Reviewer's report

Title: Governing the implementation of Emergency Obstetric Care: experiences of Rural District Health Managers, Tanzania.

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Reviewer: Karen Van der Veken

Reviewer's report:

This study explored the experiences of a district health management team in implementing EmOC related policies and identifying emerging governance aspects. The question is well defined, and the qualitative approach used, seemed to be appropriate indeed. The results are well integrated in the discussion and conclusions of the authors. The process of decentralization has been well explained in the introduction. However, it seems some links are missing between the process of decentralization and the governance issues that hindered the implementation of the EmOC policies. Similarly, references to analysis models of the local health system, to the effects of health policy implementation (making abstraction of the contents of the health policy) on the different elements of a health system and to the dynamics between those elements are missing somehow. Please see below for more detailed comments.

MAJOR ESSENTIAL REVISIONS:

1. It seems the literature review might be more extended: there are some links missing with, or references to, similar empirical studies, to existing models for analyzing health systems and/or to existing frameworks for guiding implementation of health policies: two examples below:

   - Concerning “leadership”, or “stewardship” as it has been (perhaps more accurately) defined by WHO: line 9, paragraph 2 for example (“develop a clear health plan and prepare a budget”, “consider national health priorities and health needs from communities that are reflected in the health plans”, lobbying”, “convincing” and negotiating with influential people”) describes the steward as defined in the World Health Report 2000 and stewardship as one of 4 performance functions of a health system (cf. WHO Framework for Health System Performance Assessment). In the WHR 2000 the basic tasks of stewardship are identified as: formulating health policy (defining the vision and direction), concerning implementation of policy (exerting influence, approaches to regulation) and collecting/using intelligence. This definition has been specified/debated during the international technical consultation on stewardship in September 2001, and built further upon by, a.o. (Travis et al. 2002). The concept had been defined even before the WHR 2000 by (Armstrong 1997). See as well: (Saltman and Ferroussier-Davis 2000). Further on, in the discussion part, is mentioned that the “link between district health managers and health system performance has been cited in other places” (p.15, 1st paragraph, lines 3 and
following) with references to empirical studies in Pakistan, Zimbabwe and Kenya but not f.e. to more comprehensive models or studies, as the WHO Framework for Health System Performance Assessment, the WHO 6 building blocks model, and some models from related study fields (political sciences, sociology, management schools).

- Concerning the “increased demand for services” and “resource scarcity in terms of skilled health workers and funds”, I believe the authors missed an opportunity to compare the experiences of the Tanzanian district health team with those of teams in other countries, and find similarities. The study of effects of the implementation of a health policy on the different elements or functions of a health system, if enlarged to experiences of the implementation of other health policies (related or not to maternal health), is not new. Several other empirical studies might be referred to. For implementation of fee abolition policies for maternal health in Tanzania, see f.e. (Idd et al. 2013) and (Kruk et al. 2008): similar results as those mentioned in this study, are found there. For the perspectives of mid-level managers on the process of policy implementation, interesting material is f.e. offered by a study in Burundi by (Nimpagaritse and Bertone 2011). Finally, the results of this study could be given more weight, if there would be referred to existing theoretical frameworks describing “good practices” for health policy implementation. Some examples (non-exhaustive): (Hercot et al. 2011) or (McPake et al. 2011) - both are about user fee removal policies, but document especially about the process elements of policy implementation.

MINOR ESSENTIAL REVISIONS:

2. Page 4, 1st paragraph, line 5: “However, it was also noted that…” and line 8: “It was also noted that…” Please avoid duplication of words, for that will provide more fluent reading.

3. Page 5, paragraph 2 (under table 1), line 3: “It has been determined that poor health (‘service’) delivery is associated with weak health system governance, …” Please add the word ‘service’ between ‘poor health’ and ‘delivery’

DISCRETIONARY REVISIONS:

4. Page 15, a bit over the middle of the page: “Unsuccessful implementation of health programs in developing countries has been linked to… along with inappropriate financial and administrative skills of local health leaders as contributing factors”. Perhaps consider to reformulate: “local health leaders” implicates what exactly? There is no reference to “manager” in the word “health leader”. May it be more correct to reformulate “inappropriate financial and administrative skills” in a way that show that the skills referred to are not the best suited for a function of manager because this is a rather new function for the health leaders, and that hence the “local health leaders are not provided the opportunity to acquire relatively new (cf. decentralization) managerial skills as financial and administrative skills”?
5. Page 16, 1st paragraph: “Furthermore, implementing a mechanism for motivating existing overloaded health workers and increasing the recruitment of new health workers with attractive packages are some of governance measures that could be taken by the central government to ensure effective implementation of EmOC at the district level.” Before to suggest offering “attractive packages”, could some evidence be provided of the lack of human resources, the workload, and for the hypothesis that increasing health staff’s extrinsic motivation will have a positive effect on the implementation of policies? The suggestion made by the authors, and/or the words in which the suggestion is done, makes me wonder whether sustainability (and hence eventually the desired outcome) has been well considered – at least these contextual elements have not been provided to the reader: quid financial resource availability, cost recovery mechanisms, duration of donor engagements, macro-economy related concerns...?

**Level of interest:** An article whose findings are important to those with closely related research interests

**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.