Reviewer's report

Title: A Combination SMS and Transportation Reimbursement Intervention versus Standard of Care to Improve HIV Care Following Abnormal CD4 Test Results in rural Uganda

Version: 1 Date: 16 May 2015

Reviewer: Ayesha De Costa

Reviewer's report:

This is a quasi experimental study of the use of mobile phones + transportation incentives to promote retention among HIV patients in Uganda. The paper is well written, I enjoyed reading it, I think it has important implications for the health system and public health.

Major revision: What was the rationale of having three different subgroups for the intervention? One sub group in particular does particularly better than the other two. Why? There was no discussion of this.

There is no mention of attrition in any of the groups, the control or any of the intervention ones. Does this mean that everyone actually did come back, even in the control group? This would imply that patients are not being lost but rather are coming back later than they should. Does coming back 2-3 weeks later make a clinically significant difference? What are attrition rates normally at the center?

Minor comments: Could the fact that a larger proportion of the control group were already on ART have influenced the delay to return to the clinic compared to the other groups? Perhaps this group was more complacent because of the 'sense of security' provided by being on meds. What could have been reasons for difference between the control and intervention groups besides the intervention.

The discussion is 'local' at the moment, I think it would benefit from a widening of scope to talk about the implications for other settings. Have their been other mhealth interventions tested for retention? Without the transport support component? Was the effect size detected as large?

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I do not have competing interests