SDI Review Form 1.6

Journal Name:	**Journal of Complementary and Alternative Medical Research**
Manuscript Number:	**Ms_JOCAMR_56559**
Title of the Manuscript:	**Factors favoring non-compliance of treatment to People living with HIV/AIDS in General Reference Hospital of Gbadolite, Nord Ubangi, Democratic Republic of the Congo**
Type of the Article	**Original Research 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)

PART 1: Review Comments

	Reviewer's comment	**Author's comment** *(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)*
Compulsory REVISION comments	**nil**	
Minor REVISION comments	High lighted text in the manuscript should be rewritten and corrected.	All the corrections have been done
Optional/General comments	The dimension and importance of the problem is discussed and presented satisfactorily by the Author	

PART 2:

	Reviewer's comment	**Author's comment** *(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)*
Are there ethical issues in this manuscript?	*(If yes, Kindly please write down the ethical issues here in details)*	