Reviewer's report

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

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Reviewer: Josephine Borghi

Reviewer's report:

This paper uses national health accounts and sub accounts methodology to estimate public health financing flows to maternal health and family planning over 3 years 2010-2012, using sub accounts methods. The paper in part duplicates work already published in Burundi NHA reports, but adds the dimension of estimating funds to reproductive health (it is unclear if there are sub accounts that have been done in Burundi). Hence there is no methodological innovation. There is no pre-defined hypothesis to be tested by the paper, the authors just describe trends in funding without relating them to any policy reforms or other changes which might help explain changes. Funding goes up a little as does the share of funds to reproductive health, but we have no information about previous trends against which to compare these results, nor any description of the changing policy landscape that might explain such changes.

Specific comments

The introduction provides a general overview of the RMNCH MDG targets and identifies resource tracking as an important element of tracking progress. The introduction then goes on to describe the Burundi health system. However, the introduction provides no review of the literature on resource tracking, specifically the Countdown resource tracking exercises looking at ODA to RMNCH globally since 2003. At country level there is also momentum to tracking resource flows, through public expenditure reviews and NHAs, with sub accounts for reproductive health and child health in many countries.

It would be helpful to explain the NHA terminology for those who many be unfamiliar, e.g. financing agents versus financing sources.

Line 82 – mentions that the user fee removal policy is financed by PBF. It would be helpful to very briefly describe the relationship between the two policies.

-decimals should be written as full stops rather than commas.

-on the evaluation of PBF in Burundi, the authors could cite the most recent paper in Social Science and Medicine with these results.

The introduction should set out a hypothesis or research question to be examined within the paper. There is no hypothesis or clear study question. For example, it would have been interesting to try to relate changes in financing to changes in outputs (e.g. service utilisation) or outcomes. Further, the time frame for the study should be justified. What changes would you expect between 2010-2012, and why? Given the limited time frame, this gives the impression of
being opportunistic, what was available, rather than the basis for testing a plausible hypothesis.

The authors imply that government has taken a stronger leadership role which is likely to result in greater health sector funding, but there is no evidence base presented to support this hypothesis, or the statement about greater leadership.

Methods

The methods employed by the research team appear to be the same as the routine NHA, and NHA sub accounts.

The focus of analysis is on financing agents, it is unclear why. Surely financing sources would be equally if not more relevant (how much funding is coming from public sources, not just how much funds are being channelled through public sources). The authors state that looking at external funds and HH funds was beyond the scope of the study, yet this is critical, as important to gauge public funding as a share of total expenditure. The weighting system used to allocate non targeted expenditures is unclear.

Results

The authors document an increase in public expenditures, but it is unclear how this relates to previous trends, nor what any change might correspond to if anything, the same is true of the share allocated to RH. The same is true of other findings presented.

The comment about PBF doesn’t seem to have any relevance to the study.

Discussion

The fact that a higher proportion of public funding is channelled through the MOH doesn’t say anything about leadership, but is simply a reflection of the structure of the health system.

The fact that RH expenditures are aligned with the RH framework is hardly surprising as this was the framework guiding the definition and analysis of RH expenditures.

The increased funding documented in 2010-2012 cannot be generalised to the period before 2010, it may have been the continuation of an exisiting trend, hence sentence 297 onwards is unproven.

The authors indicate that it is difficult to compare across countries, yet the point of NHA was to serve as a standardised framework to enable just that: comparison across countries and across time.

Line 323 the study does not show that local governments can increase their own funding for RH.

Level of interest: An article of insufficient interest to warrant publication in a scientific/medical journal

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.

**Declaration of competing interests:**

I declare that I have no competing interests.