Author’s response to reviews

Title: Effectiveness of Community-Based HIV/AIDS Service Delivery Models Used to Reach Female Sex Workers along Malaba-Kampala Highway, Uganda, 2017

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Author’s response to reviews:

5th August 2019

Dear Mohammad Karamouzian:

We thank you and the reviewers for reviewing our paper and giving us valuable comments to help us improve our paper. We have revised our paper according to the comments and suggestions. Below are point-by-point responses to the comments raised. I have submitted the revised version of the paper on behalf of my co-authors.

We thank you for considering our paper for publication.

Sincerely,

Pande Gerald, BEH, MPH

Cover letter detailing a point-by-point response to reviewer’s comments

Editor

Overview

Your manuscript "Effectiveness of Community-Based HIV/AIDS Service Delivery Models Used to Reach Female Sex Workers along Malaba-Kampala Highway, Uganda, 2017" (BHSR-D-19-00310) has been assessed by our reviewers. They have raised a number of
points which we believe would improve the manuscript and may allow a revised version to be published in BMC Health Services Research.

Their reports, together with any other comments, are below. Please also take a moment to check our website at http://bhsr.edmgr.com/ for any additional comments that were saved as attachments. Please note that as BMC Health Services Research has a policy of open peer review, you will be able to see the names of the reviewers.

If you are able to fully address these points, we would encourage you to submit a revised manuscript to BMC Health Services Research.

Once you have made the necessary corrections, please submit online at

* Please clearly state the research question(s) this paper is addressing at the end of the introduction. And ensure that both the quantitative and qualitative findings help answer these questions.

Response: Thank you for the observation. We have added the two research questions: What is the effectiveness of the current community based HIV services delivery model that are used to reach female sex workers organized along Malaba-Kampala highway? And What are the challenges in the different community based HIV service delivery models used to reach sex workers along Malaba-Kampala highway? Question one is being addressed by quantitative and question two is being addressed by qualitative.

* Please provide more details on what HTC services are specifically being provided along the Malaba-Kampala highway, who is paying for each of these, how abundant each of these services are, the frequency at which they occur, etc.

Response: We have provided more details of HTC services and the patterns responsible for payment under description of the community based HIV models (line 156-200)

Consider restricting your methods section so you have a quantitative and qualitative section, then describe the study populations, sample size, data collection and analysis for each of these sections.

Response: Thanks for the observation, we have improved on the method section see the We have provided more details of HTC services and the patterns responsible f adjustments made

* In the presentation of the quantitative results, try not to duplicate a description of the results that are already being presented in the Tables, but highlight the important, big-picture findings.

Response: Thanks for this observation, we only include the important results of the quantitative: line

Abstract

In abstract and throughout the text, the authors should ensure that they use "female sex workers (FSW)" rather than "sex workers (SW)", as the latter one can refer to both male and female sex workers. However, female sex workers are the target population in this study.
Response: Thanks for this observation, we have written the whole document to reflect female sex workers

* (Methods): More description of the community based HIV service delivery models would be helpful here - e.g., what do they entail, when were they implemented, etc.

Response: Thanks for this observation, we have briefly described the community based HIV delivery models in the abstract line 20 to 23 and more details under the description of the community based HIV service delivery model in the method section line

In the definition of sex workers, did the authors consider a specific time period? For example, a women who sold sex for money or other items/benefits in what time period? Currently? Recently (time)?...

Response: Thanks for this observation, we limited our definition of sex worker who had sold sex with the last six month as in the study population line

* HCT should be spelled out in the abstract; "HIV counselling and treatment"

Response: Thanks for this observation, HCT has been spelled out in the HIV counseling and Testing

* In abstract, the conclusion says that "All the three service delivery models were being utilized by the SWs", while it is a little bit vague based on what presented in the findings section.

Response: Thanks for this observation, we have reversed the conclusion to ready Most of the Female Sex workers accessed HIV Testing and were linked to care through Static.

Abstract

* (Results): Of those who tested HIV positive, where these all new HIV-positive test results? (i.e., were they not previously aware of their HIV-positive status?)

Response: Thank you for this observation. All those who tested positive where newly indentified HIV positive in the past twelve months. Those with known HIV status had not taken an HIV test in the last twelve month(14%)

Abstract

* (Conclusions): "Community-based HIV/AIDS service delivery models are challenged with inconsistent supply of logistics and unfriendly services" - this isn't supported by the results presented.

Response: Thank you for this observation. We accessed this using the qualitative method were KIs. We asked both health service providers and female sex workers about the challenges that they face and all respondents(service providers and female sex workers) during the qualitative interviews reported inconsistent supply of logistics and unfriendly services see table 4
What is/are "logistics and unfriendly services"? The authors need to be more specific and in line with their own findings

Response: Thank you for this observation. We accessed this using the qualitative method were KIs. We asked both health service providers and female sex workers about the challenges that they face and all respondents(service providers and female sex workers) during the qualitative interviews reported inconsistent supply of logistics and unfriendly services see table 4. In the abstract more explanation as been given for unfriendly services lines

* Both "HIV testing" and "link to care" are the main keywords of this research that should be considered as the key words. "Key population" can be removed as "female sex workers" inherently imply this concept
Response: Thank you for this observation. We changed the key word to read as HIV testing and Linkage to care for Sex workers, , Uganda

Background

* (Line 54): Are these declines global declines? Please specify.
Response: Thank you for this observation. This a global decline and it has been specified

Methods

* (Lines 77-80): Who is implementing these specific community-based HIV service delivery models? E.g., NGOs, MAPRI, the Uganda MOH?
Response: Thank you for this observation. We have described the community based HIV service delivery model in the method section line 156 to 200. This includes who is implementing these activities and paying for them

* (Lines 80-82): Do you have any evidence that HIV prevalence has not reduced in this population? Or is it better to say that prevalence has remained high?
Response: Thank you for this observation. We revised the statement to the prevalence has remained high

* (Line 93): Not sure where this sentence fits in… seems out of place.
Response: Thank you for this observation. We have revised the sentence

* (Lines 95-98): How did you evaluate all these things?
Response: Thank you for this observation. We have deleted the details and only concreted on the three service delivery models ) static facility services, (2) outreach services, and (3) peer-to-peer services.

* (Lines 107-109): Consider categorizing the services into three areas for clarity: (1) static facility services, (2) outreach services, and (3) peer-to-peer services.
Response: Thank you for this observation. We have deleted the details and only concreted on the three service delivery models) static facility services, (2) outreach services, and (3) peer-to-peer service mechanism

* (Line 110): Consider putting "Static facility-based services" in italics.

Response: Thank you for this observation. We put this in italics

* (Line 112): What free commodities?

Response: Thank you for this observation. We have highlighted the free commodities that include condoms, water based lubricants, HIV testing Kits, STI drugs

* (Lines 116-121): How many different outreach services are operating at the study site?

Response: Thank you for this observation. The six health facilities make a worker plan and each of them carries out one outreach per week depending on the availability of funds

* (Lines 122-125): Who is training the peers and paying them to provide these services? How many peers are operating in the study area?

Response: Thank you for this observation. We have described the community-based HIV service delivery model in the method section lin. This includes who is implementing these activities and paying for them

* (Lines 126-132): Would be helpful to map the funders to each of the services you describe, instead of having them at the bottom.

Response: Thank you for this observation. We have described the community-based HIV service delivery model in the method section line 156 -200. This includes who is implementing these activities and paying for them

* (Line 137): How were these individuals selected to be interviewed?

Response: Thank you for this observation. We purposively selected heath workers from the facilities that were providing services to female sex workers in the six health facilities. We have also described the selection criteria in the sample size and sampling considerations

* (Line 154): Citation for the Kish and Leslie formula?

Response: Thank you for this observation. We have improved on the citation for Kish and Leslie formula

* (Lines 148-159): What defined if SWs were residents (i.e., living in the area for X number of months)? Where there age restrictions for participation? What are SWs being sampled for - e.g., quantitative or qualitative interviews or both?

Response: Thank you for this observation. We have improved on the definition of the residence of the sex workers “they should be females 18 year and above & should have
operated for at least one year before the study period. Under the study population, the sampling has been detailed in the sample size and sample considerations.

* (Line 169): What would be an example of a local contact person?

Response: Thank you for this observation. We have given the example of a local person which includes a peer female sex workers, bar owners or brothel managers as under data collection.

Results

* (Lines 210-216): Instead of listing what is in Table 2, could you interpret this for the reader (e.g., the majority of participants were between the ages of 25-34 years… )

Response: Thank you for this observation. We have interpreted the findings in the socio demographic section.

* (Lines 217-229): Same comment as above.

Response: Thank you for this observation. We have interpreted the findings in the Effectiveness of the community – based HIV service delivery model line section.

Discussion

* (Line 338): Move payment for interviews to methods section.

Response: Thank you for this observation. We have deleted.

Figure/Tables

* (Table 1): Not sure this table is necessary, this information can be clearly described in the text.

Response: Thank you for this observation, however this information is easily understood if it is in a table form.

* (Table 3): Can you put some of the more important findings from this table into a figure? Or a number of different figures that highlight your main findings? (e.g., the indicators currently presented in Table 1).

Response: Thank you for this observation, however all the indicators presented in table 3 are very important therefore highlighting a few would make the reader miss out on some indicators and yet this a table in the annex.

* Could you add a table that summarizes your qualitative findings - e.g., detail challenges faced by providers and challenges faced by SWs.

Response: Thank you for this observation. We have included Table 4: challenges faced by providers and FSWs.
* In Introduction section, the authors when addressing the 90-90-90 targets, I recommend adding the corresponding statistics in Uganda from where this study came. The readers may need to know how far Uganda is behind this global target in each of these three targets.

Response: Thank you for this observation, we have added statics for you regarding the 95% 95% 95% for Uganda in the introduction

* In the second paragraph, when the authors say "Sixty seven percent of the adults were on treatment", they should specify whether this if for the adults living with HIV. ALSO, when they say "HIV prevalence among sex workers (SW) was estimated to be 37%", it should be specified whether they are female sex workers.

Response: Thank you for this observation, we have revised the second paragraph and the 37% is the HIV prevalence among the female sex workers

* I have problems with the flow of the text from one paragraph to another. For example, the second paragraph in the Introduction focuses on the estimates/statistics in Uganda and also among FSW, while the third paragraph talks about services. I believe the authors should talk about FSW in this third and discuss the context in which the study target people live, work, and face challenges. Then, discuss these challenges including HCT and their role in controllng HIV infection among these people.

Response: Thank you for this observation, we have revised the introduction to include the target population where they live, work and challenges faced

* This sentence in the introduction, "Despite the efforts, HIV prevalence in the general population and the SWs has not significantly reduced" is a little bit hard to understand. No reduction in HIV prevalence in spite of lots of efforts does not indicate no impact of the efforts. Instead, no reduction in "prevalence" can imply a better life expectancy or improved survival of the affected individuals.

Response: Thank you for this observation, we have revised the statement to ”very low access and utilization of HIV services for this category and the prevalence of HIV has remained high among female sex workers

* A better support is required on why only Malaba-Kampala highway was chosen. What does "a lot of sex work occurs” mean? Please provide better support by statistics and rationale.

Response: Thank you for this observation, we have revised and included the statement why we choose this route for the evaluation” because this one of the major busy high ways from mobasa-Kenya that links Uganda to other couthries like Rwanda, Tanzania and Burundi with many many hotspots “ as in line

* I do not also understand this "At the district level we engaged the technical and political leadership for concurrence." It seems to be something extra.

Response: Thank you for this observation, we have revised this statement

* The study relied on two indicators: "the proportion of SWs who had an HIV test in the last 12 months” and "the proportion of SWs who were positive and linked into care” to display the effectiveness of the care delivery model. How these tow indicators were assessed?
Response: Thank you for this observation, we have revised and stated how these indicators were accessed

* The authors should avoid using such vague statements "some SWs are selected." This is the method section; therefore, they should be able to provide the procedure clearly and perfectly.

Response: Thank you for this observation, we have revised the method section

* The method section also has the problem of weak flow in the text. For example, the paragraph under the "Service providers, Uganda MoH, and IPs:…" is unclear and we do not know what is this paragraph for.

Response: Thank you for this observation, we have revised the method section

* The qualitative part should be distinctly (in a different paragraph) reported. How many participants were selected; who were interviewed? Who were the individuals at the facility level or respondent level? What kind of questions they were asked for; how the information/data were obtained (talk more about FGDs and KIIs).

Response: Thank you for this observation, we have revised the method section

* How the HIV status was confirmed?

Response: Thank you for this observation, we revised this and this was by self report or the client provided records

* Table 2, age variable: does the category "38+" mean "35+"? AND, "Residence" means "housing status"?

Response: Thank you for this observation, we revised this to mean 35 and above

* Total N (denominators) should be specified in each indicator reported in Table 3.

Response: Thank you for this observation, we included the denominators in table3

* I am wondering why the authors did not report which groups of the target population benefited most or did not benefited most from the model based on the two main indicators of the study? For example, by education categories, which category reported higher HIV testing and, if positive, which education category reported higher linkage.

Response: Thank you for this observation, when this we analysed this by education category there was no significant difference among the three groups.

* The authors did not address the type of linked into care (i.e., immediate and delayed) in the method section. Any reference to define more than 30 days can be considered as delayed linkage to care?

Response: Thank you for this observation, we have defined linkage in our write up
This study aimed to report the "effectiveness" of the community-based HIV/AIDS services delivery models. To attribute an effect to this intervention/model, we need to have either a comparison group to compare the results with, or, if there is only one study group, we need to have statistics before implementing the interventions and then compare them with after intervention. This study is now evaluating the effectiveness of this care model 10 years after its implementation (2009-2019). To show the effectiveness of this model, the readers need to know how these statistics had changed over time (at least before and after the implementation). For example, while 86% is a good estimate for an HIV test, such estimate is required to be reported to see how the intervention/model be called "effective". This needs to be clearly discussed in the Discussion section.

Response: Thank you for this observation, we have before the establishment of the community based services there was no baseline. However, what was clear at that time was that female sex workers were not access HIV services because of the illegal environment, stigma and discrimination and these have been highlighted in the introduction to include the target population where they live, work and challenges faced