Author’s response to reviews

Title: Pediatric HIV care and treatment services in Tanzania: implications for survival

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Author’s response to reviews:

Reponses to reviewer 1

Comment Response

Background

1. The authors should consider a third and final paragraph that explains the research question being investigated and the public health significance.

1. This paragraph has been added as requested

Methods

2. A study design section needs to be included. The design of the study is relevant for the statistical analysis and eventually the reliability of the conclusions and the significance and implementation of the study results

3. The study area should be well described. A detailed description of the study area is relevant to contextualize the study findings

4. Much more detail should be provided for the selection of participants of the study
5. The analysis should be its own section. It should give a clear description of how the quantitative analyses were performed. The analysis section should clearly detail how the analysis was done and also discuss the theoretical basis for why certain measures/scales/variables were included in the analysis. The analysis should include a description of each of the variables you discuss in the paper and include how the variables were recoded for analysis.

2. The study design has been included

3. This has been explained.

4. The study included ALL children whose information was available in the NACP database.

5. Statistical analysis has been described as requested.

Discussion

6. The discussion section needs to be rewritten.

7. Paragraph two often compares the findings of this paper to other published papers. The following papers may be useful.

The discussion has been re-written as requested.

8. It is unclear which Ethics Review Board/Institutional Ethics committee approval was received before the commencement of the study. The authors need to clearly state which ERC/IEC granted the approval for the study. Were patients consented? How were issues of patient confidentiality, autonomy and voluntariness of participation addressed?
Information on ethics has been added as requested

Reponses to reviewer 2

Comment  Response

It would be beneficial to report on the effectiveness of ART in the national program or issues surrounding programmatic management of ART in children. The paper gives the results without proper definition of terms and other variables such as provider perspective and lessons learned as well as suggestions for future management. Split the deaths and loss to follow up by period if possible to see if there was improvement.

This has been done

Referencing should be consistent – font and whether inside the full stop or outside.

Corrected

Background

Line 33: It is well known that … contributes to improved …

Change has been effected

Methods

Line 52: Proper Stata reference

Please introduce the National HIV program – Eligibility for ART according to the program before 2012 and eligibility after 2012. Tests that the program expected to be done on each child. Then definitions for the analysis. Referral for treatment – from where.

Assessment of nutritional status – what variables were involved.
Lost to follow up – definition by program and definition for analysis

Estimation of mortality – how did the program define this

Access to HIV care and treatment

Explain the meaning of and difference between Category I and Category II age groups

These items have been dealt with.

We have removed Category I and Category II age groups to improve clarity to the readers

Results

Line 47: VCT and PITC in full

Line 54: Explain TB testing and use of cotrimaxazole in methods

Eligibility at enrolment and time to starting ART

Line 8: … and 21% had not started treatment at all.

Children characteristics at ART initiation by age category

What are the characteristics?

Mortality of children

How many died on ART and before starting ART?
Abbreviation have been explained in full

TB testing and use of cotrimoxazole explained

Revised as requested

The information on children who died before stating ART was not captured, as this was not part of the study. However, according to current guidelines all HIV-infected children are supposed to initiate ART upon enrollment

Discussion

Line 20: This is due to the …

Line 24: These are the children confirmed to have TB – what were the other causes of death? For all the children known to have died, was there a cause of death noted?

Line 25: … were on cotrimaxazole was high… (something missing)

Eligibility at enrolment and time to starting ART among children

Line 32: Our results show that… which children and when 2011-2012 or after 2012 when eligibility criteria changed. Go back to methods and define this properly.

There is too much repetition of results. Need to paraphrase differently to make the point of the discussion.

Need clarity
Mortality of children

Repetition

Survival

Line 17: Our results shows that …

For your discussion you need to compare your results to other country program or to known literature and reference.

What are your recommendations?

Add the NLOT in you definitions in methods

Table 2 : check your totals

Unfortunately routinely collected data does not specify cause of death. This limitation has been acknowledged in the revised manuscript.

As explained previously, the discussion has been re-written to accommodate issues raised by the reviewers.