Reviewer's report

Title: Combining Evidence and Values using the Balance Sheet Method: the Effect of Deliberation on Priority Setting in a Low-income Country

Version: Date: 21 June 2006

Reviewer: Rob MPM Baltussen

Reviewer's report:

General

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Review of Combining evidence and values by the balance sheet method: the effect of deliberation about priority setting in a low-income country

The paper has been reviewed before by me, and I am a bit surprised to see that my comments are not taken into account in this version of the manuscript. Some changes have been made, e.g. a reference to recently published work by me in Ghana, but this sentence has many spelling mistakes in it. I repeat my comments below:

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This paper discusses one of the most important issues in health systems analysis nowadays, i.e. how to prioritise interventions according to a multitude of criteria including efficiency and equity. The authors present the balance sheet method as a potential useful approach, but not all concepts and arguments are convincingly presented. Also, the paper is generally well written although in a bit of a loose style. In other words, the contents of the paper is of much interest, but its presentation could be much improved upon.

Major comments:

1. The criteria for priority setting are here all classified in efficiency™ and fairness™ concerns, whereas there may be other criteria such as burden of disease, budget impact, or ease of implementation of an intervention, that are not directly related to efficiency and fairness. The authors should therefore not try to fit the priority setting in the trade-off between these two criteria only but present a broader methodological framework. Also, the introduction presents the criteria as constraints™ to policy making (page 5, line 6), which may be right in case of political reasons not to adopt priority interventions. But fairness should not be labeled as a constraint, but merely as a criteria, or as one of the health system™ objectives.

2. 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. The authors mention that including more information and/ or more interventions would lead to informational overload. When priorities are to be set across a large range of interventions in many disease areas, the method would thus appear inadequate. How the authors would go about this should certainly be mentioned in the discussion.

3. The introduction explains the concepts of participatory democracy™ and deliberative democracy™, which on itself could be
interesting in this context. In the discussion, they are interpreted in the context of ‘internal and external accountability’, and it is not clear how the concepts are related. Probably all concepts could better be discussed in the Introduction.

4. It is not clear from the paper who has identified the relevant criteria that were used in the balance sheet method. Were these the researchers, or the policy makers who were also involved in the exercise? This may potentially have a large impact on the relevance of the findings.

5. Why were the respondents’ groups homogeneous (e.g. HIV/AIDS patients all in one group) and not mixed? This would have benefited the discussion and could have resulted in a more balanced view of priorities for the whole study population.

6. Coverage levels of existing interventions are being presented to the respondents, and this gives the impression that respondents are only asked to give priorities for spending extra resources in health (the coverage level of TB services is already high, so this is a low priority). The tool does not seem to aim to also set priorities for reallocating resources from (low priority) existing interventions to others (higher priority) interventions. This could be considered a major drawback.

7. Evidence on effectiveness were limited to the meta-analyses as presented in the cost-effectiveness studies. This is a major shortcoming and potentially misleading, and it is questionable why the authors have made this choice. In the Discussion on page 16, they state ‘there is a relative scarcity of evidence from randomized clinical trials’, which is self-evident when the authors constrain themselves.

8. Can the authors draw conclusions on which criteria were eventually found to be most important?

More detailed comments:

1. In the title: I would rather mention ‘priority setting’ in the main title, and ‘balance sheet method’ in the subtitle.
2. Page 3, line 1: ‘unlike many other countries in Sub Saharan Africa’. Please substantiate statement or reference it (or remove it).
3. Page 3, line 10: explain why decentralized planning provides good opportunity for spending resources wisely.
4. Page 3, line 13: In addition I do not see the added value of this argument. It was already mentioned in the first argument there is an interest of the government in priority setting.
5. Page 5, one but last line: why is ‘clinical evidence’ introduced here? I see its potential importance as a criteria for priority setting but it does not fit in the framework of ‘efficiency’ and ‘fairness’ as chosen by the authors. Again, this indicates the need for a broader concept of criteria for priority setting.
6. Page 6, first line ‘combining evidence and values’. Evidence refers here to clinical and cost-effectiveness evidence, or to what exactly?
7. Page 6, line 5: what is the method? (I know what you are trying to say, but it has not yet been introduced)
8. Page 6, second paragraph ‘and other reasons’. Again, this is a loose description.
9. Page 6, Material and methods. What are the local experts experts in? Please be more informative. Also, is PMTCT not relevant for an essential package (that is how it is stated here)?
10. Page 6, Material and methods. Please describe considered interventions in a better way (possibly in a table). For example, what is meant with software for safe water?
11. Page 6, final line. What are the first estimates And burden does not necessarily relate to need (for example, dementia has a high burden, but no effective interventions, so the need for funding of interventions is relatively low). Please rephrase.
12. Page 8: group characteristics: this is the target population of an intervention? Also, the authors refer to patients, this is incorrect when it related to e.g. safe water programs.
13. Page 10: is mentioning of audio-recording relevant here?
14. Page 12: 4th paragraph, typo in Figure 3.
15. Page 12, same paragraph: it is probably informative to state when the favorable cost-effectiveness.
16. Page 13, first line: non-generalised data? What is this. Do the authors refer to WHO-CHOICE data here?
17. Page 13, 2nd paragraph: please write DOTs as DOTS
18. Page 13, same paragraph: Others supported the current HIV status. Do not understand what this line is meant to say.
19. Page 16: generalized cost-effectiveness database: do the authors refer to the WHO-CHOICE database here?
20. Last sentence: the concept of public accountability has not explained well enough in the text to warrant its use here, I would say.
21. Figure 1 could be omitted as it contains the same information as Figure 2.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions.

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

Quality of written English: Acceptable.

Statistical review: No.