Author's response to reviews

Title: Criteria for priority setting of HIV/AIDS interventions in Thailand: A discrete choice experiment

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We thank the reviewer for the comments, and have adapted the manuscript accordingly. Below we indicate the changes made in the first revision (in normal case). The reviewer new comments are in italics and our replies in small case in the highlighted area.

Reviewer: Cheryl LL Carling, 9 April 2010


Authors: Since this paper is on guiding policy makers in the choice of interventions in HIV/AIDS control – and as such orientated towards the population level - we are not sure whether it would do good to the paper to elaborate on the impact of HIV/AIDS at the individual level. The more since the paper is already quite lengthy.

Reviewer: Half of your informants are PLWHA. Their ranking of priorities will be largely determined by the expenses they incur for their own medical care. A short sentence in the background section, describing their economic burden due to their illness, and to what extent the Thai health service provides free care would be helpful in interpreting the responses, as discussed on your p. 11.

Authors: We have now added sentences in the background section on p. 4:

‘To date, the Thai government provides universal coverage for antiretroviral medication to all eligible people living with HIV/AIDS (PLWHA). However, HIV-related absenteeism and the need of informal care (e.g. care givers) have notable effects on individual PLWHA’s economic burden [5, 6].’

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5. What are the grounds for selecting these particular informant groups?

Authors: In the revised version, we are now more specific on the selection process of the participants.

In this study, we chose to explore the views of policy makers in comparison with two other groups of stakeholders, i.e. PLWA, and the general population represented by village health volunteers (VHV).

The policy makers were represented by 28 national – and province level decision makers strongly involved in health resource allocation decisions in Thailand specifically on HIV/AIDS. As a first step in the selection process, members of the National AIDS Committee were asked to participate. As a second step, they were asked to nominate other decision-makers meeting the above criterion. A total of 30 decision makers were invited, and 28 agreed to participate in the study. They were predominantly male (71.4%), and all being higher educated (bachelor degree or more) (Table 3).
The PLWHA were all members of the Thai network for people living with HIV/AIDS, representing PLWHA groups at the province and regional level in Thailand. In a regular network-meeting, we invited the members to participate in the present study. In total, 74 out of 85 invited PLWHA agreed to participate. They were predominantly female (61%) with a minority being higher educated.

The general population was represented by VHVs – these are community members who have been trained by public health providers in order to provide basic health care delivery including first aid and necessary health information to members of the village they reside in. In the selection process, we invited 100 VHVs in a semi-urban district of Samutprakan province, and out of these, 50 agreed to participate. They were predominantly female (80%), with a minority being higher educated.

Reviewer: I still have problems with your contention that a special group of the population, the VHVs, are representative of the general population, (e.g. p. 6, p.11).

Authors: We agree that VHVs are not well representative of the general population. So we now use ‘community members’ (i.e. VHVs) instead of ‘the general population’.

The community members were represented by VHVs – these are community members who have been trained by public health providers in order to provide basic health care delivery including first aid and necessary health information to members of the village they reside in. In the selection process, we invited 100 VHVs in a semi-urban district of Samutprakan province, and out of these, 50 agreed to participate. They were predominantly female (80%), with a minority being higher educated.

6. In light of the fact that the general public, certainly one the biggest stakeholders in this health scenario, was not represented in either the group discussion to determine criteria for the DCE or the survey for comparing and weighting the criteria, the claim that this study has identified criteria for priority setting (1st sentence, discussion) needs to be restricted.

Authors: It is generally agreed that the public involvement in the process of priority setting can lead to better decisions in health prioritization. We actually included the general public in the study by starting the study with a better-informed sample group of the public i.e. village health volunteers. This is also stressed in the Discussion on page 10-11:

The study has identified criteria for priority setting of HIV/AIDS interventions in Thailand using perspective of policy makers, PLWHA, and VHVs, and revealed that different stakeholders have different preferences vis-a-vis these criteria. A number of observations can be made (..). Secondly, the study reveals large similarities in the preferences for criteria for HIV/AIDS interventions between policy makers and VHVs. This may indicate that the preferences of the general population (based on the sample used) are well reflected through decisions made by policy makers. This study also highlights the differences in preferences between PLWHA and the other stakeholder groups. The preferences of the former for care and treatment may reflect self-interests, whereas the preferences of the latter may reflect preferences for the society at large.

Reviewer: I agree that the public involvement in the process of priority setting is important. However, I still have problems with your contention that a special group of the population, the VHVs, are representative of the general population, (e.g. p. 6, p.11).
Authors: See our reply to the previous comment.

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7. On p. 13, the authors state that inclusion of different stakeholder is important. Why did you not have an informant group made up of the general public?

Authors: The general population is included in the study, and represented by the VHVs. Lay people may not be informed well-enough, and may not have thought well enough about these issues, to adequately respond to the DCE.

Reviewer: Your rebuttal evidences that you agree that the VHVs are quite different from the general public. Perhaps you ought to put this sentence from your rebuttal as to why you didn’t include “lay people” into the article.

Authors: We decided not to use the word ‘Lay people’ to explain the selected group of VHVs in this article. We now use ‘community members’ (represented by VHVs) instead of ‘lay people’.