Author’s response to reviews

Title: "Virus Carriers" and HIV testing: Navigating Ukraine's HIV policies and programming for female sex workers

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Author’s response to reviews:

Dear Editor-in-Chief,

The Journal of Health Research Policy and Systems

On behalf of my co-authors, I am re-submitting our manuscript entitled “Virus Carriers and HIV testing: Navigating Ukraine’s HIV policies and programming for female sex workers” (HRPS-D-18-00189).

Reviewer #1:

This is a very interesting study. However, the number of semi-structured interviews carried out as part of this study is very small. Please clarify potential implications of the findings and limitations of the study, due to the small sample size.

Thank you very much for the comment.

We have included this as a limitation.
“A greater number of interviews and larger diversity of interviewees would have enhanced validity of the results.”

(Methodological considerations, p.27)

On page 6, line 29, under the sub-heading 'Semi-structured interviews', why were the interviews conducted in different settings (in person or via Skype)? How can that have influenced the results?

Thank you very much for the comment.

We have conducted only one interview in Skype as we wanted to examine perspective of the international donor, who is based in Geneva.

Unfortunately, because of the time and financial restrictions, we were unable to do it in person.

As long as there were no problems with having follow-up questions or clarification in this particular case, we are sure that this one Skype interview did not have a major influence on the results.

Furthermore, on page 6, lines 42-44, how would carrying out one interview help "gain some understanding of how war affects..."? Why was this particular interviewee selected?

Thank you very much for the comment.

We have selected this research participant, because this participant was coordinating HIV prevention activities (including HIV testing) among key populations in Donetsk region as well as this participant had provided a number of trainings, supervisions and visits of technical support to those few NGOs still working in Dnetsk and Lungansk regions.

We have included this as a limitation.

“We also only interviewed one participant to examine how war affects HIV testing policies.”
(Methodological considerations, p.27)

Why weren't FSWs not interviewed for their views? Was access an issue? However, if the authors/researchers had already worked with AIDS Alliance and other HIV-related NGOs, surely, they would have connections with FSWs and could have utilized the snowball technique to identify and gain access in order to provide a balanced view to the study?

Thank you very much for this comment.

We have interviewed three sex workers. These participants represent self-organized movement of sex workers in Ukraine as well as internationally. As long as self-organized movement brings together different sub-groups of sex workers, we were able to examine different experiences. Moreover, we used the wording “former sex workers” according to the request of our research participants. They though that they could be recognized by some readers in Ukraine, and they do not want to be recognized as sex workers publicly, because of possible legal consequences.

Moreover, because of the time and financial restrictions we were unable to conduct snowball sampling among FSWs in Ukraine.

We have included this as a limitation.

“Furthermore we interviewed three former-sex workers, who represent a self-organised movement of sex workers in Ukraine. Including a larger diversity of sex workers (also from the rural areas) may have provided a broader view.”

(Methodological considerations, p.27)

In the limitation section, the authors state that interviews were only carried out with civil society. However, they don't elaborate on the implications of this on the study findings. Could the authors please clarify the implications?

Thank you very much for the comment.

We have elaborated on the implications of this on the study findings.
“A greater number of interviews and larger diversity of interviewees would have enhanced validity of the results. For example, most of the respondents were working in civil society. While many held different positions, had diverse backgrounds, and drew on various sets of knowledge, the fact that many were situated in this sector may have provided a picture of the overall landscape of programming and policy-making that is skewed towards a civil society-focused interpretation.”

(Methodological considerations, p.27)

Can the authors please elaborate on the process of translation and transliteration, especially, because most of the interviews were carried out in Russian and Ukrainian, subsequently, analysed and reported in English? Can the authors please clarify what steps were taken in order to prevent the meanings from not being lost in translation? How was the validity of the data generated?

Thank you very much for the comment.

Most interviews were conducted in English (N=16).

“Another possible limitation is the decision to conduct most interviews in English with non-native English speakers, which could decrease rapport and the ability to express ideas freely. All the stakeholders, non-native English speakers, when recruited were proposed to use Ukrainian or Russian languages. ”

(Methodological considerations, p. 28)

On page 9, line 37, a space is required between 'including' and 'FSWs'.

Thank you very much for the comment. This has been corrected.
Reviewer #2

This very interesting manuscript of A. Tokar and colleagues describes how HIV testing policies were formed and implemented in the post-Soviet Ukraine. The desk review is comprehensive and of a great value.

Thank you very much for this comment.

However, I have a feeling that mentioning of FSWs' access to HTC services is somewhat artificially brought up and is much weaker than the main body of the paper. I would suggest to talk about key affected populations, including FSWs, if the authors want to pay a specific attention to this group. However, there are no specific HTC services for FSWs - and they are not supposed to exist, as "separation of key affected populations from the rest of the health system" is not considered a positive feature of the vertical health system. I completely agree that discriminatory and mandatory approaches to HIV testing have shifted towards voluntary testing, self-testing and assisted HIV testing, yet stigma remained a persistent barrier to access testing - not only among FSWs, but among all key populations. "Fragmentation of services available to female sex workers" - as here the authors do not talk about specific potential needs of female sex workers but again, about HTC services, I do not see a reason to talk specifically about FSWs - there is the same situation with PWID or MSM. And there are whole chapters in the manuscript where FSWs have not been mentioned even once.

I would focus this paper on the evolution of the HTC system in Ukraine, including services (or access to services) for the key populations (including FSWs), and on the factors that might affect continuity and sustainability of HIV testing services in Ukraine, independently of the FSW group. (By the way, currently, due to the robust network of NGOs, especially in the cities, such populations have much better access to free HTC services than other population of Ukraine).

Thank you very much for the comment.

We agree that there are no specific HIV testing policies in Ukraine for FSWs, rather testing policies are focused on the key populations, including FSWs. Still, policy discourse as well as implementation would differ. For that reason we have discussed broader perspective, yet with focus on FSWs.

Moreover, our desk review (search strategy, data collection and analysis) as well as approach to the SSIs (type of stakeholders invited for the interview, SSIs guide) were specifically designed in order to examine HIV testing among FSWs and not among all key populations. Thus, we could be missing important information regarding PWID or MSM. We have added a paragraph to address this issue in the text:
“This study did not specifically examine HIV testing among all key populations (e.g., MSM and PWID), yet many of the described forms of stigma and discrimination likely apply to these groups as well. We have noted this above, when possible.”

(Discussion section, p.26)

Line 79 - to add "estimated 80,100 FSWs in Ukraine.

Thank you very much for the comment. This has been corrected.

“Currently, there are an estimated 80,100 FSWs in Ukraine, of whom some 7% are living with HIV.”

(Background section, p.3)

Lines 124- 125 - "We collected National Programmes of HIV/AIDS in Ukraine, which have the status of a national law; since 1992, seven policies were issued”. However, only starting with the Program 2009-2013 these HIV/AIDS programs gained status of a national law; before that it was a decree of the Cabinet of Ministers of Ukraine. Thank you very much for the comment.

This has been revised.

“We collected National Programmes of HIV/AIDS in Ukraine, which have had the status of a national law since 2009 (prior to that, the National Programme of HIV/AIDS had the status of a decree of the Cabinet of Ministers of Ukraine).”

(Methods section, Database analysis, p.5)

Sincerely,

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