



SDI Review Form 1.6

Journal Name:	International Journal of TROPICAL DISEASE & Health
Manuscript Number:	2014_IJTDH_9758
Title of the Manuscript:	HIV Treatment Program Mapping: A Mixed Method Process for Identifying Barriers to Linkage in HIV Care
Type of the Article	Method Article

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment <i>(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)</i>
<u>Compulsory</u> REVISION comments		
<u>Minor</u> REVISION comments	In the Results section, it was not clear to me why only 195 out of 567 patients were untraceable. Did you have any insight? In the Discussion, some of the references are dated, especially those identifying point of care testing and patient navigators. A couple of articles have been recently published which should provide more recent citations, such as Wynberg et al, 2014 "Impact of point-of-care CD4 testing on linkage to HIV care: a systematic review" and Larson et al, 2012 "Rapid point-of-care CD4 testing at mobile HIV testing sites to increase linkage to care: an evaluation of a pilot program in South Africa." Additionally, I would like to see another sentence or two about how these methods could improve linkages.	1) I have clarified this in the results. The reason is that only 195 charts could be traced. 2) I have included these references in the discussion. Thank you for bringing them to my attention.
<u>Optional/General</u> comments	Overall, this is a well written manuscript. The published manuscript will increase the awareness of the importance of linkage to care in HIV, resource limited settings. The methodology is suitable for describing the process to identify barriers to linkage in HIV care.	