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## Response to “Comment on ‘Adoption of Point-of-Use Chlorination for Household Drinking Water Treatment: A Systematic Review’”

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In our paper we reviewed adoption of point-of-use chlorination in closely monitored interventions in low-income settings. We agree with Lantagne et al. that our results do not represent studies from humanitarian-response settings and that they should not inform household water treatment policies for humanitarian responses. We also appreciate the opportunity to provide clarification on three points.

First, we grouped chlorine product types into three groups: tablet, powder, and liquid. Because electrochlorinators produce liquid chlorine solution, we categorized them as liquids.

Second, we assessed all studies based only on our prespecified inclusion and exclusion criteria. One of the most restrictive

criteria was the requirement of a reported intervention start date so that we could rigorously assess adoption over time; several studies mentioned by Lantagne et al. were excluded on this basis.

Third, our observation that tablet-based options had higher adoption in our included studies does not imply that chlorine type should be prioritized over local availability. Our findings reflect our study objectives and the preponderance of evidence; they do not preclude contextual exceptions. Overall, we agree that safely managed water is the goal, whether in stable or humanitarian settings.

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The authors declare they have no conflicts of interest to disclose.

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