Reviewer's report

Title: Private and Public Health Care in Rural Areas of Uganda

Version: 1 Date: 26 February 2010

Reviewer: Dominic Montagu

Reviewer's report:

This paper, 'Private and Public Health Care in Rural Areas of Uganda', addresses an important topic, and brings to light new information - particularly regarding the frequency of use, specialization, and stigma among patients, related to informal providers. It also documents use of public and private providers in Uganda to a much greater degree than had been previously done.

The question posed by the study is clear: it is to document a current situation. The reason for this is less clear - implicit is that there are policy responses to managing care provided by non-governmental providers which need to be informed by current practice. Greater clarity in the start on why this information is needed would be helpful.

The paper is generally well written and well presented. Some areas could be expanded, however. For example, it was not clear how districts were selected, and some numbers did not add up: 19 public facilities were surveyed, (FINDINGS) however in the paragraph above it says that 22 public facilities were assessed using a facility survey. How could more facilities be assessed than were included in the survey?

Similarly when describing self-treatment, it is unclear whether self-medication following purchase of drugs is included here or not. This is important given the discussion section focus on self medication. Differences in health seeking behavior by age or urban/rural difference must be known, but were not discussed in the paper in depth: there was a difference between source of care for peasants vs. traders, but it is not clear if this was found following bivariate or multivariate analysis and therefore if it was the result of income or geography.

The choice of provider data is interesting (skill being most important for public facility selection; proximity for both private-non-profits and private for-profits.) Is this related to the severity of disease? The authors mention earlier that public facilities are preferred for more significant illnesses.

The quality of care information would also benefit from expansion: drug shops appear to have been scored poorly on quality due to lack of blood pressure equipment, thermometers, etc, however this seems unnecessary for many drug-sales issues. Was the quality assessment different for different provider types? A summary table of what was scored, and what scores were for each
provider type (hospital, clinic, pharmacy, shop, etc) as well as ownership type (public, private for-profit, private non-profit) would be useful.

The discussion regarding self-treatment makes inferences about the likely severity of illnesses which do not seem merited by the data presented: a common cold may keep someone home from work, but would not justify medical treatment. The rate of self-treatment cannot, from information presented, lead to an inference that there is a lack of medical care. This issue should also be better understood if data from the provider mapping (and the recent WHO Service Availability Mapping of Uganda - not referenced, but seemingly relevant) were presented. Given the high number of providers it seems that geographic access to care is high. Is it then that quality care is lacking, that providers are grouped in certain areas (urban only?), or that costs are prohibitively high? Some discussion of these issues would be critical if the issue of availability is kept in the paper.

Finally the paper needs a final review by a native English speaker. Minor phrasing errors such as, in the conclusion, "...is many times unsatisfactory" rather than "... is often unsatisfactory" could be quickly corrected.

This is a generally well written paper, the topic is important and it helps to address and fill a large and significant gap in understanding the size and role of private providers within health systems.