Reviewer's report

Title: Patterns of mortality in public and private hospitals of Addis Ababa, Ethiopia

Version: 2 Date: 6 September 2012

Reviewer: Andre Pascal A Kengne

Reviewer's report:

Misganaw and co-workers have submitted an updated version of their manuscript, revised to account for suggestions from previous revision. All my appreciation to the authors for their effort to improve the manuscript, however, there are still some issues that need to be addressed to improve the manuscript further.

Major compulsory revisions

1) The reasons for not providing comparison figures by public vs. private institutions is not scientifically convincing, and I am afraid I would have to reiterate the related comment made in the initial review already. 12% of the overall death occurred in private institution. This is too important a figure (about 5000 deaths in this context) to attack detailed description and comparison with death occurring in the public section. No single action in the country to reduce avoidable intra-hospital death in this setting can afford to ignore the specificity (if any) of the public sector where 12% of all deaths occurred. Therefore, in addition to describing the global picture, it will be helpful each time to mention if the pattern was similar across private and public institutions, and if there are differences, these must be described.

2) With regard to the time-trend data, I am afraid I do not understand the meaning of ‘relevant findings’ in the authors’ response. Both the absence or presence of time-trend if any are significant findings and should be reported. I would therefore suggest that the authors report what they found in time-trend analysis based on my previous suggestion. As indicated there, only time-trend data can help correlating findings from this study with the effects (if any) of concomitant actions to improve the health of the population, such as the scaling up of action against HIV/AIDS that occurred in Africa (including the study setting) during the time period data used in this study was generated.

3) Unadjusted odd ratio are really less informative. Can I suggest that the authors explore the effect of adjusting for age, sex, year of data collection and institution (public vs. private). This is likely to result in more realistic figures. In the table relating to regression analysis (current table 2), the authors can ignore the p-value since they are already showing the 95% confidence intervals for the OR. This will allow them to present the groups of diseases side by side (consecutive columns) which facilitate direct comparisons.
Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

'I declare that I have no competing interests