Reviewer's report

Title: Feasibility of HPV vaccine delivery in Vietnam: evidence from a government-implemented demonstration program

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Reviewer: Sandra Mounier-Jack

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This is a useful paper that presents programmatic and some systemic lessons learned of HPV vaccine introduction in Vietnam. It is a qualitative study conducted over two years of the implementation of a pilot HPV vaccination programme.

Overall the paper brings useful evidence, but would benefit from more in-depth analysis of the data that was collected.

The methods are well explained and show rigor in the collection and analysis of data. However it would be useful to explain:

- The choice of Focus group discussions versus interviews especially as the method used changed a lot between year 1 and 2 (year one, mostly interviews, and year 2 mostly FGD).
- Explain how the issue of language and translation was handled
- Specify the how many FGDs were conducted by types of participants (health workers, community mobilizers and teachers)
- Provide numbers interviewed/FGD numbers by delivery strategy (health centre and school based) and if possible by geographical level.

The paper states its objective is to investigate on the feasibility of delivery strategies for HPV vaccine in Vietnam but tends to report principally on the school programme delivery approach. It would be very valuable to contrast the two delivery strategies and explain:

- First describe the context in which the strategies were selected (was the choice of strategy intentional because it responds to a specific context or random?; did they have the same level of communication, social mobilisation; did they involve the same actors; what was the measured coverage rates for both? How was information provided to parents in both strategies..)
- Second whether findings showed how these two strategies had (or not) a different impact on the various health systems functions (routine delivery HR,...). This would be particularly interesting to understand whether the two strategies had different effect on service reduction and workload.
- Likewise we would like to know whether there were any differences in findings depending on the geography (mountainous, rural, urban) or the coverage level (high, low) since this is how the facilities were originally sampled based on this
frame.

- Did they find differences between years one and two of implementation?

A summary analytical table by delivery strategy would be helpful and enrich the paper.

The discussion is adequate and draws on the relevant literature. Worth noting that although Vietnam is a low resource setting, its EPI is strong.

Other minor points:

Page 12, 12 communes were randomly selected each year: were they the same 12 selected each year, or different 12 ones each year? Did they all have the two types of strategies?

Page 13: mention is made of reduced services: can you add more detail on the type of services that were reduced and if possible the scope of reduction?