Reviewer's report

Title: Can biomedical and traditional health care providers work together? Zambian practitioners’ experiences and attitudes towards collaboration in relation to STIs and HIV/AIDS care: a cross sectional study

Version: 1 Date: 3 February 2006

Reviewer: Heather McMillen

Reviewer's report:

1. Is the question posed by the authors new and well defined?
The question is well defined; however, the author has not mentioned a specific type of interaction between TMPs and BMPs that could fit into the background section (page 5). Biprospecting now has quite a history in Africa and it is an important example of how BHPs have interacted with TMPs. The HIV/AIDS pandemic has fueled bioprospectors’ drive to search for novel drugs inspired by botanical medicines in Africa and elsewhere. This interaction spans from a collaborative exchange of information (rare) to the extraction of information (much more common). It is worth mentioning and should be included as another type of ‘collaboration’ as it is inextricably linked to the attitudes that TMPs and BHPs have for each other, especially as related to distrust, etc. [Discretionary Revisions]

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
Yes.

3. Are the data sound and well controlled?
Yes. At the same time, I wonder what could have been learned from interviewing TMP who said they did not or had not yet attended to patients with an STI or HIV/AIDS. Why was this an exclusion criterion? I suggest the author address this point. Patients who visit TMPs are not necessarily willing to talk openly about their STI (or they may be unaware they have an STI), although they do seek treatment for its symptoms. In other words, TMPs who reported not to have attended to a patient with an STI likely have done so and their input is also valuable. [Discretionary Revisions]

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
5.1 Yes. In particular, I like how the author shows that that maternal & child health is an important opportunity (and a missed one largely) for collaboration. This is an important contribution to a discussion of TMP and BMP collaboration.

5.2 Results
Page 8 – The breakdown of the types of BMPs were given, but not for TMPs. Can this be added? It is relevant as the category TMP is very broad and the author finds that BHPs training of THPs in safe deliveries is likely linked to their interaction specifically with Traditional Birth Attendants. [Discretionary Revisions]

5.3 Analysis
Page 8 – Statistical analysis was done “per group of providers rather than in terms of specific categories of THPs or of BHPs.” Even if no statistical analysis has been done, the author should comment on the relationship between the type of BMP or TMP and trends in their responses to obstacles, experiences of / willingness for collaboration, etc. What about THPAZ members and non-members? Are there trends in their responses? TMP and BMP are extremely heterogeneous entities. Any variation within the groups is relevant to future planning for collaboration and thus worth mentioning in the paper. [Discretionary Revisions]
6. Do the title and abstract accurately convey what has been found?  
Yes. But, I would reword a sentence in the summary conclusion on page 3, which states: “…exclusive interest of biomedical practitioners in maternal health and the lack of sustained intersectoral collaboration focused on STIs and HIV/AIDS care are destructive to the needed comprehensive approach to HIV/AIDS control.” It is unclear if the author believes TMP are not interested and do not intervene in maternal health? Or does it mean that BMP are not focused enough on STI/HIV/AIDS? [Minor Essential Revisions]

7. Is the writing acceptable?  
7.1 Yes.

7.2 Results  
Page 8 (and elsewhere in the paper) – I suggest the author standardize the spelling out of numbers or using numerals themselves. Both styles are used in this version of the paper. [Minor Essential Revisions]

What next?: Accept after discretionary revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

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