Reviewer's report

Title: Realities of Replication: Implementation of Evidence-Based Interventions for HIV Prevention in Real-World Settings

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Reviewer: Charles Collins

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Realities of Replication: Implementation of Evidence-Based Interventions for HIV Prevention in Real-World Settings

Major Compulsory Revisions:
1. None were noted

Minor Essential Revisions:
1. Page 13, line 9: the word ‘rather’ should not be capitalized.
2. Table 2 on page 28: repeated the word “without” under types of adaptations (4TH item in the list).

Discretionary Revisions:
1. In the methods section on page 6, the authors report that 381 program packages for 50 unique programs were obtained by potential implementing agencies. The authors may wish to briefly explain what information is included in a typical package. This information would be most helpful in the introduction section. Also, readers would question why an agency needs more than one program package per agency. Since 187 organizations received 381 packages, this is an average of about 2 packages per agency. It is suggested that the authors, in one brief sentence, say why an agency may order 2 packages and whether they received 2 packages of the same intervention or two different interventions.

2. In the methods section on page 8, the procedure is explained that when an agency had ordered more than one package that study staff randomly selected the program about which the participant completed the survey. This procedure ensured that the logistic model was not overly influenced by agencies that had ordered multiple packages. However, this method has limitations that should be expanded in the Limitations portion of the paper. Specifically, as the authors found, agencies may order a package for a number of reasons such as grant writing or to assess goodness of fit with agency culture or community risk and demographics. Thus the decision not to implement one intervention but to implement another may be indicative of a thoughtful process on the part of the agency stakeholders to best serve their target populations and the implementation capacities of their agency and staff. The statistical test and procedures used by the authors were correct in controlling for the influence of agencies that purchased more than one package. However in some cases an
agency that purchases multiple packages may determine an intervention is not suitable for their context and if that instance is selected in the random selection employed by the authors, it would appear that the agency had failed to implement when in fact the agency made a determination not to implement based upon goodness of fit with their prevention needs. This issue needs further elaboration in the limitations section.

3. The final predictive independent variable in the multivariate model was lack of funding. This finding is so logical, evident, and reality based that it does not require much explanation. This independent variable was of sufficient effect that the other bivariate predictors drop out of the multivariate model. However, the lack of funding independent variable is so self-evident that the authors did not fully discuss the other 2 significant bivariate independent variables of the program not meeting the needs of the local population/setting and the lack of a program champion. Given the funding to implement, what might be the barriers to implementation? At this point lack of an intervention champion and poor fit between the intervention and the risk determinants exhibited by the target population would certainly need to be addressed.

4. In several points in the paper the authors mention that a proportion of the agencies implementing a packaged intervention engaged in an evaluation with a comparison group. On page 17 the authors state: “however only a small minority of these (28%) included a control or comparison group suggesting there is room for improvement in study designs.” The HAPPA and PASHA products are marketed as evidence-based products. If this is correct, then why would a CBO need to invest in a comparison or control group design? The intervention they are implementing is already identified as evidence-based. If a CBO evaluates a PASHA or HAPPA product using a comparison group and they find no significant difference in effect, would Sociometrics then determine that the product needs to be taken off the market since a CBO found no significant difference? Are the customers for these products service providers or efficacy researchers? If they are researchers testing the Sociometrics packages, then use of comparison or control groups would be appropriate. If the customers are service providers, then they are not engaged in research and are not trying to prove the efficacy of the packaged intervention. Service providers who implement evidence-based interventions should be expected to conduct outcome monitoring to determine if they see a reduction in risk behaviors in the clients they serve. This is the level of evaluation that is expected of service providers: did their specific clients get better due to their participation in an evidence-based program. The authors should be clear that the customers of these PASHA and HAPPA packaged interventions are service providers and not behavioral science researchers. The level of evaluation capacity these service provider customers should achieve is that of outcome monitoring to determine if their clients reduced risk after engaging in the intervention. The customers of these packages are not researchers trying to demonstrate that the packages work or don’t work using a control or comparison design. This issue becomes more complex if the agency significantly adapts and modifies the intervention so that it is no longer the evidence-based intervention packaged. But again, if an agency purchases a PASHA or HAPPA product and then makes major changes to that product, they
certainly should engage in outcome monitoring using a pre and post design to determine if their program clients make risk behavior changes associated with completion of the intervention. Whether that risk behavior change is fully attributable to the new adapted intervention would require a more complex evaluation design using some comparison condition, but this is often far beyond the evaluation capacity of many direct HIV prevention service providers.

**Level of interest:** An article of importance in its field

**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.