Reviewer's report

Title: A Study of the Rapid Scale-up of a High-Volume Medical Male Circumcision Site, KwaZulu-Natal, South Africa, 2010-2013

Version: 2 Date: 19 September 2014

Reviewer: Anne Thomas

Reviewer's report:

Thank you for allowing me the opportunity to review this article. The article describes the training and service model of an international collaborative focused on VMMC.

Major Compulsory Revisions:

1. There is no question or hypothesis addressed in the article. This is a program description. It describes a partnership which supported training of VMMC providers and service delivery in which, over time, the number of clients coming for VMMC declined and funding for the program was eventually cut due to several reasons.

2. A table of client demographics should be presented by year.

3. On line 130, the authors state that there was a needs assessment done and that “Based on the results of a needs assessment, the male circumcision program was targeted to HIV sero-negative men aged 15-49 years in a catchment area near the clinic of 200,000 men.” It is unclear to me that the focusing of the program was made on the basis of a needs assessment; rather, this was likely due to the Ministry of Health prevention strategy. If there was more of an assessment done, it would enhance the paper to include the methods of the assessment and more of the findings than were presented here.

4. Please provide more details regarding the targeting sero-negative men. Was testing compulsory? Were clients able to get circumcised if they tested HIV positive yet were otherwise healthy? This may have contributed to the decline in clients over time.

5. The authors present monitoring data that is not questioned. Additional data would improve the strength of the paper. Much of the paper describes the staff training that was conducted but the number of clinicians, and their cadre was not provided. Thus, the conclusion that the program was successful could not be evaluated by this metric. Nor were we able to consider the long term effect of the training. Please include the number of VMMCs per clinician performed. Did they just get trained or did they also provide VMMC clinical services?

6. On Line 51, the authors state, “The uptake numbers increased throughout 2010 and 2011 and began to level off as the demand of early adopters was met”. There isn’t any data presented to support this statement. If assessments were done regarding the fall off in demand it should be presented to support this claim.
7. The increases in demand that are said to coincide with the trainings are interesting. Perhaps this was a factor in the demand decline. But this reviewer also wonders if there was a difference in the type of demand outreach that was done for the training periods as compared to non-training period? Perhaps it was a more effective method?

8. The abstract conclusions should be more fully supported by evidence presented in the paper. There is no information about the role of the international collaborative. Why is that more effective than other implementing partner’ models? The abstract and discussion mention the use of vans to transport clients. This would be better placed in the Program Description section. Further, the timing for when the vans started being used would be of interest. Was this done at the end of the project when there was no further funding, or was this not successful in improving uptake of services?

9. Please specify if incentives were provided to VMMC clients and what types.

Minor Essential Revisions:

10. Minor essential Revision: Add the training dates to Figure 1.

11. Line 65: “high level” is awkward. Suggest finding another way to word this.

12. Line 72: suggest adding a few words about how VMMC fits into combination prevention.

13. Line 80: “…in that South African province” is awkward. Suggest editing this.

14. Line 92: “…to educational and health care services” is awkward. We don’t often think about access to schools as “educational services”. Please reword.

15. Paragraph starting at line 96, “In order to increase infrastructure….”. It isn’t clear to this reviewer what role the international partnership had, in particular, in setting up the VMMC services. Was there something special about the composition of the partnership that helped make this successful? If so, please provide more details in the text.

16. Line 132: “converted from small industrial facility”. This is missing an “a”. Also, what type of industrial facility? Was this a factory?

17. Line 154: “for systemic monitoring” should read “systematic”.

18. Line 232: “scientific estimates” should be changed to something like “modeling studies” or something similar.

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.