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

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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…….”

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?

• 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?
  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?

• 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.

• 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.

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.

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.

Results

HIV care services accessed at the health facilities

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

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.
• 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).

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

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.

• 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).”

• 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.

• 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

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.  

• 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.

Discretionary Revisions

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

Level of interest: An article of importance 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