Author’s response to reviews

Title: The effect of disclosure on adherence to antiretroviral therapy among adults living with HIV in Ethiopia: a systematic review and meta-analysis

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REVIEWER COMMENTS AND RESPONSES

Editorial Comments

Academic Editor: I’m afraid the quality of the English used throughout your manuscript does not currently meet our requirements, as there are several spelling and grammatical errors throughout (e.g...”). We recommend that you ask a native English speaking colleague to help you copyedit the paper.

Reviewer 1: Page 4, line 10: "fear of divorce" is a repetition 3) Page 5 line 27: I believe it should be “were included” 4) Page 6 line 38: excluded … 6) Page 8 line 22: One should be “on” 7)Page 8 line 19: appositive = a positive 8) Page 8 line 26: maintenance referred to health is not very common. Use another term 9) Page 8, line 44: promoter, use all small letters

Reviewer 2: Overall the writing could benefit from some editing to be more direct and clear.
We acknowledge these inadvertent errors and have engaged two additional English-language researchers to help us to organize and copyedit the paper. We have reorganized the manuscript for clarity and have revised it to improve the flow of our arguments and to correct grammatical and typographical mistakes. These changes are highlighted throughout the manuscript in track changes.

Introduction

Reviewer 1: Page 3 lines 30-45. This paragraph should be shorten, since this paper is not focused on ART coverage

Reviewer 2: …there are a lot of data points in the first 2 paragraphs, some overlapping - this could potentially be collapsed into just a few sentences noting the rapid scale up of ART.

Thank you for noting this problem. We agree that the discussion of ART coverage was too long and not clearly linked to the topic of the paper. We have re-written the introduction [pages 3-5, lines 100-56] to discuss how problems with adherence threaten the viability of ART programs like Ethiopia’s that have been rapidly scaled up and that face financial sustainability challenges. This context-setting is now shorter and the duplicate data points have been removed.

Reviewer 2: It would be good to update with data from 2018 UNAIDS reports throughout this paragraph -

Thank you for noting this oversight. We have updated our HIV/AIDS statistics with the most recent available, 2017 data from UNAIDS [pages 3, line 104-108].

Reviewer 2: Third paragraph - here you introduce disclosure as an important factor associated with adherence, and note it is “the most dynamic and difficult contributing factor.” – I’m not sure your references support this statement. Simply noting that disclosure is repeatedly identified as being associated with adherence may be more accurate - or noting it is a "major" contributing factor

We agree with the reviewer that the statements regarding the importance of disclosure were too strongly worded in the original draft of the manuscript. We have modified this discussion as the reviewer suggested to note that disclosure is one of several important factors influencing adherence [page 4, line 116-21].
Methods

Reviewer 2: Eligibility criteria - note that you only included studies of Ethiopian populations (correct?)

Thank you for noting this oversight. We have updated the eligibility criteria to mention this point on page 6, line 178-84.

Reviewer 2: Cite Newcastle-Ottawa Scale (NOS) the first time you mention it

A citation has been added on page 6, line 184.

Reviewer 2: It would be good to describe here what measures of disclosure and adherence were eligible for inclusion (e.g., self reported adherence, pill counts, pharmacy refill; disclosure to partners vs others, etc.)

Thank you for noting this important omission. We have revised Table 1 to include information on how each study in the review defined both adherence and disclosure [page 9, lines 249-50]. We have also described the on page 7, lines 207-14, the definitions of these variables that we used for structuring our discussion.

Reviewer 2: First it sounds like all 6 reviewers looked at every paper, then it looks like 2 for each paper - would be good to clarify in the first couple of sentences of the data abstraction section

We appreciate the reviewer highlighting this point of possible confusion. We have clarified the language on which researchers were involved in screening and review of articles on pages 5-6, lines 185-95.

Reviewer 2: … this raises the question of the date range for your search -- would be good to add to the methods the eligible publication dates.

We have added information on the eligible publication dates on page 6, line 179.
Results

Reviewer 1:  Page 7: “The highest odds ratio (3.41) was reported on a finding which conducted in Oromia region.” Clarify which odd ratio

We have edited this sentence for clarity on page 8, line 240-42.

Reviewer 2:  Could you describe how disclosure was measured in each study e.g., disclosure to anyone, disclosure to a household member, disclosure to a sexual partner? If there are important differences in the definition of this "exposure", this would be important to know when interpreting the results

Could you describe how adherence was measured in each study - for the same reasons stated above re: disclosure definitions. Note that extreme differences in how disclosure or adherence were measured could make a meta-analysis inappropriate.

[Repeated from above] Thank you for noting this important omission. We have revised Table 1 to include information on how each study in the review defined both adherence and disclosure [page 9, lines 249-50]. We have also described the on page 7, lines 207-14, the definitions of these variables that we used for structuring our discussion.

Reviewer 2:  Could you state the p-value for Egger's test rather than "p>0.05"

We have added the exact p-value for the Egger’s test on page 9, lines 256-7.

Discussion, and Conclusion

Reviewer 1:  Page 8: The finding of this review and meta-analysis is also in line with systematic review in sub-Saharan Africa which indicated that active disclosure among people living with HIV was demonstrated as Promoter of adherence ". This is my main comment to the authors: so why did you do this systematic review when one from SSA was already done? What is this manuscript adding to what is already well known?

Page 9. Similarly to the previous comment the authors are not communicating anything new, and counselling on disclosure has been happening for years, but clearly it is not working. Partners notification programs seem to be more helpful leading also to the testing of the partner, but the acceptance to participate remains low

Thank you for noting this important concern. We have attempted to better explain the need for out study by discussing the uniqueness of Ethiopia’s HIV/AIDS epidemic and care seeking
behavior in the Background on page 4, lines 140-56 and the Discussion on page 11, lines 300-11.

Reviewer 2: What do you think explains the heterogeneity - are there regional differences, or are differences related to how disclosure or adherence was measured? Perhaps looking at subgroups is warranted? what about the gender distribution across studies?

We agree with the reviewer’s suggestion that a sub-group analysis of the data would be informative for explaining the heterogeneity in outcomes. However, we were limited in our ability to do this type of analysis because of the small number of studies included and the patchiness of the data that they report on the variables that would be required for sub-group analysis. We have mentioned this as a limitation of the paper on page 12, lines 320-23.

General Comments

Academic Editor: For systematic reviews and meta-analyses, we ask that you please complete and attach a PRISMA checklist.

As requested we have completed a PRISMA checklist and have attached it to this submission.