Reviewer’s report

Title: Facilitators and barriers to cotrimoxazole prophylaxis among HIV exposed babies: a qualitative study from Harare, Zimbabwe

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Reviewer: Celia Dana Claire DC Christie-Samuels

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In summary, among 20 HIV+ women who were interviewed five months after they had delivered their infants, the facilitators of cotrimoxazole prophylaxis included their adherence knowledge and determination to ensure their infants’ wellbeing, whereas the barriers were poor partner engagement in HIV care, stigma, reluctance to disclose mother’s HIV+ status to health care workers, challenges with drug administration amongst other household members and stock-outs of cotrimoxazole at the clinic.

The question posed by the authors could be better defined, as follows. The methods are well described but could be improved also as follows. The qualitative data are sound with evidence of thematic saturation, but the inconsistencies with reporting quantitative data could be clarified, as follows. The figure appears genuine. The manuscript adheres to the relevant standards for reporting and data deposition. The discussion and conclusion appear to be clear and are well supported by the data provided. Limitations were not articulated. The title and abstract accurately convey what was found. The study was well-executed and the paper was well written. The way the themes were organised was good, with inductive, vs. deductive themes, especially around participants, personal, community and health care system factors. Quantifying the husbands’/partners’ engagement in three groups based on level of support was also very interesting. The paper was well-written.

Minor Revisions:

1. Page 79, para 1, line 78-79: The study objectives indicate that the whole package of service for HIV-exposed infants along the PMTCT cascade was examined, however there is no mention of PCR testing in early infancy (was this not yet available)? Would that also include immunizations? Breast feeding and attention to infant nutrition? Maternal adherence to ARV’s considering there is breastfeeding? Should this part of the objective be reworded?

2. Although this is listed as a “qualitative study” and therefore the numbers of reported participants is less important than the stories and/or themes, the way in which the data is reported is not wholly reflective of a qualitative study such throughout. There are many areas where the paper reports quantitative data (eg., line 102 - 16 were married; line 116 - all women desired baby’s health; line 147 – all were devastated; line 178 – six husbands were positively supportive; line 196 – five men had taken small steps; 208 – five husbands were proposed to CTX-p,
line 220 – two women stopped taking cotrimoxazole; etc) and in other areas where this is not done (see a-k, as follows). Would it be better to increase consistency and change this to a “mixed methods” “Qualitative and quantitative” study by spelling out the actual number of cases involved in each instance, as follows?

a. Page 6, line 102: “Most” (how many?)
b. Page 7, para 1, line 125: “they” (how many)
c. Page 7, para 3, lines 130-132: How many?
d. Page 7, para 5, line 136: Perceived ineffectiveness (how many?)
e. Page 7, last para line 141: women (how many); line 142, Most, (how many?)
f. Page 8, para 1, line 148: Most (how many?)
g. Page 8, para 3, ilne 153: Most (how many?)
h. Page 12, para 5, lines 258: Babies (how many?)
i. Page 12, para 5, line 258-259: Several and they (how many?)
j. Page 122, para 5, line261: Many (how many?)
k. Page 13, para 1, line 1: Participants (how many?)

3. Page 4, para 2, line 74: Perhaps it might help if prior reasons for poor uptake of HEI could be elucidated from the literature, whether here or elsewhere in the manuscript? (pre refs 10,11,12)

4. Page 5, para 2, line 87: Any reason why not all babies received NVP prophylaxis?

5. Page 5, para 2, line 91: Any particular program that was used to aid data analysis, or coding?

6. Page 5, para 3, line 92: Do we know what was the response rate, ie., how many women refused to participate?

7. Page 18, Table 1: Need to spell out meaning of ANC, VCT, PMTCT, etc. when they are first used.