Reviewer's report

Title: Reproductive health services for populations at high risk of HIV: Performance of a night clinic in Tete province, Mozambique

Version: 1 Date: 11 February 2010

Reviewer: Amy Tsui

Reviewer's report:

This paper describes the performance of a night clinic services in a Mozambican province, dedicated to provide HIV/STI to high-risk populations (FSWs, truck drivers, etc.). The paper’s larger question is whether such a service delivery model is effective in reaching the risk population, offers an appropriate range and quality of services, and can be financially sustainable over the long-term. The researchers rely on key informant interviews and focus group discussions (not clear when these were conducted) and 2004-2007 clinical service statistics and cost data.

Major Compulsory Revisions, If a Research Article

1. As an evaluation effort, the study design lacks a comparison clinic. It’s quite possible another clinic on a transportation route in a high STI/HIV risk setting could perform as well and possibly better should stigma or daytime hours prevent potential clients from attending.

2. The manuscript describes a model clinic’s performance over a relatively short period of time. On the basis of health and human rights, a dedicated model is justified. On the basis of economic equality, the evidence is not compelling enough. First, the authors need to confirm that their count of the # of clients is in fact clients as opposed to client visits. Were the clinic records accurate enough to differentiate unique clients from client visits? How often did clients return on average? Did new and return client visits increase over time?

A monthly operating cost of €788 (Table 3 but abstract says €789) is close to €8400 per year which is non-trivial for Mozambique’s government health budget. Scaling up such a model to reach other areas with MARPs would be requisite for expanding public or private sector involvement and economies of scale would likely alter the delivery model, whether in terms of fees, staffing or services.

I calculate the per client cost, using only 115 STI clients, at nearly €7. Are the counseling/education clients uniquely different from the STI clients? Whether €3 or €7, the per capita amount is greater than the per capita health expenditure in the country.

3. It would help if the paper also provided information on the service capacity of the clinic – how many clients can be served per operating hour or by peer educators? It is difficult to get a clear sense of whether the clinic became
overstretched in serving this population over time or not.

4. It would also help if the paper discussed data quality issues, particularly any associated with client record data. Were there unique client IDs?

Minor Essential Revisions
1. p.9 first quote: This quote undermines the argument for clinic cost-efficiency and effectiveness. If the clinic is not well attended, it’s not likely to be cost-efficient or effective.
2. Table 2 title: Clinic “attendants” should be clinic “attendees”.
3. Table 3: the title should read “Monthly clinic costs…” the periods covered in each column vary, and the last column is for 3 months in late 2007 but is used to reflect operating costs (in the abstract). How accurately do these 3 months reflect actual costs?
4. The latest cost data are for 2007; why do the data end in this year and not later?

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.