Reviewer's report

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

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Reviewer: David HIPGRAVE

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General Comments

La Vincente, Aldaba and colleagues have written a description of their efforts to work with local govt partners to improve planning and budgeting MNCH interventions in the Philippines. The context for their work is important: maternal and newborn mortality in the Philippines has stagnated, there is a burgeoning and largely unregulated private sector, and deep inequity in access to and the quality of services. Moreover, as the authors explain, there is high-level support for improving the health sector but the capacity to pursue national priorities and utilise related budget allocations (that one assumes have been made) is limited.

The article describes a process by which support was provided to a group of three sub-national authorities to implement a process in which the major limitations to the provision and uptake of quality MNCH services were identified and strategies to resolve them selected and costed. Anticipated coverage, cost and impact outcomes were calculated. The involvement of local government staff in the entire process is emphasised and a commitment to sustained improvement of systems-related shortcomings (such as lack of data and long-term financing solutions involving the private sector and the national insurer) are included. These are all very good things!

However, while I definitely think the information in the article is worthy of publication and has the potential to benefit planners elsewhere in the Philippines and other nations, I have some suggestions for the authors which I think will benefit the intended readership.

Major suggestions for revision

1. The article is too long, and the major reason for this is that while the authors present it as a description of a new approach to planning and budgeting, the majority of the article comprises a detailed description of the specific problems with MNCH service-delivery and uptake in the three selected locations.

The title, abstract, introduction and method all imply that the main focus of the analysis and discussion will be on practical issues relating to engagement of local authorities in the process described, and in making that process the preferred one for local level planning and budgeting in the decentralised Philippines context. One would expect to know about the human resource, time
and financial costs involved therein; the likely replicability of the process in other provinces where the research team cannot provide the same level of support; perhaps efforts to simplify or streamline the process and certainly indicators and methods to evaluate it. Instead we have to wade through descriptions of, for example individual province’s tetanus vaccination coverage, a confusing analysis of why women don’t deliver in maternity units in Pasay and very familiar things like the need for community awareness-raising, health-worker training and allocation of budget lines at local level. These things can be summarised as examples of how the process worked, instead of explained in detail. (Having said that, they are collectively interesting enough to form the basis of another article which I encourage the authors to write, describing the major problems identified and the solutions suggested.) So, the paper has an identity crisis: is it a description of a proposed new planning and budgeting process, or a description of what is needed to improve MNCH in the Philippines. There should be enough information for papers on each of these things.

2. Given point 1, the authors are encouraged to provide some background to the process described, and some more detail on practical guidelines for health authorities that may want to pursue something similar in their own jurisdiction. For example, a few sentences on the theoretical and evidence foundation for the process pursued (identification of local data, engagement of stakeholders, empowerment of local authorities, separation of national and local priorities etc.) would give the reader confidence that this is not something developed ad hoc. Only one related reference is provided – so readers are left to wonder if the process has been implemented successfully and sustainably elsewhere, including in a developing country.

Along the same lines, the process described is very “medical” in its approach: diagnose the problem, identify a practical solution (build the facility; make it affordable; supply the staff and the equipment; train them; engage the community etc.) and everything will work fine. One is left to assume that these issues are really the key constraints and there are not social, cultural or other economic determinants at play in the three areas. It would be good to refer to published literature on the MNCH sector in the Philippines to substantiate this approach, or at least verify that these other determinants were considered and felt less important than the strategies selected. See also point 3.

3. Assuming the authors agree with the suggestion to divide the article up, the method section will need to be improved. Currently it is scant on practical detail as to how the process actually worked. For example, exactly what was involved in the data-gathering process (which is referred to as “intensive, costly [and ] one-off”), and how reliable is the data; how many local staff were involved and what level of authority did they have; how important for the process is it for there to be consistent staff over the years, and how complicated is the bottleneck approach to impart and what skills and capacity are required; exactly how were the “root causes” and “key constraints to scale MNCH interventions” identified, why wasn’t there any input from community stakeholders and (again) what about social determinants; was the process consistent across the three sites, or is this
not considered imperative etc. etc.?

Discretionary suggestion for revision

The article is submitted in mid-2012, but it is evident that the process for 2011 was undertaken before plans were developed early in 2011. I would imagine that the authors already know whether or not the strategies selected for funding in 2011 were re-funded in 2012, and whether the bottleneck analysis approach was used in the funding choices made by local planners. If not, why not? Too expensive? Too difficult without the research team’s support? Too much staff turnover, and if so, what is the use of a process for which institutional memory is imperative? It would provide credibility and a sign of ongoing evaluation of the process if the 2012 process is at least mentioned, and suggestions to enhance sustainability of the process are made. To my knowledge, there are no peer-reviewed evaluations of bottleneck analysis and budgeting, despite its high-level promotion in a number of locations. If there are obstacles to sustained use of the process, this is just as useful for readers to know about as the fact that it was successful in its first year. Currently, readers might be left wondering if donor or publication bias might be at play in the decision to limit the analysis to 2011 when the process was obviously heavily supported.

Minor suggestions

1. The abstract and last paragraph refer to “performance-based” planning and budgeting, but performance is not measured in this article and in any case is usually measured post-hoc. It is suggested to change this to “results-based” or “constraint-focused” planning etc. There is plenty of related literature on RBP.

2. Tables 1 and 2 should be merged; so should tables 4 and 5. There is no Web-figure 1.

3. The abbreviation for MNCH is required in the abstract. It is suggested to move “strategies” up to follow “incorporate” in the abstract.

4. Intro para 3, “In response …” to what – the devolution or the limited capacity?

5. Methods: why is there a sub-heading (“Supporting evidence etc.)? If there’s only one sub-heading, there may as well be none.

6. Minor editorial improvements are needed: Intro: “The Philippines” v later “the Philippines”; Discussion: IC is not defined; Use words for numbers less than 10 (“under-five” not “under-5”; “three LGUs” not “3 LGUs” etc.)

Level of interest: An article whose findings are important to those with closely related research interests

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