Reviewer's report

Title: Management of pulmonary tuberculosis patients in an urban setting in Zambia: a patient's perspective

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Reviewer: Dag Gundersen Storla

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My overall impression is that the article covers a very important issue, as it tries to explore into treatment adherence and success seen from the patient's point of view. But this is also a demanding position; it is its strength and weakness. The data entry is indeed retrospective; the patients are asked after a long time about what they remember the TB service provider told them, asked them, did or did not, etc. Considerable recall errors must be expected. Besides, the danger of skewed reports is also high; it is well known that if the interviewer is considered to represent the authorities or health care system (which is likely here), they tend to bias their answers in the way they expect they should be to please them (to report better behaviour by the TB health worker than it actually was). An indicator of this could be that it is reported of a prolonged delay even among the patients who suspect their condition to be TB with prominent symptoms. Maybe this avoidance comes because rumours has it that the behaviour is not so good, the humiliation of DOTS, Stigma, etc. These aspects are not properly discussed.

On page 4 it is written in line 9 that Zambia has 100% DOTS coverage. We assume first that this is not likely, and secondly: the authors mention later in the article that also private practitioners are giving TB treatment. Are 100% of them also providing treatment utilizing the DOTS strategy?

I also miss more information about the NTLP; is it a "vertical" program, or is it integrated in the other health care services?

On page 5 first passage: I miss something about the well known vicious circle of repeated visits at the same health care level without being referred to the specific NTP. The last part also contain a lot of statements and conclusions, which should not appear in an introduction; "To achieve well functioning primary healthcare systems, NTP needs to establish good monitoring systems ... NTP should provide for analysis ... Patient education is an important aspect of ... (page8)"

Under methods (page 6): Why did they only included sputum-positive cases?

That the cases were collected in 2006 and 2007 is not exact enough, we should know the precise start and end month.

To state that the Questionnaire ad. was performed in August 2008 (page 6) is a typical example of all the unnecessary information in this article.
Only six of the 26 included health care centres were able to perform sputum microscopy (page 7). How could the authors then make it an important issue if the staff instructed the patients to come back for repeated sputum tests if microscopy was not available in a large majority of centres?

Page 7: "what is "programmed logical checks"?"

Page 7, fourth line from the bottom: What does it mean that the patients are treated ambulatory; is not all patients treated as outpatients, without being admitted? Does it mean that the staff comes home to them? And if so, is not this an advantage and not a problem?

Notification: As only 105 patients were included, it does not give a meaning to quote the percentages with one decimal (23.6%) it should be used only whole numbers (23) And the additional absolute numbers is not necessary; the numbers and percentages are close to each other in values, and the double writing is awkward to read. Besides; they are not listed in a consequent form.

Some of the conclusions are also rather self-understood, eg that patient adherence is associated with caregiver adherence to treatment (page 12). In general the discussions needs to be more "to the point", the authors need to dare pick out and pinpoint some few IMPORTANT conclusions instead of a long text with a lot of rather obvious statements.

A major language wash and considerable re-writing must be done. Obvious errors are abundant (especially in the first parts, the result and discussion part is substantially better), the language is awkward and the total length of the article can be radically reduced. Examples of errors and sentences that need revision:

Page 4 line 6: cases.threatens --> cases threaten
Page 4 line 9: strategy as its' --> its
Page 4 line 12: health care system is key in the --> is a/the key in the
Page 4 line 17: DOTS has contributed at country level --> omit "at country level"
Page 10: 1 month --> one month
Page 11: delete "according to respondent
Page 12 line 6: treatment with --> treatment within
Page 13 line 1: slightly associated --> not significant association

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

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