Author's response to reviews

Title: Combining evidence and values in priority setting: testing the balance sheet method in a low-income country

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Author's response to reviews:

We hereby re-submit a revised version of our paper (MS: 4481253281026597): "Combining evidence and values in priority setting: testing the balance sheet method in a low-income country"

We apologize for the delay caused by change of e-mail address for the corresponding author.

We respond to each point of Baltussen's review in the order they appeared.

1. The paper still misses an adequate framework which includes the criteria for priority setting (initial review comment 1). The authors state that their framework of 'efficiency and fairness' includes criteria as budget impact and burden of disease, but I really do not see how. The framework must be laid out to convince the audience, or must be changed to something else that does entail all mentioned criteria. This remains a critical issue that cannot be stepped over too easily.

Response: We thank the reviewer for pointing out this crucial issue. To make our view clearer, we have added the following paragraph on page 6.

"The types of evidence included were all based on criteria that have been proposed as relevant in the literature on priority setting, such as prevalence, disease burden, coverage, severity of disease (annual risk of death or disease without intervention), efficacy (relative risk-reduction of mortality), cost-effectiveness, and equity. These criteria are not derived from a unified framework of criteria for priority setting, but were selected because we wanted to test whether they were also considered relevant for our respondents."

In other words, we see our work as a contribution to understanding what criteria a unified framework for priority setting should include, but we do not presuppose such a framework in this paper.

2. The initial review point 2 has been dealt with only partially. On page 15, weaknesses of the study are mentioned, and I wonder what differs point 1, and point 3 here, as they seem to discuss the same issue, and could better be combined. Also, what is the conclusion of this weakness (tool is useful for marginal decisions, but not for a complete ranking of all options)?

Response: We agree and have clarified the whole paragraph on page 15 as follows:

"The exercise is hypothetical in two ways: First, we did not present all available evidence to the participants. The amount of potentially relevant information is much larger than the selection we chose. In this sense, we limited the reasons participants could take into consideration. Second, policy makers must typically compare more than a few interventions at a time (the WHO-CHOICE project aims to produce data for about 500 interventions). One of the major shortcomings of the balance sheet method is that its priority ranking results seem to be limited to the interventions included in the study design. Results will obviously change when other alternatives are introduced. However, all methods for priority setting that rely on evidence and comparisons of alternatives are incomplete if they do not include all relevant alternatives. Starting with a limited set of interventions and making the evidence explicit is only the first step for comprehensive priority setting. At a later stage more interventions and types of evidence can be included. What our study shows is that explicit discussion of evidence and values may change priorities, and this way of making the process more transparent may be an advantage also in real-world situations where the alternatives are many and
complex. The balance sheet method might be useful for identifying core priority services, while it should be acknowledged that the results are incomplete and provisional as long as new options and new evidence can be introduced and may change the relative ranking."

3. Comment 6 and 7 of the initial review are serious limitations of the study design, and should be mentioned in the discussion of the paper, I guess.

Response: Now included in the discussion on page 15-16:

"We did not ask respondents about re-allocations, and that this could be seen as a major drawback of the tool. However, there is nothing in the tool itself that prohibit rephrasing the question posed to the respondents - so that re-allocation is also considered."

"Moreover, we presented evidence on clinical outcomes based on results from meta-analyses and studies used in key cost-effectiveness studies. Performing a systematic search and full evaluation of all possibly relevant clinical studies for all nine interventions is extremely resource and time demanding, and we therefore assumed that key studies had already been identified in this way in the meta-analyses and the economic studies we used. However, our simplified approach could have introduced biases that the reader should be aware of."

4. page 14, the reference to the work in Ghana is now correctly spelled, but is not put in the right context. This study did not make use of a 'similar multi-criteria approach', but used DCE techniques. Please state in the right way.

Response: Done

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

5. Comment 19 also applies also to page 17 (WHO's generalised ce database), and this should accordingly be changed.

Response: Done