Author’s response to reviews

Title: Development and promotion of a national website to improve dissemination of information related to the prevention of mother-to-child HIV transmission (PMTCT) in Tanzania

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Version: 4 Date: 16 July 2015

Author's response to reviews: see over
Thank you for your email regarding manuscript #8199096001373196. The Reviewers’ comments were very helpful, and the revisions made in response to their feedback have strengthened the manuscript. We have revised the abstract to reflect the changes in the text. Our responses to each reviewer’s comments are summarized below and we have incorporated their recommendations into the revised manuscript.

Jessica Rodrigues

Major Compulsory Revision

• We have added a new table (Table 3) to increase information provided about the website’s Google Analytics statistics, reporting 6-month interval summaries for the 2 years since the launch of the site and discussing change over time. We also included data on bounce rate, and geographical location of users within and outside Tanzania (lines 181-204). The Google analytic software can only show the regions from where users were accessing information and does not delineate whether rural or urban. But based on distribution of access to internet in Tanzania it can be postulated that most of the users are coming from urban areas.
• We did not identify additional articles about global websites on PMTCT and believe the current reference list addresses key issues. We also hesitated to add non-essential since added data has increased the length of the text.
• Line 26-34 Methods Section: These lines refer to the methods section of the abstract. We have revised the entire abstract to reflect changes in response to reviewer comments. We have provided a clearer statement about evaluation and the use Google analytics in the abstract (Lines 25-32) and in the Methods section of the text (Lines 120 and 136-138). However, more detailed evaluation regarding the uptake of information and website outcome/impact was beyond the scope of this project and manuscript. We did add sentence about this issue in the context of future evaluation needs, included in the conclusion section of the abstract (Lines 47-49) and the text (Lines 316-319 and 333-334).
• Lines 106-107: We are not able to obtain comparable data from other health related website in Tanzania in order to compare statistics with that of PMTCT website. This is mostly because these website are created to disseminate health information but are not required or they don't necessarily use website visitor tracking tools such as Google Analytics to collect user information.
• Line 39. The newly added Table 3 summarizes key Google Analytics website statistics in 6 month intervals over the first 2 years of the website and we have added a quantifier about the increase in use during year 1 with stable use in year 2 in the abstract and the text (Lines 36-37 and 183-187).
• Line 187: We have included additional data about total downloads and some other PMTCT resources downloaded on the website including the National Antiretroviral Treatment (ART) guidelines, PMTCT pocket guide, Refresher Trainer Manuals and PMTCT wall charts (See Table 3 and Lines 198-202).
• We added data on the number of followers and posts from Facebook (Lines 231-233). However it was difficult to categorize uses as health care workers versus non-health care workers as such data cannot be obtained from the statistics reports on these social media tools. The text does discuss how social media strategy has helped other website promoting strategies.

• We revised the wording and statements especially in the concluding sections of the abstract and manuscript text to reflect only those conclusions that can be drawn from the actual PMTCT data analyzed (see Conclusion section beginning on Line 316). Due to limitations of resources for evaluation, we have very limited anecdotal feedback and qualitative information from website users to date. Qualitative feedback was obtained from key constituents and acted on during the website development and piloting. We have added one comment sent by email through the feedback link available on the website (Lines 208-210).

Discretionary Revisions

• The added Google Analytics and extension of the observation period to two years has strengthened our ability to evaluate the development, promotion and use of the PMTCT website. However, we do not have the ability to show results about specific outcomes as the current data is not adequate. The findings demonstrate successful initial implementation of the online resource center but also indicate that actions are needed to increase use. We do believe it is important to report about the process of developing a website through government / partner collaborations to address public health issues like PMTCT and to learn about promoting and supporting internet access to information in countries that are just developing online communication technologies through the Internet. Therefore, we would like to keep Tables 1 and 2, but will defer to the editors/reviewers to determine if it should be deleted.

• Line 11-116: The PMTCT website was developed in order to give a one stop center for all PMTCT related information. The PMTCT information available on other larger MOHSW websites is broad and very limited due to space limitation as these website also hosts other health issues. The PMTCT website offer flexibility and convenience on finding PMTCT related information. Also there are links to the PMTCT website available in the MOHSW website. We have clarified the importance and need to have a separate PMTCT website in the manuscript (Lines 265-274).

• Lines 163-168: The current data on the PMTCT website usage is not enough to give us information specifically regarding the health care worker’s knowledge on option B+ recommendations.

• As noted previously we have provided additional information about the first two years of the website and it is not possible to include additional qualitative data at this time.

• We added information in the conclusions how the website will be sustained by the MOHSW.
We were unable to establish exact dates when the other MOHSW websites (MOHSW, NACP and RCH) were developed, but we believe they were in existence when the PMTCT website was developed.

We clarified the meaning of Health Science institutes—Health related higher learning institutions including Medical and Nursing colleges (Lines 155-156).

We have added an explanation of returning visitors—visitors coming to the website for the second time or more (Lines 187-188).

Expected proportion of visitors from Tanzania. Since PMTCT related key words used on the website are tagged, when anyone searches for any of these key words on their web browser the PMTCT website is one of the websites that will come up. The majority of the website visitors are from Google searches (64%) it is expected that a good number of these visitors may be from other parts of the world in addition to Tanzania. Also, the site is particularly relevant for other users in Africa. With 50% of users from Tanzania, 23% from other African countries, and 11% from India and Indonesia, we think the site is reaching targeted users that will benefit from its resource (Lines 188-194). However, we do discuss the need for additional promotion of the website in Tanzania to increase in country users in a number of places in the text.

Because we are updating Figure 3 to include the entire 2 year period, it will no longer include a category for the 6% of data from the initial October 2013 promotional campaign. Anecdotal reports from the MOHSW PMTCT Unit indicated that when people ask them about specific PMTCT information that is available on online, they refer these people to the PMTCT website. We have rephrased the statement and also added a statement that the MOHSW has a link on their home page to the PMTCT NRC (See lines 273-274).

The Google Analytics software that we are using to collect user information does not capture information about rural vs. urban settings. However we have included some information about users by region in Tanzania. The majority come from Dar es Salaam, a mostly urban area (Lines 188-191).

Meaning of abbreviation used in tables were added.

Discretionary revisions
- We revised the 3rd paragraph to include that after WHO included option B+ as PMTCT in 2012 the WHO antiretroviral guidelines was the recommended option (Line 90).

Minor issues not for publication
- Line 21; We added “the” before “development, promotion, ....” (now line 20)
- Line 22: We deleted “the” before prevention of .....