BMJ -
Decision on
Manuscript
ID
BMJ-2018-
048110

Body: 11-Feb-2019

Re: # BMJ-2018-048110
"Increasing male engagement in Prevention of Mother-to-Child Transmission of HIV: What works in sub-Saharan Africa?"

Dear Dr. Aliyu,

Many thanks for submitting the above paper to BMJ as part of an intended collection focussing on PMTCT (VT). I am working with my colleague Paul Simpson on the collection.

The paper has now been sent out for external peer review to three reviewers, and I have discussed the decision with Paul. In light of the reviews, we aren't able to make an offer of publication at this stage but would like to invite you to revise and resubmit, having responded to the reviewer and editors' comments. Ideally, we would like to ask if you can submit the revision within around four weeks (ie by 11th March), but if there are likely problems with this, do let me know.

The reviewers' and editors' comments are at the end of this letter, and I hope you find them constructive.

When submitting your revised manuscript please provide a point by point response to our comments and those of any reviewers. We also ask that you keep the revised manuscript within the word count of 1800-2000 words.

Please note that resubmitting your manuscript does not guarantee eventual acceptance, and that your revision may be sent again for review.

Once you have revised your manuscript, go to https://mc.manuscriptcentral.com/bmj and login to your Author Center. Click on "Manuscripts with Decisions," and then click on "Create a Revision" located next to the manuscript number. Then, follow the steps for resubmitting your manuscript.

You may also click the below link to submit the revised files. If you use the below link you will not be required to login to ScholarOne Manuscripts.

If accepted, your article will be published online at bmj.com, the canonical form of the journal. Please note that only a proportion of accepted analysis articles will also be published in print.

I hope you will find the comments useful. Please don't hesitate to contact me if you wish to discuss this further.

Yours sincerely, Emma

Emma Veitch, PhD
Associate Editor, The BMJ

REVIEWERS' COMMENTS:

Reviewer: 1

Recommendation:

Comments:
The paper is very relevant and useful to patients/carers and beyond. As it is beneficial health outcomes to the family too. It is timely and addresses a key area that has a significant impact on the progress and potential success in ending the vertical transmission of HIV. The questions addressed in the paper are very relevant to patients and carers.

One of the topics that could be explored further is the issue of Health Care Provider attitudes being a barrier to male partner involvement. It would be helpful to include recommendations as to how this can be addressed, or share examples of good practice. This is because there is a really good focus on enablers from the male point of view though not so much addressing the HCP angle.

It would also be helpful to have a recommendation on how to address the barrier of Government policies that fail to prioritise or accommodate male involvement.

It would also be good to further highlight the importance of Community and Community Leaders' meaningful involvement in suggesting or recommending enablers to address the barrier of prevention of vertical transmission teachings which are in conflict with socio economical and cultural norms.

The interventions suggested and guidance given can be readily taken up by patients/carers, particularly where there are robust structures in place to reach those patients/carers who may not be so motivated or who have additional challenges/barriers that prevent them from being involved.

The outcome measures described/measured in the study are important to patients/carers.
The paper is timely and very relevant. The recommendations/interventions/guidance is clear and can be incorporated into in-country systems.

Re: Further strengthening. The authors could consider using language that is less stigmatising towards mothers living with HIV. So for instance, using terms such as Vertical Transmission of HIV instead of Prevention of Mother to Child Transmission, as this term tends to place the onus, blame and responsibility on the mother alone. Another term they might consider using is Ending... rather than Elimination of… See a couple of suggested references below:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3499898/
http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

The involvement of patients/carers in the study does not seem to be clearly mentioned. If there was, it is not very explicit. And if they were involved, it is important to outline this, as well as how and at what level/stage they were involved. A key way of improving this is meaningfully involving patients/carers throughout the life-cyle of the study and in particular involving them as co-authors-where this is possible. (It maybe well be that they were involved, however, this is not very clear on reading the paper. It will be helpful to clarify or at least highlight this).

Additional Questions:
Please enter your name: Angelina Namiba

Job Title: Associate Project Manager

Institution: Salamander Trust

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests <A HREF='http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests'target='_new'> (please see BMJ policy) please declare them here:

Reviewer: 2

Recommendation:

Comments:
Reviewer feedback
LENGTH: Article is within the recommended length. However, the introduction exceeds the recommended word limit.
PRESENTATION: Short title not provided. The single italicised sentence doesn't convey the key message of the paper.
The body of the text is well broken into subheadings

EVIDENCE BASE
Overall impression:
The topic is suitable to stimulate discussion, raise debate and air controversies. However, there are some important comments they authors should consider in order to make the paper more relevant to a general readership.
Introduction:
1-Some of the statements are not backed by references. The authors should reference the first two statements. In the second sentence, the authors make mention of compelling evidence. Where's the compelling evidence coming from? From systematic reviews? RCTs? The two studies that have been referenced at the end of the 3rd sentence are cohort studies in which case enough adjustments for confounders were not made. Authors should either remove the word "compelling" or make sure more studies with quality evidence are referenced.

Challenges in studying male partner involvement:
In this section, the authors raised some very strong points to support their case but, in some instances, not enough evidence was given to support their claim.
Firstly, the first challenge in male partner involvement should be the varying definitions of male partner involvement. Authors should have argued here that many definitions of male partner involvement lack the consideration of the intersectionality theory/approach which considers male partner involvement as an intersection of social norms, systemic forces and power dynamics. In addition, many definitions of male partner involvement don't consider the temporal variation of male partner involvement over time. Male partner involvement should be seen as dynamic and changing over time. In general, authors should have mentioned that in order to plan interventions that work, a

deeper understanding of male partner involvement is needed. There's a study that has been conducted in Burkina Faso on this and will be published anytime soon.
One challenge in male partner involvement that the authors didn't mention is the lack of robust studies on the impact of male partner involvement on the uptake of PMTCT services. There are very few RCTs and even when cohort studies are published, there isn't adjustment for confounders. These challenges ultimately affect the quality of findings even when systematic reviews are conducted. Furthermore, the lack of uniformity in the studies introduce a lot of heterogeneity, making it difficult to reliably pool the findings together in a meta-analysis.
In page 6 line 45-46, the authors should provide more evidence to support their claim that unitary interventions are "unrealistic".
Bundled interventions: The authors failed here to mention that there might be some evidence to support the effectiveness of bundled interventions, but no robust cost-effectiveness analysis has been conducted to factor in the cost component. In many settings in sub-Saharan Africa, we can't overlook the cost of interventions as well.
Unintended effects: Good argument here. However, they failed to mention that in some cases, the expectations of women can be somehow contradictory, given their concern regarding their loss of privacy if men were allowed into their space. This controversy is important to stimulate discussion on how pre and post-natal care can be re-organized.

Available evidence from individual studies

The authors presented a good case on the use of bundled interventions that integrate male partner involvement. However, they didn't mention how the use of community health workers, male champions and other community liaison officers can impact these bundle interventions.

Page 8, lines 35-50. The authors should explain why they singled out community education and sensitization. Community education and sensitization and usually part of a bundle of community interventions.

Evidence from systematic reviews and meta-analyses

Page 9, lines 5-6. The authors have mentioned that more rigorous analyses of male partner involvement are needed but didn't explain why. There was no critical appraisal of the studies by Brusamento et al and Takah et al.
The authors also missed a systematic review published by Manjate et al.
Here is the link https://www.ncbi.nlm.nih.gov/pubmed/26726756

CONTRIBUTORS and SOURCES:
Sources of information used in preparing the manuscript were not stated.

BOXES/TABLES/FIGURES: Good
REFERENCES: More than 20 references used. No need to include the "dio" in the Vancouver style.
Ref #18: The journal title isn't italicised.

KEY MESSAGE BOX: Authors should include a message box with 2-4 "take home" messages.

Additional Questions:
Please enter your name: NOAH TAKAH FONGWEN

Job Title: Senior Research fellow

Institution: London School of Hygiene and Tropical Medicine and Africa CDC

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests <A HREF='http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests'target='_new'> (please see BMJ policy) please declare them here: No competing interests.

Reviewer: 3

Recommendation:

Comments:
This analysis piece argues that suboptimal performance of PMTCT programs in sub-Saharan Africa (SSA) is related to suboptimal male involvement in the cascade of ANC and post-natal care. While the idea to improve male partner involvement in PMTCT programs itself is not novel, the authors provide a useful summary of the literature, and important suggestions for how to increase male involvement going forward.

Nevertheless, the analysis can be improved by addressing the following issues:
Introduction:
1) The argument hinges on the assumption that increasing male involvement will improve all steps of the PMTCT cascade, but there was only one sentence in the introduction describing this literature, with only 2 references covering all the following domains: increasing in HIV testing, ART initiation and adherence, HIV communication and prevention, decreases in new infant HIV infections, and increases in HIV-free infant survival. I suggest that they bolster their review of the beneficial impacts of male involvement in PMTCT by providing a little more specificity in the introduction when the concept is first introduced.
2) Additionally, more nuance can be provided as to the type of "male involvement" referred to in the introduction. For instance, there is likely a difference between a partner agreeing that their pregnant partner should go to ANC clinic, versus accompanying them to visits, encouraging testing and uptake of ART and actively supporting ART adherence. This point is alluded to later when they describe "varying definitions of male involvement" but should be brought up early so that the reader knows what is meant by "male involvement" from the outset.

Challenges in studying male partner involvement in PMTCT
3) In the section on "low background involvement of males in antenatal care", the authors focus on ANC clinic attendance only, but not the involvement of males in other steps in the PMTCT cascade.
4) In the section on "Varied socio-cultural contexts, including gender roles and power dynamics", it is not clear whether the authors are referring to differences in socio-cultural issues between settings, or on socio-cultural issues that may be relevant to many settings. The arguments can be clarified here.

5) Section on "varying definitions of male involvement", when the authors discuss "the ideal level of male partner involvement", is there any evidence on what that ideal level is, and whether it is different according to the different steps along the cascade of care?
6) In the section on "Male partner involvement strategies as a component of bundled interventions:" The first sentence (page 7, line 20) is not clear as written, and should be reworded.
7) Line 37 on page 7: What type of "male partner involvement" increased as per discussion on varying definition of male partner involvement"?
8) Section on "unintended effects": Have some or all of the unintended effects described in this section been demonstrated in studies, or are these more hypothetical concerns?

Available evidence from individual studies:
9) It would be helpful if the authors describe what type of male involvement was included in each of the interventions presented. This is done in some but not all of the studies discussed.

What changes do national HIV/PMCTC programs need to institute?
10) While the authors make some important and helpful recommendations here, since this is the heart of the analysis, I believe this section can be further expanded and enriched with more detailed recommendations.

Conclusion:
11) I think an expanded discussion of next steps in research can be helpful here or in the previous section (perhaps expanding some of the ideas listed in Box 1).

Additional Questions:
Please enter your name: Sheri Weiser

Job Title: Associate Professor of Medicine

Institution: UCSF

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: Yes

Funds for a member of staff?: No

Fees for consulting?:

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests <A HREF='http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests'target='_new'> (please see BMJ policy) please declare them here: No competing interests
I obtain funding from NIH and other non-governmental organizations for my research.

Date Sent: 11-Feb-2019