

Reviewer's report

Title: A process evaluation of user fees abolition in two districts in Niger (West Africa)

Version: 1 **Date:** 5 January 2009

Reviewer: Sophie Witter

Reviewer's report:

This is a coherently presented article of interest to all those who follow the user fee debate. Its main failing at present is that it overlooks some recent publications which also focus on user fee abolition and process issues in West Africa. These should be incorporated to give the whole discussion a more rounded tone, reflecting on how far the findings relate to (a) specific features of Niger and its recent history, as well as (b) francophone structures and the role of BI in particular, (c) the implementation modality (NGO support), and (d) more universal issues, such as 'gaming' by health workers. These could then lead into more focussed policy recommendations.

Minor Essential Revisions:

There is some more recent literature on user fee abolition in West Africa that should be reflected in this article, including from a recent Series in Health Services Organisation and Planning (<http://www.itg.be/itg/GeneralSite/generalpage.asp?WPID=528>), which included case studies from Senegal, Burkina and Guinea, as well as other regions. The paper repeats that evidence on implementation of fee removal is scarce, but in fact there is quite a growing body of evidence now.

P. 4.: it would be good to clarify the services for which fees were abolished (e.g. general in Uganda but only delivery in Ghana). The Ghana evidence vis-à-vis equity is also mixed as OOP fell proportionately more for the richer HH, but uptake increased more for the poor.

p.7-8: it would help if the authors could spell out exactly which fees were abolished in the scheme described. This is not stated explicitly.

p. 17 – the authors refer to demand responses. Are there any figures to indicate the scale of the response?

p.23 – same quote repeated twice in paper.

p.23 – methodological limitations – it may be worth thinking here about how much of the findings are linked to the mode of implementation via NGOs (versus state). Would the issues of vertical programming have occurred if the state had funded user fee abolition, as is more common in other countries, for example?

p. 24 – practical strategies section: would be interesting to triangulate the

findings with those of Burkina and Senegal, which also operate BI. Also, how does the experience of the NGO support in two districts relate to the wider national policy of user fee removal, including for caesareans – is there any documentation on these?

p. 26 – ref to HW income increase in Ghana – it is important to note that this was totally unconnected to the user fee abolition – i.e. reflected general pay increases rather than any form of incentive payment.

Some of the references are repeated (different numbers, same text) – e.g. 57 & 58, and there are others.

Language:

There are some terms used in the article which need to be rendered in better English (e.g. ‘medical evacuation’ is more commonly called referral in English, ‘offer’ should be supply). Another example on p. 14 is the term ‘new molecules’ (not sure of its meaning). The whole article could benefit from an Anglophone editor.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

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