Author's response to reviews

Title: Global plagues and the Global Fund: Challenges in the fight against HIV, TB and malaria

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Version: 2 Date: 5 Feb 2003

January 31, 2003

The Editors
BioMed Central
International Health and Human Rights

Re: Manuscript "Global plagues and the global fund: Challenges in the fight against HIV, TB and malaria" by Darrell H.S. Tan, Ross E G. Upshur and Nathan Ford

We would like to thank you for the opportunity to revise our manuscript and we would like to thank both peer reviewers, Dr. A. Castro and Dr. P. Nunn, for their detailed and insightful reading of our paper. In this letter, we will outline the changes we have made to the manuscript in light of their critical opinions.

We will start with Dr. A. Castro. We thank him for considering it a paper of considerable general medical and scientific interest. He has requested two sets of revisions, one called discretionary revisions, which refers to the need for a change on pg 18. We have made this change. Then there is a set of compulsory revisions. We are unsure why these are regarded as compulsory, as some of these relate more or less to phraseology, but we will do our best to summarize our changes here.

With respect to his first comment regarding the readership of the paper, we are in fact targeting a general audience with an interest in global health, specifically with the control of HIV, TB and malaria. We have made extensive revisions to make the paper much more readable and reformatted it in part to address this. For example, for clarity we have omitted the statement on pg 5 on the five point package.

We agree with his issues on comment no. 2, and have changed it appropriately; as well as his comment no.3, on pg 3 we have added his wording "coupled with increased social inequities."

For his comment no. 4, we have agreed and made the change and inserted local communities for aboriginal communities.

For his comment no.5 on pg 4, we have rephrased the sentences for clarity. Although we have retained the metaphor, we expect readers will understand this expression, even it is somewhat casual, though there may be some minor disagreements on this.

For comment no. 6 on page 5, we agree with Dr. Castro again and in this case we have revised the discussion on vertical and horizontal programs, for clarity. There is now more attention devoted to strategies for integrating vertical and horizontal approaches. Specifically, we analyze the integration of HIV vertical transmission programs with broad maternal and child health packages. We also
discuss Paul Farmer's program on integrating DOT and HAART in the central plateau of Haiti. The
discussion on DOTS plus has been moved to this section as this approach uses the same
integrative approach for multi-drug-resistant tuberculosis. We hope that this change clarifies the
discussion considerably and we believe that responding to the criticism has added greater clarity.

Comment no. 7 on page 6 - we believe the details of individual DOTS programs are not the focus of
this paper. Rather, we are using DOTS as an illustrative example of a vertical approach. We have
added a brief discussion of its strengths and weaknesses. Further exploration of DOTS trials is
therefore omitted, and this is consistent with our response to our second reviewer's
recommendation.

For comment no. 8, we thank the commentator and we have added a reference to the Green Light
committee.

For comment no. 9 - we agree, and thank him again. A very brief explanation of MDRTB is included,
which we hope will help clarify things.

For comment no. 10 - we agree. We have already included discussion on Paul Farmer's programs,
as mentioned above.

For comment no. 11 - again, we agree and we do make discussion now on primary health care
/Alma Ata is mentioned first and clarification made that SWAPs are just another example of a more
horizontal approach.

For comment no. 12 - again, we agree. See comment 6 above and the changes made in that
section.

For comment no. 13 on pg 10, the issue of balancing prevention and treatment in the GFATM is
addressed now in the paper beginning on pg 12 in the initial draft. The debate around private and
public partnerships in the GFATM was discussed in an earlier draft of this paper as well, but a
decision was made to focus on strategies of disease control programming rather than on the
administrative aspects of the fund's history. This issue is now briefly discussed at the end of this
section.

For comment no.14 - the sentence now has been deleted. The original intention of this sentence was
to state that simply achieving a consensus does not necessarily guarantee anything, in this case a
commitment to a horizontal approach as to health and to building health infrastructure.

Comment no. 15 on pg 13 - here we disagree with our commentator. While the fund is indeed
making efforts to procure drugs at affordable prices, this does not make it unnecessary to emphasize
the importance of this strategy. The fund should set an example of upholding the DOHA declaration
as argued by the additional references now cited in this section.

Comment 16 on pg 15 - We agree with the commentator again. A reference has been added.

Comment 17 - again we agree with the commentator and have made the necessary clarification and
changes. We thank Dr. Castro for his perceptive comments. We have acted on almost every one
and believe this has strengthened the paper considerably.

Our second reviewer, Dr. Paul Nunn, again we thank him for his detailed comments and his advice is
to accept after discretionary revisions. We found much of what he had to say of great value and
have acted on several of his comments. We have in fact changed the title as he suggested and it is
more specifically focused. In the second paragraph, we now make reference to the burden of
disease as calculated by DALY's. This is a very helpful suggestion for clarifying the issues.
For the third comment, we were not trying to propose a new definition for vertical control programs, but we have in fact amended this section for clarity.

Point 4, paragraph 4 of Dr. Nunn's comments - the reviewers' comments regarding DOTS programs and the historical reasons for the emergence of anti-tuberculosis drug resistance are appreciated. However, the purpose of the paper is not to discuss the nuances of DOTS programs and their critiques. Rather we are trying to use DOTS as an illustrative example of a vertical disease control program. We have now added brief mention of its pros and cons in order to demonstrate that it persists over the ideal control strategy, which is what we are trying to highlight.

For his fifth comment, the discussion about MDRTB in this paper has been revised in order to clarify the descriptions of vertical and horizontal approaches. While the reasons for the emergence of drug resistance are not the central concern of this section, the point is simply made that the routine application of DOTS in settings where poor compliance has already led to resistance ultimately causes even more drug resistance to emerge.

Comment 6 - we agree with the author and we have deleted this sentence from the section.

For his 7th comment, we agree and a discussion of DOTS plus has now been shortened and considerably revised.

Comment 8 - we agree again, more attention is now devoted to strategies for integrating horizontal and vertical approaches. The point regarding the relevance of messier political, economic and social issues is well taken. In fact, this is the thrust of the closing sections of the paper which discusses the need for broader, more systems level approaches.

Comment 9 - We agree, more discussion of integrative approaches is now included (see above). The discussion of the global fund is intended to demonstrate the relevance of the issues described in the background sections of the paper, and ultimately shows how the very questions posed by the reviewers remain unanswered. The challenge for the fund is to encourage and realize projects which employ innovative, integrative approaches.

As for his final comment, these statements have been revised in the rewriting of this.

We trust that the revised manuscript meets the revisions requested by the reviewers. We have taken into consideration virtually all of their points and we thank them again for their excellent work and insight. We look forward to hearing from the editorial board of BMC International Health and Human Rights shortly with respect to the suitability of this manuscript for publication in your journal. As ever, it is a pleasure to work with your journal, whose professionalism and efficiency is greatly appreciated by us.

Sincerely yours,

Ross E.G. Upshur
Darrell Tan
Nathan Ford