Reviewer’s report

Title: Demand-side financing for maternal and newborn health: what do we know about factors that affect implementation of cash transfers and voucher programmes?

Version: 0 Date: 15 Apr 2016

Reviewer: Christopher Morgan

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Review of: Demand-side financing for maternal and newborn health: what do we know about factors that affect implementation

General comment

This secondary analysis from a systematic review makes a very useful contribution to the evidence base for demand-side financing. The use of the SURE framework to systematise the interpretation from a policy- and decision-maker viewpoint is welcomed. It usefully highlights the importance of careful program design, monitoring of integrity of implementation and the need to ensure increased utilization is matched by sufficient quality of care. Rigorous analyses of implementation issues, such as this, are a neglected area of global health evidence.

The paper is clearly written and presents an authoritative, accurate and valid summary of a complex set of qualitative data. The identification of 'tunnel vision' created by the limited indicators measured in most DSFs, and the speculation on what areas of implementation research are thus needed, is especially helpful.

Minor suggestions include:

- the desire for some targeting of the reporting of barriers and problems in the Results section to tie these more strongly to DSF implementation rather than broader MNH program implementation;

- some helpful observations on potential program responses to issues identified are provided at different points through the Results - it may be beneficial to consolidate these, and to clarify whether these represent the views of the authors or of the researchers whose papers they reviewed;
- was there any clear difference between provider-led as compared to consumer-led DSF schemes? - given these two categories differ in the policy and administrative domains they require

- consider whether it is appropriate to discuss whether there is something specific to MNH services (eg need for quality emergency care) that renders DSF implementation more difficult in MNH as compared to DSF support of other services, for example by comparison to child public health services, where the evidence for impact seems to differ;

- consider the conclusion in relation to both DSF program design and program implementation.

Some additional comments and suggestions in each section are provided below, to complement annotations made to the PDF.

Background

Some minor comments:

- wondering if health equity funds warrant mention in the taxonomy of interventions; and
- noting the relevance of Souza's 2013 report on the WHO multi-country study also demonstrates the disconnect between utilization and outcomes, that most likely relates to insufficient quality of care - maintenance of which is arguably more difficult in maternal and newborn care than at other points in the lifecourse.

Methods

Some minor suggestions provided as annotations on the PDF, to clarify terms.

Results

Minor comments by subsection below and some suggestions on wording for clarity provided as annotations on the PDF
Quality of the body of literature

- consider expanded heading because this subsection covers the scope, locations and categorisation of studies as well as quality

- consider providing the scale/system used to assess quality of quantitative studies (here or in methods);

Stakeholder perspectives

Minor comments:

- consider noting whether individual health care provider advice is or is not recorded as an effective mechanism for awareness generation

- clarify whether the barriers listed are barriers to uptake of DSF, or barriers to utilisation of services more generally

- clarify the nature of the barrier described as "geographically over-large operating areas" - solely distance or population as well?

While paragraphs on health facility staff helpfully categorise issues by type of DSF, this is not done for the earlier sub-sections. It would be interesting to know whether the perspectives reported by women and CHWs applied across all schemes

Barriers and enablers to successful implementation
Some suggestions in annotated PDF to suggest clarification and distinction between discussion and results

In the paragraphs on 'barrier' some issues reported - for example quality of care problems or inappropriate referral - are common to resource-constrained services without DSF schemes, so it would be helpful to clarify whether there is a reported link between the DSF and the problem reported. In some paragraphs this is clear (for example increased utilisation leading to providers feeling overloaded) but in other paragraphs the link to the DSF is less clear. In regard to this, it is not totally clear whether these represent barriers to DSF implementation or to implementation of better MNH services in general.
There are helpful syntheses of logical program responses (for example "Programme designers need to devote specific attention to how best to...") at different points in this section - it would be helpful to clarify whether this represents the conclusions of researchers whose work is reviewed, or conclusions of the authors of this review. If the latter, then perhaps some of this belongs in discussion.

Discussion

Some minor suggestions on wording and clarity in the annotations on the PDF.

Theses results seem to suggest that it may be fair to say that a lack of reported impact of DSF schemes may relate to problems of implementation rather than DSF as an intervention.

Some other suggestions for consideration in the Discussion are:

- was there any clear difference between provider-led as compared to consumer-led DSF schemes? - given these two categories differ in the policy and administrative domains they require

- consider whether it is appropriate to discuss whether there is something specific to MNH services (eg need for quality emergency care) that renders DSF implementation more difficult in MNH as compared to DSF support of other services, for example by comparison to child public health services, where the evidence for impact seems to differ.

- this raises the question of what services DSFs are best suited to, and it may be that DSFs in MNH concentrate more on support for routine preventive care (antenatal or postnatal) where the implementation issues are more contained and the incentives to fraud or gaming of the system less strong;

Conclusion

Suggest that the issues are not only with DSF program 'design' but also with 'implementation' of programs as designed.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
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Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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