Author's response to reviews

Title: How far will we need to go to reach HIV-infected people in rural South Africa?

Authors:

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Author's response to reviews: see over
Dear Dr Phillips,

Thank you for your response, the two reviews and the opportunity to resubmit our manuscript.

We were very pleased with the positive reviews provided by both referees. We have addressed the referees’ comments in detail and made appropriate changes to our manuscript.

We have also – based upon both reviewers suggestions – reorganized our manuscript as a research article.

We hope that you now find our manuscript acceptable.

Sincerely Dr David Wilson & Professor Sally Blower

Response to Reviewer #1

Referee #1: Referee #1 states that our manuscript is timely and makes a significant contribution to the literature regarding antiretroviral access.

We thank the referee for all of her comments they have helped us to strengthen our paper.

The referee asks us to include subheadings to assist with the flow of the article. We have now organized the article with the inclusion of subheadings so that it is easier to follow.

Major Revisions:

1. The Background and Discussion sections of the abstract are almost identical to parts of first few paragraphs of the main body of the article.

   Response: We have now re-arranged and re-worded the abstract, background and discussion sections in response to this comment.

2. In the summary section the results are a bit vague. The authors say “many PLWHA in rural areas are unlikely to access ART.” It would be helpful to have more specific information here.

   Response: We agree with the referee and have added more specific information, (see page 7).

3. The last sentence is difficult to follow – suggest revising this for clarity.

   Response: We have reworded this sentence for greater clarity, (see page 8).

4. I believe it would be helpful in paragraph 3 to briefly add a discussion of the situation in South Africa since this country is the setting of the study. This could include the 1st sentence of paragraph 4 and perhaps some information about HIV/AIDS services for individuals in rural areas of South Africa – are there any service infrastructures or are these individuals forced to travel for any care they receive? Is there any research literature documenting the situation of HIV-positive individuals in rural South Africa that could be cited?
Response: We agree with the referee that this would strengthen our paper. Accordingly, we have included an additional small paragraph, between the previous paragraphs 3 and 4, that briefly documents access for rural South Africa (specifically KwaZulu-Natal).

5. Paragraph 4: Please add any references used for these methods (for example – a reference regarding “a gravity type model”)

Response: We have now included 3 references for ‘gravity models’.

6. Paragraph 4: The authors mention an access-scaling parameter. It would be helpful to have a more detailed explanation of what this is.

Response: We agree that it would be helpful to explain this parameter. We have now done so (see page 6).

7. Paragraph 5: I believe it would be helpful to have more information regarding the number of PWLHA there are in these rural areas. The authors use percentages to describe access so it would be helpful to identify the number of individuals affected (i.e. 22% of what number?).

Response: We have now included not only the percentage, but also the number of individuals affected (see page 7).

8. Paragraph 5, last sentence: Consider adding the exact percentages here rather than saying “increase, but not proportionally”.

Response: We have re-ordered the structure of this sentence to increase clarity (see page 8).

Minor Revisions:

1. Sentence 5: Should this be “have (instead of has) not yet received much attention”

Response: Yes, it should be “have” and we have made the correction.

2. Paragraph 4: This paragraph seems to initiate discussion of the study methods. Suggest adding a heading saying “methods” or something similar here.

Response: We have now included subheadings throughout the text, including “Methods” at this location.

3. Paragraph 5: This paragraph discusses the results of the calculations. Please consider labeling this section “results” or something similar.

Response: We have included the subheading, “Results”, at this location.

4. Paragraph 6: Appears to start a discussion/conclusion section. Consider adding a heading to this section.

Response: We have included the subheading, “Discussion”, at this location.
Discretionary Revisions:

1. Paragraph 7, 2nd to last sentence. The authors state “resolving the huge disparities between the urban poor and the rural poorer” requires immediate investment…..” This is an interesting way to phrase this. This almost sounds as if the goal is only to bring the rural poor up to the standard of the urban poor, which I’m sure is not what the authors intended to imply here. Do the urban poor receive all the services they need? Perhaps this would be better phrased as something along the lines of “Addressing the critical need for adequate care for PLWHA in rural areas requires immediate investment…..”

Response: We thank the referee for this observation. This comment is appropriate and we agree with it. We have gladly taken the referee’s suggestion ‘on board’.

Response to Reviewer #2

Review #2

This reviewer states that we raise the important issue of distance to facility as a major determinant of utilisation, and demonstrates, using modelling techniques, the likely access to ART in Kwazulu-Natal Province in South Africa based on current distribution of services.

We thank the referee for her comments which have helped to strengthen our paper.

Major Revisions:

None

Minor Revisions:

1. No definition is given for a health care facility, but from the numbers provided (a total of 54), this appears to exclude the primary health care system. If this so, this needs to be made explicit as current proposals are for mainstreaming nurse-initiated treatment into the primary health care system (as in Lusikisiki, see below). It would be very interesting to see what levels of utilisation would be achieved if treatment was accessible through the several hundred clinics in the province (especially in rural areas).

Response: We thank Referee 2 for her comments. We agree with the comments made and have strengthened our paper by more clearly defining the HCFs. In the Methods section, after we first specify the HCFs that we use in our analysis we have now added a sentence: “The HCFs that are specified are a subset of the provincial hospitals of KwaZulu-Natal and also do not include the primary health care system.”

When we refer to all HCFs that could be utilized we now have also added the explanatory text: “(these HCFs are provincial hospitals, and does not include community health centers, residential or mobile clinics, or the rest of the centers for primary health care)”
We also think it would be very interesting to see what levels of utilization would be achieved if all clinics were available, but this is beyond the current scope and focus of this article. We want to highlight the inaccessibility for the rural PLWHA under current conditions. But we highly endorse the utilization of as many centers as possible to make ART highly accessible and agree that it would be interesting to determine potential in access within the constraints of current infrastructure.

**Discretionary Revisions:**

1. Page 3: In referring to the MSF experience, the more recently reported Lusikisiki experience in the Eastern Cape may be more pertinent. Recent documents the authors may find interesting are: Achieving and sustaining universal access to antiretrovirals in rural areas: the primary health care approach to HIV services in Lusikisiki, Eastern Cape, MSF, Cape Town, October 2006. Available at: www.msf.org/sa Ford N et al. Sustainability of long-term treatment in a rural district: the Lusikisiki model of decentralized HIV/AIDS care. The Southern African Journal of HIV Medicine, December 2006, pages 17-22.

   **Response:** We thank the referee for directing us to these interesting and important recent studies. We have also updated our manuscript by citing the Ford *et al.* study of Lusikisiki in the Eastern Cape and referred to this context in the main text.

2. The authors correctly recommend research “on distance that PLWHA are able to travel for treatment”. Would they add a cost dimension to this.

   **Response:** A cost dimension would be an important extension. However, this suggestion is beyond the scope of the current study.