Reviewer's report

Title: Supporting local planning and budgeting for maternal, neonatal and child health in the Philippines

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Reviewer: Alejandro Herrin

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This paper attempts to demonstrate the use an evidence-based approach to assist planners from LGUs to develop plans and budgets for MNCH. The planning process involves “a combination of structured problem-solving by local policymakers and planners to identify key system constraints and strategies to scale-up critical MNCH investments with a decision-support model to estimate the cost and impact of different scaling-up scenarios”.

What is an innovative feature that is different from the routine planning process that local governments follow under guidance from DOH is that alternative strategies and considered and costs before a decision is made on what strategy to pursue. What is important, however, for this feature to be truly evidence-based is to ensure that local data and international research findings are brought to bear on each of the processes described.

Hence, what we to see in the paper is where is the research that drives the planning and budgeting processes described in the paper. Addressing this concern would constitute “major compulsory revisions”:

1. Data collection and validation:
   a. Statements:
      i. “Numerous consultations with local government officials took place to review available data and select the required indicators for evaluating intervention coverage and health system bottlenecks.” (page 3)
      ii. “Likewise planners preferred to use their own data where possible although they were also aware of its limitations and permitted the use of regional or higher level data where appropriate.” (Also on page 3 and on to page 4)
   b. Questions:
      i. What was the procedure used for reviewing and validating the data? Were there instruments or tools used to objectively assess local data on service coverage indicators and service coverage determinants and how were these tools used? Describe these tools and results of their application. Note that the DOH has recommended data quality check on FP and MNCH indicators in its Maternal, Neonatal and Child Health and Nutrition (MNCHN) Manual of operations.
      ii. What were the local data that planners preferred to use? What were the
regional or higher level data referred to and how useful were these for local planning?

2. Identifying constraints and scaling up strategies:
   a. Statements:
      i. “Problem-solving workshops were facilitated by the in-country research team and representatives from the regional government offices.” (page 4)
      ii. “At these workshops, local government officials identified the key constraints to scale-up MNCH intervention coverage and developed a range of strategies to remove those constraints.” (page 4)
   b. Questions:
      i. Were there quantitative measures for these constraints and were data collected systematically, e.g., number and training of personnel, MNCH commodity availability and stock outs, quality of facility and services proxied by PhilHealth accreditation status. Note that in a province-wide or city-wide planning, we need this information at the municipal/city level for the province or barangay level for large urbanized cities. A baseline survey could be one approach to gather this information and consolidated at the province or city level.
      ii. Were explicit criteria used to determine targets how these constraints can be addressed, e.g., in the case of training in FP counseling – how many are already trained, and how many more are needed to be trained to support expected number of clients or a given catchment area.
      iii. There are workshops, but what was the framework for determining local government actions, what are the indicators of these actions and what data were collected at the municipal/city in the case of provinces and barangays in the case of the city that would be the basis for discussing and identifying constraints and intervention targets?

3. Inputs from the local government
   a. Statement
      i. The participation of stakeholders from all levels of the local health system provided rich discussion, drawing on varied experiences and perspectives.” (page 4)
   b. Question
      i. Are the varied “experience” validated by data at their level, e.g., municipal level? At each level of action, there should be indicators of that action, and data obtained for such indicators (number and training of personnel, commodity availability and stock outs, facility quality proxied by accreditation, etc.) so that discussion of experiences are based on measurable local data.

4. Estimating costs and impact - this was done through the use of a decision-support model.
   a. Statements
      i. “The modeling of impact and costs of the various scaling-up strategies was undertaken using a decision-support model.”
ii. “The model was tailored to the Philippine health system from the barangay (village) health post level to the tertiary hospital level.”

b. Questions based on statements

i. What are the key parameters that drive this decision-support model? What was the research that underpinned the values of these parameters? Can the parameters represent the situation in the Philippines and more specifically the local situation of the chosen sites?

ii. What research evidence was used to calibrate these parameters to suit local level Philippine conditions, both on the magnitude of expected impact and the costs

c. Other questions:

i. Quantifying the impact on health outcomes at the local level can be difficult since it is hard to get good estimates of such outcome indicators as MMR, NMR and USMR at the local level. The number of observations are too small to get robust estimates. And there could be serious underestimation. It is even hard at the national level unless from a national survey. Hence, what level of confidence can we have on the estimates of impact on these outcome indicators (page 13, Table 4)? Again if the expected impacts are based on the parameters of the model, the data upon which these parameters are based and their relevance to local Philippine conditions need to be described and assessed.

ii. Making the investment decision based on costs and impact:

1. There is a need to take account of modes of financing the investment cost. Local government officials’ decision to invest in alternative strategies depends not only on the cost-benefit of the strategies in general but also on the extent to which some of the costs are financed by others, e.g., other financing sources would include DOH (commodities and financing), PhilHealth (reimbursements and capitation funds), and private donations. Different investment packages may have different financing configurations.

2. Where certain costs can be financed from other sources, the local cost-benefit ratio of the intervention would improve and hence will tend to be selected than those whose financing will be borne solely or largely by the local government.

**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I declare that I have no competing interests.