Reviewer’s report

Title: Exploring barriers and facilitators to integrated hypertension-HIV management in Ugandan HIV clinics using the Consolidated Framework for Implementation Research (CFIR)

Version: 0 Date: 02 Feb 2020

Reviewer: Christine Kim

Reviewer's report:

General comments

This is a really well-written and important topic in global health that needs to be better understood (HIV/NCD integrated care). I enjoyed reading it. Most of my comments can be easily addressed. My main comment, however, is the lack of the patient perspective, which is acknowledged in the discussion but the reader is left unsatisfied as there is no sufficient explanation given.

Introduction

* Line 94: Please add a comma and "and" in "guidelines for HIV Care and Treatment, and recommend…”

* Line 98: Empirical not "empiric"

* Lines 100-103: Is the 30% HTN control by PLHIV from both Uganda and Malawi studies or just in Uganda? Is there a reason why the Malawi study is included? Unless the 30% figure is from both countries, you may consider removing reference to Malawi and it may just add to confusion.

* Lines 104-108. This is a really long sentence describing the retrospective cohort study with a lot of information. Please consider breaking down the information to make it easier for the reader to understand the study and its main results.

Methods

* Line 125: Should the reference for CFIR be #19, not #18?

* Line 131: Please remove commas after 'barriers to' and 'facilitators of'

* Line 152: Add clinic and "each"

* Line 154: Has BP been spelled out previously? If not, please do so here.
Line 164: Has NCD been spelled out previously? If not, please do so here.

Line 175: "accepted" or consented?

Line 184: Please add 'a': "AKT is 'a' male … "

Under the 'data collection' section, please include a sentence on whether all interviews were conducted in English. If not, please include the languages that were used.

Following the COREQ, please consider providing the following information under the methods section (probably under data collection) about the three authors who conducted the interviews:

- Relationship with participants: Was a relationship established prior to study commencement? (This is particularly relevant for interviews with DHOs and health facility staff)
- Participant knowledge of the interviewer: What did the participants know about the researcher? (This is particularly relevant for interviews with DHOs and health facility staff)
- What characteristics were reported about the interviewer/facilitator?

In data collection: Were repeat interviews conducted? Were participants engaged in reviewing transcripts?

Line 214: Change 'basing' to 'based'

Line 236-237: Who are the patient representatives? Were not all participants invited to hear the presentation on the findings?

Results

Table 2 does not have any descriptive characteristics on the interviewees, particularly the patients. Methods section describes the positions of the KIIIs, but this would be more informative in the table and in the results section. Any descriptive characteristics on FGD and IDI participants such as mean age, sex, years on ART or diagnosed with HIV, years with HTN, etc?

Line 280 - should the colon be a period? I'm not following this sentence.

There is inconsistency throughout this section on calling the clinics a clinic, site, or facility. I would suggest picking one and staying consistent in the narrative.

Line 410: remove "a" before health care providers.
Was there any feedback from participants when the results were shared? A description of this would be appropriate in the results section.

Discussion:

* Line 472: "perfectly" is a strong claim. I would suggest using "well aligned"

* Line 482 mentions that patients were not aware of integrated HTN/HIV services but I didn't see this as a finding described in the results section. There are only two mentions of patients in the results section which I found very minimal considering the discussion paragraph.

* Paragraph starting on line 515: Can you provide some context to these recommendations within existing guidelines that were mentioned in line 93 by the WHO and MOH? Under the study setting that describes the clinics, it was described that they are "mandated" to provide NCD screening and management. It would be helpful to have some of these recommendations circle back to gaps in these guidelines and where they are not realistically addressing realities on the ground.

* Lines 529-532 - I am not sure I understand why there is such a paucity of contributions from the patients interviewed when the number of patients involved is so high, yet the findings revolve around 11 key informants, all health care providers. The reader is left with a really big gap in understanding the patient perspective and is not clear why this is the case given the design of the study.

* The discussion needs further limitations of the study described.

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An article whose findings are important to those with closely related research interests

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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