Reviewer's report

Title: Impact of the Rapid Scale-up of Collaborative TB/HIV Activities in Rwanda, 2005-2009

Version: 2 Date: 3 March 2011

Reviewer: Alasdair Reid

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Review BMC Rwanda TBHIV

• Major Compulsory Revisions

1. The paper attempts to demonstrate an important point ie the impact of implementing collaborative TB/HIV activities but ultimately it is extremely confusing in terms of what is being done and what is being compared with what and I doubt that it convincingly shows meaningful impact…

2. Essentially there appear to be two main studies here a detailed pre-evaluation of uptake of TB/HIV activities prior to release of the national policy (which misses a critical post-evaluation) and a rather tenuously linked assessment of the potential impact of implementation of the policy.

3. The bulk of the paper – the evaluation data – is interesting but rather old 2004 and would only merit publication if the data were compared with a more recent similar set of post evaluation data.

4. The data on impact are interesting but compare two different samples, one of which is a non-random sample, and thus leave drawing significant conclusions rather difficult! I am not a statistician but I think Pearsons chi-squared assumes random sampling, which is not the case here. Similarly the data sets should not be related ie any individuals from 2004 with recurrent TB in the national data set from 2007 should be excluded – was this done? I think that the data rather tantalisingly suggest what we would hope, that implementation of the one-stop shop model of TB/HIV integration has an impact on mortality but with a lot of provisos! Please clarify and discuss this in more detail. A more circumspect conclusion with the recommendation for further research to explore this in greater depth would be more appropriate.

5. TB/HIV integration in Rwanda is a model to the rest of Africa and has extremely good programmatic data, I am not sure that the paper in its current form does the programme justice. It does not read as a very coherent purposeful paper and seems to cobble together several smaller studies in an attempt to squeeze out one publication. I think a radical rewrite or simplification of the paper is needed.

6. Please restate the title and purpose of the study more clearly/explicitly – ie Baseline evaluation of VCT and ART uptake in the tuberculosis programme prior to implementation of the national TB/HIV policy and assessment of potential impact of rapid scale up…I think it is inaccurate to state that the core of this study
is evaluating the impact of scale up, the vast majority of the study is presenting the baseline evaluation and the demonstration of impact is a rather weak component of the study……

7. Similarly the methodology for the study is not clear, I had to read it several times to work out what was being compared with what and to be clear about timelines, and which group of patients were evaluated when and how. The last paragraph on page 5 is a good start but then neglects to explain the next steps ie how the initial evaluation data were compared with post policy implementation data.

8. The data collection section on page 6 should be improved by stating the time periods for each element ie - 1) structured interviews with patients arriving at the sampled clinics to receive their anti-TB medications in 2005, 2) structured interview with staff working at the TB clinics during 2005, and 3) review of the TB registers and patient treatment cards for patients registered for anti-TB treatment during a specified three month period, comparing our sample from 23 clinics from the cohort registered in quarter 4 2004 with national data from the same time period in 2007?? – if I have understood correctly? Please explain why you are comparing this sample from Q4 2004 with national data from 2007 and not using national data from both time periods.

9. There is inadequate description/discussion of the selection of clinics/patients, all that is said is that it is a non-probability sampling chosen by the NTP to represent all districts and a mix of urban and rural - but it would help to know what this means and what possible systematic biases may have been introduced (ie the first clinics chosen in each district for a new intervention are often the best performers or the best staffed etc, this is critical to the readers understanding of the robustness/generalisability of the findings. May be helpful to compare the distribution of the sampled clinics with the national distribution of sampled clinics in Table 1

10. Please discuss how much of the observed reduction could be (or not) due to a change in the threshold for ART over the same time period otherwise should clearly indicate that ART policy did not change over the study period.

11. The first para of the discussion states – ‘Multiple data sources were used in order to compare and contrast what patients reported, what staff reported, and what was documented about HIV testing for patients with TB and care and treatment for patients with TB/HIV. – I am not convinced that this has been done or is appropriate - there is a wide discrepancy in the recorded HIV testing in the registers and patient reported data – but there is also about 1 year between the 2 events and they are different populations so cant really be used to meaningfully compare. Would it not have been more sensible to compare patient interviews with their own records/registers rather than a different cohort? This would also give an interesting insight into patient recall.

12. Page 14 second para first line states ‘The proportion of patients with TB having documented HIV test results in the TB register increased from 69% in 2005 to 97% in 2009 based on national data reported by the Ministry of Health (Figure 2)’. This is different from the figure quoted from your own evaluation –
(48% in TB register – 52% in TB register or treatment card)….why do you not use your own data?

13. I cannot find FIGURE 2 either in the additional files document or at the end of the paper.

14. There needs to be a much more critical discussion of the limitations of the methodology.

• Minor Essential Revisions

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

1. Please state the date of release of the Rwanda TB/HIV policy and reference it – para 2 page 5.

Page 11 para 2 line 4 should read – that it was recommended…

• Discretionary Revisions

These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.

1. Would recommend removing the term syndemic para 2 page 5, this term is promoted by a small group of people and has not achieved traction globally. Such neologisms only serve to obfuscate rather than clarify

2. Could discuss in more detail the programmatic/operational benefits of this type of study and also any potential negative impact of the integrated approach.

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