Reviewer's report

Title: Challenging common thinking on health care provision under extreme resource scarcity: a case study of emergency obstetric care in Northern Tanzania

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Reviewer number: 1

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1. Is the question posed by the authors new and well defined?
The issue is an interesting and very topical one in the context of debates about Alma Ata revisited. The authors use the case of obstetric care in Tanzania to argue that primary health care needs to rediscover its role in curative care and should prioritise services in a more realistic way that reflects the efficient use of existing resources. They challenge a number of assumptions in the international health literature, including the priority given to preventive services and to increasing coverage over curative care and quality. They suggest that users have deserted (publicly funded) primary health care as they have lost trust in their quality and relevance. These are interesting arguments that deserve a wide hearing.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
   This is more of an exercise in inductive thinking based on some data about the distribution of health human resources and a particular reading of the history of health interventions. It is meant more to provoke thought, I suspect, than to provide a data based argument. This needs to be made clearer.

3. Are the data sound and well controlled?

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

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   Reasonably well but the data are thin (and see comment above about the nature of the piece). For instance, there is a statement that Priority to vertical programmes has contributed to a collapse of horizontal services I am not convinced that this is an evidence based conclusion. "Horizontal" services have been collapsing in many countries for a whole variety of reasons. It is possible to argue that vertical programmes are a response to this in some places. It would be better to place this kind of statement into the category of a hypothesis or acknowledge the greater complexity of the question.

6. Do the title and abstract accurately convey what has been found?
Yes

7. Is the writing acceptable?
Mostly but it is quite dense and hard to follow in places. For example, I could not understand the following paragraph. It seems to make a very large number of points but their relationship to each other is not well explained and there are some major leaps of reasoning that do not seem to come from the data:

There is a statistical correlation between availability of qualified human resources and use of services. The data imply that the availability of qualified HR could translate into a higher number of qualified services provided at the higher levels of the health care pyramid, but not at the lower levels of the health care pyramid. A possible explanation for this finding could be the importance of increased training levels needed in the complex process of service provision. The finding emphasizes the significance of maintaining a health policy focus on process and context parameters necessary for the translation of resources into quality services. These include important issues such as health care providers must implement more effective management, improve motivation, ensure policy relevant strategies and increase equipment and drug availability [14].

There are other places in the text which are similarly hard to follow, e.g.

Donors have therefore created health development frameworks incompatible with the absence of needed resources and with a disregard of the value of quality curative services.

The double negative makes the sentence almost indecipherable

I think this is potentially an important and very valuable paper but it feels like it is still in an early draft form and needs some basic revisions before it can be published. The comments above all therefore come into the category of essential revisions. It would benefit from a general review of the flow of the argument and the connections which are made. In addition, the paper uses the concept of trust quite centrally but in a taken for granted way without definition. There is a large literature on trust in the health sector which should be referred to. The authors should be clearer about the sources of their certainty (“evidence” or “reflection” or informed opinion)

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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