Facilitators. I think limitation section could be revised. “selection bias occurred” could be - I suggest change to may have occurred. Not sure nurses were the cause.	The sentence has been revised and clarified. This has been addressed A header for limitation has been included. And suggested revision made.
<u>Optional/General</u> comments	Very important and timely research to understand patient and frontline worker to leadership issues regarding TB/HIV integration.	Thank you