Author’s response to reviews

Title: Underutilisation of routinely collected data in the HIV program in Zambia: a review of quantitatively analysed peer reviewed articles

Authors:

Tendai Munthali (munthalitendai@gmail.com)

Patrick Musonda (pmuzho@hotmail.com)

Paul Mee (Paul.Mee@lshtm.ac.uk)

Sehlulekile Gumede (Sehlulekile.Gumede@lshtm.ac.uk)

Ab Schaap (ab@zambart.org.zm)

Alwyn Mwinga (alwyn@zambart.org.zm)

Caroline Phiri (drcarolp@yahoo.com)

Nathan Kapata (nkapata@gmail.com)

Charles Michelo (ccmichelo@yahoo.com)

Jim Tood (jim.todd@lshtm.ac.uk)

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Tendai Munthali

Ministry of Health

PO Box 30205,

Lusaka, Zambia

E-mail: munthalitendai@gmail.com; munthalitendai@yahoo.com

Telephone: Mobile (+260) - 977 302772 or 976 302772

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Health Research Policy and Systems

https://health-policy-systems.biomedcentral.com

Attention: Rosanna Gonzalez-Mcquire

Dear Dr Rosanna Gonzalez-Mcquire,

Re: Manuscript HRPS-D-16-0069R1 Underutilisation of routinely collected data in the HIV program in Zambia: a review of quantitatively analysed peer reviewed articles. Tendai Munthali; Patrick Musonda; Paul Mee; Sehlulekile Gumede; Ab Schaap; Alwyn Mwinga; Caroline Phiri; Nathan Kapata; Charles Michelo; Jim Todd

I refer to your letter dated 2nd March, 2017 regarding reviewers’ comments on the manuscript referred to above. I am glad to inform you that we have now completed addressing the concerns that were raised initially. Find below the point-by-point list of changes, which have been made, appropriate responses to specific questions raised as well as explanations where changes have not been made.

All changes have been highlighted in the manuscript.

REVIEWER 1

1. Was this a "systematic review"? Based on the methods and supplemental materials, it sounds like it was intended to be a systematic review. However, this is not explicitly stated. If this was a systematic review, did the authors adhere to PRISMA (or other) guidelines, and did they register their protocol (i.e. Prospero)? If so, this should be explicitly stated in the title and methods and the guidelines should be cited in the references. If not, this should be recognized as a limitation.
Our response

It was intended to be a systematic review, and identified many papers utilising the Zambian health routine health data, but did not fulfil all the requirements of a systematic review. However it is still a comprehensive and important review that fulfils a lot of the answers supplied by a systematic review.

2. Attention to the formatting of superscripts in authorship lines 3 and 4.
   Our response
   Thank you, the superscripts have been adjusted in line 3 and 4.

3. The word "ministry" is duplicated in affiliation number 2 on line 8.
   Our response
   The repeated word has been removed in line 8, thank you.

4. Further details should be provided for "Zambart" in affiliation number 4 on line 11.
   Our response
   Thank you, the missing details have been added in line 11.

5. Line 65: It should read "country" not "countries".
   Our response
   Thank you the spelling has been corrected in line 65, background section.
6. In line 71, there needs to be a close parenthesis after VMMC.

Our response

A close parenthesis has been added in line 70 background section. Thank you.

7. Lines 71-73 and 92: Are these priorities listed in any particular order? If not, you might just list them alphabetically as not to connote one priority being more important than another.

Our response

We agree. The priorities have been listed alphabetically as suggested in lines 70-72 background section as none of them is more important than the other. Thank you.

8. Line 73: there should not be a semicolon after "care".

Our response

Thank you, the semicolon has been removed in line 72 background section.

9. Line 79: There should not be periods (.) before and after reference #7.

Our response

We agree. The period (.) has been removed in line 67 background section. Thank you.

10. PMS should be defined at its first occurrence on line 85.

Our response

We agree. We have defined PMS in its first occurrence in lines 86-87 background section, thank you.
11. Line 103: States that papers included used either "SmartCare or other PMS data". This seems to imply that all of these studies utilized electronic records; though, I suppose PMS could be paper hardcopies and/or electronic. This should be clarified.

Our response

We agree and the sentence has been recast to make it clear. Thank you. (Lines 91-95 background section)

12. Line 113/Table 1: Were MESH terms used in the PubMed search? It does not appear to be the case based on what is reported in table 1. If not, this should be acknowledged as a limitation, insofar as the search may not have been robust enough to capture all of the relevant articles.

Our response

Mesh terms were not used in the PubMed search. However a rigorous search was done in all search sites which was not limited to search terms reported in the table. This was an oversight on our part and the list has been updated. We used what PubMed calls “automated term mapping” (ATM) system that searches for titles, abstracts and authors names for every search done with or without tags, syntax or punctuation. It does an automatic “all fields” and MESH search.

13. Line 117-119. Only one author reviewed titles/abstracts and extracted data? This would be atypical for a systematic review; typically, at least two authors independently review articles and extract data, then later resolve discrepancies, often with the assistance of a third reader. This should be acknowledged as a limitation and potential source for bias.

Our response

Thank you. We agree. This has been added to the limitations (lines 208-209 discussion section)

14. Lines 125 and 126: Why are adults older than 15 years, but children less than 18 years? This does not seem like consistent categorization.

Our response
We agree. The categories have been corrected with a cut-off at 15 years in line 138 methods section.

15. Line 129: How many titles were reviewed, prior to reviewing abstracts? In other words, how many citations did the search strategy yield? Can the authors provide a list of the excluded titles? Figure 1 seems to equate titles and abstracts. Was it in fact the case that abstracts were reviewed for every single title that the search revealed?

Our response

Thank you for the observation. Correct terminology has been used in line 142 results section. A list of rejected searched titles has been provided as an attachment. The titles provided are the rejected reviewed abstracts which are 729 in total. We have included these data in Figure 1 in the attached.

16. Line 133: "Figure 1" should be in parentheses.

Our response

Thank you, corrections have been done in line 147 results section.

17. Tables 2 and 3: It is not clear to me why tables 2 and 3 need to be separate. It seems like they could be combined into a single table sorted by article type.

Our response

We agree. They were mainly separated because the table was too long. We choose to keep them separate as the combined table will be too long and cumbersome to review. We however would be happy to change if the editors suggested to combine them.
18. Line 166: 62 articles were found; not "about" 62 articles.

Our response

Thank you, we agree. The sentence has been recast in line 185 results section.

19. Lines 169-171: Perhaps male circumcision or condom use articles were not found, simply due to the fact that these terms were not included in the search strategy? I wonder about the robustness of the search strategy. These concerns could be allayed if the authors are able to provide a list of excluded titles (supplemental table).

Our response

We thank you. Please refer to responses to question 4 and 7 above. The lack of inclusion of full search terms was an oversight on our part. A supplemental table of excluded titles has been attached.

20. Line 171: I think the authors meant "data" not "date".

Our response

Thank you, the spelling has been corrected in line 190.

21. Throughout the discussion the authors go back and forth between using the acronym VMMC and spelling out the phrase "voluntary medical male circumcision". This is awkward, so please consistently use one or the other.

Our response

We agree. The discussion section has been corrected and we have used the acronym VMMC only in lines 189, 199, and line 254 of the discussion section. Thank you.
1. The paper makes a useful albeit limited contribution to the analysis of data utilization for HIV-AIDS program management in Zambia. The authors need to clarify the objectives pursued and, if possible, complement with an analysis of institutional collaboration and what authors have to say on the data systems used.

Our response

Thank you. An analysis of institutional collaboration has been done and graph has been provided in the attachments as figure 2. The objectives have also been recast in Lines105-107 of the background section. However, Authors comments on data systems used is beyond the scope of this study, which sought to review what has already published.

2. L59. The statement that many countries world-wide routinely collect data on HIV care and services could be supported with a citation to relevant studies on the subject. References could then be used to discuss the results of this study for Zambia.

Our response

Thank you, citations have been added in line 63 background section.

3. L 76. The statement ”such as wider coverage of recorded items ” needs clarification.

Our response

Thank you for the observation, clarification has been added and this sentence now reads “The benefits in using routinely collected data include, wider coverage of recorded items from across the whole country, and the longitudinal nature of the data allowing estimation of trends and changes in the use of services” in lines 77-79 background section.
4. L85: Please expand "PMS" here.

Our response
We have included the full term “electronic patient monitoring system” (PMS) in line 87 background section.

5. It would be useful to say if SmartCare is complemented by other routine data systems, such as administrative systems accounting for health care provision, stocks, etc.

Our response
Thank you. More information has been added in lines 91-95 of the background section. This includes the way that SmartCare data can provide summaries for health management information, and how it is possible to communicate with other systems such as lab, and drug supplies.

6. L91-97. Please establish here that you are focusing on published, peer reviewed studies. Also, establish. Furthermore, it is suggested to be more precise in the objective. You are proposing to examine if data has been analysed quantitatively, but you say your "goal was to review the evidence and identify gaps that exist". The objective of examining if data is being analysed is much more specific than the goal.

Our response
We agree. Sentences have been recast to make the goal/objective clear in lines 105-107 background section. Thank you
7. In L 176 and L. 185 you state more specific but different goals that need to be considered in the objectives. So you are proposing to address the description of the range of routine data used as well as the extent to which data is analysed and utilized. But the results section does not address all these objectives, focusing more on the range of data, emphasis in terms of numbers of papers published and the size of samples.

Our response

We agree that the objective wasn’t clear, and we have changed it to agree in the two places. It has been recast to reflect what we intended to do and the results we found. This now reads “We sought to examine the extent to which routinely collected HIV data has been analysed quantitatively for publication and identify gaps that exist across the six prioritised areas”

8. L. 191. It is not clear why you consider that 6 papers per year per topic is "low". How do you set expectations?

Our response

We agree. We have added literature on past publication (lines 96-102 background section; 213-215 discussion section) to validate our claim. Thank you

9. L. 98. This section should be called "Methods"

Our response

We agree. Thank you. Changes have been made in line 110.
10. L. 123. Not clear the meaning of this sentence.

Our response
The sentence has been recast in line 120 methods section, thank you.

11. L128. Results is a main title.

Our response
We agree, a correction has been made in line 141, thank you.

12. L. 129 & L 208. It is not clear why you had to exclude papers not published in journals and those published before 2004. These should not have been retrieved in the first place if the search terms were properly applied.

Our response
The use of SmartCare in Zambia started in 2004 together with the provision of the first ART services in selected facilities in Zambia and so we hypothesised that any published paper utilising this data could only have started after 2004. We did not include papers that were not published in journals as these may not have been peer reviewed. We agree that the papers published before 2004 should not have been retrieved.

13. L 241. Given that no clear referent is proposed to assess sufficiency of papers, the conclusions cannot point to strategies to increase data analysis. It is suggested to focus conclusions on the range of data and on strategies to support analysis for topics where data seems to be missing or insufficient in comparative terms.
Our response

We agree. Conclusion has been recast

14. It would also be useful to address two complementary objectives: a) the range of institutions and forms of collaboration that led to produce the papers, especially across academic and health service institutions. B) the analysis of what authors have to say on the availability and usefulness of routine data systems for their analyses, particularly on the quality of data with regards to timeliness, completeness, reliability and accuracy.

These two ideas are only suggestions that would lead to much enrich the paper and could be readily done with the data at hand.

Our response

Thank you. An analysis of the institutions has been provided for all papers as an attachment and a graph as figure 2. Authors views on the availability and usefulness of routinely collected data systems is beyond the scope of this review. This was a review of published articles. Comments of the use and availability of quality of data with regards to timeliness, completeness, reliability and accuracy could only have been included if it was reported in the articles reviewed.

15. English needs a little improvement. Vg. L. 71, 81, L84, L140, L175.

Our response

We agree. Sentences have been recast in lines 81-83,137 and 166. Thank you.
Yours faithfully

Tendai Munthali

Corresponding author