This paper presents findings of a qualitative assessment of factors influencing implementation effectiveness and sustainability of strategies for increasing tobacco use treatment in Vietnam health Centers. The paper draws on data collected from a series of interviews conducted with stakeholders post-implementation. Overall, this paper uses strong qualitative methods in accordance with SRQR guidelines and addresses an important problem of global health significance. However, revisions are needed to improve conceptual clarity and to highlight the paper's contribution to the implementation research literature.

Major comments

Introduction

Page 4, Lines 18-23:

18 The control sites received training and a tool kit (i.e., the
19 implementation strategy), which included patient and provider materials and a reminder
20 system to prompt providers to Ask about tobacco use, Advise smokers to quit, Assess
21 readiness to quit, and Assist with brief counseling (4As). The intervention sites received 4As
22 plus a system to Refer patients to a village health worker (VHW) for three sessions of in23
person, manual-guided, cessation counseling (4As+R).

The intervention and the implementation strategy are not clearly delineated in this block of text. Is the "4As" program considered the intervention? Training and a tool kit are referred to as the implementation strategy in the control sites- can the authors map their approach to the ERIC taxonomy or other guidance for specifying implementation strategies? See:


Clearly defining the interventions and the implementation strategies would aid interpretation of the paper. In the intervention sites, having a village health worker providing three in-person sessions seems like a fundamentally different clinical intervention than what is offered in the control sites.

Results

The current structure and reporting of results raises some questions to be addressed by the authors. Lines 113-114:

113 Intervention Characteristics (Implementation Strategies) and Individual
114 Characteristics.

The parenthetical construction here seems to imply equivalence between intervention characteristics and implementation strategies, which is confusing. Further, no compelling rationale is given for grouping intervention characteristics and individual characteristics in this section.

Page 8, Lines 114-116

114 …The main themes that emerged under the intervention characteristics
115 domain were: 1) relative advantage of the intervention, 2) perceptions about intervention
116 complexity, 3) strength of the evidence, and 4) design quality and packaging.

The authors appear to have selected a set of 4 CFIR subheads under intervention characteristics as main themes. (The full set of CFIR subheadings includes internal or external origin, evidence quality and strength, relative advantage, adaptability, trialability, complexity, design quality and presentation, and cost.) Individual characteristics comprise another set of potential themes (Individual Identification with Organization, Individual Stage of Change, Knowledge & Beliefs about the Intervention, Other Personal Attributes, and Self-efficacy).

The emergence of main themes noted in this section seems arbitrary, given the quotes provided. What is the justification for not including elements grouped under characteristics of individuals, one of CFIR's primary domains, as main themes? For instance, a statement like "I got more knowledge on how to advise our patients to quit smoking" on line 121 would seem to relate to self-efficacy.

As another example, Lines 151-152 state:
151 Although a few patients were willing to purchase products, for most,
152 the cost was a barrier in rural areas where "people are not able to afford the medicine"

If this quote is included in the text, why isn't cost mentioned as a theme under characteristics of the intervention?

By contrast, the following section on inner setting is logically structured. The reviewer suggests splitting and restructuring the section on intervention and individual characteristics to address previous comments, and to be consistent with the construction of the inner setting section.
The section on process does not follow the structure of the preceding sections and does not clearly tie quotes to elements of process in CFIR (Planning, Engaging, Executing, Reflecting & Evaluating).

Discussion

Lines 325-326
325Our findings are consistent with the current literature on determinants of 326 implementation effectiveness and sustainability

The references listed here are, by and large, descriptions of frameworks without specific things to say about the study at hand. As such, this statement is not very informative- "our findings are consistent" in what sense? The contribution that this study makes is not clear and could be more clearly articulated.

More discussion on how Vietnam compares to other countries would be helpful to understand the generalizability of the results, implications for other countries seeking to implement smoking cessation interventions, and applicability of the results to other interventions.

Minor comments

The abstract closes with the phrase:
"in order to meet Article 14 goals" - "Article 14" is not a widely known term to a general reader of this journal.

Lines 44-50
44An analysis of the main outcomes for the VQuit study found that the implementation 45 strategies resulted in a significant increase in the primary outcome (i.e., 12 month post 46 intervention provider adherence to the 4As in both study arms and rates of referrals to the 47 VHWs in the CHCs in the 4As+R arm).16 The addition of VHW-delivered cessation 48 counseling to a health care provider's brief cessation advice/counseling (4As+R) resulted in 49 a significant increase in 6-month biochemically-validated smoking abstinence rates 50 compared to provider brief advice/counseling alone (4As).17

These statements, related to the parent trial from which this study derives, are not very informative without seeking out the original papers. More quantitative detail, including effect sizes, would be useful in this segment.

Statements from lines Lines 51-52:
51This paper presents findings from qualitative interviews conducted one-year post 52 intervention.

Vs.
Semi-structured interviews were conducted at the end of the intervention period (i.e., 1 year).

Are somewhat unclear- a timeline might be helpful.

The list of acronyms includes:
- CFIR: Consolidated Framework for Implementation Research
- CHC: Commune Health Centers
- FCTC: Framework Convention on Tobacco Control
- MOH: Ministry of Health
- TDT: Tobacco Dependence Treatment
- VHW: Village health worker

However, there are more acronyms in the paper than are listed in the acronym key. For example-Vietnam Steering Committee on Smoking and Health (VINACOSH). Please spell out all acronyms beyond these 6.

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Please indicate how interesting you found the manuscript:

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