

## PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Views of policymakers, healthcare workers and NGOs on HIV preexposure prophylaxis (PrEP): a multinational qualitative study
<b>AUTHORS</b>	Ana Wheelock, Andreas B. Eisingerich, Gabriela B Gomez, Emily Gray, Mark R. Dybul and Peter K. Piot

### VERSION 1 - REVIEW

<b>REVIEWER</b>	Lut Van Damme Scientist FHI 360 USA
<b>REVIEW RETURNED</b>	04/05/2012

<b>GENERAL COMMENTS</b>	Interesting and important information.  You may want to add a reference to the early closing of the TDF arm and the vaginal gel arms in the VOICE study. The FEM-PrEP study can be referenced by the presentation given at CROI, March 2012.
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<b>REVIEWER</b>	Virginia Tedrow, MPH Senior Research Program Coordinator Department of International Health Johns Hopkins Bloomberg School of Public Health USA  I have no competing interests.
<b>REVIEW RETURNED</b>	09/05/2012

<b>THE STUDY</b>	<p>The methods indicate that respondents were purposively sampled, but there is no elaboration on how participants were recruited or what specific purposive sampling strategy was employed. Were participants recruited providers from major cities, government run clinics, and/or private clinics? What specific purposive sampling strategy was utilized--maximum variation? criterion? snowball sampling? Any further clarification about sampling and recruitment would be beneficial.</p> <p>Standardization of data collection was mentioned as a strength in the abstract. However, when conducting semi-structured interviews, data collection is certainly less than standardized because interviewers are following a guide, not a structured survey, and are probing on leads as they emerge. Therefore, it is unlikely that any two interviews asked precisely the same questions in a standardized format. This is not necessarily a weakness as it is simply the result of employing exploratory, inductive qualitative research methods.</p>
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	Note: Questions pertaining to having a clear outcome measure and presenting statistical results were left blank as these questions are not applicable to qualitative research.
<b>RESULTS &amp; CONCLUSIONS</b>	<p>Were there major differences between the responses of NGO, healthcare, and policymaker participants? The results section and subsequent tables seem to indicate that responses were similar across participant types. If differences existed, expounding upon these differences could be important so as to highlight the potentially disparate priorities of the stakeholders in regards to their willingness and motivation to implement PrEP.</p> <p>It is important to note that 41 participants had no awareness of PrEP. It is unclear whether these interviews were terminated once this lack of awareness was revealed, or whether they were excluded from analysis.</p>
<b>REPORTING &amp; ETHICS</b>	<p>I am just concerned with the following sentence: "They were also provided with a comprehensive interview manual... and a consent form in countries where local ethical approvals required this." (pg. 4, lines 39-42). Was a consent form provided only when deemed necessary by the local IRB, or did all participants receive a consent form and provide written or oral consent? Any clarification would be helpful.</p> <p>Note: For the first question under the category of Reporting and Ethics, I have left this question blank since there is no reporting statement or checklist for qualitative research.</p>
<b>GENERAL COMMENTS</b>	<p>This is well-written research article on an extremely important topic. Given the magnitude of collaboration between policymakers, NGOs, providers, and PrEP users that will be necessary to roll out PrEP in an efficient, effective, and human rights promoting manner, conducting formative research, such as presented in this article, is essential. I have noted a few minor criticisms, but overall, this study is a valuable contribution to the ongoing dialogue surrounding PrEP and the future of HIV prevention.</p>

### VERSION 1 – AUTHOR RESPONSE

Reviewer 1: Dr Lut Van Damme

Interesting and important information.

You may want to add a reference to the early closing of the TDF arm and the vaginal gel arms in the VOICE study. The FEM-PrEP study can be referenced by the presentation given at CROI, March 2012.

◇ We have included the suggested references in the introduction (p.4)

Reviewer 2: Dr Virginia Tedrow

I have no competing interests.

The methods indicate that respondents were purposively sampled, but there is no elaboration on how participants were recruited or what specific purposive sampling strategy was employed. Were participants recruited providers from major cities, government run clinics, and/or private clinics? What specific purposive sampling strategy was utilized--maximum variation? criterion? snowball sampling? Any further clarification about sampling and recruitment would be beneficial.

◇ We have provided a more detailed description of our sampling and recruitment strategy in the methods (p.4), and have added the locations where healthcare workers were recruited as a footnote in Table 1.

Standardization of data collection was mentioned as a strength in the abstract. However, when conducting semi-structured interviews, data collection is certainly less than standardized because interviewers are following a guide, not a structured survey, and are probing on leads as they emerge. Therefore, it is unlikely that any two interviews asked precisely the same questions in a standardized format. This is not necessarily a weakness as it is simply the result of employing exploratory, inductive qualitative research methods.

◇ We clarified in the text that the interview guides and local interviewers' training were standardised (p.4).

Were there major differences between the responses of NGO, healthcare, and policymaker participants? The results section and subsequent tables seem to indicate that responses were similar across participant types. If differences existed, expounding upon these differences could be important so as to highlight the potentially disparate priorities of the stakeholders in regards to their willingness and motivation to implement PrEP.

◇ Overall, we found no major differences between the responses of policymakers, healthcare workers and NGOs. Yet policymakers and healthcare workers were often better at detailing the benefits of PrEP than NGO representatives. We have included a sentence in the discussion section to emphasise this point (p.10).

It is important to note that 41 participants had no awareness of PrEP. It is unclear whether these interviews were terminated once this lack of awareness was revealed, or whether they were excluded from analysis.

◇ The 41 participants who had no awareness of PrEP were included in the sample. To clarify this point we have stated that all participants were provided with a minimum level of background knowledge about PrEP and 41 participants were not aware of PrEP before the interview took place (p.4 and p.6).

I am just concerned with the following sentence: "They were also provided with a comprehensive interview manual... and a consent form in countries where local ethical approvals required this." (pg. 4, lines 39-42). Was a consent form provided only when deemed necessary by the local IRB, or did all participants receive a consent form and provide written or oral consent? Any clarification would be helpful.

◇ We have specified that all participants provided verbal consent, in addition to the written consent required by some local IRBs (p.4).

This is well-written research article on an extremely important topic. Given the magnitude of collaboration between policymakers, NGOs, providers, and PrEP users that will be necessary to roll out PrEP in an efficient, effective, and human rights promoting manner, conducting formative research, such as presented in this article, is essential. I have noted a few minor criticisms, but overall, this study is a valuable contribution to the ongoing dialogue surrounding PrEP and the future of HIV prevention.

#### VERSION 2 – REVIEW

<b>REVIEWER</b>	Virginia Tedrow, MPH Senior Research Program Coordinator
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	Department of International Health Johns Hopkins Bloomberg School of Public Health USA  I have no competing interests.
<b>REVIEW RETURNED</b>	16/05/2012

<b>GENERAL COMMENTS</b>	The authors have adequately addressed all concerns previously raised; therefore, I have no further comments.
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