Reviewer's report

Title: Is there really a Pot of Gold at the end of the Rainbow? Has the Occupational Specific Dispensation, as a mechanism to attract and retain Health Workers in South Africa, leveled the playing field?

Version: 1 Date: 4 May 2012

Reviewer: David Stuckler

Reviewer's report:

Major Compulsory Revisions

I. Introduction

It would help if the authors could set out which are major countries where medical personnel are going from South Africa.

The paper mentions doctor ratios but what about nurses or other health workers? It is clear that South Africa has few doctors per capita than Mexico and Brazil from the statistics provided, but does this apply to other categories? This is useful backdrop for interpreting the subsequent analysis and its policy implications.

The paper helpfully cites analysis of South Africa’s health resource issues. However, the introduction should also cite work on the determinants of so-called ‘brain drain’ in low- and middle-income countries, particularly research by WHO.

II. Methods

a. Conceptual framework

- The paper would benefit from a model of a person’s entry into the medical profession and subsequent choice of where to work. Such a framework would help clarify some vague aspects of the paper; for example, does emigration explain the low levels of nurses? My understanding is that it is mainly because of the doctor-nurse pay gap within the country. Or is the gap also arising from low salaries creating a disincentive to train for the profession?

- There are differentials at several levels: within-medical profession (e.g. doctor versus nurse gap), within-country (e.g. rural versus urban), and between-country (e.g. South Africa versus Zimbabwe) and between-continent (e.g. South Africa versus UK).

- The discussion includes ‘pull’ factors on p. 5 but what about ‘push’ factors? The authors allude to them in the paper but it would help to address these together.

- Does the paper consider the potential for wage-disadvantage of foreign workers in the UK, US, and elsewhere? It is possible that South African doctors would earn about the same abroad, even if the average salaries of domestic workers
are higher.

b. Country case selection
It is unclear why the specified countries were chosen. Are these main receiving countries of emigrating doctors? Would Mexico and Brazil be more appropriate comparisons, as suggested in the introduction on p.4 since they have similar development but more doctors?

Including the conceptual framework referred to above would help the authors appropriately choose the reference groups.

Saudi Arabia strikes me as a puzzling choice, given the many non-financial benefits offered.

It would be very helpful to have a within-country (urban versus rural) and across-sector (private versus public) comparison in South Africa. I would have also preferred to see a neighbouring country.

c. Pre-/post-comparison
Can the authors compare salaries before and after OSD? How did they adjust for both purchasing-power-parity (to harmonise buying power across countries) and exchange rates?

d. Details about 2007 Occupation Specific Dispensation
We need more information. What is this law? How much did it improve salaries? Why was it passed? Did it only focus on health care or all professions? Did it cover both private and public salaries? Were there any conditions attached?
Table 1 is helpful, but the light discussion on p. 6 is insufficient to address these critical details. (also when is Year 1?)

The paper suggests the dispensation benefited primarily public sector workers on p. 14 but this background information needs to be consolidated and come earlier in the text (ideally as a sub-section of the introduction).

By way of comparison, what was included in the 2006 National Plan to prevent brain drain (referred to on p. 13)?

III. Conclusion
The authors conclude OSD “has made significant progress in reducing the gap” but by how much? This is not clear, but could be with the above amendments.

The concluding section needs to summarise the main results of the paper. How much has the Occupational Specific Dispensation helped close the gap in salaries?

Can the authors make any recommendations about how to address the gaps within South Africa? Do their results suggest increasing the roles of nurses in medical care since they appear easier to retain?

IV. Figures and Tables
Figure 1 is reported to present comparisons, but the labels for the bars are missing, making it impossible to interpret.

There may be a glitch in my version but I do not have access to the tables either (apart from a supplementary information excel spreadsheet).

Minor Essential Revisions

1. Acronyms – e.g. abstract, HRH, OSD – please spell out. Also in the introduction, please explain what is meant by Human Resources for Health. Does this include community health workers, for example?

2. How much has OSD reduced the disparity across countries? Please provide some numbers comparing average salaries.

3. Introduction, how was a staff shortage calculated?

4. p. 8, final sentence – break up into two sentences

5. It would be easier to follow if the currency were in USD so that international readers of BMC public health can understand the cross-national salary comparisons.

6. Is medical officer equivalent to a primary care doctor?

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

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

**Declaration of competing interests:**

No competing interests to declare