Reviewer’s report

**Title:** Improving district level health planning and priority setting in Tanzania through implementing accountability for reasonableness framework: Perceptions of stakeholders

**Version:** 2  **Date:** 15 August 2010

**Reviewer:** Josef Streitel

**Reviewer’s report:**

Thank you for inviting me to read your manuscript as a referee. It’s an honour for me! Please apologize, if I’m straight forward in my criticism and pragmatic in my way of thinking; my view is the view of a manager of the business administration department in a German hospital serving 50,000 people a year.

To make suggestions or completions is part of the nature of the work of a referee. Even if I present a few recommendations concerning your expertise I’m full of respect for your work and the results you’ve achieved.

**Background:**

In this chapter I’d even go further back to the roots or to the basics of economics.

Resources are limited.

**AND/BUT**

Patients/Individuals claim for the best possible treatment

This is a fundamental conflict. REACT and A4R is a systematic and structured approach to allocate existing resources in order to optimise the achievement of both objectives, (1) optimal health for all (2) with available resources.

**Methods**

The analysis of interviews is an appropriate approach to survey the information required. The relevant committees and their structure is well explained.

However I think, that patients as the main group which is concerned, should not be completely excluded. Especially women, giving birth and taking care for children, families, old age people, are often “customers” of the health system and therefore they should be given a voice! Perhaps it sounds unusual in the context of Tanzanian culture but believe me – there are some very sensitive and important aspects of life, and health is one of them, in which women-opinions are required and very valuable.

**Data:**

The steps of collecting and processing data is well described. Perhaps some of
the results of summarising and synthesising could be part of the essay. A table with the most important results should be attached.

Main Findings

Relevance

Guidelines of the Ministry of Health and Social Welfare constrain adequate priority setting on the district level (p. 15) – I recommend to give an example!

Stakeholders involvement/participation:

I agree:

…is one of the most important aspects “in ensuring that priorities reflect real needs and demands of the community” (p. 17)

I disagree:

“…the main problem is that many of the community members have very low understanding of the priority-setting process…” (p. 16) May be true, that community members are no scientists or health economy experts, but it’s one important challenge for those who work professionally on programs and issues concerning public health to make difficult things understandable for “simple” people.

Publishing of Priorities: (p. 19)

…for example on notice boards of a district hospital…. Suggestion: An example of published priorities and their explanation to the community members could be part of the essay.

Appeals/revision: a new culture

…idea of getting feedback from the relevant stakeholders: (p. 20) Good idea! Maybe some feedback examples could be part of the essay including an examination of the suggestions and their applicability in practice.

problem: “as an ordinary worker, I am not in a position to reject anything…”; suggestion: may be a “person of trust” could act as a bridge between ordinary workers and leaders

Leaders have to learn in management trainings that feedback of ordinary workers is not an act of disrespect but an important contribution in a quality orientated process of finding best solutions for problems. Therefore a climate of (respectful) challenging of leader decisions can contribute a lot in finding the best possible solution for problems, in the context of this essay: to define most important priorities.

Discussions

Priority setting occurred in the context of budget cycles and the process was
driven by historical allocation (p. 25-26):

I agree: cost effectiveness evidence is very important, cause resources (funds) are limited. Methods like Zero Based Budgeting could be an approach.

I also agree: epidemiological evidence is most important; knowledge of experts and experience of concerned people have to prove a real effect of measures.

Conclusions

“Firstly, the findings …. (p. 31) … the key ethical concept of responsiveness.”

This 3 points summarize the acknowledgements of the essay perfect to me!

Best Regards
Josef Streitel
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**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**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'