Author's response to reviews

Title: Can HIV testing campaigns expand access and protect individual rights? Provider and client perspectives on the ethics of campaigns ethics in Burkina Faso

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Author's response to reviews: see over
Dear Editor,

We thank you for the reviewers’ comments on the manuscript of our article ‘Can HIV testing campaigns expand access and protect individual rights? Provider and client perspectives on the ethics of campaigns in Burkina Faso’. We appreciate the care with which the three reviewers have read the document, and find ourselves in agreement with most of their suggestions.

You will see from the extensive changes we have made that we have taken the reviewers’ comments to heart and worked to address them thoroughly. In the course of revisions, we also made a few additional changes throughout the manuscript to further clarify and improve the text. The track changes version is included with our submission as an additional file.

I hope you will find that we have addressed all the reviewers’ comments, and that the paper is now improved and suitable for publication. Please let me know if there are further questions.

Sincerely

[Signature]
Reviewer's report

Title: Can HIV testing campaigns expand access and protect individual rights? Provider and client perspectives on the ethics of campaigns ethics in Burkina Faso

Version: 2 Date: 16 June 2014

Reviewer: David Lubogo

Reviewer's report:

Major Compulsory Revisions-

In the materials and methods section, please provide details of the sampling procedure and data collection procedure. Information on how you recruited/selected the respondents of the FGD and IDI seems to be missing. You indicated that 'data were collected in Burkina Faso during the national information and testing campaign in December 2008'. However, it's not clear how you recruited/selected the group that 'tested outside campaigns'. Please provide a description of how you catered for the validity of the data collected. Provide a description of the issues covered in the Focus Group Discussion and In-depth Interview guide.

• Since there were several requests for clarification about the methods, we re-wrote the whole section to answer all requests. Please see lines 139 to 206

• We described the process for selection of respondents of the FGD and IDI: 'Adult clients attending the facility, randomly selected, were invited to participate by health professionals or by members of community-based associations who explained the purpose of the study. Those who agreed were directed to the study interviewers. Focus groups were formed after participants had been informed of the study and had given informed consent, and when a minimum number of six people (and a maximum of ten people) was reached.'

• We clarified the meanings of respondents categories (testers, non-testers, users,...) and we applied the new terminology throughout the article. This description answers the request about the group that tested outside campaigns: 'The study population was composed of 4 sub-populations, defined as follows. Providers were people who usually provide HIV counseling along with social or medical care in health centers and community-based facilities. Clients were defined as persons we met in the facility at the time of the study, whatever the motivation for their attendance of the service. Amongst them, Testers were defined as persons who already had an HIV test during their lifetime, and Non-testers as the ones who had not undergone an HIV test. Testers had been tested during campaigns (Campaign testers) or outside campaigns (Off campaign testers).'
We explained how we tried to ensure the validity of the data collected: ‘Observation of testing sites (3) was used to triangulate information obtained through FGDs and interviews and to provide context data.’

We described the issues covered in the FGDs and interview guide: ‘Issues covered in the FGDs included perceptions of testing during or out of campaigns, reasons for testing or not-testing, accessibility of testing, knowledge about testing and social consequences of being HIV-positive, personal experience and ethical aspects regarding counseling and testing during and off campaigns. Issues covered in interviews with providers included personal history and experience in counseling and testing, practices and management of testing in their own HIVCT site, difficulties and achievements regarding quality of care and ethics, comparison between campaign settings and routine practice, and suggestions for improvement of HIVCT services.’

This study looked at the issue of protection of ‘individual rights’ during HIV testing campaigns from the perspective of the ‘providers’ and ‘clients’, amongst other things. Although the definition of ‘individual rights’ was hinted upon in paragraph five of the Introduction, as ‘confidentiality, consent and quality of care’ (line 97,98), it later becomes unclear what these ‘rights’ are.

We changed ‘individual rights’ to ‘human rights’ and mentioned line 96-97 that we consider human rights in the way they are applied for individuals. We made other terms (‘confidentiality’, etc.) consistent throughout the paper. We now also explain the choice and uses of this definition at analytical and methodological levels. ‘For this article, we paid special attention to providers’ and clients’ statements and comments about the quality of care, difficulties encountered, and ethical issues. As is the practice in qualitative methods, [19,20] we tried to avoid imposing our categories of ethics on respondents. To do this, we defined broad conceptual categories of what clients might consider “good” or “bad”, or morally acceptable vs reprehensible, since the notions of ‘individual rights’ and considerations on ‘ethics’ might not be labelled this way by respondents — especially clients. We analyzed respondents’ statements and we compared them to WHO’s definition of ethical principles applied to HIVCT labelled ‘3Cs’ and ‘5Cs’.

The authors need to clearly state what they mean by individual rights as used in this study, and be consistent in the use in the write up. Do they also apply to the ‘3 Cs’: Counseling, Confidentiality and Consent (line 50, 51) or the ‘5Cs’: Consent, Confidentiality, Counseling, Correct test results and Connection/linkage to prevention, care and treatment (line74, 75) and as discussed in the last paragraph of the discussion section (line 483 to 496)?

This aspect is made clear in this sentence: ‘Later we compared them to WHO’s definition of ethical principles applied to HIVCT labelled ‘3Cs’ and ‘5Cs’.

We also changed some sentences for more precise definitions of 3Cs and 5Cs, particularly when requested (line 49, 73, 74, 653 to 660)

In the results section, please provide a description of the respondents who participated in the FGD.

A description of respondents who participated in the Individual interviews and FGD was added: ‘Providers who participated in individual interviews were aged 33 to 45. They included midwives (2), a nurse (1) and psychosocial counselors (3). They all had more than 5 years’ experience in providing HIVCT. Clients were aged 19 to 55,
they included 19 women and 27 men, with a diversity in socioeconomic, occupation and education backgrounds.’

The results on the first theme ‘why campaigns are attractive’ were well presented with the appropriate quotations from the respondents. However, I suggest you present the quotations in italics.

- Corrected throughout the article.

Regarding the themes; ‘providers and clients perspectives on testing conditions during campaigns, ‘confidentiality’, and accessibility vs. individual rights’ I suggest you use a similar format of reporting the results as in the first theme, where by you provide at least some supportive quotations from the respondents.

- We answered this request by adopting a similar format and adding many quotations from the respondents. This entailed rewriting some parts of the Results section.

You seem to interpret and discuss your results (lines 367 to 374), and lines 378 to 382. Correct this.

- This was corrected. Lines 367 to 374 and 378 to 382 were moved to the Discussion section.

In the last paragraph of the discussion, starting from line 483, the authors suggest that accessibility and attractiveness should have been included in the ‘WHO’s guidelines focused on the five ‘Cs’. In my opinion, the ‘3Cs’ and ‘5Cs’ are norms to safeguard or protect the client during their interactions with the service providers and ensure continuity of care. It would seem inappropriate to include accessibility and attractiveness with the ‘5Cs’ as suggested in your discussion and conclusions.

- We agree with this comment, and we further developed our discussion of this point. See section starting line 634 with ‘Another rising issue is related to the high value given by providers and clients to accessibility of testing for anyone during campaigns.’ And line 665: ‘The main discrepancy lies in the importance they give to accessibility and attractiveness, which have an ethical value at local level, whereas WHO only discusses accessibility and attractiveness as part of a public health strategy rather than as ethical principles. This result underscores a degree of disconnect between global, compared to local valuations, which might bring concerns for the adoption of new WHO policy at local level, at least in Burkina Faso.’

I suggest the authors include limitations encountered during the conduct of their study.

- We expanded the limitations section, included two additional points (about the results on linkage to care and the generalizability of our findings), and we moved it towards the end of the discussion section to make it more visible. It now goes from line 661 to 681.

Minor Essential Revisions-

In the Title, The issue of ‘HIV testing campaigns expanding access’ to HIV testing seems to have been addressed in a previous study, entitled ‘Campaigns for HIV testing, an
effective strategy for universal access to prevention and treatment? The experience of Burkina Faso’, by the same authors of this manuscript (Also see Introduction section, paragraph 7 in the manuscript (line 119). Is it the case that the authors decided to conduct a qualitative study on a question already addressed? Otherwise, I suggest that the authors present the aspects of access that they wish to address in this paper clearly.

- The scope and methods of the two papers are completely different. The present paper focuses on ethics and considers providers’ and clients’ subjective perspectives through the use of qualitative methods, while the previous paper focused on services around testing, and was based on objective, mainly quantitative data obtained from monitoring/evaluation of CT facilities. We did make more obvious in the text the differences between the two papers. We also made clearer the scope of this study within the MATCH overall research project: ‘This survey was part of a research program on HIV counselling and testing practices in Africa (Project MATCH: Multi-country African Testing and Counselling for HIV) aimed at exploring public health and ethics issues in four countries (Malawi, Burkina Faso, Kenya, Uganda) based on mixed methods (quantitative survey and qualitative studies) [7,11]. This qualitative sub-study was specific to Burkina Faso. An analysis of campaigns efficiency and costs is presented elsewhere [17].

The background to the abstract seems to suggest that the individual right addressed in this study is confidentiality (lines 20, 21). I suggest you mention the individual rights addressed in this study to help the reader appreciate the results indicated in the abstract. The results presented should be seen to address the research question/objectives of the study.

- The background section of the abstract was revised: ‘Campaigns have been conducted in a number of low HIV prevalence African settings, as a strategy to expand HIV testing, and it is important to assess the extent to which individual rights and quality of care are protected during campaigns. In this article we investigate provider and client perceptions of ethical issues, including whether they think that accessibility of counseling and testing sites during campaigns may hinder confidentiality.’

In the introduction, paragraph three, the authors seem to imply that ‘referral’ is among the ‘3Cs’ (line 79, 80, 81) and yet ‘referral’ is in the ‘5Cs’. This needs to be corrected.

- We corrected that: ‘An analysis of the indicators of the ‘3 Cs’ in high and low HIV prevalence African countries (Uganda, Kenya, Malawi and Burkina Faso) found favorable outcomes for counseling, consent and confidentiality, along with referral [7].’

Some terms need to be defined clearly in the manuscript including:

'in-depth individual' (line 23);

- We added ‘semi-structured’ individual interviews, it refers to a sub-type of qualitative interview (see references in Method section).

'during and outside campaigns' (line 24,144);

- See above: We clarified the meanings of respondents categories...

individual autonomy(line 95,130),
Whereas the notion of autonomy is the subject of numerous philosophical discussions and of definitions in the field of ethics (see Belmont Report and Article 5 of UNESCO Universal Declaration on Bioethics and Human Rights), in the article we are mainly concerned with autonomy as it relates to getting tested when wanted, consenting to HIV test and maintaining privacy on HIV status. We have now mentioned this Line 58, and Line 615-6 where we refer it to disclosure of HIV status.

non testers(line137). Are non testers also part of the clients?; users and non users(line 140,141).

See above: We clarified the meanings of respondents categories (testers, non-testers, users,..) and we applied the new terminology throughout the article. This description answers the request about the group that tested outside campaigns: ‘The study population was composed of 4 sub-populations, defined as follows. Providers were people who usually provide HIV counseling along with social or medical care in health centers and community-based facilities. Clients were defined as persons we met in the facility at the time of the study, whatever the motivation for their attendance of the service. Amongst them, Testers were defined as persons who already had an HIV test during their lifetime, and Non-testers as the ones who had not undergone an HIV test. Testers had been tested during campaigns (Campaign testers) or outside campaigns (Off campaign testers).’

In the methods section, the composition of the focus groups needs to be stated in terms of number per FGD. Was it not necessary to make the FGD’s homogenous by sex and age?

There are several methodological approaches of FGDs. Including people with a variety of age, sex or social status characteristics may be useful when trying to elicit a variety of opinions on controversial topics.

How did you consider using six FGDs?

This was the result of the definition of methodology within the local context. We sought to include three types of respondents and balanced the need for information and available resources.

It’s not clear when you say ‘focus group discussions with users and non-users. (line 140,141).’Users’ of what?

See above: We clarified the meanings of respondents categories...

In the results section, the information in lines 265 to 271 concerning the five steps of a testing itinerary seems misplaced in the result section. Isn’t this introductory/background information?

We made more clear that this information is a result of observation and we moved it as requested towards the introduction of the 1st part of Results section: ‘Observation showed that a testing itinerary entails five steps in the VCT facility: registration, participation in collective information, pre-test counseling, testing and post-test-counseling. In some facilities, testing was done by a lab attendant in a separate room when in others, it was performed by the counselors; subsequently, steps were organised differently.’

Under the theme’ Accessibility vs. Individual rights’ the information presented in lines 343 to 349 seems to be in line with the first theme’ why campaigns are attractive’. 
• We agree, and we moved this information towards the first part of the Results section. Considering other reviewers’ comments, we also changed the title of subsections in Result section, which makes the overall structure of the article more consistent.

Discussion section: The authors reported in the discussion section that ‘a key finding of the study is the perception that high attendance during campaigns helps protect individual rights to confidentiality’ (line 408 and 409). The basis for this conclusion needs to be highlighted in the results.

• We added a sub-section to the Results section to substantiate our claim: ‘Some testers emphasize that requesting an HIV test in a crowded site is easier since no one is singled out or recognized. The social diversity of clients during campaigns, which contrasts with other modes of testing that target particular groups, is also seen as an advantage. A provider states that men do not usually feel at ease in mother-and-child health facilities where they may be tested as partners of pregnant women in PMTCT programs. Similarly, under-18 clients who need a parent authorization usually do not dare ask for their parents’ signature; older people do not want to be seen requesting an HIV test. But individuals from these various categories do test during campaigns, taking advantage of the diversity of people in the crowd to ensure anonymity. Providers mention that they counseled many new testers who had never dared to undergo voluntary testing outside of campaigns. For the same reasons, some testers explain that they had decided or needed to do their test for a long time, but they waited for the campaign to actually take the test because they prefer to test in that context.’

• Moreover we discuss this ‘key finding’ in greater detail, starting line 590: ‘A key finding of the study is the ambiguous relationship between high attendance and confidentiality...’

The basis for the statement.’..in Burkina Faso clients prefer getting post-test counseling alone to keep their status secret in case they might be HIV-positive, and they feel unwelcome pressure to share their status outside the testing site’ line 440 to 442, is not indicated or presented in your result section.

• We agree that this statement may not be applied to all clients. We deleted it and discuss the matter of disclosure in a more detailed way from line 594.

• Thank you for all comments!

Discretionary Revisions –None

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.

Declaration of competing interests: I declare that I have no competing interests
Reviewer’s report

Title: Can HIV testing campaigns expand access and protect individual rights? Provider and client perspectives on the ethics of campaigns ethics in Burkina Faso

Version: 2 Date: 24 June 2014
Reviewer: Edwinah Atusingwize

Reviewer’s report:

Generally, all the comments are: Minor Essential Revisions. They are shown here below:

1. In the ABSTRACT

1. A-In the back ground section…..‘Counselling and testing’ instead of testing and counselling. This is because counselling comes before testing in real practice
   • Corrected
   ‘we investigate’ instead of ‘we investigates’
   • Corrected
B-In the METHODS:

‘In-depth individual interviews and focus group discussions’ instead of ‘In-depth individual and focus groups’
   • Corrected (We use the term ‘Individual interviews’)

C-In the RESULTS

‘may not’ instead of ‘do not’
   • Corrected
- On the 5Cs, I think the order should be ‘Consent, counselling, confidentiality, correct test results, connection to prevention, care and treatment’. This is the order in most of the WHO documents, and while sometimes it may read or seem to mean the same, it could as well be different
   • Corrected throughout the article

You seem to mean that ‘testing accessibility and attractiveness during campaigns’ and ‘the accessibility of testing and the attractiveness of campaigns’ are the same. These could be different and should not be used interchangeably.
In the first instance, you are saying that both accessibility and attractiveness are characteristics of testing during campaigns. In the second one, accessibility is only for testing and attractiveness is only for campaigns, so please check out what you intended to mean, and this applies throughout the other parts of the text.

D- In conclusion

"HIV testing" instead of ‘HIV testing and counselling’ campaign. Is ’HIV testing campaign’ the same as ‘HIV testing and counselling campaign’?

- Yes, it is the same, we corrected it.
- ' should consider accessibility and propose ways how' instead of ‘anticipate how’

- Corrected

' respond to new ethical issues’ instead of ‘new issues’. What issues do you mean? I think they are ethical issues

- Yes, they are. Corrected.

2. MAIN TEXT

A- Introduction

‘the 3Cs: Consent comes before confidentiality. Please check on the consistence of these 5Cs and 3cs in other standard documents, and if the order may affect their meaning

- Corrected throughout the article.

You say; ‘These requirements were…”’. You seem to mean that the components and requirements are the same. Please check if this is what you mean.

- Yes it is what we mean (previous sentence says “requires components”).

The sentences starting with: In southern and Eastern Africa…..and ending with:…and the 3Cs became 5Cs, should be referenced. There should be references to this important information

- We added a reference.

The sentence that starts with: ‘An analysis of the indicators’ and ending with ‘VCT’ seems to be too long and may confuse some readers. When a sentences is too long, it may look ambiguous even when it is not

- Corrected: we divided the sentence starting Line 77 in two.

‘Scale up routine PITC’ is PITC different from the PICT that is previously mentioned in the sentences starting with: The PICT?
No, PICT and PITC both referred to PICT. We corrected the spelling.

In the same line you say: ‘and other strategies, but how. These looks like an incomplete sentence. You may need to add something after ‘how’

We completed the sentence: ‘but how it should be scaled up.’

‘Indicates high acceptance, greater trust…..and high acceptability of couple testing’ Is this acceptance the same as acceptability or they carry different meanings. Please check what you refer to.

Corrected to ‘acceptability.’

‘High numbers of testers results in.’ Who are testers?

We clarified the meanings of respondents categories (testers, non-testers, users,..) and we applied the new terminology throughout the article. This description answers the request about the group that tested outside campaigns: ‘The study population was composed of 4 sub-populations, defined as follows. Providers were people who usually provide HIV counseling along with social or medical care in health centers and community-based facilities. Clients were defined as persons we met in the facility at the time of the study, whatever the motivation for their attendance of the service. Amongst them, Testers were defined as persons who already had an HIV test during their lifetime, and Non-testers as the ones who had not undergone an HIV test. Testers had been tested during campaigns (Campaign testers) or outside campaigns (Off campaign testers).’

And still this sentences that starts with: ‘The aim’ looks too long

We divided the sentence starting line 95 in two.

In the sentences that starts with: ‘They organised several annual campaigns’, you may like to start it with: ‘Several annual campaigns’ were organised directed at…’

Corrected

‘Those who requested’ or ‘those who request’? Please check the English tenses

Regarding tense, present was adopted for introducing interviews and FGDs extracts, and past was adopted for reporting of experiences

In the same line, there is also need for a reference for this information…including the sentences ending with: counselling on the same day

Reference added

In the paragraph of: Between 2006 and 2010; ‘Voluntary tests were conducted’ instead of ‘Voluntary tests conducted’

The sentence is: ‘Between 2006 and 2010, campaigns tested 487,727 people, half of the total number of voluntary tests conducted at the national level in community sites and integrated care facilities [17].’

The sentences that begins with: ‘One quarter of HIV’ please check its English and how it fits here

Corrected: we now say: ‘One quarter of HIV-positive people tested at national level
were diagnosed during campaigns.’

‘Only 1 adult in 4’ what is this 4? and 1 in 10 what?

- Corrected for: ‘only 25% of adults have ever taken an HIV test and 10% tested in the previous 12 months.’

Also, you may like to put this as: ‘98867 people taking an HIV test of which 1866 were diagnosed HIV-positive’

- Corrected.

B-MATERIALS AND METHODS

You talk about: Users and non-users, and then about clients. Are users the same as clients? And non-users the same as non-clients? This applies to the rest of the text/manuscript.

- See above: ‘We clarified the meanings of respondents categories...’

‘two FGDs were held..’ instead of ‘two were held’. What was held?

- Corrected.

‘two with people who were tested’ instead of ‘two with people tested’

- Corrected.

You only give details for the Focus group discussions and Key informant interviews. Where are the details for the in-depth interviews with clients? You did not do this?

- We did not do in-depth interviews with clients. We re-wrote the Method section to make it clear. It now mentions: ‘We used two main approaches for data collection: focus group discussions (FGDs) with clients (6) and in-depth individual interviews with providers (6).’

And how many people were in each focus group discussions? You may need to state this.

- We added: ‘Clients were aged 19 to 55, they included 19 women and 27 men, with a diversity in socioeconomic, occupation and education backgrounds.’

When you say ‘Moaga and French’ you may need to tell the reader what Moaga is. Is this a local language? You may need to say this

- We added an explanation. We also added another local language used during the study, and we changed from local term to common term (Morè). See: http://en.wikipedia.org/wiki/Mossi_language

‘Cleaned and classified into word files or in Dedoose’. What exactly did you use?

Word files or Dedoose’?

- We added a sentence starting Line 193: ‘Textual data translated into French, constituting of a corpus of about 75,000 characters, were cleaned and classified into Word files (interviews) or in Dedoose for iterative thematic coding and content analysis.’
This sentences starting with: ‘Providers, aged 33 to 45’ seem to be reporting on results and yet this is a material and method section. In the same line, you say that these data compliments….and this looks like discussion of results in a wrong place

- We moved the sentence towards the Results section, starting Line 208.

C-RESULTS SECTION

Why campaigns are attractive

In the first paragraph: ‘both providers and campaign-users’. Are users the same as clients or testers that are previously referred to? This applies to the whole text

- See above: ‘We clarified the meanings of respondents categories...’

These positive perceptions are shared by ‘those tested’: You may need to put ‘those that were tested’ and this may apply through the other related text

- Corrected

In the paragraph that begins with: Users’ testimonies, there is: ‘convince a new tester by’. Do you mean ‘new user’?

- See above: ‘We clarified the meanings of respondents categories...’

In the paragraph starting with several providers (In the sentence beginning with): A client tested during a campaign: You may want to start it with: Another client emphasised....

- Corrected

‘Some users also mention that ‘requesting for and HIV..’Instead of requesting an HIV. This too applies through the whole text

- Corrected throughout the text: Line 119, 379, 380, 484, 491, 498

Please check what you mean by: Clients, new users, new testers, some users, campaign users

- See above: ‘We clarified the meanings of respondents categories...’

Quality of care and individual autonomy

On providers and Clients perspectives on testing conditions during campaigns

-In the sentence beginning with: ‘Providers had to improvise ways to procure extra devices’. Are ‘devices’ the same as the ‘test kits’ or they mean the same here

- Corrected: we added ‘reagents’ Line 339

‘ after the official closing time, to meet the high demand’ You may not need a comma after ‘closing time’

- Corrected

And in the very sentence, you say that on one site, clients complained that after getting
counselling, they were asked to return the next day for testing. You may like to say: ‘they were asked to return for testing the next day of the campaign.

However, no client mentioned having been turned away during the campaign.

- Corrected

in the paragraph; Providers used different strategies: You may like to say that: ‘providers also explained that’ instead of ‘They also explained that’.

- Corrected

‘…and encouraged people to come back later’. When exactly? Do you mean after the campaign or later during the campaign?

- We added: ‘later, after the campaign.’ Line 369

And you may not need this sentence starting with: ‘And indeed, during the 2008’. I don’t understand what it is means here following that result.

- The sentence was deleted.

And in the following paragraph starting: There were some situations’, the sentence that starts with: ‘Normally’ seems to be a discussion point at an earlier point, and if it should be retained here, then you may need a reference for such information.

- This sentence is a result of observation. We re-wrote it to make it clearer. See Line 328

Also in the sentence that starts with: Such interruptions suggest that perhaps they’. You may like to put’ people’ instead of ‘they’

- Corrected

Then the sentence that begins with: Each of these, you may like to say that: Each of these steps presents a point at which…’

- Corrected

Counselling and Consent

In the first paragraph, the sentence that starts with: ‘This may happen’ I think it may not be necessary, because after all you are mentioning that it is a situation not specific to campaigns.

- We considered this information important for the description of providers’ attitude during campaigns and we kept it.

In the paragraph starting with: ‘providers also describe how they optimise.’ you mention that ‘since many have not been exposed to HIV risk’. Either you have a risk or you are at a risk, but you are not exposed to a risk

- Corrected, we wrote ‘since many are not really at risk for HIV’ Line 367

In the next paragraph: You may need to clarify on the first sentence beginning with: Despite the high demand. It seems not very clear.
• We re-wrote some parts of this sub-section to make it clear. The sentence is now, starting Line 343: ‘However, despite the high demand, neither clients nor providers mentioned that a client was sent back without being tested as a result of crowd management in testing sites.’

And in the sentence that begins with: ‘Other providers make extra’, you may need to revise the sentences and shorten them instead of using commas which make them long and may be unclear. This applies to the rest of the text. Short sentences are always better and clear

• Corrected, the sentence starting line 368 was divided in two and additional information was provided.

Confidentiality

In the first paragraph, the next sentences start: ‘They also’: Who do you mean? You may wasn’t to say that: ‘Providers also’

• Yes, we mean providers. We corrected it.

In the paragraph beginning: ‘Clients generally appreciate’ you may want to start the next sentence with: ‘However, still clients express’

• Corrected

In the sentence that begins with: ‘Some (Mostly non-users), you may need to drop the ‘some’ at the beginning and or make it: some clients (mostly-non-users)’

• This sentence has been removed due to requested developments.

ACCESSIBILITY VS INDIVIDUAL RIGHTS

In the first paragraph: In the sentence that begins with ‘Providers interpret’, you may want to say that ‘those who may not use health services’ instead of ‘those who do not use’

• Corrected

In the paragraph beginning: ‘Many clients also seem to consider’, PLHIV (this should have been put in full earlier). Generally, abbreviations should be put in full the first time they are mentioned/used.

• Corrected throughout the article

In the same paragraph, sentences starting with: ‘This perception is consistent’ and then ‘The belief that everybody needs.’ seem to be a discussion point. And yet, this is a result section

• Corrected, moved to the Discussion section, starting line 635

In the next paragraph beginning with: ‘Campaigns are thought to protect’, the sentence beginning with: ‘this evolution corresponds to’ seems to be a discussion point too. Remember this is a results section

• Corrected, moved to the Discussion section and re-written
Discussion

In the first paragraph, the sentence starting with: ‘Providers, clients tested during’, you say that ... ‘and even clients who have not been tested..’. One may ask; not tested from where, campaigns or outside campaigns? Please clarify.

- It is about overall non-tested clients. Since we added explanations about testers and non-testers at the beginning of the article, we think this is now clear.

And in the very sentence, ‘because’ is used two times and makes the meaning alittle bit unclear.

- Corrected

Again you may like to make some sentences shorter.

- Corrected: we re-wrote some sentences in the Discussion section to meet this request.

In the sentence that begins with: ‘This positive perception off campaigns: You say.. ‘Malawi, or Gabon. Do you mean; Malwai and Gaban? Using ‘or’ and ‘and’ make the sentences different

- Corrected (we mentioned ‘and’), moved to the Discussion section

Generally, the discussion is good. However, the results need to be extra backed opposition.

- We added all the references we found on this topic.

Conclusion

In the first paragraph, you say: all ‘interviewees’. How about: ‘clients and providers’?

- Corrected

..best wishes to the team…

Thank you very much for your help.

Level of interest: An article of importance in its field

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

- Done

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests: I declare that I have no competing interests
Reviewer’s report

Title: Can HIV testing campaigns expand access and protect individual rights? Provider and client perspectives on the ethics of campaigns in Burkina Faso

Version: 2 Date: 24 June 2014

Reviewer: Justine N Bukenya

Reviewer’s report:

Reviewer’s comments

Can HIV testing campaigns expand access and protect individual rights? Provider and client perspective on the ethics of campaigns in Burkina Faso.

I thank the authors for a well written and informative article in the era of increasing HIV testing as a strategy to reduce HIV prevalence. There are few comments the authors should address before publishing the article as outlined per section

The title is precise, concise, and reflects content of work. The title also stimulates interest of readers to read article. Well formulated!!!

• Thank you

MAJOR COMPULSORY REVISIONS

1. The authors do not document results from observations yet it was mentioned as one the data collection methods. Where are the results from observations? Please insert results from observations

• Observations were used to collect data about practices and context, and for triangulation with interviews and FGDs. We explained that in the Method section and we inserted more results from observations in the Results section:

  o Method, starting line 190: ‘Observations were conducted by two people during two days in each facility, after authorization from its director. It was based on a checklist for the description of places, people, activities, interactions (excluding counseling sessions). ’

  o Results, starting Line 293: High attendance was confirmed by observation in VCT sites, particularly during the afternoon, when crowds were waiting in all available spaces, discussing, listening to information provided by a prevention worker or watching videos about HIV, some of them complaining about waiting time. Duration of waiting time for a client before getting
counseling was 15 to 90 mn. The longer time spans were observed at peak hours (usually from 3:00 pm to 5:00 pm) or when a numerous group attended a testing site (for instance students after an information session was organised in their college)... to Line 299

- Starting line 312: ‘Observation showed that a testing itinerary entails five steps... to Line 328.
- Starting line 337: ‘Providers had to improvise ways... to Line 345.
- Starting line 348: ‘Observation confirms that the duration of pre-test counseling sessions varied... to Line 350.
- Starting line 400: ‘Providers request that counseling sessions... to Line 409.
- Starting line 417: ‘Providers try to ensure that the path out of the room should not expose the client to public scrutiny, particularly from people waiting to be counseled who may understand the reason for client's positive or negative feelings.’

MINOR ESSENTIAL REVISIONS

Background and literature review

2. The authors have cited recent literature review and provide adequate background information to orientate the reader. However, it is important to always clarify the condition or disease the authors refer to when mentioning prevalence for example on line 79 it is only documented high and low prevalence. It is better to write high and low HIV prevalence.

- We corrected this.

3. The author should avoid use long sentences, it makes hard for the reader to comprehend what they are trying to communicate. For example; lines 94 to 98 has over 60 words this is not acceptable in scientific writing, please shorten the sentence, by breaking it into 2 or more clear sentences.

- We divided long sentences. Additional sentences start line 37, 86, 99, etc.

4. Avoid use of abbreviations such as i.e on line 119

- We corrected this.

Methods

5. The authors should clearly describe the setting in which the interviews during data collection were conducted. It is very important to understand how the issue of privacy and confidentially was handled by the researchers. This is important as the paper is addressing ethical issues and patients rights.

- We added explanations in the Method section: ‘Adult clients attending the facility on
the day of the survey were invited to participate by health professionals or by members of community-based associations who explained the purpose of the study, until the expected number of respondents was reached. Those who agreed were directed to the study interviewers. Focus groups were formed after participants had been informed of the study and had given informed consent, and when a minimum number of six people (and a maximum of ten people) was reached. FGDs were held in a room of the facility, or in one case outside in the facility compound. Individual interviews were conducted with clients anonymously, and they were not asked their HIV-status. Providers were selected from among those highly experienced with HIVCT in each facility and were invited to participate in an interview after working hours. After informed consent, interviews were held in their office or in other suitable rooms.’

6. The authors mention that clearance for the research was sought from the WHO Ethics committee and Ethics committee of Burkina Faso without documenting the clearance number. Please can you insert the Ethical Clarence number

   • We were given ethical clearance by both the WHO Ethical Review Committee and by the Comité National d’Ethique de la recherche en Santé du Burkina Faso, at the start of the study. We were not however given a specific number for the clearance documents.

Results

7. When inserting the particulars of the person who made comments during the interview it would be better to add the age and sex of the individuals. For example line 192 it would be better to say this was mentioned by “a 25-year old man who tested during campaign”. This would guide the reader to under the perceptions from different sex and age groups. This should be modified for all results

   • We added information on respondents’ profiles. As explained in the limitations section, given that the survey and observations were conducted during campaigns when many people are moving in and out of fixed and mobile facilities and time is very limited, it was not practical to collect detailed information about respondents; nor did we collect information on focus group participants since we had assured them that the information they gave would be kept de-identified.

8. “To avoid sending away clients without testing” the authors mention that they do not use triaging for managing crowding in testing centres. However the authors do not explain how the some client that are given extra appointment after the campaigns to be offered pre-test that is long enough are selected without triaging!! Please explain how such clients that are given extra appointments are selected without triaging. Lines 310-313

   • We added a sub-section starting line 300 to address this issue:’ Teams were keen on serving all clients whatever their motivation for testing, and subsequently had to manage the crowd... Line 305

9. Line 315-316. Please describe in detail places that ensure privacy in open setting. Do providers use boards or curtains during campaigns? What type of privacy do providers address? Is it visual or audio or both? Please clarify
• We added sentences to answer this request starting Line 400: ‘Providers request that counseling sessions be conducted privately and ask any additional persons to wait outside, even when invited by the client. They also try to secure spaces for counseling and testing that offer at least some privacy, even when rooms usually devoted for counseling are occupied and extra rooms must be arranged. Providers must ensure that it is impossible to hear dialogues from outside, which is difficult when facilities are crowded and when opening a window is the only protection against high temperatures in the Sahelian area. One provider explains that rooms used for counseling are also used for other matters, particularly in health facilities where daily care activities are maintained during campaigns.’

10. Lines 323-324: How do providers help clients hide emotions? Describe in detail

• We added a description starting line 417: ‘Providers try to ensure that the path out of the room should not expose the client to public scrutiny, particularly from people waiting to be counseled who may understand the reason for client’s positive or negative feelings.’... They also help the HIV-positive client hide emotions for instance through covering one’s face with a scarf or getting calm before leaving the room. Providers may also postpone post-test counseling and give another appointment at a time when there will be no risk of coming with acquaintances or meeting other clients after HIV-positive status disclosure: ‘For instance when we get results and they are HIV-positive, we may tell this person that results have not arrived yet and she should come back when other ones have left’. (Nurse) ‘...’ Some providers also give advice on how to keep one’s HIV status secret and avoid unintentional disclosure by preparing ready-made answers to be used by the client towards curious people. Most providers also advise HIV-positive person to avoid intentional disclosure except for partner and one or two persons (parent or brother/sister), as part of post-counseling: ‘We try to make them understand that results should not be shared, because it is confidential’. (Counselor)

11. Lines 367-374: This section should be under discussion not under results

• We moved the section to the Discussion section.

Discussion

12. The authors clearly discuss how their results relate to other study findings. However, on line 398, the authors must revise the insertion of citations to be included in same brackets

• We revised citations and brackets throughout the article.

13. Most of the researches or if not all, conducted have limitations. Can the authors list some limitations encountered and explain how these might have affected the results.

• We added two sub-sections to the Limitations section and we moved this section towards the end of the Discussion section to make it more visible, starting Line 661: ‘Another limitation is that the study did not collect sufficient information about linkage to care. The low HIV prevalence means that the likelihood of HIV-positive results and thence referrals to health care service are low, and a result, we collected very limited comments and narratives on this topic. In consequence, “Connection to care, prevention and treatment” is not considered in this article. Other limitations of this study are related to its scope and method: the limited
numbers of respondents and of observed HIVCT sites, reduce the capacity of the study to bring results that might be generalized to other sites or countries. Moreover data collection did not allow us to get detailed information about clients’ characteristics. However results draw observations that may provide a basis for discussion and further consideration either for implementation or comparative enquiries about HIVCT in low HIV prevalence settings.’

- Moving sub-sections from Results to Discussion section and moving the Limitations sub-section necessitated a subsequent change of sub-sections titles in the Results section. We think that this change made the article more consistent.

Conclusion

14. The conclusions reflect major findings of the study but the authors do not explain the extent to which the results are generalized to a wider population. The authors should explain generalizibility of the findings.

- We comment on generalizability in the Limitations sub-section and in the conclusion, starting Line 696: ‘Beyond practices at the local level, the study brings insights into the tension between global ethical norms and locally-produced ‘contextual ethics’, to be compared with further studies in different contexts.’

Thank you for your valuable comments.

Level of interest: An article of importance in its field

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.

Declaration of competing interests:

None