Reviewer’s report

Title: What do the implementation outcome variables tell us about the scaling-up of the antiretroviral treatment adherence clubs in South Africa? A document review

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Reviewer: Mit Philips

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The article treats a topic of interest, on a changed model of care for ART that will be useful for many actors in health and HIV care.

The methodology used is also interesting.

It could be useful to provide a bit more information on how each of the dimensions is obtained, as this is not immediately clear to those unfamiliar with the methodology.

Also it's less clear how the relative weight of the various dimensions will work out. Certain dimensions might be more important, depending on the context and the ambitions of the programme and there might be trade offs to take into account. Eg coverage might be in tension with sustainability or costs.

In particular in the methodology the fidelity aspect is in particular useful but the reasons for/origin of the difference in implementation is not specified much. It could be interesting to see how the changes are originating from internal pressure to fit with the existing (health or supply) system or rather further improvements based on better results in patient outcomes.

Inclusion and comparison with other models or alternative ways of organising ART pick up, applied outside South Africa would have been useful, as this would offer a larger range of possible approaches. Now the article focuses only on options that 'fit' or are acceptable to the South African system.

In the description and discussion on the adherence club programme, there is some confusion between clinical visits and clinic visits. Normally there are no clinical care acts in the club appointments. This is a key element in experiences outside South Africa.

Also it would be useful to specify or go deeper into the aspect of how reducing the burden on patients by reducing frequency, waiting times etc is approached. The fact that club activities can take up to 1h30 or more seems not such a big reduction in time consuming activity; also the frequency of the contacts seems not so much reduced. To say it is better adapted to 'lifestyle needs' is for me confusing, as this seems to indicate a choice by the patients and not a choice for the health system to be less burdensome because excessive/non-justified demand on patients' time.
As far as my information goes, there might be also some legal restrictions to the roll out of ART clubs outside the health centres; as it is legally required for a nurse or medical staff to transport medicines outside the health centre.

Also it would be interesting to see how the number of patients per club influences the roll out, organisation and logistics of clubs per health centre.

These elements could be interesting to develop in the discussion part.

In fact now there is hardly any discussion, which would provide interesting insights on policy options and future ambitions of changing/improving effectiveness and efficiency of the programme.

There are still some typo's (eg names in references written in different ways), so a re-read is recommended.

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