

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

This paper was submitted to a another journal from BMJ but declined for publication following peer review. The authors addressed the reviewers' comments and submitted the revised paper to BMJ Open. The paper was subsequently accepted for publication at BMJ Open.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Stakeholder's Perspectives on Acceptable Interventions for Promoting Hypertension Medication Adherence in Namibia: Nominal Group Technique
AUTHORS	Nakwafila, Olivia; Sartorius, Benn; Shumba, Tonderai; Dzinamarira, Tafadzwa; Mashamba-Thompson, Tivani

VERSION 1 – REVIEW

REVIEWER	Innab, Adnan King Saud University College of Nursing
REVIEW RETURNED	31-Oct-2022

GENERAL COMMENTS	<p>Thanks for giving me the chance to review this manuscript. I hope my comments will be helpful to the authors to enhance the clarity of the ideas.</p> <p>Abstract: the objective is not clear. The action verb "to collaborate" is not suitable. Please refine it. My suggestions: To determine the most acceptable hypertension intervention package to promote hypertension adherence based on stakeholders' perspectives or perceptions.</p> <p>NCDs: please spell it out as non-communicable diseases.</p> <p>Introduction: The introduction included specific and current statistics that identified the problem and specified the scope of the study, However, some studies were published in 2006, 2008, and 2010. Try your best to include studies that were published within the last 7 years. Please take a look into the following studies and cite them if you wish.</p> <ol style="list-style-type: none">1. Innab, A., & Kerari, A. (2022). Impact of Behavioral Interventions on Patient Activation in Adults with Hypertension: A Systematic Review and Meta-Analysis. INQUIRY: The Journal of Health Care Organization, Provision, and Financing, 59, 00469580221090408.2. Burnier, M., & Egan, B. M. (2019). Adherence in hypertension: a review of prevalence, risk factors, impact, and management. Circulation research, 124(7), 1124-1140. <p>Also, please add what is new about this study and how this study is different from other fine published studies (Significance of the problem).</p> <p>Methods: This section is clear, which covers the main aspects of the study.</p>
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	<p>"The study was part of a multi-phase study" please cite the original study.</p> <p>Inclusion criteria need some language modifications, but they are still clear. However, exclusion criteria should not be the opposite of the inclusion of criteria. They must be something else that make you exclude those participants. For instance, in the inclusion criteria, it was stated that those who were working in private or public sectors with CDs, will be included. The inclusion criteria, health professionals who are not involved in non-communicable diseases.... This is exactly similar to the inclusion criteria. Please refine it.</p> <p>Ethical considerations were not addressed within the methods section. Please add the ethical considerations and how the authors maintain the privacy or confidentiality, participants' rights for participating in the study, risks and benefits, IRB approval...etc.</p> <p>Results: Results are clear and cohesive. However, the quotes (p.20, 21, 22, 24,25) seem to be too long and may distract the reader. Just address the main quotes and be simple. You do not have to bring all the quotes from each participants.</p> <p>Discussion: This is the strongest part in this manuscript. The authors described the consistencies and inconsistencies between the findings of this study comparing to the previous studies.</p> <p>Conclusion: clear, concise, and reflect the main points of the study.</p>
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REVIEWER	Algharably, Engi A Charité Universitätsmedizin Berlin
REVIEW RETURNED	02-Nov-2022

GENERAL COMMENTS	<p>The current study is important in terms of the very common but critical problem of adherence to antihypertensive medications in developing countries. The results generated from the study are important locally to help lay out strategies to solve the problem. Suggestions are presented to improve the manuscript regarding formatting, as well as the presented ideas.</p> <p>General: Abbreviations should be explained at first reference including the abstract and footnotes of figures. Language check all over the manuscript is recommended. Numbers 1-10 should be written out in letters. No need to duplicate number and words.</p> <p>Introduction: Well-written and comprehensive, however, the authors should provide some aspects on the nonadherence problem in the context of developing/low income countries. Elaborate briefly on the extent of medication adherence problem generally in low/middle income countries and the factors/determinants contributing to it compared to higher income countries. in other words, how medication nonadherence is characterised in low/middle income vs high income/developed countries. It is true that the extent of medication adherence is expected to be lower due to a weaker health infrastructure but plain information could be still mentioned here.</p> <p>Reference update is highly recommended.</p>
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Methods:

Page 10 line 10: included NCD expert. "a" missing

NGO Abbreviation stands for?

The choice of stakeholder participants is not really clear. I would have expected primary care physicians to be more represented in the stakeholder sample as well as nurses who are more affiliated with treating the disorder rather than academic researcher in physiotherapy and epidemiologist nurse or diabetes nurse educator.

Was it not accessible to include primary care/secondary care physicians and nurses in the study? Would the opinions generated from the groups be considered -a priori- enough and carefully representative?

Page 13 line 31

NVivo 12 pro software: version, manufacturer...?

Results:

Line 8: No need to duplicate number and words.

Page 16 line 11:

"followed by not having a support system". "system" should be clarified as it may imply e.g. health insurance system while the meaning I presume is social support.

Lines 14-18

"Figure 1 is submitted in the figure file attached and the legend displayed at the end of the manuscript shows barriers to hypertension adherence the ranking results."....Please be concise in the text presentation and avoid redundancy.

Lines 24-31

Participants have scored points, so I think the numbers in between brackets should be called points instead of scores.

Page 19 line 16-17: "belief customized culturally appropriate" meaning unclear. Please re-word or clarify.

Table 3:

General:

I suggest to reorder the columns logically starting with barriers, enablers then strategies

Line 46: "Sports intervention to target man" and "Social stigma": the relationship is not clear. Sport is generally regarded as a non-drug, lifestyle intervention to optimize response to therapy not to lessen stigma.

Line 54: "Duration of hospital stay reduced"?

How does hospital stay correlate with hypertension when management is basically in an outpatient setting unless it is a hypertensive emergency. Please consider re-wording or explaining.

	<p>Page 20, line 22: “National health fund” is an enabler to simplify the complex medication regimes? Please clarify.</p> <p>Page 21 line39: Just select the most representative of the quotations on the specified theme. No need to display all participants views to make it easier for the reader.</p> <p>Discussion:</p> <p>General:</p> <p>Formatting issues: in-text citation should be corrected.e.g. Isiguzo, G.C. et al. (2022).</p> <p>A metanalysis by Ogungbe et al., 2021. Medication Adherence Interventions for Cardiovascular Disease in Low- and Middle- Income Countries: A Systematic Review(doi: 10.2147/PPA.S296280) could be considered in the discussion to strengthen the findings of the current study since one of the most common disease analyzed was hypertension.</p> <p>Regarding patients education, could authors discuss more feasible means of educating patients such as involving pharmacists and nurses, even medical students in university hospitals to participate in holding educational sessions or disseminating information leaflets?</p> <p>More emphasis on community support strategies could be presented since it was a successful intervention in other disease (TB and HIV) in Namibia.</p> <p>Line 29: Collaborate...perhaps the authors meant corroborate?</p> <p>Page 29 Line 36: what is meant here by “Communities” ?</p> <p>Page 30 line 8: Family instead of first name, with no initials should be used in the in-text citation. Kindly unify all over the discussion.</p> <p>Line 38 “Similar results were reported by Jingjing P; (2021) from China.” Reference missing</p> <p>Discussion/conclusion: briefly state what the study adds in view of the older studies performed in Namibia/Africa.</p>
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REVIEWER	Hodgkinson, James University of Birmingham, Primary Care Clinical Sciences, Institute of Applied Health Research
REVIEW RETURNED	02-Nov-2022

GENERAL COMMENTS	<p>This original study is described clearly, and has been well conducted. Conclusions are appropriate. With such a small and probably biased sample, the authors are nevertheless right to recommend further research, such as a Disrete Choice Experiment.</p> <p>One aspect of the study does need to be made more explicit before acceptance for publication, namely how participants were</p>
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	<p>recruited. Who did the initial invitation letters (p.9) go out to, and what sampling frame was used for this? (this applies both to stakeholders and patients). Later (p.12), it is stated provincial managers and supervisors at the Ministry of Health and Social Services were involved in recruiting key stakeholders - but how exactly? This process seems very open to bias, and this should be acknowledged as a limitation.</p> <p>The article is generally well written, but will need some minor editing to improve English here and there. There were only 2 places where the meaning of what was being said were unclear, however. I'm not sure what is meant by 'an equal gender homogenous group' (Strengths and Limitations section), or why this would mean participants had more freedom to discuss their perspectives. The other unclear phrase is 'developing a national dashboard to primary monitor medication stock' (p.16). What you are getting at is clarified later in the paper, but as this is the first mention of this suggestion, it does need to be rewritten to make sense in English. In terms of references, these are generally good but on p.29 no reference number is provided for Jingjing's 2021 study (it does not appear to be in the reference list), and you write the authors of the Jolles et al study as 'Emily P' (presumably her first name), so amendments are needed here (to be honest, you don't need to include authors' names in the main text, if you have them in the references).</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1 comments: Dr. Adnan Innab, King Saud University College of Nursing

<p>Thanks for giving me the chance to review this manuscript. I hope my comments will be helpful to the authors to enhance the clarity of the ideas.</p>	<p>Thank you for the general comment</p>
<p>Abstract: the objective is not clear. The action verb "to collaborate" is not suitable. Please refine it. My suggestions: To determine the most acceptable hypertension intervention package to promote hypertension adherence based on stakeholders' perspectives or perceptions.</p>	<p>Thank you for this comment. We do agree with your observation and suggestion. Changes have been made accordingly. Kindly see Abstract section: page 2- Objective</p>
<p>NCDs: please spell it out as non-communicable diseases.</p>	<p>This has been addressed: Kindly see page 2, Abstract section: Setting and Participants</p>
<p>Introduction</p>	<p>Thank you for this comment and valuable resources and advice. We have tried our best to</p>

<p>The introduction included specific and current statistics that identified the problem and specified the scope of the study; However, some studies were published in 2006, 2008, and 2010. Try your best to include studies that were published within the last 7 years. Please take a look into the following studies and cite them if you wish.</p> <ol style="list-style-type: none"> 1. Innab, A., & Kerari, A. (2022). Impact of Behavioral Interventions on Patient Activation in Adults with Hypertension: A Systematic Review and Meta-Analysis. <i>INQUIRY: The Journal of Health Care Organization, Provision, and Financing</i>, 59, 00469580221090408. 2. Burnier, M., & Egan, B. M. (2019). Adherence in hypertension: a review of prevalence, risk factors, impact, and management. <i>Circulation research</i>, 124(7), 1124-1140. 	<p>include references that are published within the last 7 years. Kindly see the introductory section pages 5-7). We have also used the suggested studies, kindly see citations (4)-page 5-first paragraph and (20)- page 7</p>
<p>Also, please add what is new about this study and how this study is different from other fine published studies (Significance of the problem).</p>	<p>Thank you for this comment. This has been addressed. Kindly see second and third paragraph of the introductory section. Page 6-7</p>
<p>Methods</p> <p>This section is clear, which covers the main aspects of the study.</p>	<p>Thank you for this comment.</p>
<p>"The study was part of a multi-phase study" please cite the original study.</p>	<p>This has been attended to. We only cited three of our articles here. One of our articles on GIS is still under review. Kindly see page 8, second sentence.</p>
<p>Inclusion criteria need some language modifications, but they are still clear. However, exclusion criteria should not be the opposite of</p>	<p>Thank you for this observation. We have refined this section. Kindly see page 12.</p>

<p>the inclusion of criteria. They must be something else that make you exclude those participants. For instance, in the inclusion criteria, it was stated that those who were working in private or public sectors with CDs, will be included. The inclusion criteria, health professionals who are not involved in non-communicable diseases.... This is exactly similar to the inclusion criteria. Please refine it.</p>	
<p>Ethical considerations were not addressed within the methods section. Please add the ethical considerations and how the authors maintain the privacy or confidentiality, participants' rights for participating in the study, risks and benefits, IRB approval...etc.</p>	<p>Thank you for this observation. We have refined this section. Kindly refer to page 9, last paragraph. The Ethical approval information is included ``Ethical approval and consent to participate`` section on page 34. Ethical information can also be found in the consent form attached.</p>
<p>Results</p> <p>Results are clear and cohesive. However, the quotes (p.20, 21, 22, 24,25) seem to be too long and may distract the reader. Just address the main quotes and be simple. You do not have to bring all the quotes from each participants.</p>	<p>Thank you for this observation. We have attempted to modify the quotes. Kindly see pages:22-27</p>
<p>Discussion</p> <p>This is the strongest part in this manuscript. The authors described the consistencies and inconsistencies between the findings of this study comparing to the previous studies. Conclusion: clear, concise, and reflect the main points of the study.</p>	<p>Thank you for this comment.</p>

<p>Conclusion</p> <p>clear, concise, and reflect the main points of the study.</p>	<p>Thank you for this comment.</p>
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Reviewer 2 comments: Dr. Engi A Algharably, Charité Universitätsmedizin Berlin

<p>The current study is important in terms of the very common but critical problem of adherence to antihypertensive medications in developing countries. The results generated from the study are important locally to help lay out strategies to solve the problem. Suggestions are presented to improve the manuscript regarding formatting, as well as the presented ideas.,</p>	<p>Thank you for the general comment.</p>
<p>General</p>	
<p>Abbreviations should be explained at first reference including the abstract and footnotes of figures.</p>	<p>Thank you for this comment. This has been addressed throughout the manuscript.</p>
<p>Language check all over the manuscript is recommended</p>	<p>Thank you for the recommendation. We have checked our manuscript for grammar and tenses.</p>
<p>Numbers 1-10 should be written out in letters. No need to duplicate number and words.</p>	<p>This has been addressed throughout the manuscript</p>
<p>Intoduction</p>	
<p>Well-written and comprehensive, however, the authors should provide some aspects on the nonadherence problem in the context of developing/low income countries.</p>	<p>Thank you for this comment. This has been addressed. Kindly see Pages 6-7 of the introduction section.</p>
<p>Elaborate briefly on the extent of medication adherence problem generally in low/middle income countries and the factors/determinants contributing to it compared to higher income countries.</p>	<p>Thank you for this comment. This has been addressed. Kindly see the second and third paragraphs of the introductory section. Page 6-7</p>

<p>in other words, how medication nonadherence is characterised in low/middle income vs high income/developed countries. It is true that the extent of medication adherence is expected to be lower due to a weaker health infrastructure but plain information could be still mentioned here.</p>	
<p>Reference update is highly recommended.</p>	<p>Thank you for the recommendation. We have made some updates on the references throughout the document.</p>
<p>Methods</p>	
<p>Page 10 line 10: included NCD expert. "a" missing</p>	<p>Thank you for this observation, this has been addressed. page 9,first paragraph, last sentence</p>
<p>NGO Abbreviation stands for?</p>	<p>This stands for Non-Governmental Organization because one of the key stakeholders was from WHO. We understand that this might not have been clearer hence we have written specially in the manuscript as ``WHO expert`` Page11- bullet number 2</p>
<p>The choice of stakeholder participants is not really clear. I would have expected primary care physicians to be more represented in the stakeholder sample as well as nurses who are more affiliated with treating the disorder rather than academic researcher in physiotherapy and epidemiologist nurse or diabetes nurse educator.</p> <p>Was it not accessible to include primary care/secondary care physicians and nurses in the study? Would the opinions generated from</p>	<p>Thank you for this concern which is very much valid. We agree with you as well. The physicians included in our study are those from primary care and emergency medicine. The nurses are also from primary care. The academic researcher and physiotherapy are senior professionals whose work mostly is focused on Non communicable diseases. Kindly see page 9, paragraph 1.</p>

the groups be considered -a priori- enough and carefully representative?	
Page 13 line 31 NVivo 12 pro software: version, manufacturer...?	This has been addressed, thank you. Kindly see page 14.
Results	
Line 8: No need to duplicate number and words.	This has been addressed. Kindly see the result section on page 15, the first paragraph.
Page 16 line 11: “followed by not having a support system”. “system” should be clarified as it may imply e.g. health insurance system while the meaning I presume is social support.	Thank you for this observation. This has been addressed and now reads as “followed by not having a social support system”. Kindly see page 17, first paragraph
Lines14-18 “Figure 1 is submitted in the figure file attached and the legend displayed at the end of the manuscript shows barriers to hypertension adherence the ranking results.”...Please be concise in the text presentation and avoid redundancy.	Thank you for this comment. This is addressed and now reads as: “Figure 1 shows barriers to hypertension adherence.” kindly see page 17,first paragraph
Lines 24-31 Participants have scored points, so I think the numbers in between brackets should be called points instead of scores.	Thank you for this comment and suggestion. We respectfully disagree. When conducting the voting during the Nominal group Technique the voting results are presented as scores, hence we presented them as such.
Page 19 line 16-17: “belief customized culturally appropriate” meaning unclear. Please re-word or clarify.	Thank you for this comment, this now reads as “culturally appropriate”. Kindly see page 20 first paragraph, table 3, last row.
Table 3:	

I suggest to reorder the columns logically starting with barriers, enablers then strategies	Thank you for the suggestion. The columns have been re-arranged as follows: barriers, enablers then strategies. Page 20-21
Line 46: "Sports intervention to target man" and "Social stigma": the relationship is not clear. Sport is generally regarded as a non-drug, lifestyle intervention to optimize response to therapy not to lessen stigma.	Thank you for this comment We do agree with your comment from that perspective. However, Sports intervention in relation to stigma here was discussed as a form of support system to encourage patients with hypertension and man, in general, to meet and get a chance to chat and share ideas including hypertension information. This in a way reduces stigma because even patients themselves may stigmatize one another.
Line 54: "Duration of hospital stay reduced"? How does hospital stay correlate with hypertension when management is basically in an outpatient setting unless it is a hypertensive emergency. Please consider re-wording or explaining.	When patients stay for longer hours it is discouraging and may not be encouraged to come back as prescribed. This way, this becomes a barrier because patients start to default. We do however understand your concern, for clarity this now reads as: ``longer waiting period at the health center kindly see table 3 page 20
Page 20, line 22: "National health fund" is an enabler to simplify the complex medication regimes? Please clarify.	Thank you for this comment. When you have a national health fund, there may be a high chance that there will be a sufficient amount of finance to spend on single medications even for state patients who may not normally afford. Therefore, since some patients are demoralized or default due to the intake of multiple medications as they do not have finances to buy single medications, this way the national health fund can be an enabler.
Page 21 line 39: Just select the most representative of the quotations on the specified theme. No need to	Thank you for the suggestion. We have attempted to select the most representative of

<p>display all participants views to make it easier for the reader.</p>	<p>the quotations on the specified theme. Kindly see pages 22-27</p>
<p>Discussion</p>	
<p>General:</p> <p>Formatting issues: in-text citation should be corrected.e.g. Isiguzo, G.C. et al. (2022).</p>	<p>Thank you for the comment. We have decided to remove the authors' names in the main text as the names already appear in the reference list. Kindly see the discussion section. Page 29-32</p>
<p>A metanalysis by Ogungbe et al., 2021. Medication Adherence Interventions for Cardiovascular Disease in Low- and Middle- Income Countries: A Systematic Review (doi: 10.2147/PPA.S296280) could be considered in the discussion to strengthen the findings of the current study since one of the most common disease analyzed was hypertension.</p>	<p>Thank you for this suggestion. We have included this citation. Kindly see page, page 30, citation (44)</p>
<p>Regarding patients education, could authors discuss more feasible means of educating patients such as involving pharmacists and nurses, even medical students in university hospitals to participate in holding educational sessions or disseminating information leaflets?</p>	<p>Thank you for this comment. We have added more information on this. Discussion section: first paragraph, discussion section</p>

More emphasis on community support strategies could be presented since it was a successful intervention in other disease (TB and HIV) in Namibia.	Thank you for the comment. We have added more information. Refere to page 31, last paragraph
Line 29: Collaborate...perhaps the authors meant corroborate? Highlighted	Thank you for this observation. We have corrected this and reads as ``corroborate`` first paragraph of the discussion. page 29
Page 29 Line 36: what is meant here by "Communities" ?- meaning leaders in the community	Thank you for the comment. We meant ``leaders in the community`` and now reads as such. Refer to: The discussion section, page 30, last paragraph.
Page 30 line 8: Family instead of first name, with no initials should be used in the in-text citation. Kindly unify all over the discussion.	Thank you for the comment. We have opted to remove the author's names in the main text since their names already appear in the references. See the discussion section from page 29
Line 38 "Similar results were reported by Jingjing P; (2021) from China." Reference missing	Thank you for the observation. The article has now been cited (55). We have also removed the author's name since the name already appears in the references. Refer to discussion section: Page 32, first paragraph
Discussion/conclusion:	
briefly state what the study adds in view of the older studies performed in Namibia/Africa.-	Thank you for the comment. This has been added. Kindly see the conclusion session. Page 33

Reviewer 3

Dr. James Hodgkinson, University of Birmingham

Comments to the Author: This original study is described clearly and has	Thank you for this comment.
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<p>been well conducted. Conclusions are appropriate. With such a small and probably biased sample, the authors are nevertheless right to recommend further research, such as a Discrete Choice Experiment.</p>	
<p>One aspect of the study does need to be made more explicit before acceptance for publication, namely how participants were recruited. Who did the initial invitation letters (p.9) go out to, and what sampling frame was used for this? (this applies both to stakeholders and patients).</p>	<p>This has been addressed. Kindly see page 10.</p>
<p>Later (p.12), it is stated provincial managers and supervisors at the Ministry of Health and Social Services were involved in recruiting key stakeholders - but how exactly? This process seems very open to bias, and this should be acknowledged as a limitation.</p>	<p>Thank you for this observation. We approached some stakeholders from Primary health care to refer some key stakeholders or offices were to find them because they are familiar with the system hence we noted their involvement. We have acknowledged this as a limitation. Kindly see page 4.</p>
<p>The article is generally well written, but will need some minor editing to improve English here and there. There were only 2 places where the meaning of what was being said were unclear, however. I'm not sure what is meant by 'an equal gender homogenous group' (Strengths and Limitations section), or why this would mean participants had more freedom to discuss their perspectives.</p>	<ul style="list-style-type: none"> We have checked the sections for grammar and editing. What is meant by ``equal gender homogenous group`` is that an equal number of females(6) and males(6) were included in the study as participants. We have since rephrased this sentence and clarified the statement. The sentence is now written as: balanced group of participants' involvement.
<p>The other unclear phrase is 'developing a national dashboard to primary monitor medication stock' (p.16). What you are getting at is clarified later in the paper, but as this is the</p>	<p>Thank you for this comment, this has been addressed and now reads as ``setting up of a national dashboard. Kindly see page 18, paragraph 1, last sentence.</p>

first mention of this suggestion, it does need to be rewritten to make sense in English.	
In terms of references, These are generally good but on p.29 no reference number is provided for Jingjing's 2021 study (it does not appear to be in the reference list),	Thank you for the comment and observation. The article has now been cited as (55). Kindly see page 32, first paragraph
and you write the authors of the Jolles et al study as 'Emily P' (presumably her first name), so amendments are needed here (to be honest, you don't need to include authors' names in the main text, if you have them in the references).	Thank you for the comment. We have decided to remove the authors' names from the main text. Kindly see the discussion section. page 28-31

VERSION 2 – REVIEW

REVIEWER	Innab, Adnan King Saud University College of Nursing
REVIEW RETURNED	16-Jan-2023

GENERAL COMMENTS	<p>Dear Authors, I would like to thank you for your time and efforts. The authors have responded to all of my comments in a perfect way. The outdated studies were removed; therefore, the manuscript has been totally improved. I have only two suggestions that you may consider if you wish, otherwise I have no any further comments for the authors. The following statements can be revised:</p> <p>Original: "In Namibia, we have not located a study similar to this focused on enforcing medication adherence, although universal access is one of the targets of the Namibia Strategic Plan in response to reducing Non Communicable Diseases (NCDs)" Suggestion: To our knowledge, there is no such study in Namibia that has focused on enforcing medication adherence, although universal access is one of the targets of the Namibia strategic plan in response to reducing non communicable diseases (NCDs)</p> <p>Original: "All the participants explained that their participation is voluntary" Suggestion: "The researchers informed the participants that their participation is voluntary." OR "Participants were informed that their participation is voluntary."</p>
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REVIEWER	Algharably, Engi A Charité Universitätsmedizin Berlin
REVIEW RETURNED	22-Jan-2023

GENERAL COMMENTS	The changes that have been undertaken and the responses to the queries raised were satisfactory and contributed significantly to
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	<p>the understandability and legibility of the manuscript. The work of the authors is to be commended.</p> <p>Minor points: Abstract>Design: "Phase 3" should be phase three Results Page 15: remove brackets from "(8) SMEs and (4)representatives "</p>
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REVIEWER	Hodgkinson, James University of Birmingham, Primary Care Clinical Sciences, Institute of Applied Health Research
REVIEW RETURNED	07-Feb-2023

GENERAL COMMENTS	I am happy that all my suggested revisions have been addressed, including provision of additional methodological detail and acknowledgement of key limitations.
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VERSION 2 – AUTHOR RESPONSE

Reviewer 1 comments: Dr. Adnan Innab, King Saud University College of Nursing

<p>Dear Authors,</p> <p>I would like to thank you for your time and efforts. The authors have responded to all of my comments in a perfect way. The outdated studies were removed; therefore, the manuscript has been totally improved. I have only two suggestions that you may consider if you wish, otherwise I have no any further comments for the authors.</p>	<p>Thank you for the general comment. Comment appreciated.</p>
<p>The following statements can be revised:</p> <p>Original: "In Namibia, we have not located a study similar to this focused on enforcing medication adherence, although universal access is one of the targets of the Namibia Strategic Plan in response to reducing Non Communicable Diseases (NCDs)"</p> <p>Suggestion: To our knowledge, there is no such study in Namibia that has focused on enforcing medication adherence, although universal access is one of the targets of the Namibia</p>	<p>Thank you for the suggestion. We have revised the statement and now reads as suggested. Kindly see page 7, last paragraph</p>

strategic plan in response to reducing non communicable diseases (NCDs)	
Original: "All the participants explained that their participation is voluntary" Suggestion: "The researchers informed the participants that their participation is voluntary." OR "Participants were informed that their participation is voluntary.	Thank you for the suggestion. We have revised the statement and now reads as "The researchers informed the participants that their participation is voluntary." Kindly see page 9, last paragraph

Reviewer 2 comments: Dr. Engi A Algharably, Charité Universitätsmedizin Berlin

Comments to the Author: The changes that have been undertaken and the responses to the queries raised were satisfactory and contributed significantly to the understandability and legibility of the manuscript. The work of the authors is to be commended.	Thank you for the general comment. Very much appreciated.
Minor points:	
Results Page 15: remove brackets from "(8) SMEs and (4)representatives "	We have incorporated the suggestions. Kindly see page 15, first paragraph

Reviewer 3

Dr. James Hodgkinson, University of Birmingham

Comments to the Author: I am happy that all my suggested revisions have been addressed, including provision of additional methodological detail and acknowledgement of key limitations.	Thank you for the general comment and acknowledgement.
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