Author’s response to reviews

Title: Development of an AFASS assessment and screening tool towards prevention of Mother-To-Child HIV transmission in Sub-Saharan Africa- A Delphi Survey

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Author’s response to reviews:

1. Please format the title page according to the instructions for authors. Done

2. Please ensure that you include an abstract in the manuscript file, and that the abstract is identical in the manuscript file and on the submission system. Done

3. Please include a 'Competing interests' section after the Conclusions. Done

4. Please include a Authors' Contributions section after Competing interests. Done

5. Please move the copy of your questionnaire as an Additional File, properly cited in the Methods section. Done

6. 1. Introduction. The introduction is generally too long and could be reduced in length…….. Have reduced as suggested by reviewers and shortened.

7. Introduction. The authors state that the HIV epidemic is reversing improvements in U5 mortality rates in sub-Saharan Africa. While this was true 5-10 years ago, it is not presently true. Even in the countries with the highest HIV prevalence rates, U5 mortality rates are decreasing due to the increasing availability of interventions to prevent HIV transmissions and increasing coverage of other child survival interventions. The authors need to review the current mortality data for these countries…………..Noted with appreciation and deleted

8. Introduction. The last sentence of the first paragraph is difficult to understand and is factually incorrect. MTCT from breastfeeding has historically accounted for about 40% infections. More recently, the availability of ARV intervention that can reduce peripartum transmission has increased that relative contribution though the total number of infections due to breastfeeding has remained about constant. On in some exceptional settings e.g. Botswana is breastfeeding likely to be contributing 90% of new infections. In saying that however, the increasing use of lifelong ART and ARV interventions through breastfeeding is now also reducing the number of infections that occur during breastfeeding…..Deleted , however,
we appreciate that a multi-system and multi-level approach to prevention is still required, for achieving further reduction in MTCT, over and above the reduction in peripartum transmission. Moreover, the risk of transmission through breastfeeding is insignificant, compared to transmission through mixed feeding, hence the focus of this study.

9. References. Many of the references e.g. #6, 10, 15 are dated or not appropriate for the statement and there are better, more current references to illustrate the points. Also, reference 30 has been published in full and references 31 and 32 are incomplete…Addressed – recent and appropriate references used. Incomplete references completed.

10. Introduction. The reported increased risk of HIV transmission through mixed feeding is x2-10. Coovadia 2007 is a better reference for this point than Coutsoudis 2005…..Addressed - replaced

11. Introduction. The authors comment that a decision on infant feeding should be tailored to mothers individual circumstances. However, recent international guidelines advocate national authorities to promote single infant feeding policies for HIV infected mothers. One of the reasons cited in the updated guidelines for promoting a public health approach rather than an individualised approach is that previous efforts to individualise decisions through 1:1 counselling was never well implemented despite many efforts to train staff and provide counselling tools. The authors should review some of the papers that report the failure of individualized counselling approaches; Thank you for this very important comment, which has been addressed in the introduction and conclusion.

12. Introduction. Last paragraph. The authors comment that there is a major need for an objective and standardised tool for assessing mothers circumstances for the purpose of counselling. Yet there have been many attempts to develop these sort of tools and to adopt this type of individualized approach. The failure of these approaches was not for lack of commitment and effort or because counseling tools were not present. It is therefore debatable whether such tools are critically needed and it is not correct to say that a standardized tool is 'much needed'; Timing of study is responsible but comment noted and section re-worded

13. There was a small number of respondants which makes it difficult to infer too much or to generalise findings. In the results section, when there are so few numbers in the numerator and denominator, it is better to provide actual numbers than give only %. E.g. Consensus of 13/15 (87%), 12/15 (80%) …..This has been amended. It is suggested that for a Delphi study using an expert panel, this is not a small number of respondents – 10-15 expected.

14. There was a low level of agreement on the increase risk of transmission associated with mixed feeding. However, the risk reported in the literature is more like x2-10 and the lack of agreement is not therefore surprising…..Addressed- corrected

15. Regarding acceptability. It is not stated where the respondents came from. It
is assumed that they came from a range of countries. If this is true then they would represent a wide range of cultural values and it is not surprising that what would be considered in one setting would not be acceptable elsewhere. Hence with this background, it is very difficult to talk about lack of agreement….Already addressed – the range of backgrounds and countries of origin of the expert panel is noted in the methods. This ‘acceptability’ aspect though relates to the questions and acceptability of choice of feed – mostly problems were with words used and suggestions were taken on board. Context appropriateness was actually almost unanimously acceptable.

16. The authors’ state that the process reported resulted in a validated tool. However the process cannot be taken to be a validation of the tool. To do so would require the tool to be tested in health facilities with an assessment of time taken and comprehension of the mother and measurement of the appropriateness of feeding practices that resulted from the counseling: Have amended to content validity and added in another section to address this. What is proposed here is implementation research rather than validity as the authors understand the concepts.

17. Introduction. The sentence 'Variation has been shown to exist …' is not clear and does not add much value. Suggest deleting; Reworded whole section

18. Methods. The authors refer to a preliminary AFASS tool. It is not clear what was preliminary about the tool. Suggest deleting the word 'preliminary'…..Deleted.

19. Methods. It would be helpful to state what type of health worker would be expected to ask the 'questions' - e.g. nurse or counselor or community health worker? Not amended - This is not specific as it is understood that this may vary with the health care worker undertaking such activity, by health service, organization, or facility. It is considered that this is one of the aspects for which further testing would be required.

20. It may be helpful to include a flow chart of how many 'experts' responded at each stage of the survey and when updated versions of the tool were developed…… This has been described in the text, in the introductory paragraph of results and discussion All 15 experts responded to all items of the survey, and revision of the tool was done, taking account of all their suggestions and comments.

21. Give a breakdown of the number of health workers, policy makers, investigators, obstetricians etc and other informants that responded to the survey…..Added.

22. Provide the full name and reference for the SNAP tool; Added

23. Ref 34. See data from 2010…. Replaced with data from 2010.

24. There is mention of bias in the last paragraph before the conclusion. There should be more details of potential biases, especially sampling bias. Since this is
an observational study, this should be discussed in more detail. It is important to address how the sample was selected and why there are no concerns of sampling bias. For example, this was conducted via email so those that did not have regular access to email would not be able to participate making it harder for more rural experts to participate and this is important since these are the areas least likely to have 100% access to ARVs. Also, in smaller more rural areas, the experts are less likely to have a full grasp of the English language even in countries where English is one of the National Languages. It is felt that as this is utilizing the Delphi technique, purposive sampling of a group of experts is seen as the norm – the idea is not a representative sample of the population, but a group of experts providing expert opinion on a specific topic to content validate a tool – this was not to test the implementation of the tool.

25. There is mention of language discussions with some of the survey participants starting with the acceptability section on page 6 under results and discussion. There is no mention or discussion of translations of the tools which in many cases will alter the meaning. Additionally, specific statements and use of certain words in English both translate to mean something totally different as well as in English they can have numerous meanings. There is no discussion how this will impact the tool and what, if anything was done to avoid this or potentially address in further research. This was not the scope of the study but is a very valid point and has been briefly addressed in the discussion.

26. There is mention of the new guidance by the WHO on ARV treatment for pregnancy and during infancy to avoid the concerns of mixed feeding. This section should be expanded a bit. This is an important development, but there is more extensive literature then mentioned on the percentages of woman receiving ARVs (triple therapy) as opposed to single dose nevaripine. Also, treatment programs lack of ability to fully service more rural areas where AFASS is extremely important. Should address in more detail that although there are new guidelines, there is a need for AFASS and support this need. Acknowledged and addressed broadly in conclusion.

27. There has been recent literature on the use of flash-treated breast milk in SSA. This was not mentioned anywhere and should be mentioned in the introduction and elsewhere, if literature supports its potential uses. Added in conclusion.