RESPONSE TO REVIEWERS

Response to Reviewers

Corresponding Author	[Author Name]
Institution	[Institution Name]
Date	17 June 2026
Generated by	ScholarForge Academy — scholarforge.academy

I'll generate both documents now.

[Date]

Dear Dr./Prof. [Editor Name],

Re: Manuscript ID [ID] — "Currently available malaria control tools in Tanzania: A narrative synthesis using RE-AIM with implications for malaria elimination"

We are pleased to resubmit our revised manuscript for consideration in the *Tanzania Journal of Health Research*. We sincerely thank the reviewers for their thorough and constructive comments, which have substantially strengthened the work. We have carefully addressed all reviewer comments as detailed in the point-by-point response below. The key revisions include: (1) reframing the study as a scoping review with a clearly defined research question structured using the PEO framework; (2) aligning the title and objectives to reflect the scoping review approach and the RE-AIM analytical lens; (3) consolidating multiple aims into a single, focused research aim; and (4) updating outdated references and clarifying sentences throughout the manuscript. We believe the revised manuscript now fully meets the standards of the *Tanzania Journal of Health Research* and respectfully request reconsideration for publication.

Yours sincerely,
Putin M. ONYANGO
University of Dar es Salaam, Mbeya, Tanzania

POINT-BY-POINT RESPONSE TO REVIEWERS

REVIEWER 1

Comment R1.1:

> **REVIEWER COMMENT**
> *"Although it employs some methodologies commonly used in systematic reviews, it does not meet the criteria of a systematic review."*

AUTHOR RESPONSE

We thank the reviewer for this important observation. We agree entirely. Upon careful reflection, the study does not meet the definitional criteria of a systematic review — particularly the exhaustive search strategy across all relevant databases, the meta-analytic or quantitative synthesis components, and the strict PRISMA-compliant reporting that a full systematic review requires. The manuscript has accordingly been reframed as a **scoping review**, which is more appropriate given the broad scope of the inquiry, the heterogeneity of included study designs, and the intent to map available evidence and identify gaps rather than synthesise effect estimates (Arksey & O'Malley, 2005; Munn et al., 2018; Peters et al., 2020). The scoping review methodology is guided by the Arksey and O'Malley (2005) framework as updated by Levac et al. (2010) and Peters et al. (2020), and reported in accordance with the PRISMA Extension for Scoping Reviews (PRISMA-ScR; Tricco et al., 2018). The title, abstract, and methods sections have been revised throughout to reflect this reframing.

MANUSCRIPT CHANGE

Title, Abstract, Methods (Section 2), throughout

Original: *This systematic review evaluates the implementation of key malaria control tools...*

Revised: This scoping review maps the available evidence on the implementation of key malaria control tools such as long-lasting insecticidal nets (LLINs), indoor residual spraying (IRS), artemisinin-based combination therapies (ACTs), and seasonal malaria chemoprevention (SMC) in Tanzania, analysed through the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, Maintenance).

Comment R1.2:

REVIEWER COMMENT

"The author should show clearly what is the novelty of his study."

AUTHOR RESPONSE

We thank the reviewer for this observation. We agree that the novelty of the study was not sufficiently articulated. A dedicated paragraph explicitly stating the novelty has been added to the Introduction. The novelty of this study lies in its application of the RE-AIM implementation science framework — originally developed for evaluating the public health impact of health promotion interventions (Glasgow et al., 1999) — to the specific context of malaria control in Tanzania. While prior reviews have addressed the efficacy of individual malaria control tools, none, to our knowledge, has systematically mapped the Tanzanian evidence base across the five RE-AIM dimensions (Reach, Effectiveness, Adoption, Implementation, Maintenance) simultaneously, for all four WHO-recommended tools (LLINs, IRS, ACTs, SMC). This framework-driven synthesis reveals not only what works, but how

well interventions are reaching target populations, being adopted at scale, implemented with fidelity, and sustained over time — dimensions that are essential for informing malaria elimination policy (Glasgow et al., 2019; Estabrooks et al., 2018).

MANUSCRIPT CHANGE
Section 1 (Introduction), Page [##], Lines [##-##]
Original: *[No explicit novelty statement existed]*
Revised: The novelty of this scoping review lies in its application of the RE-AIM implementation science framework to simultaneously evaluate all four WHO-recommended malaria control tools — LLINs, IRS, ACTs, and SMC — within the Tanzanian context. Unlike previous reviews that focus on the efficacy of individual interventions, this review maps evidence across all five RE-AIM dimensions (Reach, Effectiveness, Adoption, Implementation, and Maintenance), thereby revealing structural gaps in how implementation outcomes are reported and how programmes can be strengthened for sustained malaria elimination.

Comment R1.3:

REVIEWER COMMENT
"The manuscript lacks a specific and focused research question, which is a fundamental requirement of a systematic review. Such questions should be clearly defined using established frameworks (e.g., PICO, PEO, or SPIDER), which also guide the search strategy, eligibility criteria, and analysis. These frameworks were not clearly applied in the manuscript."

AUTHOR RESPONSE
We thank the reviewer for this critical observation. We agree that the absence of a structured research question was a significant gap. A clearly defined research question has now been formulated using the **PEO (Population, Exposure, Outcome)** framework, which is appropriate for scoping reviews that do not involve a comparator condition (Peters et al., 2020; Munn et al., 2018):

- **Population (P):** Children under five, pregnant women, and the general population in Tanzania
- **Exposure (E):** WHO-recommended malaria control tools — LLINs, IRS, ACTs, and SMC
- **Outcome (O):** Implementation outcomes as assessed across the five RE-AIM dimensions (Reach, Effectiveness, Adoption, Implementation, Maintenance)

Research question: *To what extent have the WHO-recommended malaria control tools (LLINs, IRS, ACTs, and SMC) been implemented across the RE-AIM dimensions (Reach, Effectiveness, Adoption, Implementation, and Maintenance) in Tanzania, and what evidence gaps exist?*

This question now explicitly guides the search strategy, eligibility criteria, and analytical framework throughout the manuscript.

MANUSCRIPT CHANGE
Section 2.1 (Search Strategy) and Section 1 (Introduction), Page [##], Lines [##-##]
Original: *[No structured research question was stated]*
Revised: The research question guiding this scoping review was formulated using the PEO framework: Among the general population in Tanzania, including children under five and pregnant women (P), how have WHO-recommended malaria control tools — LLINs, IRS, ACTs, and SMC (E) — been implemented across the five RE-AIM dimensions of Reach, Effectiveness, Adoption, Implementation, and Maintenance (O), and what evidence gaps exist?

Comment R1.4:

REVIEWER COMMENT
"Study outcomes were not explicitly defined."

AUTHOR RESPONSE
We thank the reviewer for this observation. We agree that the study outcomes were insufficiently defined. The outcomes of interest for this scoping review have now been explicitly defined in Section 2.2 (Inclusion and Exclusion Criteria) and operationalised in relation to the RE-AIM framework. Specifically, the outcomes of interest are: (1) **Reach** — proportion of the target population (children under five, pregnant women, general population) covered by each intervention; (2) **Effectiveness** — measured changes in malaria incidence, prevalence, parasite positivity rate, morbidity, or mortality attributable to the intervention; (3) **Adoption** — uptake of interventions by communities, health facilities, or implementing organisations; (4) **Implementation** — fidelity, consistency, and quality of intervention delivery; and (5) **Maintenance** — long-term sustainability of coverage and intervention effect at individual and organisational levels.

MANUSCRIPT CHANGE
Section 2.2 (Inclusion and Exclusion Criteria), Page [##], Lines [##-##]
Original: *Studies were included if they met the following criteria: (1) peer-reviewed articles published between 2000 and 2025; (2) focused on Tanzania; (3) evaluated the implementation of any of the WHO-recommended malaria control tools—LLINs, IRS, ACTs, or SMC; and (4) reported implementation outcomes using at least one dimension of the RE-AIM framework.*

Revised: Studies were included if they met the following criteria: (1) peer-reviewed articles published between 2000 and 2025; (2) conducted in or focused on Tanzania; (3) evaluated the implementation of any WHO-recommended malaria control tool — LLINs, IRS, ACTs, or SMC; and (4) reported data relevant to at least one RE-AIM dimension, operationalised as follows: Reach (population coverage rates), Effectiveness (changes in malaria incidence, prevalence, parasite positivity rate, morbidity, or mortality), Adoption (uptake by communities, health facilities, or organisations), Implementation (fidelity, quality, or consistency of delivery), and Maintenance (long-term sustainability of coverage or intervention effect).

Comment R1.5:

REVIEWER COMMENT

"The scope of the study is very broad. It would be more effective to focus on a single intervention."

AUTHOR RESPONSE

We thank the reviewer for this suggestion. We respectfully maintain the broad scope of the review for the following reasons. The primary value of this scoping review lies in its comparative, framework-driven mapping of all four WHO-recommended tools simultaneously. Restricting the review to a single intervention would preclude the identification of cross-cutting implementation gaps — such as the consistent underreporting of the Adoption and Maintenance dimensions — that transcend individual interventions and have direct implications for integrated national malaria control strategy. This approach is consistent with the purpose of scoping reviews as defined by Arksey and O'Malley (2005) and Munn et al. (2018), which is to map the breadth of available evidence rather than to answer a narrow clinical question. Furthermore, Tanzania's National Malaria Control Programme relies on the simultaneous deployment of multiple tools, making a multi-intervention review directly relevant to policy (WHO, 2021; WHO, 2024). Nonetheless, we acknowledge the limitation and have explicitly recommended that future primary research and focused systematic reviews address individual interventions in greater depth. This has been added to the Limitations section.

MANUSCRIPT CHANGE

Section 4 (Discussion/Limitations), Page [##], Lines [##-##]

Original: *[No explicit acknowledgement of scope limitation]*

Revised: A notable limitation of this review is its broad scope, which encompasses four distinct interventions. While this breadth is appropriate for a scoping review intended to map the evidence landscape and identify cross-cutting implementation gaps, it limits the depth of analysis for individual tools. Future scoping or systematic reviews focusing on a single intervention — such as LLINs or SMC — would enable more granular analysis of implementation fidelity, equity dimensions, and dose-response relationships.

Comment R1.6:

REVIEWER COMMENT

"The author did not fully adhere to the PRISMA checklist for reporting systematic reviews. Proper adherence to PRISMA would have prevented several of the issues identified in the main document."

AUTHOR RESPONSE

We thank the reviewer for this important observation. As noted in our response to Comment R1.1, the manuscript has been reframed as a scoping review. Accordingly, reporting now adheres to the **PRISMA Extension for Scoping Reviews (PRISMA-ScR)** checklist (Tricco et al., 2018) rather than the standard PRISMA checklist for systematic reviews (Moher et al., 2009). The PRISMA-ScR checklist has been completed and is available as a supplementary file. Key additions include: an explicit research question (see R1.3), a structured eligibility criteria table aligned with the PEO framework (see R1.4), a revised PRISMA-ScR flowchart, and transparent reporting of the search strategy. These revisions bring the manuscript into full compliance with current scoping review reporting standards (Liberati et al., 2009; Tricco et al., 2018).

MANUSCRIPT CHANGE

Section 2.1 and 2.3, Page [##], Lines [##-##]

Original: *This methodological approach aligns with PRISMA guidelines and enhances the reproducibility and transparency of the review process (Moher et al., 2009).*

Revised: This methodological approach adheres to the PRISMA Extension for Scoping Reviews (PRISMA-ScR) checklist (Tricco et al., 2018), which guides the reporting of scoping reviews and enhances the reproducibility and transparency of the review process. The completed PRISMA-ScR checklist is provided as a supplementary file.

Comment R1.7 (Minor):

REVIEWER COMMENT

"There is a clear mismatch between the study title and objectives."

AUTHOR RESPONSE

We thank the reviewer for identifying this inconsistency. We agree. The original title described "a narrative synthesis using RE-AIM," while the objectives referred to assessing,

reporting, and identifying gaps — language more consistent with a scoping review. The title has been revised to accurately reflect the scoping review methodology and the focus on implementation evidence mapping.

MANUSCRIPT CHANGE
Title, Page 1
Original: *Currently available malaria control tools in Tanzania: A narrative synthesis using RE-AIM with implications for malaria elimination*
Revised: Implementation of malaria control tools in Tanzania: A scoping review using the RE-AIM framework with implications for malaria elimination

Comment R1.8 (Minor):

REVIEWER COMMENT
"Some references cited in this manuscript are outdated."

AUTHOR RESPONSE
We thank the reviewer for this observation. Outdated references have been reviewed and updated where more recent evidence is available. Specifically, the reference to Lengeler (2004) has been supplemented with Pryce et al. (2018), and the WHO (2021) reference has been updated to WHO (2024). All references now reflect the most current available evidence within the verified reference library.

MANUSCRIPT CHANGE
Throughout the manuscript, references updated
Original: *LLINs...have been shown to reduce malaria incidence by up to 50% when used consistently (Lengeler, 2004).*
Revised: LLINs have been shown to reduce malaria incidence substantially when used consistently, with evidence from multiple Cochrane reviews confirming significant reductions in malaria morbidity and mortality (Lengeler, 2004; Pryce et al., 2018).

Comment R1.9 (Minor):

REVIEWER COMMENT
"Certain sentences are unclear, confusing, or lack proper citations."

AUTHOR RESPONSE

We thank the reviewer for this general observation. We have conducted a thorough editorial review of the entire manuscript to identify and revise sentences that were unclear, internally inconsistent, or unsupported by citations. Key revisions include: (1) the Results section, where a sentence began "However, while Reach and Effectiveness..." without completing the clause — this has been corrected; (2) citations have been added to statements that lacked them, particularly in the Introduction and Discussion; and (3) sentences containing undefined abbreviations or ambiguous referents have been clarified. All changes are reflected in the revised manuscript.

MANUSCRIPT CHANGE

Abstract, Results Section 3.3.1, Page [##], Lines [##-##]

Original: *However, while Reach and Effectiveness of LLINs and IRS, particularly when combined, with evidence of up to 50% reduction in malaria transmission.*

Revised: The Reach and Effectiveness of LLINs and IRS, particularly when combined, are well-documented, with evidence of up to 45–50% reduction in malaria transmission when the two interventions are deployed together (Mulebeke et al., 2025; Zhou et al., 2022).

Comment R1.10 (Minor):

REVIEWER COMMENT

"Currently the study mentions multiple aims, which should be consolidated into a single, clear, and focused study aim to improve clarity and coherence."

AUTHOR RESPONSE

We thank the reviewer for this suggestion. We agree that the multiple objectives created fragmentation. The aims have been consolidated into a single, focused research aim that encompasses the core purpose of the review.

MANUSCRIPT CHANGE

Section 1 (Introduction), Page [##], Lines [##-##]

Original: *This systematic review aims to examine the implementation of currently available malaria control tools in Tanzania using the RE-AIM framework. Specifically, the objectives are to: (1) assess the implementation outcomes of LLINs, IRS, ACTs, and SMC in Tanzania; (2) report findings using the RE-AIM dimensions; and (3) identify gaps in external validity reporting that may hinder scalability.*

Revised: This scoping review aims to map the available evidence on the implementation of WHO-recommended malaria control tools — LLINs, IRS, ACTs, and SMC — in Tanzania, analysed through the five dimensions of the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, and Maintenance), in order to identify implementation evidence gaps and inform strategies for sustainable malaria elimination.

SUMMARY TABLE

#	Reviewer	Comment Summary	Action Taken	Location
R1.1	Reviewer 1	Study does not meet criteria of a systematic review	Revised — reframed as scoping review throughout; methodology updated to Arksey & O'Malley (2005) / PRISMA-ScR	Title, Abstract, Sections 1, 2 throughout
R1.2	Reviewer 1	Novelty of study not clearly stated	Revised — explicit novelty paragraph added to Introduction	Section 1, Page [##], Lines [##-##]
R1.3	Reviewer 1	No specific research question; no PICO/PEO/SPIDER framework applied	Revised — PEO-structured research question added; guides search strategy and eligibility criteria	Sections 1 and 2.1, Page [##], Lines [##-##]
R1.4	Reviewer 1	Study outcomes not explicitly defined	Revised — outcomes operationalised across all five RE-AIM dimensions in inclusion criteria	Section 2.2, Page [##], Lines [##-##]
R1.5	Reviewer 1	Scope too broad; suggest focus on single intervention	Not fully revised — broad scope retained as appropriate for scoping review; limitation acknowledged and future research recommendation added	Section 4, Page [##], Lines [##-##]
R1.6	Reviewer 1	Did not fully adhere to PRISMA checklist	Revised — PRISMA-ScR (Tricco et al., 2018) now used; checklist completed as supplementary file	Sections 2.1, 2.3, Page [##], Lines [##-##]

#	Reviewer	Comment Summary	Action Taken	Location
R1.7	Reviewer 1	Mismatch between title and objectives	Revised — title updated to reflect scoping review and RE-AIM framework	Title, Page 1
R1.8	Reviewer 1	Some references outdated	Revised — Pryce et al. (2018) added; WHO (2024) updated	Throughout manuscript
R1.9	Reviewer 1	Some sentences unclear or lack citations	Revised — incomplete sentence in abstract corrected; citations added; ambiguous sentences clarified	Abstract, Sections 1, 3.3.1, Page [##], Lines [##-##]
R1.10	Reviewer 1	Multiple aims should be consolidated into one	Revised — single focused aim now stated	Section 1, Page [##], Lines [##-##]

[VERIFY] FLAGS — Author Must Check Before Submission

⚠ **VERIFY BEFORE SUBMISSION**

- ☐ Replace all Page ## and Lines ##-## placeholders with actual numbers from your manuscript
- ☐ Confirm all new references added — check DOIs, volume, issue, page numbers against your reference library
- ☐ Confirm Pryce et al. (2018) Cochrane review citation details are correct — entry #18 in your library
- ☐ Confirm that the PRISMA-ScR supplementary checklist has been completed and attached
- ☐ Update manuscript ID in cover letter
- ☐ Update editor name in cover letter
- ☐ Confirm date of resubmission in cover letter
- ☐ Confirm the Table 1 study references (Protopopoff et al., 2015; Khatib et al., 2019; Mwaiswelo et al., 2024; Kaufman et al., 2012; Vey et al., 2024; Vey et al., 2025) are in your reference library — these are NOT in your uploaded verified list and may require [Citation needed] treatment or verification
- ☐ The reference "Brownson et al., 2023" cited in original manuscript Introduction is NOT in your verified reference library — replace with [Citation needed] or remove

- ☐ The reference "Kabula et al., 2024" cited at end of Section 3.3.5 is NOT in your verified reference library — replace with [Citation needed] or remove
- ☐ The reference "Lalji et al., 2016" cited in Section 3.3.1 is NOT in your verified reference library — replace with [Citation needed] or remove
- ☐ "WHO, 2022" cited in Introduction for ACTs is NOT in your verified reference library — update to WHO (2024) or add [Citation needed]
- ☐ Check all highlighted changes in revised manuscript are accurately reproduced
- ☐ Confirm author name spelling: Putin M. ONYANGO — matches institutional records