Reviewer's report

Title: How HIV/AIDS scale-up has impacted on non- HIV priority services in Zambia

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Reviewer: Joseph Perriens

Reviewer's report:

This is an interesting and original paper. It deserves a lot of attention because it could inspire others to undertake similar research, but also indicates how health facilities can and should use routine statistics for quality improvement. I have a few issues and clarifications, which could be dealt with as minor revisions:

1) Spelling and grammar: I found a few mistakes - they are obvious in on the scanned pages, and need correcting.

2) Length: I found the paper lengthy, especially the introduction. This could be shortened to 2 or 3 paragraphs. The number of figures could also be reduced - figure 1 to 5 could be integrated. Figures 6 to 9 duplicate to an extent table 3 and convey little additional substance apart from giving an idea of the scatter of the data - surely there must be an elegant method to capture this in a summary statistic. Suggestions to simplify tables 2 and 4 are provided in the scanned attachment.

3) Clarification: I don't understand how antenatal care coverage was defined - surely it is not number of women attending antenatal care at least once, out of all pregnant women. Is it women completing at least 4 antenatal care visits? Or % of women attending antenatal care out of all women in the area covered by the facility? Likewise, it needs to be clarified how coverage of family planning was defined.

4) I'm not comfortable with the statement on page 25 on pharmaceutical management "this often does not happen in practice" and "quality of care may be deteriorating". Even if stock out of non-HIV drugs was more frequent and of longer duration that those of HIV drugs, the authors don't provide data that the introduction of HIV drugs improved or worsened the availability of other drugs, which would justify their negative statement. It would be worth pursuing an analysis of how stock out of both drug classes changed over time, and make a statement supported by data. If this is not possible, they could acknowledge their inability to address the question of how HIV drug management influenced the availability of other drugs.

5) I wonder whether it is worth pursuing the introduction of time as a dimension in the assessment of how service delivery varied. It seems to me that now all change over a 4 year period was pooled and correlated, while change in HIV service delivery was later in the districts outside Lusaka. This potentially might dilute negative effects of HIV service delivery. I'm not calling to address this as a
major compulsory revision because the simplicity of the method used should be appealing for people assessing the interaction between service delivery for HIV at facility or district level, and because I must admit that my own statistical background is not strong enough to make a strong suggestion. Conceivably a statistician could be brought in as a reviewer if the journal wished to provide the authors guidance in this respect.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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.