Author’s response to reviews

Title: Institutional context and VCT practitioner narratives: possibilities and limitations for HIV prevention in Rio de Janeiro, Brazil

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Author’s response to reviews:
Dear Editor,

We appreciate the reviewers’ thoughtful and thorough comments. We have addressed them all below and substantially revised the manuscript in accordance with their suggestions.

Revisions are highlighted in red. We would also like to mention that a native English speaker and United States trained public health researcher carried out the translation and revision of the article. She holds a PhD in Sociomedical Sciences from Columbia University, NY and has years of experience in writing and translating academic articles. Please see her CV attached.

Reviewer reports:
Daniel Yaw Fiaveh, PhD (Reviewer 1):
The paper holds promise but it is not well conceptualised. There is the need to indicate clearly how the study contributes to knowledge, strengthen aspects of the methodology (how coding reliability was ensured), provide limitation[s] to the study, and proofread the paper thoroughly for language/grammar. Also, there was no theory/framework provided to hold the arguments together. Some specific comments to improve the paper.
Title
The title is misleading and this should be revised. The title creates the impression as if the interviews were conducted with only VCT counsellors although this was not the case. What about the coordinators? You may want to consider revising it as: Narratives of STD/AIDS Voluntary Counseling and Testing Services among VCT Practitioners in Rio de Janeiro, Brazil.

ANSWER: We followed your recommendation. The new title is: Institutional context and VCT practitioner narratives: possibilities and limitations for HIV prevention in Rio de Janeiro, Brazil. Thank you for your thorough review and detailed comments.

Background
There is need to proofread the paper for language clarity/grammar. For example, delete "to" in page 4 line 39. Reconstruct sentence on page 4 lines 48-50: delete "the teams". Lines 65-66 is not clear and incomplete: "Expanding access to anti-retroviral therapy pushed forward in the beginning of 2000." See also sentences on page 6 lines 70-73; 82-85, etc. There are several of such language sloppiness and it is expected that these would be properly addressed in a revised paper.

ANSWER: The paper has been thoroughly proofread and revised by a native English speaker with years of experience writing and revising academic articles.

On Page 6 lines 78-79, the authors claim that there are some challenges regarding increasing VCT access among vulnerable groups but examples of such challenges are not mentioned in the paper. It will also be useful to state some of the vulnerable groups alluded to.

ANSWER: We have incorporated the requested information about the challenges of the expanding testing. We also have specified which vulnerable groups we are referring to.

Page 6 line 80, delete "international". Same line, it is not clear whether the authors mean "testing services" instead of the "testing service" indicated.

ANSWER: We’ve revised the text.
Page 7 line 107: "However, there is little research regarding the consequences of these changes" What are these changes?
ANSWER: We’ve detailed the potential changes in the discussion section.

The introduction is not properly arranged to allow for meaning making. For example, page 7 lines 98-122 presents literature on Brazil. The subsequent paragraphs focused on South Africa (see page 8 lines 123-128), and then lines 134-138 presents the rationale for the study. This approach does not allow for coherence. I think a subsection be devoted on Brazil and page 8 lines 123-128 be part of the global discourse presented on page 5 lines 57-97.

ANSWER: The introduction was reorganized. We have also clarified the conceptual basis of the study.

The literature is not adequate. While the focus of the study is about the perceptions of practitioners, it should be interesting to have some perspectives from the community/clients. In that regard, please see whether the following would be useful:

ANSWER: In the introduction we present the findings and gaps related to the professionals' point of view. Much of the literature used was supported by a scoping review on the topic of testing and counseling using the Lilacs, Medline, Sociological Abstract and Cochrane databases of Systematic Reviews (see Mora C, Monteiro S, Moreira CO. Expansion of HIV counseling and testing strategies: technical challenges and ethical-political tensions. Salud Colectiva. 2014;10(2):253-264.) Work on the clients’ point of view and the relational aspects of counseling are addressed primarily in the discussion. Some references cited are related to the clients’ point of view, such as Monteiro et al 2014; Souza et al 2008, Masaro et al 2012, Biehl et al 2001.
Methods
The methodology is not clear. For instance what was the study design employed? This is not clearly stated.

ANSWER: We have specified the study design (qualitative case study of VCT services in the state of Rio de Janeiro state).

Due to language problems it is difficult to appreciate how participates were sampled.

ANSWER: We added information about the sampling criteria for counselors, such as undergraduate degrees, HIV counseling experience and gender. The sampling of the seven services followed geographical criteria, aiming to include all health departments’ sub-regions with VCT services.

There are too many convoluted sentences: for instance, it is not clear what the authors mean on page 9 lines 142-144: "Our study aims to comprehend the intersubjective and objective dimensions of VCT counselors' practices through an analysis of their narratives in the state of Rio de Janeiro." What do these mean, i.e. intersubjective and objective dimension of VCT? Again, what does it mean to say: "our study aims to comprehend"? Comprehend what?

ANSWER: The objective was rewritten.

What does it mean to say: "VCT clients sought to be tested by spontaneous demand and referred from other health services" (See page 9 lines 151-152)?

ANSWER: We revised the text to specify that this refers to the WHO’s CITC-Client-Initiated HIV testing and Counseling approach, also clarifying that some services attend to clients referred by practitioners from other health services (provider-initiated).

Parts of the results and discussion (e.g., the demography) are interspersed with the methodology (see page 10 lines 156-158). As a matter of style this should be fine. However, the manner in
which it is done makes it difficult to decipher what the authors did (prior to the fieldwork) and what they actually found (during and after fieldwork).

ANSWER: We revised the text in accordance with your recommendation. Information on services has been shifted from the methodology to results.

Sampling: it is not clear how the seven VCT coordinators were sampled (See page 10 lines 159-161). There is need to explain why and how you sampled seven VCT coordinators.

ANSWER: The selection of the seven coordinators corresponded to the selection of the services surveyed. We included detailed information about the sample criteria for the seven services.

This reviewer wondered how useful the data presented on the interviewees' "undergraduate degrees" inform inclusion and exclusion criteria about VCT narratives (see page 10 line 165). You may want to revise this data to reflect what you presented (i.e. the participants' fields of study/discipline) on page 11 lines 179-183.

ANSWER: We added information about the criteria for sampling counselors (undergraduate degree, HIV counseling experience, and gender). As we describe in the paper, in each service, we sought to interview at least one health professional, one professional from the humanities, one professional with more experience and another with less experience in the VCT service. Despite the predominance of women, we also managed to interview men who work as counselors. There were no a priori exclusion criteria for the selection of the counselors. We added a table that details the counselors’ social and professional profile. (see Table 1)

It is not clear whether the data analysis was a two coder or three coder although the paper did indicate how inter-rater reliability was ensured. It is important to indicate whether the coding was done by two or three to help the reader appreciate how decision trails were ensured in relation to discrepancies of variables as alluded to on page 12 lines 193-196.
ANSWER: In the revised version of the article we clarified that the first two authors coded and created definitions for each empirical category; the third author discussed the cases where there were discrepancies.

Results
The results section is not properly organised. Based on the current structure, it looks more like a dissertation. The findings are interspersed with literature. Again, while this is a matter of style, it is difficult to appreciate what actually the findings are. The section also looks too descriptive and in some cases (on page 12-17: Sociocultural context of the VCT services) no data is presented to support the claims made.

ANSWER: The results were rewritten. We have added more data on the VCTs surveyed, including a table, which details the internal and external activities, and supplies distributed by the services (see Table 2). We also added participants’ narratives. In the results section, we maintained the research outcomes about VCT services in Brazil, as this study has informed the analysis about the conditions of the seven VCT surveyed.

The style of stating the objective of the subsections (on page 17 lines 299-302) is good and this should be replicated for other subsections.

ANSWER: Thank you, we’ve incorporated this recommendation.

Because there was no table presented to summarise the demographics of the interviewees, it is difficult to identify who is saying what. There is need to present a summary of the demographics to help the readers to relate with the data/quotes and the pseudonyms, i.e. "nurse", "physical therapist", "work assistant", etc.

ANSWER: We’ve added a table that details the pseudonyms and the social and professional profile of the advisors interviewed. (see Table 1)
Discussion and Conclusion

The discussion is also not logically presented. It should state a) what gap was the study designed to fill? b) what do we know now? (short summary of results) c) how are these results similar to and different from what we knew from the literature d) given what we know now, what should researchers do next? What should they study next? Why? e) limitations of the paper f) end on a positive note.

ANSWER: The Discussion and Conclusion sections were reorganized in accordance with your recommendation.

There is no need for the paragraph on page 32 lines 606-614.

ANSWER: The paragraph was moved to the discussion section.

Andrew Secor, MPH (Reviewer 2): BMC International Health and Human Rights

STD/AIDS counselor’s narratives in the context of Voluntary Counseling and Testing services (RJ, Brazil): potentials and limitations for prevention

Overview. This study explored the provision of HIV voluntary counseling and testing (VCT) among healthcare providers in Rio de Janeiro, Brazil through qualitative interviews with VCT coordinators and counselors. The interaction between provider and service provision was explored from both institutional and personal narrative perspectives.

Overall comments. Overall the study provides an interesting look into provider perspectives on VCT, a crucial and well-promoted but not always well understood service. As the authors note, VCT has become even more salient in the context of treatment as prevention. While well-grounded in sociological theory, the manuscript does not often explain the various constructs being discussed, greatly reducing readability for the general population. The connection between the data and discussion and conclusions is not always clear, leading to conclusion statements that are not well validated, which is not to say unjustified. Reformatting the manuscript to more clearly separate the results and discussion, and tying the results more directly to the conclusions would greatly reduce these issues.
Specific comments

Abstract
In the abstract, the conclusion statements don't follow clearly from the results section. The results don't about synergetic individual-community approaches, risk approaches, or cross-sector issues, so how the conclusion is tied to the results is not clear without the body of the paper.

ANSWER: The abstract was rewritten.
Thank you for your positive comments and thorough suggestions and revision of the text.

Background
Several constructs are discussed without much or any explanation of their meaning. These include person-centered approach, intersubjective perspective, and vulnerability approach. To increase comprehensibility among general readers, brief explanations of what these constructs are and how they relate to HIV and VCT would be beneficial.

ANSWER: Several footnotes were included with definitions of the following concepts: person-centered approach, intersubjective perspective, and vulnerability approach. In the text’s introduction, we incorporated the implications using the vulnerability approach in health services, as well as, definitions of Bourdieu's concepts that we employ in our analysis.

The manuscript varies between describing the places providing voluntary counseling and testing as VCT ("only one VCT offered night services"), VCTs (e.g. "with VCTs coordinators"), and VCT services ("515 VCT services operating"). Switching between these throughout the manuscript causes some readability issues. Consider standardizing how you refer to places providing VCT.

ANSWER: We standardized the use of VCT using the expression “VCT services”.

Results
The results section includes a fair amount of discussion (e.g. from line 264: "Our findings suggest that, after two decades of operation, there has been a transformation in the VCT model,
from preventive actions with more material and human resources to a more basic and assistance based model directed to diagnosis…"), which detracts from the presentation of the results and the flow of the manuscript. Such lines/sections should be moved down to the discussion section.

ANSWER: The results were rewritten. We added more data on the VCTs surveyed, including a table, which details the activities and supplies distributed by the services (see Table 2). We also added quotes from participants. In the results session, we maintained the research outcomes about VCT services in Brazil, as this study has informed the analysis about the seven VCT surveyed.

In addition to point #1, the results section makes a lot of statements not shown through data (quotes, quantification of responses, etc.). Decreasing the discussion and increasing the presentation of data in the results section would greatly improve this.

ANSWER: The results were rewritten. We added quotes from participants that support and illustrate the research outcomes.

Lines 234-235: the phrase "hardly offered" doesn't provide much information. Consider quantifying this (e.g. "Only 5% of study VCT centers offered group counseling.")

ANSWER: We added a table that details the operational profile of each service. We also included more information about the challenges services face to offer group counseling.

Lines 238-239: "The counselors, however, believe that the informative approach of group counseling discourages the public." Consider going into more detail about why the counselors believe this discourages the public, and what exactly you mean by discouraging the public (discourages them from getting tested, engaging with any HIV services, etc.?)

ANSWER: We included examples of situations in which clients gave up testing due to his/her interpretation of clinical information presented in group counseling. We also described some of the reflexive strategies used by the counselors during group counseling.
Lines 408-410: "A greater or lower expectation in terms of a "truth confession" from the client was not directly associated with a social or professional characteristic of the counselor." Is this statement justified by the data collected?

ANSWER: The phrase was deleted.

Discussion
The discussion section needs to be greatly expanded upon. As is, it reads closer to a conclusion, and doesn't do much to tie the results to the actual conclusion. Create a clearer distinction between the results and discussion sections.

ANSWER: The discussion was rewritten and we expanded on the following issues: the gaps our research addresses, our findings, dialogue with current literature, questions for future research on VCT and study limitations.

Conclusion
Similar to the discussion section, without a clearer link between the data and discussion the conclusions do not feel well validated (e.g. "tensions between risk approaches and vulnerability frameworks reduce the positive impact of VCT counseling"), which is certainly not to say unjustified. It would be beneficial to reformat parts of the manuscript to better link the data to the conclusions.

ANSWER: The conclusion was rewritten.

Spelling and grammar:

ANSWER: We have incorporated all the recommendations.

General: Standardize whether numbers below ten are written in alpha (three) or numeric (3); this varies throughout the manuscript.
Line 20: Consider changing "Brazil has adopted the VCT strategy since 1988." to "Brazil has employed the VCT strategy since 1988." Or "Brazil adopted the VCT strategy in 1988."
Line 23: "affect" to "affects"
Line 28: "VCTs" to "VCT"
Line 36: "understanding clients" to "understanding of clients"
Line 37: "identify" to "identified"
Line 39: "regarding to their" should be changed to "regarding their"
Line 64: "China, Switzerland, etc." to "China, and Switzerland." The etc. is presumed through the wording ", including...."
Line 65: "(ARV)" to "(ART)" for anti-retroviral therapy instead of just antiretrovirals
Line 66-67: "Expanding access to anti-retroviral therapy (ARV) pushed forward in the beginning of 2000 (UNAIDS 2001)." This isn't a complete statement.
Line 69: "HIV test" to "HIV testing"
Line 69: "which based" to "which, based"
Line 77: "with emphasis" to "with an emphasis"
Line 78: "vulnerable population" to "vulnerable populations"
Line 82: "Studies" to "Some studies"
Line 86: "Research" to "Such research"
Line 86: "difficulties, which result from" to "difficulties resulting from"
Line 94: "are conflicting" to "conflict"
Line 110: "our study aim to" to "our study aimed to"
Line 111: "affect" to "affects"
Line 134-136: Recommend dropping "Due to the importance of counseling as a prevention strategy, this study discusses the counselors' practices and conceptions of HIV prevention." as it is redundant on prior statements
Line 144: Should this be "VCTs" or "VCT centers" instead of "VCT"
Line 145: "VCTs" to "VCT"
Line 149 - "Based on documental and institutional website research" - what is meant by documental is not clear.
Line 151: "VCT clients sought to be tested by spontaneous demand and referred 152 from other health services." This doesn't make clear sense. Consider rewording.
Line 153: "travesties" to "transvestites"

Line 153: "rural population" to "rural populations"

Line 155: "the selection criteria included at least one VCT from each of the five state health department sub-regions where the ratio AIDS cases according to sex was 1.7 men to each woman." This statement isn't clear. Recommend breaking into two sentences - "…from each of the five state health departments. In these areas, the ratio of AIDS cases according to sex was 1.7 mean for each woman."

Line 157: "was sexual affecting" to "was sexual, affecting"

Line 163: "were developed" to "were conducted"

Line 165: "diversity in terms of undergraduate degrees" This statement is unclear - does it mean diversity in terms of whether respondents have undergraduate degrees or not, or diversity in terms of what kind of undergraduate degrees respondents have?

Line 168: "Each interview was conducted in just one encounter of approximately 60 minutes." Consider changing to "Each interview was conducted in a single session lasting approximately 60 minutes."

Line 182: "Most interviewed was involved" to "Most respondents were involved"

Line 184: "to 20 years." to "and 20 years."

Line 188: "in systematize the" to "in systematizing the"

Line 205: Consider changing "alternative service to public health network." to "alternative service to the standard public health network."

Line 207: "including most vulnerable groups to HIV" to "including groups most vulnerable to HIV"

Lines 209-210: "with day-time hours" is unclear in the sentence context. Consider changing to "with only day-time hours" if that is true.

Line 214: "consultations and audiovisual resources scarce" to "consultations. Audiovisual resources were scarce."

Lines 219-220: "and serodiscordant). As well as continued" to "and serodiscordant) as well as continued"

Line 225: "and transgender population." to "and the transgendered population."

Line 230: "part of the VCTs current activities." to "part of the VCTs' current activities."

Line 232: "was defined as" to "is defined as"

Line 237: "makes difficult to" to "makes it difficult to"
There was not sufficient time to review the entire document for grammar. I would recommend a thorough copy-edit prior to publication.