Author's response to reviews

Title: Systematic review of public health research on prevention of mother-to-child transmission of HIV in India with focus on provision and utilization of cascade of PMTCT services

Authors:

Shrinivas Darak (shirishdarak@gmail.com)
Mayuri Panditrao (mayuri@berkeley.edu)
Ritu Parchure (rparcur@health.usf.edu)
Vinay Kulkarni (vinay@prayaspune.org)
Sanjeevani Kulkarni (sanjeevani@prayaspune.org)
Fanny Janssen (F.Janssen@rug.nl)

Version: 3 Date: 27 March 2012

Author's response to reviews: see over
Dear Dr Patrizio Pezzotti,

Thank you for the opportunity granted to us to revise and resubmit our paper “Systematic review of public health research on prevention of mother-to-child transmission of HIV in India with focus on provision and utilization of cascade of PMTCT services” for possible publication in *BMC Public Health*.

Based on the comments by the two referees we have made the changes in the paper. Please find below a point-by-point description of how we addressed the comments and suggestions made by the referees.

As pointed out by one of the referees, currently the table 1 is too long. While we have condensed the contents of the table it is still long because it is presented in portrait format with double spacing. However, if the table is formatted as landscape with single spacing of the text then the length is shortened substantially (6 pages). Since the formatting requirement of the table to be included in the main text is portrait design and double spacing of the text we are now submitting table 1 as an additional file due to the length of the table.

We feel confident that our paper has substantially improved and that it has reached the high level for publication in *BMC Public Health*.

We look forward to hear your final decision, hoping that you will agree with us.

Yours truly,

Shrinivas Darak,
On behalf of all authors
Addressing the comments by the reviewers

Reviewer: Philippe Msellati

When looking answers of authors to reviewers comments, I fully agree with the publication of this paper in its current form.

Thank you!

Reviewer: Rodrigo Cerda

Thank you for this re-revision. The addition of a synthesis of the information as well as a critical analysis enriches the paper and makes it more useful to its audience. That said, there are opportunities for condensation of this paper, as it tends to run a bit long. Choosing the most salient points from the most salient papers in the text, as well as looking for opportunities to eliminate repetition, would make this paper tighter.

Major compulsory revisions

1) The methods section is an important part of the paper and should remain between the background and the results.

   In our previous version we followed the template on the BMC website [http://www.biomedcentral.com/download/templates/BMC153n.dot]. In this new version we follow the recommendation of the reviewer by putting the methods right after the background section, [page 6-7] which is also currently mentioned in the instruction for authors by BMC public health.

2) Table 1 is too long and should be condensed or made an appendix. Rather than using full sentences, pulling out a few key points might make this shorter. Also, there is inconsistent capitalization of the first letter e.g on Sinha et al, “to assess” is not capitalized. Table 2 is a better example of condensing results.

   We agree that the table 1 is too long. We have shortened the table by summarizing the key points in the results column of the table. We are now uploading the table as an additional file. We have also corrected the inconsistencies in capitalization of first letter in the table.

Minor essential revisions

3) In the Results section, under the heading “Numeric summary of uptake of services in the PMTCT cascade,” the paper mentions both uptake and drop out rates, which are complementary numbers that don’t both need to be mentioned. For example, mentioning both an uptake of 86%
and drop out of 14% belies the fact that 100-86 =14, and it confuses the reader as to whether new information is being introduced. The paper should have either uptake or drop-out and trust the audience to be able to convert the numbers.

We have made the correction in the paper. Now the sentence reads
“The uptake of HIV testing (N=7) ranged from 65% to 100% (average uptake 86%) from counseling to HIV testing. The uptake of ARV (N=9) among HIV infected women ranged from 9% to 84% (average uptake 46%).” [page 11]

4) The last sentence in the discussion “Cost effectiveness analysis being one of the important tools for program planning and implementation allowing a richer academic discourse on this issue by attracting and training more scholars in this field might be beneficial” is a fragment or at least unclear. You could split this sentence into two: the first talking about cost-effectiveness and the second about the need to attract more scholars.

We have made the corrections. Now the sentences read as follows

Cost effectiveness analysis is one of the important tools for program planning and implementation. Therefore allowing a richer academic discourse on this issue by attracting and training more scholars in this field might be beneficial. [Page 23, last paragraph]

5) The first sentence of the conclusions should be written more clearly, eg In order to provide universal access… India must do a, b, and c.

We have made the change. The sentence now reads

“In order to provide universal access to PMTCT services and to virtually eliminate pediatric HIV in India there is need to a) increase availability of counseling and HIV testing facilities b) increase accessibility of these facilities by addressing the issues of discrimination in health facilities through training and sensitization of healthcare providers and c) increase awareness among women about availability of such facilities.” [page 24, first paragraph]

Discretionary revisions

6) In paragraphs 3 and 4 of the Background, some of the specific points about uptake and gaps in the PPTCT program could be integrated into the results and discussion, respectively. Percentages of HIV-infected women identified and treated should be in the results, while pointing out the lacunae should be in the discussion.

The drop out percentages mentioned in the 3rd paragraph of the Background are based on the report by National AIDS Control Organization [reference no 5] and hence we have not included that in the results. The drop out rates and the lacunae presented in the 4 paragraph of the Background are the essential components of the problem that generates the need for doing systematic review of the literature focusing on provision and utilization of cascade of PMTCT services as mentioned in the 5th paragraph of the Background [page 6]