Author's response to reviews

Title: An Exploration of Group-based HIV/AIDS Treatment and Care Models in Sub-Saharan Africa Using a Realist Evaluation (Intervention-Context-Actor-Mechanism-Outcome) Heuristic Tool: A Systematic Review

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Author’s response to reviews:

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Dear Dr Glidewell,

Thank you for taking the time to edit our manuscripts and for the reviewers’ comments. These comments were very constructive in improving the quality of the manuscript. We so agree with most of the comments and suggestions made by the reviewers and we have addressed each of their comments in a stepwise manner below.

Reviewer # 1

Major comments

1. "Care umbrella" is a nice image. I would suggest you define the concept to make sure there is no misunderstanding.

Response: We have addressed this by adding the sentences “care umbrella – that is patients need to be tested for HIV, initiated on treatment, retained in care and reach and maintain viral suppression.”
2. Page 5: on line 115: please define "they".

Response: We have clearly identified “they” as “These differentiated models”

3. Page 7: there is a focus on group-based care. Why are individual-based models not included in your search? Unless I misunderstood, which may require that you clarify this aspect.

Response: We have clarified this point by adding the following paragraph:

It is argued by Chen [27] that theory-driven approaches to programme development could improve implementation. The theoretical understanding of how and why individual-focused interventions work have been explored previously [28]. On the other hand, because group-based ART interventions models are complex – typically multi-component and must adapt to local contexts – they are challenging or even appropriate to replicate them [28]. Their complex nature also make them difficult to evaluate.

4. Page 7: Please expand the comparison between conventional models, individual-based models and group-based models. At the end of the paragraph, I am not entirely sure I understood the differences.

Response: We have expanded on these differences by adding the following paragraph:

The standard facility-based care model usually involves patients visiting the health care facility on a monthly basis to be seen by a clinician for routine consultation, and then by a lay counsellor for their drug accountability assessment and counselling. The patient is then provided with one month’s supply of medication from the pharmacy. Differentiated care models on the other hand usually integrate most of the services provided by the standard care model and offer it as a tailored package to suit the needs of different types of patients (patient groups). For instance, patients can be provided with their medication, education and counselling and monitoring services when they are part of a differentiated care model. Differentiated care can either be healthcare worker managed groups or client (patient) managed groups and can either facility-based individual model or out-of-facility individual model [16].

5. Page 8: Please explain the level of evidence on individual-based models.

Response: We have addressed this by adding the following sentence. The effects of adherence-enhancing interventions targeting individuals are usually small to modest because they are usually resource-intensive, and therefore tend to fade over time [21].

6. The Results section is not clearly highlighted. Please add a headline.

Response: This has been added.

7. The results for steps 3 and 4 are not explicit. Please make sure that for each step, you have a short conclusion summarising the key results.
Response: This has been addressed by adding the following sentence: In summary, different studies identified different components of the ICAMO heuristic analytic tool. Most of the studies did not identify all the components of the ICAMO tool. It was especially common with the studies that adopted the quantitative study approach. While some of the qualitative and mixed-methods studies identified most or all of the components of the ICAMO tool, none of the studies provided a conceptualised causal link of these components to explain how and why the interventions work in the context in which they are implemented.

8. Page 18: You mentioned that a few mechanisms were identified. Please list them.

Response: We have listed the identified mechanisms: “Mechanisms identified from the selected studies include social support (mutual adherence support), acceptability related to advantages, empowerment, patient satisfaction, bonding among group members (trusting relationship), motivation, and increased assurance.”

Minor Comments

1. On page 4, please add "(SSA)" after Sub-Saharan Africa.
Response: We have added "(SSA)" as suggested.

2. Page 5: replace "medicaton" by "medication"
Response: The error has been addressed.

3. Page 19: delete "are" before "guided".
Response: We have addressed it accordingly.

4. Page 19: replace "relating" by "related"
Response: We have addressed it accordingly.

Reviewer #2

1. There is a lot of explanations reasons for and details of the methods selected and this detracts a little from the narrative of the paper and its findings. If rewritten so that the methods are introduced by not defended, the paper would be, in my opinion, ready for publication.

Response: We have addressed this by adjusting some of the relevant areas.

2. There is a typo on page 5, line 113 (differentiated).
Response: This typo has been corrected.
We thank the reviewers for their constructive comments and suggestions. We agree that making these changes have improved the manuscript from the originally submitted version.

Kind Regards,

On behalf of all the other authors,

Ferdinand C. Mukumbang