Reviewer's report

Title: Where there is hope: a qualitative study examining patients' adherence to multi-drug resistant tuberculosis treatment in Karakalpakstan, Uzbekistan

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Reviewer: Jennifer Furin

Reviewer's report:

This is an outstanding manuscript on a topic of great importance with some incredibly interesting and important findings. I have worked in the field of MDR-TB for 20 years as both a qualitative researcher and a clinical provider, and I am incredibly impressed by the work and insight of these authors. Loss to follow up is one of the biggest challenges in the successful treatment of MDR-TB, but there has been very little work done with individuals who have actually been unable to successfully complete treatment. To my knowledge, this is one of the only studies in this population and it was incredibly well done and analyzed according to standard qualitative protocols. With the recent global shift toward "End TB" approaches, this kind of patient-centered approach is absolutely essential. And although there is great hope that shorter regimens and more effective, less toxic agents will revolutionize the care of persons with MDR-TB, much needs to be done to support adherence and a successful treatment experience for persons living with MDR-TB and the providers who are working with them. This paper sets out an approach for doing this that goes beyond the "education only" models that are currently espoused and will be of great interest to the audience of BMC. It is a landmark study of adherence in MDR-TB.

There are some small minor comments and suggestions to improve the paper which are described below:

1) It is unclear from the paper if the patients are receiving DOT. DOT is considered a cornerstone of MDR-TB treatment, but there are now emerging data to suggest it may actually impede treatment success. It would be important to know if DOT is used in this project, and I could not find that described anywhere. I also did not see mention of routine hospitalization (common in this region of the world) versus decentralized care (often done in MSF projects). Perhaps the authors could add a sentence or two in the methods/setting section on this.

2) The authors should add a statement on how adherence was measured. Was this based on self-report? DOT cards?
3) The discussion and conclusion section of this paper are very nicely written and thought-out. However, since this is a journal with an infectious disease/public health focus, it might help the reader to hear more about concrete suggestions for incorporating these findings into program use. Granted this is slightly beyond the scope of this paper, but the authors likely have some suggestions for actions that could be taken and assessed based on their data. Such recommendations are crucial in moving the "patient-centered care" pillar of the WHO strategy beyond ideas and words on paper and into real programs in the field. I am sure there are word limitations, but perhaps the authors could add a summary table at the end?

This is really an outstanding piece of research that has been well written and will add a great deal to the field of both MDR-TB and adherence.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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