Reviewer’s report

Title: Mapping of multiple criteria for priority setting of health interventions: an aid for decision makers

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Reviewer: Jens Byskov

Reviewer’s report:

• 1. General: This paper is good draft with a good idea, but it is several places difficult to follow and a bit inconsistent. I am sure that another round with authors can identify and address that. The paper might also benefit by additional co-authors, like some of those that Baltussen has authored with earlier, of supplementary background and their added input.

• 2. General: The paper is really about creating a categorization of criteria for priority setting according to main WHO frameworks for Health systems performance and structure as described by the building blocks. However, it does not define the WHO frameworks according to their own policy context, which is underlying the inherent choices of categories and thus criteria. Also the two WHO references are more focused on health service than health systems thinking i.e. they poorly capture health promotion, prevention and influence on health determinants. Two clarifications should be considered.

• Firstly the policy nature of the two WHO documents, which were in 2008 followed by the Report on Primary Health Care (PHC) “Now more than ever” that repeats some of the original 1998 principles of the Alma Ata declaration. I think that the 1998 report with its value and policy context provides a linkage between the goals and performance “criteria” and the building block “input” structure through some of the processes that come between and decide how to combine input in a way that achieves the desired outcomes. The 2008 report is also more broadly systems oriented (though not as much as Alma Ata, but better than the later PHC programmatic divisions).

• Secondly it is important to assess whether the criteria are likely to work together and not least be understood and used by those who are to be guided by them. The more complex they get, the more they become part of a top down expert driven priority setting process that is not able to capture and adapt to the less structured and less explicit criteria that the elsewhere mentioned important stakeholders apply anyway. This means that the inclusion of some more demand and user based and process oriented criteria are not prominent.

• I also suggest that the more long standing organizationally well confirmed concept of Donabedian concerning the reference to structure- process and outcome is referred to as useful for linking criteria of different categories and “causal” placement - such as in the LFA and plan cycle and sequence thinking that classifies objectives, output, activities and input and associated indicators, some of which can also be termed as criteria.
• 3. Background: The initial overview of priority setting criteria bases on state of the art recent literature, some of which the current co-author has also authored or co-authored. It illustrates the vast range of partly disciplinary schools of thought, which are explicitly or implicitly focused on their own core value bases and associated priority setting criteria. This paper frames criteria in an explicit way for the chosen WHO frameworks, which is an excellent idea. The reference to MDCA is core and needs a bit more description of that approach for the less prepared reader to understand. Several other conceptual frameworks for criteria are mentioned as being not optimally comprehensive. However they may be so within their own value based disciplinary world or in relation to their social concept context of being utilitarian, libertarian, egalitarian etc.

• The space for qualitative indicators is limited, especially concerning qualitative indicators arising from e.g. transcripts of in depth interviews and focus group discussions. These play strongly into priority setting in the specific country and local contexts.

• I find the examples not sufficiently sequenced or even repetitive at intervals. They should either be presented as a well structured full review of criteria (which would be beyond the scope of this paper) or just provide a sequence of a the main illustrative examples for main categories. This will be enough to argue for your approach.

• In the scientific debate concerning the more elaborate and in detail structured (of limited participatory potential) approaches is fine for methodological and scientific excellence and for theory development, but maintains an illusion of top level control of detailed output and outcome. The main advantage of theory development may be in the monitoring and analysis of what is being prioritized anyway. In that relation, this paper is a useful attempt to translate such insight into one practical overview. However, it should be more explicit on what it does not address and that it does not include guidance on how to detail and balance between the selected criteria.

• Minor Essential Revisions

• 4. Some words are used in different meanings at different places and the same approach may be called comprehensive at one place and not fully comprehensive elsewhere.

• 5. Fairness is mentioned in the 2000 WHO report. Also d refer to Daniels' Bull. of WHO paper on Benchmarks of fairness as well as his definition of procedural fairness in “Accountability for Reasonableness”

• 6. Methods: Is infrastructure included in the service delivery box?

• 7. Methods line 6 from end: What kind of conceptual thinking?

• 8. Results: para 1. Last sentence not clear.

• 9. Health level is seen on an individual basis. Does Burden of Disease for populations not fit here as well?

• 10. The third category could include considerations of fairness and participation.
See 5. above. There is of course an association between fairness and equity to clarify.

11. The fifth (or the third category) could include aspects of health governance – with further classification under the governance category. It is difficult to understand the grid when both sides are termed categories.

12. Definition of indicators – mid section: Difficult to get to grips with the practical “feasibility” of several stages of advanced weighting beyond a top level of managers and politicians.

13. The building blocks to outcomes figure: A number of relevant priority setting values are missing between the two such as access, coverage, quality and utilization as more output/proximal outcome related ones.

14. The conceptual figure remains with a black box to still be unpacked as the criteria are largely competing. A real grid of the input, process and outcome criteria would be helpful though difficult. As it is, the input criteria are teased out as being for a new category called feasibility. This must be recognized as a first simple approach to organization of an overview or checklist.

15. For the table the same comment as for 14 applies with all the input (feasibility) criteria separated out though really a conglomerate of loosely defined criteria that are not outcome related though some might be defined as output or primary outcome criteria. They do however illustrate the need for participatory approaches that may overrule very elaborated fixed or very single discipline outcome criteria constructs. However these graphs and tables are still useful with some revisions and clarity in the text on their limitations.

Discretionary Revisions

16. Title and text. Consider to use “overview and categorization” in stead of “mapping”

17. Abstract: The sentence We reason etc. could be moved to results/conclusion.

18. Other than the chosen comprehensive criteria are referred to, but not included in lists. Does that compromise being comprehensive or is it just a detailing of a chosen one?

19. Indicators seem more in relation to performance than for priority setting. Criteria may themselves be indicators. Do clarify.

20. Stronger inclusion of demand based not predetermined values and criteria. The importance of adaptation for stakeholders including communities could assist in selection, detailing and use of criteria.

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