Reviewer's report

Title: Experiences of care and support among people living with HIV in Viet Nam

Version: 1 Date: 13 January 2012

Reviewer: Anita Hardon

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This article deals with an important issue: experiences with care and support among people living with HIV in Vietnam, a country where HIV is very stigmatized. The paper concentrates on qualitative data collected in three urban and three suburban districts in Hai Phong, in the North of Vietnam in 2007, relating these findings to results from a quantitative survey of care experiences/needs among 4266 PLHIV in 20 provinces 2004.

This 'mix' of methods is problematic because of

(1) the time-frame involved: the survey was done three years earlier than the qualitative study; and (2) the geographic coverage of the studies: the survey was done in 20 provinces, the qualitative study in and around one town.

Moreover the analysis of the qualitative data needs to be refined. I propose that the authors concentrate in this paper on a more elaborate analysis of the results of the 2007 qualitative study, and contextualize the data by giving the reader more information on HIV testing and treatment programs in Hai Phong, including problems in linkage to care and stigma and discrimination for key populations in this town.

Major revisions needed.

1. The methods used for the qualitative study have to be explained better. The methods section states that the first author conducted 15 interviews. Were these done in the six districts? Under results the paper suggests that there were 45 study participants? The methods sample also needs to clarify the sampling procedure, specifically the recruitment from the 6 districts.

2. In analysing the data the authors should be pay attention to differences in background of the participants by gender, marital status and also by being involved in intravenous drug use and sex work or not. Also, the HIV testing trajectory is relevant. It makes a lot of difference if the PLHIV found out about his/her status when ill or in PMTCT.

3. the researchers sampled from 3 suburban and 3 urban districts. How many PLHIV did they recruit from urban and suburban? And did they find any differences in linkage to care between the urban and suburban or by district? Why did they sample so many more men than women (33 versus 12)? Vietnam has a strong PMTCT program -- could they not have sampled equal numbers of men and women?

3. The family/spousal support needs to be analyzed further. Spousal support
seems low, but this could also be related to many of the interviewees not being married? How also is the family/spousal support different when the HIV positive person is also IDU? Or when the HIV positive person is also pregnant?

4. The authors use the word many often in presenting the qualitative findings: they should be more clear about the numbers involved, and also about the minorities who had different experiences: why were these different? For example only few people were member of support groups. Who were member? How did they get involved? how are they different from the ones that rely on family support? Higher educated? Or geographically distributed, an an area with an active program? Or related to wher they were tested. Lack of access to care also needs to be better explained. Where in the linkage to care do problems occur. The data presented are anecdotal.

5. The high level of enacted stigma in Hai Phong needs to be further discussed. Why is this the case? It is related to the social evels policy of the Vietnam government, but we need to know more about what is going on in Haiphong, the context in which the study was done? Are sex workers and IDUs stigmatized? How? Are there billboards in this city with stigmatizing messages? The results also suggest that contagion fears are promiment? To what extent does HIV/AIDS education confront these contagion fears?

6. The authors point to unmet need in access to ART, using the 2004 survey data. To what extent did the 45 respondents in HaiPhong have access to ART? and why not? The reason for lack of access could also be clinical, CD4 counts still high?

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

Quality of written English: Needs some language corrections before being published

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