Author’s response to reviews

Title: Key populations and human rights in the context of HIV services rendition in Ghana

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The Editor,

BMC International Health and Human Rights

“Key populations and human rights in the context of HIV services rendition in Ghana” – Manuscript # IHHR-D-16-00072

Dear Editor,

We thank you for the opportunity to resubmit our manuscript. We are also grateful to the reviewers for the useful comments. We have diligently addressed their comments. In revising the manuscript, we have carefully considered all the concerns and suggestions offered. The significant revisions are highlighted in blue font.

In addition to the point-by-point response to the comments from the two reviewers, we have highlighted all of the essential changes made in the manuscript in blue font. Please note minor but essential changes are not traceable in the version of the manuscript uploaded.

It is our hope that the revisions meet your standards and that the paper would be published in the BMC International Health and Human Rights. We look forward to working with you towards a final published product.
Sincerely,

Amos Laar, Ph.D

On behalf of co-author

Point-by-point responses to queries

Reviewer 1: I appreciate the authors’ attention and responses to the reviewers’ prior comments. While these efforts have helped clarify the paper, I believe that additional work is still required in some areas.

Action taken by authors:

We thank the Reviewers and Editor for their continued interest in our paper. We are very pleased to have received the second round of comments/inputs.

Reviewer comment # 1. I believe that the introduction could be tightened to make the thrust clearer to the reader what the main thrust of the paper is. I would defer some of the specific statutory language for later - after the reader has made the decision to continue reading.

Action taken by authors:

The background section of paper has been reworked as suggested. Please refer to significant additions in lines 87 – 113

Reviewer comment # 2. I would move the information about the HIV epidemic in Ghana (currently on page 16 of the submission) before the discussion of human rights norms and laws
as it demonstrates the significance. Indeed, I would suggest laying out the details of the epidemic and the criminal laws that may impede prevention efforts before the discussion of the human rights norms and laws, so that the problem would proceed the potential solution.

Action taken by authors:

We agree. Please refer to additions/ highlighted revisions from lines 87 – 127

Reviewer comment # 3. In discussing the human rights declarations and conventions to which Ghana is a signatory, it would be helpful to separately discuss the significance of the moral vision encompassed in them and the legal significance of the steps that Ghana has taken with respect to them. The United States, for example, frequently is a signatory to such UN statements, but does not take the steps to make them binding on it. On the other hand, a cursory search suggests that Ghana has taken additional steps to make them legally binding on it. Addressing this more explicitly would help to support the claim it has an obligation to adjust its treatment of the key populations that are the focus of the paper.

Action taken by authors:

Thank you. We have addressed this comment under section titled “Upholding the rights of key populations” lines 300-342

Reviewer comment # 4. The relevance of the discussion of the laws, approaches, etc. of other countries is not obvious. (see e.g., lines 126-175 and Table 1). Is it to situate Ghana in the world/its region or so the examples have some lessons for Ghana? Some guidance on what the reader should take away from this would be helpful.

Action taken by authors:

Yes, the reviewer’s assessment is correct. We believe that providing the global, regional and local contexts will facilitate readers’ appreciation of the subject matter. We have endeavored to include regional as well as Ghana-relevant data from lines 199 – 219.
Reviewer comment # 5. Is there any evidence that Ghana's criminal laws (lines 177-195) are being used against key populations? The authors have provided some citations in reference to the police "swoops" on line 223, but these refer only to sex workers rather than MSM or those who do HIV prevention work.

Action taken by authors:

Such data especially those for MSM are difficult to obtain. This is a relevant question, and has been discussed at lines 287 – 299, where we argue that "absence of data is not only an ethics issue, but is also an issue of deep public health concern and a human rights issues that ought to be addressed.

Reviewer comment # 6. Lines 203-207 - the Constitutional provision cited does not refer either to disease-status or disability. Are there court decisions or other authority to support the broad interpretation asserted here?

Action taken by authors:

To clarify, we have provided some emphasis; see line 250.

Reviewer comment # 7. Lines 208-215 - A bit more description of the authority of the Patient's Charter and how it might interact with other moral norms and legal obligations would be helpful, as the authors simply say that it "does not have the force of law."

Action taken by authors:

We have addressed in line 258—259 as suggested.

Reviewer comment # 8. Lines 241-242 - The authors should (at least briefly) explain why the view that the "absence of data is not only an ethics issue, but is also an issue of deep public health concern and a human rights issues that ought to be addressed." This seems an important point that is related to the main thrust of the paper, but it is just asserted here.
Action taken by authors:

We have addressed this comment in lines 287 –299. Thank you.

Reviewer comment # 9. Lines 351-357 - beyond endorsing the elimination of the criminal laws that interfere with HIV prevention, I would like to see the authors expand on the feasibility of achieving this goal in Ghana in the short-term or long-term? What might facilitate this goal, what are the barriers? Because this is a major thrust of the paper, it deserves more explication, although I recognize there may be significant political barriers.

Action taken by authors:

Reviewer comment # 10. Lines 359-377 - Some more information about the Drop-in-Centers would be helpful. Specifically, I had questions about how the DICs avoid the problem of the laws that criminalize those who "abet" prohibited behavior by providing HIV prevention information? Are these state supported? What kind of leverage does the AIDS Commission have within government (e.g., to negotiate for non-enforcement of the criminal laws)? Answering these questions would help identify features of ways forward.

Action taken by authors:

These two comments are related and have been addressed in lines 419 – 455, and lines 435 – 441

Reviewer comment # 11. Line 377, the discussion of the reporting system should be a separate paragraph as it is different than the DICs. Some more details about the benefits and barriers to this approach would be helpful.

Action taken by authors:

We agree; the suggested action has been taken; see lines 443 – 455