Reviewer's report

Title: An implementation evaluation of a policy aiming to improve financial access to maternal health care in Burkina Faso

Version: 4 Date: 23 August 2012

Reviewer: Matthias Borchert

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This is an original and relevant contribution to the debate. It is reasonably well written, but somewhat lengthy and repetitive. Reducing the word count by 20% would do the readability good.

Major Compulsory Revisions

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.

1. Intervention background: The first level of the district health system should not be addressed as “health facilities”, but more specifically as “health centres”. Health facility is a generic term which includes all institutions where formal health care is provided, from health centres to university teaching hospitals. Health centre comes close enough to the Burkinian term ‘Centre de santé et promotion sociale’ (CSPS). Change terminology throughout text, tables and figures.

2. Intervention background: The second level of the district health system should be addressed as district hospitals, as they are the level where comprehensive non-specialist clinical care is delivered. The term ‘referral hospitals’ is more appropriate for the regional and national hospitals – they take patients who cannot be handled at district hospital level. Change terminology throughout text, tables and figures.

3. Intervention background: The statement “all emergency obstetric care is handled at this level [i.e. the district hospital level]” is likely to be incorrect. Health centres are supposed to deliver basic emergency obstetric care, district hospitals are supposed to provide comprehensive obstetric care. I am sure that there are dysfunctional health centres that do not deliver what they are supposed to deliver, but it is not true that no emergency obstetric care happens at the first level.

4. Intervention background: The statement “cases that require ... blood transfusion are sent to a higher level [i.e. higher than district level] ” is inaccurate as well. District hospitals are supposed to provide comprehensive emergency obstetric care which includes blood transfusion. There are certainly district hospitals that are not fully functional, but it is not correct to say that as a rule blood transfusions requires treatment at a higher than district level. In an assessment of 42 district hospitals we carried out in 2007 we found 86% of these
hospitals offering blood transfusions.

5. Intervention background: The statement “cases that require more complex care and blood transfusion are sent to a higher level (national, university hospital)” is not accurate. The next level most district hospitals should and do refer to is the regional hospital (‘Centre hôpitalier régional’, CHR) where specialist care normally is available. District hospitals for which one of the national hospitals is better accessible may refer there, but normally the referral hospitals for district hospitals are the regional ones.

6. Intervention background: I was surprised to read that TBAs today have the role “to help health workers in their daily activities”. This may well happen occasionally, but if this means it is general policy and practice I would like to have a reference.

7. Intervention: The sentences “This policy consists of subsidizing between 20 and 80 % of the price of deliveries and emergency obstetric care at different level of care. Women pay 20 to 40 % of the total cost remaining” raise two questions: firstly, what determines whether the subsidies constitute 20% or 80% of the costs – this is a huge range; secondly how is it possible that subsidies may be as low as 20%, and yet women pay 40% of the total cost? 20%+40%=60% - who pays the remaining 40%?

8. Method: “This district was chosen because an information system collecting data on deliveries in health centres was established”. There is a national MoH health information system, which includes data on deliveries and is used in all districts. So what was special about the system in Inna district?

9. Method: It needs to be described how the focus groups participants were selected – it is not sufficient to state the objectives of the selection process (“...formed to include individuals who have used maternal health services / who have lived in the village for several years …”).

10. Method: Did the community health workers / TBAs participate in the focus groups of villagers? If so, how may this have influenced the views expressed by the villagers? Would they have expressed satisfaction with the new policy (which takes functions and importance away from TBAs) perhaps less easily in the presence of the TBA? To be discussed as possible limitation in the discussion section.

11. Ethical considerations: Please provide information on ethics clearance by the relevant Burkinian authorities.

12. Incentive measures: Is a 20% bonus per medical act now “usual” in Burkina Faso? 20% of what? If so, it should be said in the introduction or setting section, when the health system is described. In that context it would also be good to provide some information on the salaries for health workers in BF, which are, in my understanding, quite high and reliable for African standards. This to put the never-ending quest for more “motivation” into context.

13. Incentive measures: the sentences “Some health facilities ... to motivate them” are not clear.

14. The TBA and the community health worker are not sufficiently differentiated.
Some time ago, the term “accoucheuse villageoise” has been coined in Burkina, and these women constituted together with the male agent de santé villageois the “staff” of the poste de santé primaire, i.e., they became community health workers. Often, but not always, villages chose their (untrained) accoucheuse traditionelle to become the (trained) accoucheuse villageoise. So what is the role of the TBA and the CHW in the context of maternal health nowadays? Do they have the same role? Should they have the same role?

15. A fairly effective implementation: “Indeed, all the information about health care is transmitted to [the TBAs]”. Which information is transmitted TO the TBAs, by whom? Or does it mean transmitted through them [to the population]?

16. District health managers and health workers: “Therefore, the objectives of the policy could be not achieved”. It is not clear which policy is meant here, and the causal link to the sentences before is not convincing. It may be true, that street level workers (are they different from frontline health workers? If not, why introduce a synonym?) have power, but it is not evident that this implies “the policy” could not be achieved.

17. Providers and patients: “High rates of absenteeism of health workers in health facilities, delays in starting health facility activities, and the indifference and authority expressed by health workers toward patients are routine practice in daily health care.” I don’t necessarily doubt that this is true, but such a stark statement requires either a reference if it comes from the literature, or it needs to be reported in the findings if it is an observation, or it needs to be qualified as “reportedly routine practice” if it comes from discussing with community members.

18. Providers and patients: “As for relationships between district health managers and health workers, this seems inherent in the health system specifically in low-income countries. Therefore, in the context of implementation of a health policy, “failures” of the health system should be interviewed.” Why is this situated under the heading “providers and patients”? And what does it mean to interview failures?

• Minor Essential Revisions

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

19. Intervention: “Women pay 20 to 40 % of the total cost remaining”. Delete “remaining” – women have to by either 20-40% of the total cost, or 20-40% of the remaining cost: probably the former.

20. Intervention: Replace “each dystocia labour” by “each dystocic labour” – grammar: dystocia is the noun, dystocic the adjective. Correct throughout the manuscript

21. Method: Replace “to increased the validity” by “to increase the validity” – grammar.

22. Feedback session: replace “allowing them participate” by “allowing them to participate”
23. The grand for the most disadvantaged: “A grant of 20% was planned” – 20% of what?

24. Supplies and equipment delivery: delete “delivery” in the title

25. Supplies and equipment delivery: replace “resulting difficulty” by “resulting in difficulties”

26. System of monitoring: replace “manager hired … from its own budget” by “manager hired … from the district’s own budget”

27. Traditional Birth Attendant …: Replace “activities of health facility” by “activities of health facilities”.

28. A fairly effective implementation: Replace “is sufficient allow” by “is sufficient to allow”

29. The benefits of evaluating the implementation process: replace “except for the subsidy the most disadvantaged and some activities” by “except for the subsidy for the most disadvantaged, and for some activities”

30. The benefits of evaluating the implementation process: Replace “Therefore, in the case of this policy, the most disadvantaged and quality of care should be targeted” by “Therefore, in the case of this policy, subsidies for the most disadvantaged and improving quality of care should be targeted”

31. “Power is at the heart of implementation health policy process”. Four nouns in a row – something missing here? And if it is a quote – by whom?

32. COGES and health workers: Replace “management of health facility” by “management of the health facility”

33. Limitation of the study: Replace “The findings of this study are similar to others districts [17] and other country [35]” by “The findings of this study are similar to the ones from others districts [17] and other countries [35]”

34. Table 1: For focus groups, the number of groups should be stated as well, plus the range of group size.

• Discretionary Revisions

These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.

35. Intervention: to be consistent with figure 1, replace “effects” by “goals”: “…the available resources, the intended objectives and the goals that this policy aims…”

36. Method: “district of Inna located in the north of Burkina Faso”. Specify province and/or region. The North is a bit ambiguous for a country which predominantly stretches from West to East.

37. Individual interviews and focus groups: delete “the process of” in “with the process of its implementation” – redundant.

38. Data analysis: Consider replacing “logic model” by “conceptual framework”.

39. Perceptions of the health policy: when the verbatim quote repeats what the
author has written, reading becomes cumbersome. Example: “This health policy alone … people’s behaviour” adds nothing to what has been said in the sentence before.

40. The reimbursement system: Perhaps it’s only me, but I can’t quite understand from the last paragraph who in the end paid which proportion of which total cost for a caesarean section.

41. Transportation: “Only one ambulance is functional...” It would be interesting to know whether the ambulance was used (never/rarely/frequently) for other travel than emergency transports. What kind of car was it – a multi-purpose pick-up or a specialised ambulance?

42. Quality of care: replace “… recommended strengthening the improvement…” by “… recommended improving…”

43. Traditional Birth Attendant …: The forgotten of the policy: I am not sure that “having/being forgotten” is the best possible description of the problems addressed in this section. Obviously, policy makers have not forgotten about them, but have assigned them a new role – so it is not “the policy” who is to blame for the interactional problems between the formal and the traditional health sector. It is more that health workers don’t quite know how to approach and integrate these people, or don’t have positive feelings for them, for a range of reasons. Consider rephrasing.

44. The benefits of evaluating the implementation process: I am not sure that you are doing yourself a favour by choosing the “limited number of ambulances” as an example for the value of implementation evaluation – this is so unsurprising! Can’t you find something more interesting?

45. “Power is at the heart of implementation health policy process”: Replace “doing an analysis of implementation health policies involves” by “analysing the implementation of health policies involves”

46. Limitation of the study: “However, the objective of this study is not to make statistical inferences”. Since this is a qualitative study, it is quite obvious that its objective is not to make statistical inferences. But even for a qualitative study it might have been interesting (but may not have been feasible) to collect data from another region in Burkina Faso which is less disadvantaged than the country’s North. Are the limitations due to choosing only one district, and to choosing a district in the North, with respect to generalisability sufficiently addressed? No notion of caution necessary?

**Level of interest:** An article of importance in its field

**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