Reviewer's report

Title: Costs of postabortion care in public sector health facilities in Malawi: a cross-sectional survey

Version: 2 Date: 27 March 2015

Reviewer: CAROL LEVIN

Reviewer's report:

There is a need for data on costs of providing safe abortion services and this manuscript contributes by providing the costs of PAC in Malawi. There is also a need for cost analyses that provide the reader with clear description of costs and cost categories, to make these data more useful for others. I would recommend strengthening the methods section and adding in a table that provides breakdown of unit costs by input category.

1. Is the question posed by the authors well defined? Yes.
2. Are the methods appropriate and well described? More or less, see comments below
3. Are the data sound? More or less, see comments below.
4. Do the figures appear to be genuine, i.e. without evidence of manipulation? Yes.
5. Does the manuscript adhere to the relevant standards for reporting and data deposition? For cost analyses, they should provide more detail on unit costs and sensitivity analysis. Follow more standard reporting of results for cost studies.
6. Are the discussion and conclusions well balanced and adequately supported by the data? Need to clarify some points.
7. Are limitations of the work clearly stated? Yes.
8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes, could add another reference cited below.
9. Do the title and abstract accurately convey what has been found? Yes.
10. Is the writing acceptable? Yes.

Major compulsory revisions

Methods:

Line 151, In methods section, please be more explicit as to why authors could not capture indirect (capital, equipment and overhead) costs. While it may be difficult to capture overhead costs, surgical equipment and devices are a key cost drivers for treatment of complications. Authors do address this caveat in their discussion, but would be useful in methods to first indicate why data were not available, especially since they were collecting data from facilities and could equipment, such as MVA equipment and equipment in surgical theater, etc.
Using literature available in sub-Saharan Africa, did the authors consider making assumptions about these costs or doing sensitivity analysis to include overhead/indirect costs—by including it at as an additional 1/4 or 1/3 of recurrent costs?

Line 190: No sensitivity analysis was conducted and this is recommended practice for cost studies. Given the small sample size and assumption that these costs reflect national averages, it may be useful to vary assumptions using sensitivity analysis on key input parameters.

Please add a table that provides a breakdown of unit costs by input category.

Discussion
Lines 242-247, line 314 and line 321. In lines 242-247 The authors discuss scenarios resulting in cost savings, but then on line 314, indicate that changes in service delivery from PAC to safe abortion are unlikely to result in direct budgetary savings to health system. In line 321, authors indicate the cost benefits to the health system. These sections need to be reconciled and made more consistent, or authors need to provide a clearer explanation for line 314. While unit costs are likely to go down by switching to MVA over D&C, increased access will put pressure on the overall budget, since more women are likely to seek services, thus driving up the total costs to public providers. Also, what happens to who pays once safe abortion is legal? Will there be more private providers? Will women have higher out of pocket expenses? Can the authors talk about potential impact on who pays and distributional effects between public and private providers and between government and beneficiaries? What other policies (universal health care) have to be in place to address potential consequences of liberalized access to PAC.

Minor Essential revisions

Methods:
Line 161-162. Can authors clarify the use of WHO’s Mother-Baby Package. This is a tool for data collection and analysis developed in 1999 and 1994—if it provides default unit cost data, then authors should indicate which unit cost data they used from the package and indicate explicitly that these were inflated to USD 2010. Also suggest they indicate which time use they used from default values in the Mother-Baby Package costing tool.

Discussion:
Line 288 For completeness, authors may want to reference below article that also estimated PAC, although not at a national level. This study further corroborates the author's findings. Levin, C et al. "Exploring the costs and economic consequences of unsafe abortion in Mexico City before legalization." Reproductive Health Matters 17.33 (2009): 120-132.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests.