Reviewer’s report

Title: Evaluation of an HIV-specific rapid response service for community-based organizations in Ontario, Canada

Version: 0 Date: 23 Apr 2019

Reviewer: Angela Melder

Reviewer’s report:

Your paper presents a valuable contribution to the growing knowledge-base about evaluating the impact and satisfaction of users of a rapid evidence review service. As a critical component to knowledge translation, the work described in the paper aligns with the key priorities of the journal. I congratulate the team on the work undertaken within the Rapid Response Service (RRS) and described in the paper.

Some areas that need attending to for refined publication:

General points:

- Needs more emphasis and explanation/discussion about the value of this RRS for progressing evidence informed decision making in community healthcare (in the background)

- As an intermediary for getting evidence to the decision making table of service providers or policy makers, more depth to the discussion about how evidence is used and the impact it has on informing decisions would progress the field further. The authors may wish to consider this point for further publications.

- An explanation or rationale for the evaluation framework would bring depth to the evaluation process

- Figure 1 is very well presented and clearly presents information to the reader.

Detailed issues:

1. The statement starting on line 64 p4 needs a reference, for example see Borah R, Brown AW, Capers PL, et al. Analysis of the time and workers needed to conduct systematic reviews of medical interventions using data from the PROSPERO registry. BMJ Open 2017

2. Rationale for choosing 6 months follow up. Line 109 p6. Although the limitation of a 6 month follow up is addressed (in line 363) I'm not sure why you waited so long to contact your requestors.
3. Line 182 p9, Delete sentence, "Download number for one rapid ...." cannot see why this is useful piece of information.

4. Line 184 p10, Delete five, just write, "The topics of the most frequently downloaded..." Stating "five most frequently downloaded rapid responses" and only listing 4 is confusing and not really necessary.

5. Line 191 p10, Suggested re-write, Twenty-five requestors whose rapid response requests were completed in 2014 or 2015 were contacted for the purposes of evaluation, 23 (92%) requestors responded."

6. Line 244 p12, should read "one participant indicated", not on participant.

7. Lines 256-262 p13, Numbers listed for follow up interviews and their roles doesn't add up correctly to n=18.

8. Lines 296-301 p15, Impact of the RRS. As a manager of a similar evidence service for a large health service, this is one of the most critical aspects of the evaluation or indeed the purpose of the RRS. So it would be interesting to read about how insights for example, from "Moore et al. Health Research Policy and Systems (2018) 16:17 Do policy-makers find commissioned rapid reviews useful?" could be interwoven into the narrative about what your evaluation shows. Could you comment on the instrumental and conceptual impacts your work has had on HIV programs and conditions.

Overall, an important service and evaluation of if it has been described and will inform other similar services and the field of intermediaries in knowledge translation.

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An article of importance in its field

**Quality of written English**
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