Reviewer's report

Title: Assessing the acceptability of HIV care package among tuberculosis patients in the Northwest Region, Cameroon.

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Reviewer: Jeremiah Chakaya

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Assessing the acceptability of HIV care package among tuberculosis patients in the Northwest Region, Cameroon

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Summary of study

This study is a descriptive report of TB/HIV collaborative activities in the North Western Region of Cameroon. Data on HIV testing and provision of ART and CPT in four out of ten hospitals offering comprehensive HIV care services in the Northwestern region was abstracted from TB and ART registers for all TB patients registered from January 2006 to December 2007. Of the 2,270 TB patients registered over this period, all of them were offered HIV testing and 95% of them accepted the test. Of the patients tested for HIV about 69% were HIV positive and of these 50% were placed on ART and 47% on CPT. Comparisons were made of the likelihood of being offered HIV testing, HIV seropositivity and being placed on ART and CPT between those accessing care in public hospitals and faith based hospitals and in relation to a number of factors including age, gender, area of residence and type of TB.

Comments

1. This manuscript may have been written by persons who do not use English as the primary language of communication and thus has numerous sentences that appear not to make much sense. Requesting a person with a good command of the English language to read the manuscript and polish up the English may be useful. Some examples are provided below

   a. Page 2: “Under its guidance the national strategic plan against AIDS drafted its activities for 2000 -2005 which ..... and preventing mother to child transmission of HIV”. I believe that what is meant by this sentence is that the National AIDS Control Programme drafted a strategic plan with activities to prevent, treat and care for AIDS patients. A national strategic plan is drafted by people and cannot on its own draft activities as implied in the quoted sentence in the manuscript.

2. In the background it may be useful to provide an outline of the structure of the National AIDS Control Programme and the National Tuberculosis Programme to
allow for a better understanding of the situation in Cameroon and to place the results of this study into perspective. It may also be useful to provide figures for HIV and TB infection and diseases in a coherent manner. It is particularly important to highlight the following:

a. Burden of TB including TB Case Notification Rate (CNR) and the trend of the CNR in Cameroon.

b. Tuberculosis treatment outcomes in Cameroon to allow readers to somewhat judge the quality of the Cameroonian TB Control Programme.

c. The estimated HIV seroprevalence in the adult population in Cameroon and thus the number/proportion of persons in need of ART and on ART. Some of this data is provided for 2004 which is five years ago. I wonder if there are recent estimates or estimates for the years when this study was carried out.

d. Clarify the data provided for reference number 11 on page 2 which states that “Among TB patients there has been a steady increase from 2.9% in 1989 to 29% in 2000”. Is this increase for the HIV testing rate in TB patients or for HIV sero-prevalence among TB patients?

e. Clearly state the data sources for all these figures in the text (for example the National Demographic Survey of 2004).

3. Though it is indicated on page 3 that the study “assess the uptake of PITC, ART and CPT among TB patients”, there is no clarity on the research question or objectives of the study. It appears that the authors undertook to describe the uptake of HIV testing among TB patients and the provision of ART and CPT to HIV infected TB patients in one region of Cameroon from a specific time point (year or month of introduction of TB/HIV collaborative activities) and to examine factors that influenced this uptake and provision of HIV related interventions to TB patients. However there is no indication of the programmatic changes that had occurred by 2005 to justify this time point as the beginning of the period of interest. The examination of factors that influenced the likelihood of being tested for HIV and being provided with ART or CPT is not explicitly stated as an objective of the study.

4. The study is significantly weakened by the “purposeful” selection of health facilities for inclusion into this study. It appears that a large number of health care facilities in the region were left out including 6 of the 10 facilities offering HIV comprehensive care services. This introduced a significant selection bias.

5. I cannot comment with any degree of authority on the statistics for this manuscript but I note the following:

a. Table 1 is not included

b. Comparisons are made primarily between public and the faith based sectors. The rationale for this comparison needs to be explained. Do these sectors serve patients with significant differences in some characteristics such as age, gender, area of residence or socio-economic group?

c. P-values are not provided.

d. The confidence intervals of the odd ratios for many of the examined factors
include 1.

e. In the evaluation of risk factors for HIV sero positivity in TB patients PTB is compared with EPTB. There may be merit in separating smear positive PTB from smear negative PTB.

6. The key message(s) for an intended international readership of this manuscript is unclear. What new knowledge, if any, does this manuscript add in this field?

Summary of review

1. Question posed by authors – unclear
2. Methods – ok for a simple descriptive study such as this
3. Data is incomplete – Table 1 is missing
4. Manuscript approaches standards for data reporting and deposition
5. The facility selection is acknowledged by the authors
6. Significant editorial work is required

**Level of interest:** An article whose findings are important to those with closely related research interests