Reviewer's report

Title: Implementation of Hospital Governing Boards: Views from the Field

Version: 2 Date: 21 August 2013

Reviewer: Thomas John Dr Bossert

Reviewer's report:

This is a well designed and focused study of the association between characteristics of hospital boards and hospital performance. It takes advantage of routine reporting on hospital performance in two types of reports comparing performance to standards and implements its own survey on board characteristics and qualitative interviews. It is an important contribution to this area of literature which is lacking for low and middle income countries. I suggest some revisions and a few minor points.

Might be good to have an introductory section on the general context of Ethiopia – reformist government with strong party discipline (which may mean party members have more authority than others), very underfunded facilities, while relatively strong state apparatus there are still limits to authority to regional and district administrators.

While I like the use of qualitative and quantitative studies, here they seem disjointed rather than complementing each other. Many of the quoted statements seem to come from only those boards which are not well functioning and not from those that were. Is this a selection bias for the boards selected for interviews or just lack of reporting qualitative results from the good boards. In general I am skeptical of these selected quotes and would prefer some more systematic reporting of qualitative data – how many of those interviewees give consistent responses, and what are the characteristics of the boards or members that respond with interesting additional information that is not in the quantitative study? If they cannot do this in a more systematic way, I would take out the quantitative results entirely because they add little to what the quantitative data show and seem biased.

I know it is seldom done in these empirical studies but it would be good to have a paragraph about the logic or theory of why the authors expected good governing boards to have an effect on performance. It is only when we get to the results that some explanation for this comes out based on empirical findings of more developed countries rather than the logic of why we would expect it.

The description of the findings in the abstract is surprisingly more complete than in the “discussion” section which brushes over the findings without discussing their implications in more detail.

Other minor points:

p. 4. How many were “deisgnees” rather than the Chairperson?
p. 4. Describe the composition of the “study team” and how they did the interviews (e.g. one asking questions and the other filling in the questionnaire, length of time for average interview, what they did if there was conflicting information.)

p. 6-7 Could you do an analysis of the performance data for all hospitals including those without boards? Might be interesting to add to the analysis the performance of hospitals without boards to see if boards overall have a positive effect. For instance: “The average EHRIG score was 58.1% of the standards being met” (p. 7) – how does this compare to all hospitals which reported an EHRIG score?

p. 7. Do you have at least a range of payments for board members?

p. 9. First paragraph of Discussion unnecessarily repeats earlier justification for the study.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.