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: 2 Date: 18 February 2010

Reviewer: Elizabeth Marum

Reviewer's report:

Minor but essential revisions:

1. Manuscript still needs carefully editing. For example, please see page 6, first sentence after “Antiretroviral therapy” heading, (12% of) and other similar editing problems. Also see paragraph three in discussion: “…known HBC patients will tend to seek care although ambulant from the HBC team…” Should be: “…known HBC patients, though ambulant, will tend to seek care….” See also paragraph 5 of discussion: “early cases where almost certainly…” I believe the word “were” was intended. Another sentence that is important in the discussion sentence is unclear and needs editing: “The reason for the increase in follow up…” Please review the entire manuscript for such wording changes that are needed.

2. Results: HIV test status: please include a clear statement whether or not the staff of the HBC project provided HIV testing in the home setting. Paragraph in results section implies that home testing was not done; sentence in second paragraph of discussion states that “some our staff have been trained in HCT and can provide it in the home if appropriate.” Did this training occur during the period of the study or was providing home testing an outcome of the study which found so many HBC patients who were not properly diagnosed? Both results section on testing and discussion section on testing should be more clear.

3. Discussion section: paragraph 5 includes a sentence that “HIV tests were uncommon in the early years of the study.” This is not correct as availability of HIV testing was increasing rapidly in Malawi after 2000. The problem seems to be that some patients requested and received home based care but refused HIV testing. This issue may warrant more discussion. Data are presented that the percent of HBC patients who were tested increased significantly over the course of the study but some (hard to tell what number or %) remain without a full diagnosis. Isn’t it sub-standard medical practice to provide HBC for a patient for refuses a cheap and rapid diagnostic procedure? What are the implications for home based care in the ART period if there are some patients who still refuse an HIV test? What should be the role of a HBC program to ensure access to a proper diagnosis? There is some mention of this in the first sentence of the second paragraph of the discussion but the current wording of the sentence suggests that this applies only for the “less sick”. Thorough diagnostic procedures are the basis for quality care for all patients.
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 I have no competing interests.