Reviewer’s report

Title: Optimizing decentralization for the health sector by exploring the synergy of decision space, capacity, and accountability: Insights from the Philippines

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Reviewer: Mario Festin

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Comments on the paper Optimizing decentralization for the health sector by exploring the synergy of decision space, capacity and accountability, insights from the Philippines

1. Page 4, Lines 5 to 7. I would suggest that the usual interaction between central and regional or subregional level be described if the recommendation that certain accountabilities need to be enforced by the central office.

2. Page 4, Lines 12 to 17, so which is the direction that the government is pursuing, reversing devolution and fostering centralization OR strengthening devolution by a federal system of government? Is it clear among the local and national leaders?

3. Page 4, Lines 25 to 28. Is devolution complete for all components? Would there be some components or issues that are still from the central office? Since you looked at different levels, how do these interact, and influence decision making? For specific components, where does the decision making take place - at the provincial level or city level?

4. Since health is not the only government program that was devolved, has there been any problem with the devolution of other programs such as education, agriculture, etc.? It may show that the local government unit may have different strengths for the various components that were devolved.

5. Page 5, Lines 9 to 11 - Citation 34. And citation 22. What did these say? Citation 34 is not yet available.

6. Page 6, Lines 17 to 20, and lines 20 to 26. The sentences can be rephrased better to be clearer.

7. Page 8, Lines 13 to 26. How were the interview subjects chosen? Was it through purposive or convenience sampling? Was the health profile of the geographic region where the interview subject considered in the choosing?
8. Page 10 Lines 1 to 23. These 6 functions are described related to the local level context. How many of the respondents of the survey interviews actually work at the local level? Three respondents were noted to be former ministers. How were their responses used in the analyses of responses?

9. Page 10, Line 25 ++ - The descriptions of wide, and narrow and then moderate seem very subjective and may have problems of consistency and reliability. Would you be able to provide criteria and how the categorization was done? Was observer variability considered? How were these grading levels standardized to minimize bias and these other problems?

10. Page 12. Table 1. We are only given the decision space assessment, without a proper description of what was the basis for such assessment. I think this would need a better description because the columns on needed capacities and accountability mechanisms are probably dependent on this description.

11. Page 12, Table 1. The illustrative notes reflect somehow what the interview subject believes that they should do, and probably not what they are actually doing. How much assessment of the validity of the responses was done - on whether what they said was actually what was happening?

12. Page 13. Lines 3ff. A moderate to narrow category may suggest that maybe more categories may be needed, or better criteria to delineate the various categories may be needed. Would not the decision space for budget and financing be based not on how much resources they have but whether the person is able to use the allotted budget fully and dependent on their needs? Increased capacity would be dependent on how much they are able to identify additional resources for income such as PHIC or PCSO. Accountability mechanisms would be dependent on the Commission on Audit requirements. It may also be that budget allocations are not equitable but are highly dependent on the income category of the local government unit, and likewise the existing health systems. Like hospitals and accredited health professionals would tend to stay in urban areas while the non PHIC accredited providers would most likely be in the remote rural areas, thus denying these areas of the potential for more income from PHIC.

13. Page 14. Program implementation and service delivery. The assessment is a bit vague because the central unit DOH is tasked to have the national policy development, and program implementation and service delivery would usually be in the lower levels. Are we giving them a grade of moderate because they are not able to design policies and programs, when their primary function is to implement programs and deliver services. It is mentioned that a higher rating may be achieved if there is some capacity for innovation and modification. But what if the existing program is able to achieve goals and meet or even
exceed targets even without modification. What would the assessment grade be? Was the assessment made on the process but how much weight was given on the outcomes or status of the main health outcome indicators? There seems to be a preference over innovating but in some instances, it may not be needed.

14. Page 15. It may be that the assessment for facilities and equipment may have to be separated from that of supplies. All levels of health programs would also express the need for better and newer facilities and equipment. Lines 15 to 22 say good and interesting suggestions for improving capacity but it may need to be based on more than one citations of successful experiences using such mechanisms rather than just theoretical suggestions. If there are good and successful examples of public and private partnerships in some of the interviewed local government units, it would be helpful if these are cited. If such suggestions are provided, the role of the PHIC to support the financing of patients in the public sector to allow access to pay for service facilities should be enhanced.

a) For supplies, it was always believed that a centralized procurement of large volumes of drugs and vaccines by the central government may facilitate getting them at a lower price due to volume negotiations. (Lines 26 ff on page 15). Does this really work? Also do the local governments get what they need and ask for or are they being given drugs that they hardly use and just expire in the warehouses. Is there also evidence or experience from a regional procurement system which may be adapted in some regions?

15. Page 17. Should not table 1 and 2 be combined into a single table? The note about the basis for the decision space assessment applies to table 2 as well.

16. Page 18. Line 3. Moderate to narrow again appears. So maybe a four point scale would be better? There may need to be some notes not only on deployment and hiring but on retention including those of the higher skilled professionals. There was a time that there were no doctors and nurses and they had to seek highly profitable opportunities abroad. This also led to a massive increase in nursing schools which graduated tens of thousands of nurses who after some years lost their opportunities to work abroad because the market closed down. But there also needs to be a check on the clinical competency training of these hundreds of professionals (physicians, nurses and midwives). There is also the issue of continuing professional education for these providers, that some coordination needs to be done. Some of the public health professionals are required to attend numerous seminars and workshops that require them to be out of their service areas, leaving no one in their rural or urban poor clinics.

17. Page 19. The classification of moderate needs to be supported well. I have heard many stories that the health professionals in the various service delivery areas also prepare their data reports, in addition to their nearly 24 hour on call duty as providers. I appreciate the
note about the need to validate these data. These individual health service delivery points are supposed to provide important and accurate data, but they are also required to reach certain targets. How sure are we of the veracity and validity of the reports if such are required. The other issue is how soon the data is submitted to the central data management office so that these may be collated analyzed and used for decision making and policy development. It used to be that the lag time from submission to publication of data was from three to five years. With the internet and digital technology, there may be better ways of gathering and collating data, at least for the key and important indicators.

18. Page 20. It would be interesting to note if there have been previous attempts at evaluating the devolution program using scientific methods. There have been attempts to cancel devolution to go back to the centralized system, but evaluation studies have also been made to look at increasing quality and improving systems. These reports may not have been published in scientific journals (but hopefully they are) but for sure the Secretaries of Health may have them. Also there are some hospitals that were devolved but some have been retained in the DOH system. Were some of the administrators or practitioners in these two types of hospitals considered in the interview survey?

19. Page 20. Line 15 to 16. The bases for wide decision space may have been set at a pretty high or near ideal level, that it would not have been possible to meet it despite much efforts. Lines 20 to 22 looks at the synergy been the different component functions that can actually support improvement in systems and in quality, but was this approach in the analyses considered for this paper? Maybe if we consider that some specific programs in the past in the Philippines were highly successful such as the child immunization program (before the fiasco on the Dengue vaccine and the HPV vaccine. I would understand that the present survey or interview were on the existing staff and programs. It may also be helpful if some examples of wide decision space in other countries were cited.

20. Page 23. Lines 3 to 8. If a major recommendation from the paper analyses was to enhance synergy between the various components, maybe a more detailed example of how it came to be in Pakistan would be helpful. As such, a proposed model of synergy for the Philippines may be mentioned at some point.

21. Figure 1. A proper label is necessary. Since this is an expanded version of a previous model, would it be helpful to identify at which points or areas the expansion took place?

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