Reviewer’s report

Title: Operating efficiency of public hospitals in Zambia: implications for the success of global health initiatives

Version: 1 Date: 9 January 2007

Reviewer: LYDIA KAPIRIRI

Reviewer’s report:

General
Review of paper:
Operating efficiency of public hospitals in Zambia: implications for the success of global health initiatives

Overall
I have read this paper with great interest and it presents quite interesting results with potential policy implications.

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

Background

Furthermore,- I do not agree with the statement that…” Clearly improvements in population health will result from the transformation of available resources and other inputs into effective, accessible health services- Knowing the determinants of health, the author may consider re-phrasing this statement since it alleges that better health services = better population health.

The paragraph on the purpose of the paper is difficult to follow and seems to break the flow of the paper. I would propose that that paragraph comes after the background information on Zambia- just before section 3.

Section 2.
This section presents information about Zambian hospitals however it is lacking in references- the author should provide his sources of the information presented in this section.

The analytical framework is well presented and explained.

Methods section.
Section 4.1
The main omission in this section is a description of the selected hospitals.1) How many beds? 2) Are they urban or rural?, 3) Catchment population?, 4) No. of staff- at least Doctors and nurses?, 5) Are they tertiary or secondary?
This information could be presented in a table and would provide a framework for understanding the results.

Such information would provide insight to the findings of the analysis and provide explanations and policy entry points but this is lacking.

Section 5- Results and discussion
While the results from the analysis are well presented and discussed, this section would benefit with possible explanations with regards to why the results are so- and this is why it is relevant to present a description of the hospitals in the results’ section.

Specific examples of the hospitals which are (not efficient in this section would also be useful- currently mainly percentages are presented.

The second paragraph on Pg.14 is confusing- while many units may refer patients to Lumezi mission – it is
not clear how this directly translates into the hospital being efficient. There are other reasons that could lead
to this such as perceived quality of care, access…if these factors are not ruled out- it is less obvious that
because the hospital is referenced= efficient.
Furthermore, since there is not presentation of the levels of care of these hospitals, it is difficult to use this
indicator in evaluation- for example- a tertiary hospital would obviously have more referrals than a
secondary hospital- by its designation. Clarification of this would be useful.
The Conclusions are well stated and directly relate to the results.

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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)

Introduction

1. The first 2 paragraphs are interesting but could be made more relevant to the thesis of the paper.
Specifically, I am wondering about the relevance of the whole paragraph on malaria and DDT- the
information is old- and not really related to the main theme of the paper- besides it also brings in the whole
discussion of a shift which was made from public health interventions vs. curative care- which discussion
may not be relevant in this paper.

2. In this section I would have been interested in learning more about the Zambian Macro-economic policies
that may affect resources available within the health sector, the health budget and its distribution between
hospitals; PHC units….and of course the contributions of the different players, such as donors- Some
countries have policies that have forced governments to re-allocate resources from big hospitals to smaller
units….and this affects the resources available at the big units- which makes a case for improving
efficiencies…

Section 4.2

It is unfortunate — although understandable that the author was not able to define labor in terms of number
of hours worked because that may be the main source of inefficiencies since it is common knowledge that
many health workers in public units only work minimally in the public units but spend most of their time in
private clinics- may be this should be reflected in the discussion since it may be a major source of
inefficiency within the public units.

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Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

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 I have no competing interests