Reviewer’s report

Title: Using eHealth to engage and retain priority populations in the HIV treatment and care cascade in the Asia-Pacific region: a systematic review of literature

Version: 0 Date: 25 May 2017

Reviewer: Udi Davidovich

Reviewer's report:

It was with great pleasure that I read this very well written paper examining the efficacy of mHealth mediated interventions regarding any of the implementation stages of the hiv-treatment cascade. The paper clarifies and conducts very well most of the steps of this systematic review. However relatively less effort was made to provide some kind of integration or clustering to the obtained findings- see further my remarks in the discussion section. My comments are further provided are in chronological order and not in order of importance.

Introduction

Though I completely respect the authors choices to concentrate on Asia and the Pacific regions for their analysis, they do not provide a rationale for this choice. There is actually much to learn from mHealth initiatives around the world which will also be applicable to the Asian context , so it would be interesting and needed to hear the authors arguments to not include these studies. Further the choice not to conduct a proper meta analysis was based on the too fragmented data obtained from these studies, this could have been resolved by including studies from other parts of the world.

Methods

Row 141, please add 'testing' before treatment to be complete.

Rows 164-168, although the authors do provide a pubmed search example in the appendix, I think it would be more helpful to the reader to see here a simple version of the actual search term list, preferably in an attached table. The appendix is helpful for those trying to replicate findings, but less to judge the rigor of the search terms.

Was there a time-scope limitation to the search? A search range of years?

Row 215. The authors indicate that the number of studies was too small for a meta -analysis. This is not an acceptable reason. 11 studies could be plenty for a meta-analysis. I would add here
the reasons not to conduct a meta analysis as mentioned in the limitations section of the discussion. And please elaborate more on those reasons. The authors need to provide a better reasoning for why the preferable method of research here, a meta analysis, was abandoned.

Results

I think the word testing is missing before ‘linkage to care’ in row 245

Discussion

It would be advisable if in the discussion the authors would make an effort to cluster their findings also on the axis of strong versus weak studies and/or RCT’s versus other comparison methods. This would help the reader to better evaluate the worth of the reported efficacy and provide more added value to this review.

Certain paragraphs / topics in the discussion can be made more concise, especially those not directly relating to the findings of this analysis, such as rows 381 to 400, etc

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

No

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.

No

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.

I am able to assess the statistics
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Please indicate the quality of language in the manuscript:

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