Reviewer's report

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

Version: 1 Date: 25 June 2012

Reviewer: Ian Anderson

Reviewer's report:

Summary and Overview

This is a useful paper, reporting on an important issue: how to plan and budget better for health with a particular focus on maternal newborn and child health in The Philippines. The paper describes the processes clearly.

I have two concerns which fall into the category of “major compulsory revision”.

First, it is not sufficiently clear from the paper how this approach specifically added value to the process of planning and decision making in the Philippines in ways that existing approaches did not. For example, page 6 has a good discussion about inadequate supplies at health facilities, and why that undermines essential care. But inadequate supplies caused by slow or non-existent release of funds have been a well-known problem in the Philippines since devolution occurred in 1993. The current wording of the paper almost seems to imply that the approach ‘discovered’ the problem. Nor is it clear — at least from the wording of the paper as it currently stands — what the value added of the proposed solution was. The current draft simply says, that “in all LGUs, the strategy identified to address the lack of commodities is for each of the identified essential commodities to be included in the local budget, and to allocate responsibility for ensuring this is done”. But, at face value, that statement is just common sense and would be pursued — whether successfully or not — by any organisation. I suggest the authors give more examples of how the approach they describe actually generated new insights into problems and solutions that would not have arisen otherwise.

Second, the authors need to make it crystal clear that their paper is a snapshot in time and not make any predictions, or even hints, that the approach was then going to necessarily influence budgets or resource allocations. This is important because I know from first-hand experience that some of the main recommendations — including that for Pasay City — were subsequently not implemented, even though they were accepted during the time period this paper covers. The authors must therefore be very careful not to presume or suggest the approach “worked” or that it significantly altered budget allocations. There are examples where the paper makes claims that subsequently have now proved to be less accurate in practice. For example, I do not think it wise or correct to claim that “Local planners found the approach useful. The findings helped them decide
between different strategies, and provided the evidence needed to defend their plans to local chief executives and higher levels of government.” The authors need stronger evidence than that presented in the paper to sustain that claim. I also think it would be prudent for the authors to be even more qualified about eventual “take up” and outcomes over time. For example, they make the following statements:

“In addition, as with all such evidence-based initiatives, we acknowledge the political considerations surrounding on-going funding decisions. For instance, changes in key stakeholders previously engaged for the IC might affect whether recommended IC strategies are retained for future years. It is therefore important to evaluate the extent to which IC strategies included in the 2011 plans and budgets were funded and implemented and whether they have been retained in future plans. This process of assessment is currently underway in our three LGUs.”

“Notwithstanding these limitations, our experience in the three LGUs suggest that this is indeed a useful mechanism to support the local planning and budgeting. The approach was well-received by participating LGUs, and the strategies identified have been incorporated into 2011 local plans and budgets.”

“The fact that there was a recognised need for a mechanism to support local governments in the development of their plans was likely to have contributed substantially to the interest in, and acceptance of, an evidence-based approach for planning and budgeting at local and regional levels.”

These are each quite strong statements. Taken together, they suggest or imply a longer term impact than current evidence suggests.

In summary, the authors are entitled to say that the approach they describe was accepted at the time. However they must be much more cautious and circumspect in saying what might have happened after that.

I have one other substantive comment to make: the coy avoiding of the term Marginal Budgeting for Bottlenecks. It is clear from the description on page three that the UNICEF / World Bank tool known as the Marginal Budgeting for Bottlenecks (MBB) approach was used. This is a well-known and, for many, a well-accepted approach. The MBB was one of only two tools used by the Task Force on Innovative Financing to estimate the financial needs of achieving the MDGs, which was then presented to the G8. Why, then, the apparent disinclination to mention it? This comment about not mentioning MBB is not necessarily a “major compulsory revision” as the authors may have good reasons for adopting the approach they have. However I think this is nevertheless an issue the authors need to take seriously.

Is the question posed by the authors new and well defined?

The authors do not actually pose a question. However the subject matter and title – supporting local level planning and budgeting for maternal newborn and child
health in the Philippines – is new and well defined.

Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

The paper basically describes an approach. It does that job well. It would be very difficult to replicate this approach or see how it worked (or didn't work) in other circumstances. Amongst other things, that is because the paper does not actually name the approach (which is the Marginal Budgeting for Bottlenecks approach). And while the authors make a passing reference to the costs of undergoing that approach it is not clear how much it would cost to replicate the approach.

Are the data sound and well controlled

In general, “Yes.”

Much of the paper is a descriptive account of what happened, with less analysis or discussion about “why” or “how” or, more importantly, how that approach differed from existing approaches. It is unfortunate that the paper is not able to explain in more concrete detail what the specific value added is of this approach compared to existing processes or any counterfactual, and how the approach generated new and substantive insights that would not otherwise have occurred to the Philippines officials.

I also have some relatively minor discretionary suggestions.

I question the comment on page two of the report that “This resulted in local plans and budgets failing to reflect the local priorities, with for example, comprehensive malaria programmes included in the PIPH of non-malaria endemic areas.” I have seen the recent Philippines PIPH for Eastern Samar, including a rationally based “traffic light” system to identify needs and priorities that are specifically organised around varying needs within the province ie responding to local needs. Thus, certain districts within the province would be coded red for a malaria or other disease outbreak, others amber for warning signs and other districts green for outcome or access targets being met. To say that local plans and budgets fail to reflect local priorities was true several years ago, but has not been true for some years now. Indeed, one of the criticisms of local planning is that local mayors can alter priorities, plans and budgets to suit their perceptions of local needs.

Does the manuscript adhere to the relevant standards for reporting and data deposition

Yes. Layout, sequencing of argumentation, and presentation of tables is good. However I think it essential that the authors also have the usual standard statement reflecting any Conflict of Interest.

Are the discussion and conclusions well balanced and adequately supported by the data
As noted above, the paper provides a good and interesting descriptive account of events at a distinct point in time. The authors need to be a good deal more cautious in implying that the apparent success and acceptability of the approach was then pursued in actual budget decisions the following year and beyond.

I also have some minor discretionary suggestions. In the discussion about site selection on page 3 it would be helpful to include some figures demonstrating the poverty and inequity levels in the provinces chosen, and how they compare to national averages.

On page 5 the following statement is made: “This compromises the quality of care provided at tertiary level as supplies are quickly depleted and staff are overloaded. An inadequate supply of critical commodities at all levels, as well as a lack of competent staff and health providers, further limits access to quality health care.” These are important points. It would therefore be useful to have substantiated them with some statistics or other evidence.

The paper could be strengthened by a more explicit discussion about the availability – and quality – of data used by officials in the process described. It is clear that, like many countries, key data on access to health care, service provision, quality of health care, costs of service provision, and other key variables are missing or of dubious quality in the Philippines. How were these problems of data dealt with?

Do the title and abstract accurately convey what has been found

Yes. For reasons stated elsewhere, the paper is a little too enthusiastic in implying the process substantively altered budget decisions in subsequent years. But that can be fixed by more cautious conclusions.

As a minor essential revision it would be important to spell out acronyms such as IMCI (page 6) and “IC analysis” page 9.

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:

I declare that I have no competing interests