Reviewer's report

Title: Changing clinical needs of people living with AIDS and receiving home based care in Malawi - the Bangwe Home Based Care Project 2003-2008 - a descriptive study

Version: 1 Date: 9 October 2009

Reviewer: Elizabeth Marum

Reviewer's report:

Reviewer Comments: Changing Clinical needs of people living with AIDS and receiving home based care in Malawi

Major Compulsory Revisions:

Overall comments:

1. Manuscript needs editing for better English. For example, see sentence on top of page 4 “…food supplements, which are sometimes available, are dispensed when available”. Other sentences throughout manuscript could use editing for clarity and lack of repetition. “commonest diagnosis” (page 6) should be “most common”. Please review entire manuscript to improve the writing.

2. The changes in the quantity of care needed and provided are presented but a discussion of the changes in clinical services with the advent of ART is needed. Have the HBC services changed from purely palliative care before ART to home based management of ART? Main object of the research is defined on page 3 as: “to describe the changing pattern of HBC needs…” but the analysis seems to just focus on the number of visits, not the potential change from palliative care to ART management in the home. More discussion of HBC services in the ART era would be helpful to the reader.

Specific comments:

HIV testing: The use of the term “presumptive diagnosis of AIDS” (page 4 under study period and sample) in the era of rapid testing which can be done in the home is surprising. Further, in the section on HIV test status, it appears that more than half (54%) of patients in 2003 had not been tested for HIV, and even in 2008, 25% of patients enrolled had not been tested for HIV. Yet the title of the manuscript includes the term “people living with AIDS.” Mis-diagnosis of patients without HIV testing has been documented elsewhere. Further, the statement is made that 83% of those tested reported a positive test. Does this mean that 17% reported a negative test? In that case, shouldn’t they be excluded from the analysis? Limiting the analysis to those with a confirmed HIV diagnosis, or comparing those with a confirmed diagnosis to those with unknown HIV status and/or reported HIV negative status is recommended. The statement is made on page 8 that a quarter of Stage 3 and 4 patients survived (some for over 5 years) without receiving ART brings into question the original diagnosis. How many of
these long term survivors had a confirmed HIV diagnosis?

Quantity of care needed: Statement is made in both abstract and in body of paper (page 8) that six new patients enrolled weekly generate 40 follow-up visits each week. Does this mean that these 6 new patients each receive almost daily visits? (6 new patients receive 40 follow-up visits weekly?) Please clarify.

“Positive living”: This term, used twice on page 4, needs to be defined. In this context, the features of comprehensive HBC listed on page 4 does not mention prevention of HIV transmission. If prevention is what is meant by positive living, please be explicit about this. This reviewer has seen the term “positive living” defined in many different ways. How was it defined by this project?

Ethical issues: The way the manuscript is written suggests that there was not an aggressive effort to assist patients to access ART, even when it was available in the area. Statement is made “half the HBC patients with WHO state 3 or 4 were not on ART.” (page 7, discussion) This reviewer has serious concerns about a HBC program that did not make more aggressive efforts to ensure that all patients needing ART received ART once it was available. More description is needed of the efforts of the HBC program to improve access to ART by patients receiving HBC. If no such efforts were made, this should be stated and defended.

Concluding paragraph: statement is made that the need for HBC has not diminished despite the availability of ART. But if HBC services have changed from palliative care to home based management of ART, ongoing need for HBC is clear. Do the authors mean that even with ART, many patients are still dying and the need for palliative HBC services has not diminished? More clarity about palliative care versus home management of ART is needed.

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests.