Reviewer's report

Title: Mortality and loss-to-follow-up during the pre-treatment period in an antiretroviral therapy programme under normal health service conditions in Uganda.

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Reviewer: Stephen Lawn

Reviewer's report:

A fairly extensive literature exists concerning rates of mortality and loss to follow-up among patients accessing antiretroviral therapy (ART) in sub-Saharan Africa. However, few studies have addressed the issue of losses to care among patients eligible and preparing to start ART.

This is a very nice study from Uganda which clearly documents these losses among a large number of patients accessing care in rural Uganda. This is methodologically sound, clearly written and the conclusions are appropriate. The study highlights the high pre-ART mortality and high rates of loss to follow-up, with financial barriers to health care access being identified as a key contributing factor to the latter.

The paper could be strengthened in a number of ways as follows:

It is unclear in the methods section how the network of HIV clinics is linked to the broader health care infrastructure and how patients access these HIV / ART clinics. This is an important issue as I suspect health systems delays ‘upstream’ of the ART services (eg delayed referrals of patients diagnosed within TB clinics) may also contribute to pre-ART mortality.

Methods, paragraph 3. TB (WHO stage 3 or 4) is not mentioned here with regard to ART eligibility. Please clarify.

Methods. ‘Loss to follow-up’ must be defined. It seems from the Results section that patients took up to 406 days between the first and third clinic visits without being defined as lost to follow-up. There needs to be some sort of definition with a cut-off (however arbitrary this may seem) otherwise there is no distinction between ‘lost to follow-up’ and ‘just taking a rather long time between appointments’.

Discussion: How representative of the ART clinics described of HIV / ART services in Uganda? ie please comment on the generalisability of the data and on other limitations of this study.

Discussion, paragraph 2. The decrease over time in the proportion of patients completing screening could also reflect diminishing capacity within these clinics to cope with escalating patient load. This is an important issue with concerning
sustainability of ART scale up. Our experience in South Africa is that rates of loss to follow-up have increased over time because of this.

Discussion, para 3. The issue of financial / logistical barriers to accessing care is obviously an important one. If the data were available, it would have been nice to assessed distance to travel to the clinic from home.

Discussion. The high mortality rate in the screening period provides a window into the possibility of a much greater cumulative mortality risk accruing upstream of ART services. This raises a whole raft of other issues – health systems delays, ART eligibility criteria, need for much earlier HIV diagnosis. Without inappropriately lengthening the paper too much, I think the discussion could be broadened a little with regard to these bigger picture issues.

Discussion. In light of the high mortality accruing during the pre-ART preparation period, the authors should address the pros and cons of the 4-8 week duration of this period.

Discussion. Did the authors consider any other potential causes of high loss to follow-up? For example, some published data have highlighted pregnant women as having high risk of loss to follow-up, possibly as a result of the challenges these women face in attending multiple fragmented components of the healthcare system…..ART services, TB clinics, ANCs, paediatric clinics etc.

Discussion / Introduction: The following study from South Africa has just been published and should be included:


**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'