

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Preferences and access to community-based HIV testing sites among men who have sex with men (MSM) in Côte d'Ivoire.
AUTHORS	Inghels, Maxime; Kouassi, Arsène Kra; Niangoran, Serge; Bekelynck, Anne; Carilon, Séverine; Sika, Lazare; Koné, Mariatou; Danel, Christine; Degrées du Loû, Annabel; Larmarange, Joseph

VERSION 1 – REVIEW

REVIEWER	Claassen, Cassidy University of Maryland School of Medicine, Center for International Health, Education, and Biosecurity
REVIEW RETURNED	08-Nov-2021

GENERAL COMMENTS	<p>Summary This paper uses an RDS telephone survey to assess preferences for HIV testing locations among MSM in Cote d'Ivoire. Overall this is an important group and reaching them with HIV testing services is critical. The authors found some interesting associations between those who prefer MSM dedicated services vs. standard health services. Overall it is a very well-written paper, with strong analyses and methodology, though the dataset itself limits conclusions. This study sheds important light on preferences among MSM and how different specialty services may increase HTS among MSM in West Africa.</p> <p>Strengths</p> <ul style="list-style-type: none"> • Paper is well-written, with very strong scientific writing throughout. • Statistical analyses are well done and presented well. • Authors demonstrate good compliance with STROBE criteria. • Methodology is unique, and according to the authors the first of its kind. Additionally this fostered good representation of MSM from rural areas, which is hard to do. <p>Weaknesses</p> <ul style="list-style-type: none"> • The outcome of interest that was analyzed was preference for MSM dedicated services vs standard health services. While this is of interest, the paper
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	<p>would have been stronger if other outcomes were also included, such as HIV test result or PrEP uptake. However it seems like this may not have been possible due to the nature of the telephone data collection.</p> <ul style="list-style-type: none"> • Authors should elucidate the difference between an MSM who identifies as a woman versus as a trans woman. If these are not the same thing then clarification is needed. • Authors are too dismissive of community or mobile testing approaches to MSM as these have been highly successful in other areas. • What about preferences for HIV self-testing? This is an omission, and if not covered in the data then should be addressed in the Discussion. • Authors claim a novel methodology in their application of telephone RDS survey. If this is indeed the case, they should expound on this further in the Discussion. What are the strengths and weaknesses of this approach? What are implications? Should other studies take up this approach moving forward? <p>Recommendation</p> <ul style="list-style-type: none"> • Accept following minor revisions to address the above comments.
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REVIEWER	Conserve, Donaldson George Washington University School of Public Health and Health Services
REVIEW RETURNED	07-Feb-2022

GENERAL COMMENTS	<p>Reviewer comments General comments.</p> <ul style="list-style-type: none"> • The paper is well written with a suitable and precise title • The organization of the manuscript and the flow is easy to understand • Good grammar and style have been deployed <p>Please review the following specific sections SNo. Paragraph No. Comments</p> <ol style="list-style-type: none"> 1. 121-123: Rewrite well the strengths of the study. You may need by writing that..." the strengths of this study are...." 2. 152: The MSM prevalence rate of 18% is important to have been stated and the need for repeat testing for MSM. The WHO guidelines should be referenced since the citation provided was a CDC report. 3. 194: Highlight that the financial incentive offered as compensation to those participants who referred participants. It may be specified whether for airtime, transport or for just their time in facilitating the referrals. 4. 233: The specific age group should be captured and not under 30 years old 5. 298: Strong discussion here, you may need to add a reference on other studies if any, which have shown low uptake/access of CBTS 6. 339: The strength of the study is well highlighted, and you may need to add statement or few words on network coverage for voice
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	<p>calls in rural parts of the country.</p> <p>7. 343: Specific age representing the young MSM can be specified</p> <p>8. 345: Follow up on 343, the specific same age group may be quoted.</p> <p>9. 377: Government and other relevant stakeholders relevant in policy formulation and implementation will be a good statement instead of political stakeholders.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

1. The outcome of interest that was analyzed was preference for MSM dedicated services vs standard health services. While this is of interest, the paper would have been stronger if other outcomes were also included, such as HIV test result or PrEP uptake. However it seems like this may not have been possible due to the nature of the telephone data collection.

This is a relevant comment, but since the data was collected in 2018-2019, PrEP or HIV-self testing were not publicly available in Côte d'Ivoire. At that time, only one clinical trial was investigating PrEP efficacy in Cote d'Ivoire, and another research programme investigating HIV-self testing uptake was yet to be launched. We add the following sentence in the discussion section.

I.368: “Other data related to pre-exposure prophylaxis or HIV self-testing uptake were not collected since both were not publicly available in Cote d'Ivoire during the survey implementation.”

2. Authors should elucidate the difference between an MSM who identifies as a woman versus as a trans woman. If these are not the same thing then clarification is needed.

In the questionnaire, participants were asked which term was the most relevant to define themselves between “Man/Woman/Transgender”. In fact, the survey had detailed questions about gender and sexual orientation identities, including open questions, multichoice questions exploring 24 local and international term, and two closed questions forcing participants to chose one term between “homosexual” “bisexueal” and “heterosexual” and one term between “man”, “woman” and “transgender”. These two last questions correspond to the most common questions included in surveys conducted among MSM in sub-Saharan Africa over the last 15 years.

In a separate analysis submitted elsewhere and currently under review, we explored in detail the different identities and terms preferred by participants. In particular, we show that for most MSM there is no clear distinction between sexual orientation and gender identities and that most men prefer terms referring o a gendered sexual orientation, in particular to ‘woubis’ (feminine, bottom) and to ‘yossis’ (masculine, top).

If some MSM answering “woman” or “transgender” at the question of gender identity are really engaged in a gender transition process, most are, in fact, men playing the feminine and the receptive role within the relationship.

The current paper is not centered on gender identities, and we decided to report gender identity as reported by the participants without overinterpreting it. As three different choices were offered to participants (man / woman / transgender), the same three options are reported in Table 1.

3. Authors are too dismissive of community or mobile testing approaches to MSM as these have been highly successful in other areas.

We have to admit that we are a bit surprised with this comment as we actually highlight the benefit of the community and mobile test targeting MSM in several parts of the paper:

I.136: “To enhance access to HIV testing among MSM, community-based HIV services for MSM have been advocated by the World Health Organization (WHO) (1). [...] These venues enable MSM to experience an environment frequented by their peers where they can express themselves freely (7,8). Moreover, several studies show that testing in MSM-specific community venues can reach highly HIV-exposed MSM (9–12).”

I.294: “Our results show that MSM-CBTS are relevant since they are well accepted and frequented by a large part of the MSM population. MSM-dedicated sites also seem to enable repeat testing since knowing of or visiting an MSM-CBTS site was associated with a higher number of HIV tests in the past 12 months. Many other studies have shown that community HIV testing is relevant and allows broad and frequent testing among MSM (9–12).”

In addition, we emphasize now on that aspect in the conclusion section:

“MSM-focused community-based HIV testing sites are relevant and reach a large part of the MSM populations. However, the majority of MSM do not access these sites. The lack of information and the stigmatizing social environment challenge access to these sites [...]”

4. What about preferences for HIV self-testing? This is an omission, and if not covered in the data then should be addressed in the Discussion.

As explained in 1., HIV self-testing was not publicly available in Cote d'Ivoire at the time of the survey. We add the following sentence in the discussion section.

I.368: “Other data related to pre-exposure prophylaxis or HIV self-testing uptake were not collected since both were not publicly available in Cote d'Ivoire during the survey implementation.”

5. Authors claim a novel methodology in their application of telephone RDS survey. If this is indeed the case, they should expound on this further in the Discussion. What are the strengths and weaknesses of this approach? What are implications? Should other studies take up this approach moving forward?

We thank the reviewer for his interest in this new methodology. Since it was not the focus of that paper, we published another paper that describe in more detail the advantages and limits of that specific methodology:

I.170: “A detailed description of our survey methodology with its advantages and limits has been published elsewhere (29).”

I.334: “Regarding the methodology, our survey is, to our knowledge, the first RDS worldwide when both interview and peer recruitment are conducted by phone (29).”

Reviewer: 2

1. 121-123: Rewrite well the strengths of the study. You may need by writing that...” the strengths of this study are....”

Thank you for this comment, ~~w~~. We separated both strengths and limitations for more clarity:

Strengths of this study

- This is the first respondent-driven sampling (RDS) survey where both the peer recruitment and the interview were conducted by phone.
- The survey included various types of MSM, including those who lived far from the big cities.
- Analysis have considered the RDS design of the study.

Limitations of this study

- Seeds were selected from MSM NGOs, which may have caused selection bias.
- Like other RDS methodologies, our survey failed in recruiting older MSM.

2. 152: The MSM prevalence rate of 18% is important to have been stated and the need for repeat testing for MSM. The WHO guidelines should be referenced since the citation provided was a CDC report.

We add the following WHO related guidelines citation as suggested:

“WHO, UNAIDS. Guidance on provider-initiated HIV testing and counselling in health facilities. Geneva: World Health Organization; 2007. »

3. 194: Highlight that the financial incentive offered as compensation to those participants who referred participants. It may be specified whether for airtime, transport or for just their time in facilitating the referrals.

We amended the methods section as follow:

I.196: “At the end of the interview, these participants were invited to refer up to 3 other MSM from their acquaintances. A financial incentive of 1,500 FCFA (2.5 US dollars) was sent to the participant using a telephone cash transfer for each referring participant who completed the questionnaire. This incentive was offered as compensation for their time in facilitating the referrals.”

4. 233: The specific age group should be captured and not under 30 years old

We amended the line as suggested:

I.234: “In our sample, MSM were mainly young (89.7% were between the ages of 18 and 29), and 94.4% reported a secondary or higher level of education (Table 1).”

5. 298: Strong discussion here, you may need to add a reference on other studies if any, which have shown low uptake/access of CBTS

Unfortunately, there is limited publication on CBTS uptake in West Africa. We found one that we added in the discussion section:

I.301: “Despite the benefit of community-based HIV testing, our results show that access to an MSM-dedicated HIV testing site remains low, as only one-third of respondents had ever visited such places. While another survey conducted in Côte d’Ivoire suggests higher access to HIV testing sites dedicated to MSM, this survey focused on only five cities with well-known MSM-related NGOs and thus may not be nationally representative (33).”

6. 339: The strength of the study is well highlighted, and you may need to add statement or few words on network coverage for voice calls in rural parts of the country.

Thank you for this comment. We added the following sentence in the result section:

I.340: “While network coverage for voice calls may be poor in some remote areas of Côte d’Ivoire, the number of unreachable respondents remained quite low (<5%) in our survey, suggesting a limited effect of network coverage issues (29).”

7. 343: Specific age representing the young MSM can be specified

We amended the sentence accordingly:

I.349: "The majority of MSM in our sample were **mainly young (i.e., 18-29 years old)**, with very few above 30 years old."

8. 345: Follow up on 343, the specific same age group may be quoted.

We amended the sentence accordingly:

I.351: "Although our methodology is innovative, it failed to recruit older MSM **(i.e., 30 years old and over)**, similar to other MSM-related surveys conducted in sub-Saharan Africa (26,27,41)."

9. 377: Government and other relevant stakeholders relevant in policy formulation and implementation will be a good statement instead of political stakeholders.

We amended the sentence accordingly:

I.387: "**If the government and other relevant stakeholders in policy formulation and implementation** focus on MSM community sites to reach MSM populations, they should not neglect other HIV testing settings. Maintaining undifferentiated HIV testing sites and training healthcare workers to address MSM-related needs in these sites are recommended."

VERSION 2 – REVIEW

REVIEWER	Claassen, Cassidy University of Maryland School of Medicine, Center for International Health, Education, and Biosecurity
REVIEW RETURNED	14-Mar-2022

GENERAL COMMENTS	No further comments, recommend acceptance.
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REVIEWER	Conserve, Donaldson George Washington University School of Public Health and Health Services
REVIEW RETURNED	24-Mar-2022

GENERAL COMMENTS	The authors have addressed all of my comments.
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