Reviewer's report

**Title:** High Acceptability for Cell Phone Text Messages to Improve Health-Related Communication among HIV-infected patients in rural Uganda: A cross-sectional survey study

**Version:** 1  **Date:** 24 March 2012

**Reviewer:** Richard Lester

**Reviewer's report:**

**Overall comments:**

This paper reports on mixed qualitative and quantitative methods to assess HIV patient’s acceptability and preferences for using cell phone communications of their laboratory results in Uganda. It is very well written and informative. The findings appear consistent with reports from other settings. These results are thus reassuring that many of the reported findings suggest a common thread that may help such programs be scalable across broad settings - at least in Sub Saharan Africa. Overall, this paper adds significantly to the growing literature on mobile health (mHealth), and represents a best practice of conducting quality informative studies prior to embarking on mHealth interventions.

**Minor Essential Revisions:**

1. My only main suggestion is that the authors report on who accepted to participate in the study and who did not. Although consecutive patients appear to have been screened, we do not know who refused to participate and therefore cannot assess potential selection bias.

**Discretionary Revisions:**

2. I would also like to see a greater discussion/emphasis on the importance of two-way versus one-way communication, since this appeared important to participants.

**Discretionary revisions - Specific comments:**

**Title:**

3. The title should be more specific to relaying laboratory information via cell phones.

**Abstract:**

4. The definition of “early and later return” is not clear at this point.

**Introduction:**

5. Regarding studies on SMS communications for HIV care, “Although relatively untested” is probably misleading in this context. While this may be true compared to cardiovascular drug trials, some of the highest quality studies for evaluating
ART adherence interventions studies, including both behavioural and biologic outcome indicators are available (see recent Lancet ID review, and Cochrane review). Agreed, more studies are still required.

Results:
The descriptive and quantitative report is very clear and informative.
6. This is a highly disclosed group (98%). How might patients who have not disclosed their HIV status respond?
The four categories of strategies to maintain confidentiality are nicely laid out and quite helpful.
7. The reluctance to use a PIN is very enlightening in terms of usability. Every extra step in the SMS communication chain is a barrier to usage.
8. The ‘potential to increase stress’ is a novel finding in terms of patient concerns. This should be further explored.
9. Relationship building with healthworkers is a key finding: “I think this would help me relate better with the doctors, and I would accordingly”.

Methods:
Although consecutive patients were screen for enrolment, what proportion was eligible and who refused? This is important to understand any potential selection bias in this paper. (noted above)

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests