Reviewer's report

Title: The role of community conversations in facilitating local HIV competence: Case study from eastern Zimbabwe

Version: 1 Date: 1 December 2012

Reviewer: lee knifton

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Minor Essential Revisions

I think that this makes an important contribution.

One issue for me that I think detracts from this rather than enhancing it is some of the language used. By the end of the introductory paragraphs we already have 'no magic bullet' and 'a toolkit of responses'. In my opinion this detracts from the clear and fundamental areas that the article explores – I would edit and simplify throughout in relation to this.

P3 Para “community HIV competence” This initial paragraph on community involvement could be strengthened. "is said to" isn’t an ideal start to this otherwise good section and what exactly do each of the references demonstrate in relation to involvement?

P4 second para- I think and important and very good articulation of what community conversation is and isn’t and relationship to focus groups

P9 – your opening statement states community conversation “made a significant contribution to developing HIV competence”. Given the qualifications on p10 and the very small groups and irregular attendance you should tone down this as a claim

Overall the findings flow really well and I think are written well and thoughtfully and the final section about ongoing wider conditions that hinder or facilitate change is important

P 13 the whole section of findings on ‘Participants were encouraged and challenged by involvement of outside facilitators.’ I think this is an important section but it could be written in a much more critically reflective way as it could be interpreted very differently indeed from a community development perspective, which you allude to a little

I feel a weakness throughout the paper - and one that could be addressed perhaps by a further section in conclusions (rather than amending he paper to much throughout) – is that your general claim./ arguments are not really fully supported by the method and modest data or scale of the study. I think you generate a hypothesis that CC might be an important element rather then is an important element. You also fail to really get back into the major limitations of the
study such as modest scale, the fact that CCs may have been and may always to an extent be self-selecting for those well disposed or informed; the fact that this approach can be resource intensive and certainly on a scale that may be needed to effect change and that this has opportunity costs; the irregular attendance at this well resourced and small scale pilot could be very significant. All of this is important in public health terms and should be explored in limitations sub section. I also think you should briefly consider that this could well produce negative consequences (some of our approaches have) and that there’s not enough here to say either way.

Finally the authors clearly have a very sophisticated awareness of social change and structures but perhaps it might be useful in introducing your model of ‘HIV competent communities’ to describe this a little more as it could be seen as implying a kind of linearity – people made aware then makes community more HIV competent -whereas of course there is massive diversity within and amongst communities and fluidity of awareness, beliefs, behaviours etc

I would point you to my paper http://hsr.e-contentmanagement.com/archives/vol/21/issue/3/article/4836/understanding-and-addressing-the-stigma-of-mental which you might want to consider using in that it explores with ethnic minority communities why community dialogue might work for complex health issues and add something to the introduction

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.