Reviewer's report

Title: Corruption in the health care sector: A barrier to access of orthopaedic care and medical devices in low-income countries

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Reviewer: tim carey

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Review – Corruption in the health care sector: A barrier to access of orthopedic care and medical devices in low-income countries.

Journal: BMC International Health and Human Rights

Comments for Authors:
The investigators have identified an extraordinarily important and under-investigated area in improving appropriate health care in many societies. However, as currently constructed, the manuscript reads somewhat too much like a master’s paper and not enough like a scientific communication. However, with some tightening and revision, this should make a very acceptable manuscript.

The material in the background section is lengthy and can be shortened considerably. It’s an overall literature review of corruption in third world countries rather than focusing on orthopedic devices or specifically the country of Uganda (where there is probably not much literature). One particular issue is whether the focus of the paper is on Uganda or third world countries in general. This comes through even in the interviews where the interviewees are sometimes talking about the country in which they are working (Uganda), sometimes third world countries in which they have worked.

The background section should have at least an acknowledgment that corruption around purchase and use of orthopedic devices is not at all monopolized by third world countries. Anecdotally, this reviewer saw very similar issues in Eastern Europe about 10 years ago, and corruption is quite common in the United Stated where we have an extremely decentralized system, in contrast to the situation in the US. In general, the issue in the US are not explicit payoffs, rather they are consulting dollars to orthopedic surgeons who just happen to be using a particular brand of implant. All this practice may not impede access to orthopedic care, it certainly drives up costs and may lead to acceptance of less safe devices such as the recent problems found on metal implants. Acknowledgements of these issues as occurring throughout many sectors of health care would make for a more balanced manuscript.

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The specific opening topic asked of the respondents should be specified. We are
only told that it is “access to orthopedic medical devices”. How is the opening question phrased? What were other causes of difficulty in accessing implants and how often they occurred, knowing exactly how the interview started will aid in interpreting the data. While corruption may have been the most prominent reason for difficulties with access, was it really the dominant reason?

This reviewer does not agree with the comment on page 9, that “case studies are subject to less bias than other qualitative methodologies, as preconceived theories are not easily imposed on the data”. Is the author referring to “grounded theory”? Since an element of snow ball sampling was used, the respondents are not a random sample. A respondent who has a lot of concerns about corruption could then be asked, if snowball sampling were used for the names of colleagues. Associates of someone who has concerns about corruption would, I would hypothesize, be more likely to have concerns about corruption.

What was the primary sampling unit? Was it the health center? That would be fine but the author is not clear how the sample was drawn. The discussion of sampling of health care centers is in the results, it should be more appropriately mentioned in the sampling section. How many health care centers are there in Uganda? How many orthopedic surgeons are there in Uganda? Readers can then get a sense of the representativeness of the sample.

Much of the results including the qualitative information, is in the discussion section and not in the results section. Recommend this be moved.

In the discussion section the investigator, prior to proposing solutions from the literature, might wish to discuss ways in which the respondents could be perpetuating or justifying their behaviors. To what extent is “corruption” a catch phrase for a variety of administrative issues?

What is the monthly income of a publicly-funded surgeon? How does this compare to hospital administrators?

The strategies for reducing corruption are multiple, as discussed in the paper. Some stratification as to strategies that are relatively unique to the health care sector and those which may be common in third world governance across a number of areas (civil service administration, government purchasing methods etc) would be helpful.

Why are physician’s salaries set so low? What might perpetuate these very low salaries? Low salaries can become an excuse for needing second and third jobs, and if they are able to get a good income under this complex ‘gray market’ system the physicians themselves may not actually lobby appropriately for realistic income. Administrators and government officials may also indirectly benefit from low provider or administrator salaries: it does reduce their budget but also provides a control mechanism over personnel. The control can occur if essentially every provider is engaged in technically illegal activities when they carry that second or third job. The providers then can be threatened with exposure or prosecution by administrators. This prevents whistle blowing and can serve as an enforcement mechanism, continuing to perpetuate the system.
Was there discussion of this in the interviews? The recommendations read a little bit like a laundry list of good governance, and some prioritization might be helpful.

Table two demonstrates the “preliminary codes,” are these ranked ordered at all? This reviewer recognizes that this is qualitative and not quantitative research, but some sense regarding which themes were most common would be helpful. In the paper we only heard about an essentially single theme, that of corruption.

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

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

None