Reviewer’s report

Title: The obstetric care subsidy policy in Burkina Faso: what are the effects after 5 years of implementation?

Version: 1

Date: 13 May 2015

Reviewer: Belaid Loubna

Reviewer’s report:

Major Compulsory Revisions

The paper presents the results of an evaluation of a maternal health policy in Burkina Faso. The evaluation aims to assess the impact of this policy on utilization, quality of care, equity and the health system as a whole as well as its cost and sustainability in using a case study approach and mixed methods.

The paper attempts to contribute to increase knowledge in the domain of removal fee exemption’s policies in assessing its impact at a long term on equity and the quality of care. However, the manuscript deserves a very important revision of the literature review in order to demonstrate their contribution on the topic. Indeed from 2011 to 2014 at least 10 articles were published on removal user fees in Low Income countries and in Burkina Faso specifically. Please see follow a list of articles. The list is not exhaustive:

- Dzakpasu, S., Powell-Jackson, T., & Campbell, O. M. R. (2013). Impact of user fees on Maternal health service utilization and related health outcomes: a systematic review. (There is a section on removal user fees)
- Health Policy and Planning, 29(2), 137-150 doi: 10.1093/heapol/czs142
- Contemporaine, 243, 11-32. The book was published in 2014
- Hercot, D., Meessen, B., Ridde, V., & Gilson, L. (2011). Removing user fees for health services in low-income countries: a multi-country review framework for
- 10.1093/heapol/czr063 [doi]

In addition, the manuscript is too ‘ambitious’ in that sense it aims to answer too many objectives that result by describing succinctly the data and their interpretation. Therefore, too many results are presented. It leads the reader to confused and not getting the quintessence of the manuscript.

Furthermore, each section of the manuscript should be more structured.

Minor essential Revisions:

Abstract

- What do you mean by a comprehensive evaluation? Please clarify the type of evaluation that the authors have conducted.
- They are too many objectives and some are not addressed in the manuscript such as the sustainability. Please focus on 2 or 3 objectives and addressed them well in the manuscript.
- In the method section: could you precise the study design that was used in this study and try to better organize the section: in describing for instance the population, the sample size, the methods of collect of data and the analyze.
- Some information are lacking: when the data were collected, how many interviews were conducted in the manuscript.
- In the findings, the authors mentioned ‘hospital with the best level of
implementation of the subsidy offered higher quality of care: What do the authors meant by level of implementation? Please note that the implementation was only analyzed on the costs that households have still to pay.

- Please be careful with the chain of causality of such statement (better level implementation = better quality of care) because a better quality of care is the results of several synergetic factors (availability of drugs, supplies, human resources, skills, humanization of care (quality of care perceived) ect.

- Could you add some statistics to support your statement? For example to show the increase of the rate of facility-based deliveries after the implementation of the policy.

Keywords

- Please change ‘user fees’ with removal of user fees or exemption because the authors are evaluating the impact of removal user fees and not user fees per se
- Delivery cost is not the appropriate term in English.

Background

- Can you precise the ratio of MM

- The implementation of the subsidy was not fully prepared as it is mentioned in the manuscript. Please see the literature cited above.

- This section is lacking too many references to support the statement. Some studies in Burkina Faso were conducted in costs and equity. Please see the references below:

  - Ben Ameur and al. (2012) User fee exemptions and excessive household spending for normal delivery in Burkina Faso: the need for careful implementation. BMC Health service research.


Major Compulsory revisions:

Methods:

- Please precise and clarify the study design of your evaluation because it is not clear in the manuscript. The authors mentioned that is a “study case approach” What is the case: Is the policy or the districts selected?

- Is it a single case study or multiple case studies? Is there any level of analysis embedded? Please clarify and justify your study design.

- The districts selected are not representative of the national diversity of BF because 4 of 6 districts selected are from the West. Therefore, it constitutes a limit of the study.
- Please clarify if you have used a mixed methods approach. It seems the case but it is not mentioned clearly on the manuscript.

- In the data collection: please clarify the methods of collect of data because only the tools are presented in a disorganized way.

- In line 2 the authors mentioned health worker motivation on brackets, it is not clear what this refer to? Is it interviews with health workers?

- Please try to be more structured on this section and gathering the tools with the methods of collect of data and explain for what purpose did you use each tools. The authors mentioned it on the table but not on the manuscript.

- The methods to analyze the quality of care are not sufficient detailed.

- There is no conceptual framework used to analyze qualitative data to make the interpretation of the results much robust.

- Could you precise who are the key informants and why did you choose them and how many interviews did you conducted. These information are present on the table but not on the manuscript.

- Please clarify how did you recruit them for the study and who conducted the interviews.

- In the data management and analysis: for the qualitative data you mentioned the software for the treatments of the data but what type of qualitative analysis have you performed: is it a content analysis, thematic? And it is not clear for what purpose or what objectives the qualitative method was used. Please clarify and justify.

- Concerning the implementation and quality of care, it is not clear what do you stands for these terms.

- What do you mean by degree of implementation and how implementation can affect the quality of care. It seems that implementation refers only on the costs stated in the policy, so if it is the case please be more clear because implementation is more larger concept and is not related only on the costs of the household.

- Same for quality of care: is the technic, drugs, supplies EMOC services or is it the quality of care perceived by the households. Please clarify what you stands for quality of care.

- The indicators of quality are they validated?

- The Analysis of chronological series seems weak. I am not an expert in quantitative analysis; however, the series should be discussed with a statistician. A recent article from Morocco using the same type of analysis seems to be much robust. http://onlinelibrary.wiley.com/doi/10.1111/tmi.2015.20.issue-5/issuetoc

- The following statement "that women from richer households tend to benefit more from caesarean deliveries is well established in the international literature » should be compared to reference17.

- Why did you choose 50 caesarean section and not more or less to choose your
facilities?
- How did you combine the variables and why did you choose and them and not other?

Results:
- The first section of the results is not new. This statement has been said in several articles. Please check above the list of articles.
- In line 6 the authors mentioned that the precise date of implementation is heterogeneous. Please precise the dates of implementation of the policy in the selected districts. It is important information to assess then the trends of facility based deliveries.
- In the section impact of utilization of services: Please mentioned some statistics to assess the proportion of increased facility based deliveries after the implementation of the policy.
- Please clarify what are the untargeted services. The authors mentioned only the medical ward.
- On the section impact of staff, the authors mentioned that the working conditions were improved through the implementation policy. Do the authors have data to support such statement because the national subsidy as it was planned and implemented did not include any advantages in health provider’s conditions? Please describe what are the improvements.
- In the section on impact on facilities and health system: the section is not very clear what component of health facility and health system was targeted by the evaluation and do the authors have data to support their statements.
- Please be more precise: it is mentioned that the policy have resulted to a greater flexibility by making available the financial resources: what was the process and how much was given to the health facilities?
- The last paragraph of the result ‘s section should be supported by data.
- No data are available on the sustainability. Therefore, in the introduction the objective on sustainability should not appear.

In the discussion section:
- The authors should sum up the principle results of the study
- This section should be more structured and subtitles should be added
- In this section, we realized that this evaluation is part of Femhealth’s project; this should have been mentioned from the beginning to better understand in which context the study was undertaken.

In the conclusion:
- The authors mentioned that the manuscript contributed to highlight unintended effect. However, it is not clear on the manuscript what are the unintended effects identified in the manuscript.
- The same for the contribution on “the determinants of implementation” because in the manuscript implementation seems to be reduced only on the costs that households have to pay. Therefore, try to precise the contribution of your manuscript according to the results of your study.

- Recommendations are made towards governance. However no data from the study are presented on the manuscript to support this recommendation. Please try to reformulate your recommendations based on your results of your study.

References:

- Lots of references are lacking on the literature on removal user fee ‘s policies. Please update your review of literature and discuss the articles with your results.

Minor Essential revisions:

Language

- The manuscript should be revised by a professional English editor

- Please check the term “deliveries” is not the appropriate term. Other terms such as “facility based deliveries”, “skilled birth attendant” would be more suitable.

- Please reformulate the following sentence: concerns include that the amounts paid by households are higher than the rated set by the policy, and 7% households still say that they cannot afford to pay.

Tables/ Figures

- In the table 1: what do you mean by structured household interviews? Is it a questionnaire or a real qualitative interview?

Level of interest: An article of importance in its field

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

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.