Author's response to reviews

Title: Maternal and Reproductive health financing in Burundi: levels and trends of public-sector contribution from 2010 to 2012

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Author's response to reviews: see over
Dear Editorial Team and Reviewers:

On behalf of my colleagues, I would like to re-submit for further consideration our manuscript entitled “Maternal and Reproductive health financing in Burundi: levels and trends of public-sector contribution from 2010 to 2012.”

We first wish to thank the reviewers for taking the time to review our revised manuscript again. In this subsequent revision, no additional comments were provided by Reviewer 1 (Preeti Patel), which mentioned she was happy with the revised manuscript and had no further recommendations. Reviewer 2 (Josephine Borghi) mentioned that her previous comments had been addressed and that clarifications were provided, but that inherent limitations remain with the study.

In the table below, we respond point by point to the Reviewer 2’s comments. Some of the limitations mentioned rather derived from a lack of proper explanations from our side. For these, we provided further clarifications in the manuscript.

Other limitations are inherent to the study and its dataset, and as such, no further changes to the article can be done at this point. We agree with Reviewer 2 they limit the impact of the study’s results. However, we believe that despite these limitations, this manuscript is of great interest to the readership of BMC Health Services Research for the following reasons:

- Information on the reproductive health (RH) expenditures spent by countries most affected by maternal and child deaths is extremely scarce. As the 2015 MDG target is getting closer, this article provides key information on the levels of RH expenditures in Burundi, one of the 75 priority countries.
- In post-conflict countries like Burundi, financial information is often scarce and complicated to collect and analyse. Our study provide useful information regarding how reproductive health sub-account methodology can be adapted for countries with poor information systems. Our estimation strategy, based on unit costs and utilization data at provider level is an innovative way to allocate non-earmarked expenditures, which could be easily replicated in other settings with similar data limitations.
- Finally, our study is the first reproductive health expenditures tracking exercise ever implemented in Burundi. Besides, the last general health expenditures estimation study (NHA) dates back to 2007. Although our results are somehow limited due to our restricted dataset, they still presents up-to-date and original information which could be useful to governments and international donors in Burundi and in the Central African region.

As Reviewers 1 and 2 disagree about the importance of this study, it now falls to the Editorial Team to decide whether it should be published in BMC Health Services Research. For the reasons
mentioned above, we are convinced this manuscript has its place for publication in your journal and hope you will decide as such.

Thank you for considering our work. Please let us know if you have any questions about the manuscript.

Best regards,

On behalf of all co-authors,

Claire Chaumont
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<th>Comments (Reviewer 2)</th>
<th>Response</th>
<th>In the text</th>
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<td>The limited time frame for analysis, the period 2010-2012 is too short to be able to say anything about time trends, and this time period does not overlap with the initiation of the reforms and initiatives that the paper hypotheses may have affected financing levels (these started in 2006).</td>
<td>We acknowledge this limited time frame of three years is a serious limitation for interpreting the study’s results. Within this time frame, which was limited to only 3 years for both data availability and budget’s reasons, we decided to focus on the years 2010-2012, because they correspond to the transitional period between the National Plan for Health Development I &amp; II (respectively 2006-2010 and 2011-2015) as well as the mid-term of the National Health Policy 2005-2015. As such, we think that, despite the limited data availability, this time period was the best to observe changes in terms of the funding mix and funding levels of reproductive health.</td>
<td>N/A</td>
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<td>The study focuses on government financing as an agent rather than a source. As previously mentioned this does not enable the researchers to isolate the government contribution to health financing as it includes donor funding provided to the government as general budget support and sector level support. The latter is determined by donor prioritisation of health rather than government prioritisation.</td>
<td>The study includes donor funding provided to the government as general budget support. However, it does not include donor funding provided for the health sector, even when this funding is managed by the government. The government has full discretion on how to allocate and prioritize its budget – including the general budget support coming from donors – which is why we decided to keep this specific type of donor funding in this analysis but to exclude sector level support. This aspect was further clarified in the Methods section.</td>
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<td>The paper does not say anything about the government share of financing relative to external or household out of pocket payments, or the levels of government financing (as a source); yet the removal of user fees and introduction of performance based financing were also pushed by and part financed by donors. Any variation in funding levels could very well be a result</td>
<td>We wish to clarify the following point: as no sector-level donor funding was included in this analysis, the variation in funding levels presented in the results can’t be explained by greater donor investment. It could potentially be explained by an increased in general budget donor funding. However, even if general support funding had indeed been</td>
<td>N/A</td>
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of greater donor investment rather than government investment. It is also important to assess whether changes in investment levels are associated with changes in the levels of out of pocket payments being made.

used to support the removal of user fees, this allocation decision would have had been decided entirely by the government itself, and as such, could still be considered as a sign of government’s commitment to RH. However, we acknowledge the lack of information on external or household payments is a serious limitation for interpreting the study’s results. Our limited funding and timeframe did not allow us to collect any data for these important agents.

The paper defines reproductive health very narrowly as maternal health and family planning; yet it is unclear how this corresponds to the focus of the policies under study.

The study focuses on these two main activities, because these are the only RH activities implemented in the public sector in Burundi. National documents clearly highlight them as priority for the RH strategy (cf. Table 2). Other RH activities, such as sexual education for adolescents, prevention of gendered-based violence or cancers and sterility treatments are mentioned in strategic documents but their implementation is not monitored (no output indicators collected at national level correspond to these activities), and it is unclear whereas they are actually implemented or not. This was further clarified in the Methods section.

It is still unclear why the authors need to allocate provider level expenditures given that they appear to have information on the use of reproductive health services and the unit cost of these services. It is unclear which maternal services were included in the assessment.

Hospitals and clinics’ budgets combine public funding, coming both from the PBF mechanism and from national budgets, as well as revenues from medicines and out-of-pocket payments. First, we re-estimated total expenditures for each type of providers using unit costs and utilization data, out of which we isolated total expenditures related to RH. The allocation factors obtained were used to reallocate only the public funding coming from national budgets. Other sources of revenues, such as from selling medicines or services’ fees were not included in the analysis. This was further clarified in the Methods section.

The presentation of results should be done on a per capita basis only, as you

Results are first presented by financing agents, health providers and N/A
need to adjust for population changes. When this is done there is no evidence of a change in financing levels.

| The first paragraph of the discussion is misleading (as it does not report on per capita figures) and makes claims about the effect of policies on financing which are simply not supported by the data. | RH public expenditures increased as a share of total public health expenditures between 2010 and 2012. Therefore, even considering population growth, we argue that RH financing has increased with regard to other health activities. Besides, we argue that RH public are aligned with strategic documents in terms of expenditures distribution across health providers and health functions. Both claims are correctly supported by our data. However, we do not argue that public RH expenditures per capita have increased – as pointed out later in the discussion – which would indeed be an unfair statement. | N/A |

| The review of the literature provided in the discussion is very confusing as comparing different years, different parameters. | Unfortunately, data on RH expenditures in Sub-Saharan Africa is extremely scarce. Besides, even when countries implement a RH sub-account exercise, this analysis is often not replicated across time. Finally, information is often reported for total RH expenditures and does not always differentiate RH funding by funding sources. This makes comparison of public RH expenditures across countries extremely challenging, which is why our cross-country comparison arguably lacks standardization. However, we consider it is important to report data from neighbouring countries, even if such data should be used with caution. | N/A |