

Review of: "The impact of health worker absenteeism on patient health care seeking behavior, testing and treatment: A longitudinal analysis in Uganda"

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Potential competing interests: The author(s) declared that no potential competing interests exist.

This is a very important research in an area with limited evidence in public health. It is clear that health worker absenteeism has high impact on patient outcomes particularly in LMICs but there has been little evidence to guide policymakers and therefore this adds to the body of knowledge. Despite the limitations highlighted, it is highly insightful. I have a few comments below:

Abstract:

- The introduction shows that the focus is on public sector but the title and elsewhere in the article, private sector is included. There is need to reconcile this.
- The aim of the study is not included in introduction but placed in methods. Please, revise this.

Introduction:

- Page 2, last paragraph infers that formal private facilities are often preferred over public facilities because of their proximity, longer operating hours in public, and superior stocking of medications and equipment (which can be an inference for better quality). Yet on page 3, first paragraph, the authors say that the quality of private sector care is widely variable, with many facilities staffed by unlicensed, unregulated, and untrained providers....often have limited ability to conduct diagnostic tests, have financial incentives for overtreatment, and generally high out-of-pocket (OOP) payments relative to public sector providers. This therefore creates some contradiction. It would be good however, to define quality for this study and from whose perspective e.g is it patient perspective, regulatory/ health system etc.
- Also can authors define other key terms such as informal facilities.

Materials/Methods

- The study was done in 2011/12 and a lot could have changed in 10 years. Can authors confirm that the situation still stands?
- The study site districts are all based in Eastern Uganda. What was the rationale and can the results be generalised to the entire country?

Data collection

- In methods above, the study was conducted in July 2011 to April 2012 yet under this section authors say

March 2011 to April 2012. There is need to reconcile.

- It is also mentioned that a cluster randomised control trial was used yet panel dataset is mentioned in abstract. Please, reconcile.
- How was the self reporting bias of providing registers for in-charges to record attendance managed?

Discussion

- In the last paragraph the authors say “ Chronic absenteeism of **frontline** health workers could shift health care seeking away from formal facilities to drug shops and pharmacies...”. This is a bit misleading and should be rewritten...may something like... “Chronic absenteeism of **lower level** health workers could shift health care seeking away from **public** facilities to drug shops and pharmacies, reduce the likelihood of receiving diagnostic tests, and increase the financial burden to households”.