Author's response to reviews

Title: Factors associated with access to HIV care services in eastern Uganda; the Kumi home based HIV counseling and testing programme experience

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Version: 9 Date: 23 October 2015

Author's response to reviews: see over
Reviewer's report

Title: Factors associated with access to HIV care services in eastern Uganda; the Kumi home based HIV counseling and testing programme experience

Version: 8 Date:19 September 2015

Reviewer: Leonidas Palaiodimos

Reviewer's report:

Dear Editors,

Again, this is an interesting study on HIV care in a geographical area where HIV is pandemic.

I am glad that I had the opportunity to review this study. I am also satisfied because authors took into consideration ALL my previous comments and integrated them into their manuscript.

My only concern is language. Although it is significantly improved and now it could be considered acceptable, I strongly believe that authors should still try correct some existing grammatical/syntactical errors and make parts of the manuscript more concise. These changes can make the study more attractive and reveal its importance.

Response

We appreciate the reviewer for the positive comments. We have revised the manuscript for language. Thanks.
Reviewer's report

Title: Factors associated with access to HIV care services in eastern Uganda; the Kumi home based HIV counseling and testing programme experience

Version: 8 Date: 23 September 2015

Reviewer: Eugene Ruzagira

Reviewer's report:

Minor Essential Revisions

Abstract

• Results,

1st sentence: “The majority of respondents 81.1% (284/350) received cotrimoxazole prophylaxis…….”

Consider re-arranging this sentence so that the figures come immediately after “majority” e.g. “The majority [81.1% (284/350)] of respondents received cotrimoxazole prophylaxis…….” or “Most [81.1% (284/350)] respondents received cotrimoxazole prophylaxis…….”

Response

We have made the correction as suggested.

Background

• Line 107-108: It may be helpful if the authors provided more specific information on the roles of the community owned resource persons especially following HIV diagnosis (Note that these activities could influence uptake of HIV care services). For example the authors state in the revised manuscript that “The CORPs roles later on included conducting follow up visits for the HIV positive clients. Did the CORPS know the HIV sero-status of the persons for whom they conducted follow-up? What did the CORPS do during these visits e.g. did they encourage HIV positive persons to go for care?
Response

The majority of the CORPS did not know the sero-status of the HIV positive clients in the program. Their role was mainly prior to HIV diagnosis as explained previously in the manuscript. However, there were instances when the HIV positive client disclosed to others including the CORPS. In such instances, the CORP would act like a supporter to the client. The other instance was when the CORPS would be approached by the client’s relatives for any assistance including escorting the client to the health facility. This was possible because the CORPs resided in the same village as the clients and so they acted as the first point of contact in villages for the clients.

The role of the CORPs during such visits were to sensitize care takers about care for the clients, counsel the clients about the importance of seeking care when sick and at times to escort the client to the health facility. We have explained this in lines 106 to 111.

• Line 111-114: As for the CORPS, it may be helpful to provide a little more detail on the peer educator activities. For example:

  o How big (number of persons) were the peer-educator drama groups?
  o Were they based at village, parish level or higher? Based at village level
  o How many groups were formed in the district?
  o How often did they meet say in a year?
  o What was the content/message of their discussions/drama and who was the audience?
  o What was the content of the counsellor talks? Health education, beef up preseabtation, of drama group, emphasis of take up of services

Response

The peer educator drama groups were based at village level and were distributed within the district. They had monthly meetings. During the drama show, they disseminated information on avoidance of stigma, adherence to treatment, male
participation, encouraged disclosure, and adherence to drugs, uptake of the Basic care Package and the importance of seeking care at health facilities when sick.

The counselors offered health education talks to supplement on the message presented by the drama groups. They also emphasized the need to take up the HBCT programme.

• Line 128-135: The authors provide some information on CD4 count testing and PMTCT (including HIV DNA PCR testing for children). In the next paragraph (line 136-137), the authors state that HIV positive clients were referred to the nearest health facility for chronic care as they awaited the CD4 count test results. This seems to suggest that persons who tested HIV positive during the HBHCT program were offered CD4 count testing and asked to obtain the results from pre-specified health centres (and at pre-specified times?).

Also, samples for HIV DNA PCR testing seem to have been obtained from children of HIV positive mothers and a plan devised for the mothers to obtain the results. Provision of CD4 count and HIV DNA PCR testing results could influence uptake of HIV care services. The authors should therefore consider providing any relevant details on this in the background. This information would also be relevant for the discussion of the findings.

Response

The clients were not asked to pick up the results from pre-specified health centres. It was the responsibility of the field teams to deliver the CD4 test results and HIV DNA PCR test results at the client’s homes. They explained the findings to the clients and asked them to go to nearest suitable centre for further management. We have clarified on this issue in lines 144 to 148.

• Line 141-143: “Some health facilities were involved in the referral of blood samples for CD4 cell count testing at the CDC, Tororo or CDC, Kampala branches.” Consider deleting this sentence as it does not seem to fit here or moving it to the section where details of CD4 samples obtained during HBHCT are provided.
Response

We agree with the reviewer. We have deleted the sentence.

Methods

Data management and analysis

• Line 239-244: “Variables found to be statistically significant at bivariable level (age group, sex, residence, distance to health facility, perceived benefit of obtaining information on HIV/AIDS from the health facility and receipt of family support) and the insignificant variables (education level, marital status, occupation and community support) which were deemed to be important in influencing the outcome variable, were entered into the logistic regression model.”

Please consider deleting the following variables: age group, sex, residence, distance to health facility, perceived benefit of obtaining information on HIV/AIDS from the health facility and receipt of family support. These would only be known after analysis. Only variables determined for inclusion in the model apriori should be specified at this point.

Response

We have deleted the variables as suggested.

Study sample, data collection and analysis:

• Line 196: the authors state that “The CORPs were also blinded to the sero status of the respondents and to the purpose of the study”. Yet it is stated on line 107-108 that the CORPS’ roles included follow-up of HIV positive persons. This could imply that the CORPS were not blinded to the HIV status of the respondents. Please check and clarify.

Response

It’s true that some of the CORPS were not blinded to the HIV sero status of the respondents especially the one where disclosure had taken place as explained in the manuscript lines 107 to 111. We have therefore omitted this sentence from the manuscript.
Results

HIV care services accessed at the health facilities

• Please consider providing confidence intervals for the estimates provided in this section

Response

We have provided the confidence intervals as suggested in lines 280-286.

Socio-demographic characteristics of respondents

• This section should be placed before “HIV care services accessed at the health facilities” since it is a general description of the study participants.

Response

We moved the section and placed it before ‘HIV care services accessed at the health facilities’.

• Consider re-arranging some of the sentences in this section e.g. 1) “Most respondents were female 59.7% (209/350),…” could be re-written to “Most [59.7% (209/350)] respondents were female.” 2) “Most of the respondents were in the age group 35 - 44 years 40.3% (141/350), were married 59.7% (209/350), resided in rural areas 70.6% (247/350) and were peasant farmers 79.7% (279/350) (table 1)” could be rewritten to “Most of the respondents were in the 35 - 44 year age group [40.3% (141/350)], were married [59.7% (209/350)], resided in rural areas [70.6% (247/350)] and were peasant farmers [79.7% (279/350)] (table 1).

Response

The section has been re-written as suggested as shown in lines 274-278.

• Summary measure for age: mean, standard deviation and range are provided. Please consider providing either mean & standard deviation or median & interquartile range

Response
We presented the summary measure for age using the mean and standard deviation.

**Relation between community factors and access to HIV care services**

- “Respondents mentioned the form of support that they received from their families to assist them access HIV care services. Some respondents mentioned more than one form of support.”

Consider deleting these two sentences since they are not very informative. Instead state the number of respondents who received any form of support (This appears to be 276 out of the 281 that accessed care) and proceed to provide details of the different forms of support.

**Response**

We deleted the two sentences and rephrased the statement as advised. Please see lines 301 to 305.

- Line 298: Family support was found to be associated with the likelihood of accessing HIV care services (Table 1). Respondents who did not receive support from their families were less likely to access HIV care services than those who received support from their families. The association was statistically significant (COR = 0.4, 95% CI, 0.2 – 0.8).

Consider re-arranging as follows: “Respondents who did not receive support from their families were less likely to access HIV care services than those who received support from their families (COR = 0.4, 95% CI, 0.2 – 0.8) (Table 1).”

**Response**

This was revised as per suggestion in the lines 306-308.

- Respondents also mentioned the form of support that they received from their community to enable them access HIV care services. Some respondents mentioned more than one form of support.

Consider deleting these two sentences since they are not very informative. Instead state the number of respondents who received any form community support (This appears to be 276 out of the 281 that accessed care) and proceed to provide details of the different forms of community support.
Response

We made the change as advised in lines 309-316.

• Line 319-321: The other variables that were not statistically significant and were confounders included: distance of (>2km - ≤5km) to health facility (AOR=0.5, 95% CI: 0.3 - 1.1) and perceived benefit of obtaining information from health facility (AOR=0.4, 95% CI: 0.2 - 1.2).

Consider omitting this or only mentioning that these factors were not associated with uptake of HIV care services

Response

We mentioned that these factors were not associated with uptake of HIV care services in line 326.

Discussion

• The authors attribute the high access to HIV care observed in the study to the presence of Ministry of Health guidelines that recommended cotrimoxazole prophylaxis for all HIV positive individuals. This may not be accurate however. Whereas these guidelines (if implemented) ensure that most HIV positive persons who present to the healthcare system initiate daily cotrimoxazole prophylaxis, these individuals have to present themselves to the system first. So it is still necessary to explain why a big number of persons that tested HIV positive in the Kumi HBHCT program presented to the healthcare system (and subsequently started cotrimoxazole prophylaxis). To this end I have a few issues (below) for the consideration by the authors: Is it possible that the provision of CD4 count and HIV DNA PCR testing (for children of HIV-infected mothers) influenced access to HIV care? What about follow-up of HIV-infected persons by CORPS and the formation of and activities of the HIV positive peer educator groups? CD4 count testing and follow-up counselling have been used elsewhere to promote uptake of HIV care.
Response

We agree with the reviewer about the fact that the presence of guidelines would only be useful if clients present to the health facility in the first place. We have reviewed the discussion and agree with the suggestions of the reviewer, most of which we have incorporated in the discussion (see lines 330-337). We indeed appreciate your insightful suggestions as far as this is concerned.

• It is possible for one to assume that the high level of access to care observed in this study was partly due to passage of time since HIV diagnosis (most HIV-infected persons do present for care eventually). This is because of the long duration of time (9 months to 3 years) between HBHCT and evaluation of uptake to HIV care, and the lack of a defined period for evaluation of access to care. Although data on time to access of HIV care is not presented in the revised manuscript, it might be helpful to state the proportion of individuals that accessed HIV care within a certain period e.g. 12 months after HIV diagnosis.

Response

We agree with the reviewer on the issue that due to the passage of time, more clients may present for care. In the manuscript that we had initially submitted, we had included the duration to access of HIV care services. However, we later removed this variable because we hadn’t collected adequate information on the variable.

Discretionary Revisions

There are a couple of minor grammatical errors in the manuscript. Please review and make the necessary corrections

Response

The whole manuscript has been revised and grammatical errors corrected.