Reviewer’s report

Title: Barriers and facilitators of adherence to TB treatment in patients on concomitant TB and HIV treatment: a qualitative study

Version: 1  Date: 26 August 2010

Reviewer: Soumya Swaminathan

Reviewer’s report:

The manuscript describes barriers and facilitators to TB treatment among HIV coinfected patients in Addis Ababa, Ethiopia. The paper is well written, is clear and a good literature review has been done. The subject matter of adherence to TB treatment has been well investigated and described in the literature already and no major new findings have been described in this report. However, this report has the potential to address this important question among patients on concomitant TB and HIV treatment, an area with limited available evidence.

Major Revisions

In order for the findings to be generalizable or to have an impact on policy and practice in Ethiopia (and countries with similar demographics), it would be important to generate more evidence to back the authors recommendations. This study included only 2 focus groups, 15 indepth interviews with patients and 9 with health care professionals. Given the heterogeneity of the patients (sex, age, educational status and most important TB outcomes), 2 focus groups are insufficient to capture the breadth of information. Further, FGDs are generally conducted up to the point where they do not yield additional information, and are then followed by indepth interviews that are guided by the findings from FGDs. The reverse has been followed in this study. It would be preferable to repeat some more focus groups and then try and obtain quantitative information on the extent to which each of the barriers described is an issue. e.g authors recommend that transport costs and food may help improve adherence. These are important points with huge financial implications for the program manager and policy maker - are these justified and how big is the problem? Anecdotal descriptions by patients and health care workers are helpful but insufficient to influence policy change. Therefore, a quantitative element to this study with a breakdown of reasons for non-adherence to treatment (in a sufficient number of patients) is necessary. Even if the authors decide to restrict this to a qualitative study, by increasing the sample size, one will be able to gauge the extent of each barrier.

Finally, while many studies describe the perceptions of patients and health care workers, very few go to the next step of performing an intervention and documenting the impact. This is particularly true for behavioral interventions like adherence counselling or counselling about side effects, the disease itself etc. but also for other interventions like food assistance or financial incentives.
Minor Revision
Profile of patients included in the focus groups, in terms of TB outcome, not described in Table 3.
Couple of errors like 1st para on page 20 a sentence beginning with "Other" is incomplete

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests