Reviewer's report

Title: Removing financial barriers to access reproductive, maternal and newborn health services - the challenges and policy implications for human resources for health in Zimbabwe

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Reviewer: Robert Yates

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Major Compulsory Revisions

It is commendable that the authors have looked at this relatively neglected topic as not enough research has been done on what supply side reforms need to be undertaken to accompany the removal of user fees.

Unfortunately though I don’t feel that this research with its small sample size of respondents and its largely descriptive prose adds much to the debate concerning the linkages between HRH policy and the removal of health user fees.

I appreciate it is difficult to collate responses from interviews and FDGs and present these as scientific and statistically significant findings. However the analysis comes across as rather superficial and subjective and one is often left wondering how representative statements are of the whole population.

At present the paper is over long and contains too much text describing the Zimbabwean health system over the last 30 years. It would benefit from a major edit to just focus on the current human resources issues relating to the removal of fees.

Minor Essential Revisions

Page 7 “Dollarisation” An audience not familiar with the history of Zimbabwe will need this term explaining

Page 10 para 2 last sentence. This figures quoted for 1990 and 2009 suggest that neonatal mortality actually fell at little from 29 to 27. Perhaps these figures need reversing?

Para 10 para 4 These statements seem contradictory. Ie if 65% of the population live in rural areas and in these areas 65% of hospital beds are provided in mission facilities how can the health system be dominated by the public sector?

Page 11 Para 1. Should this be public health spending (rather than services) constitute less than that 1% of GDP. Also doesn't the 5.3% GDP figure for SSA refer to Total Health Spending not just public?
Page 11 last para “Consequently” – this suggests that all the deterioration of health sector performance has been due to HRH problems whereas reduced access to medicines, diagnostic tests etc will also have had an impact. Maybe best to start this sentence “This has contributed to…”

Page 12 para 2. Over what time period did these resignations take place “at the peak of the depression” is too vague

Page 12 “Current stocks and gaps” – better to state a specific time when this analysis was undertaken

Page 14 Remuneration policies. This figure of 0.3% spending on HRH is incredible. But does this refer to the percentage of the budget allocation or the proportion of the expenditure. These would be very different if the MoF basically stopped disbursing the health budget

Page 14 Para 2 Might the reduction in resignations in 2009 be a feature of the workforce being a lot smaller in 2009 following previous mass resignations?

Page 15 Para 2 This economic analysis appears a bit superficial and I would recommend removing this para.

Page 16 para 2. How many people were exempted from paying fees and did these exemptions really work?

Page 18 Para 2 “Others state” Who?

Para 19 Last para – analysis here is very subjective. Some numbers here would be helpful

Page 20 Para 1 FP supplies were seen as affordable. Who said they were affordable – this is extremely important as the views of providers and consumers may well be different. Also might it be the case that the 43 women from the community are more likely to be regular users of services and therefore not representative of women who feel that FP services are not affordable.

Para 20 Perhaps the authors should make more of the finding of women being detained (ie imprisoned) in corridors for non-payment of fees.

Page 21 “Fees levied at government-owned health facilities are reasonable and affordable” This is very subjective. It would be interesting to see whether the women absconding from corridors in hospitals agree with this statement.

Page 22 Last para. “User fees were reported to contribute in the region 10-15%” This sounds like a very rough estimate.

Page 24 Workload. There are currently around 7 deliveries for each skilled health worker etc Over what time period?! This is a vital piece of information to judge workload.

Page 25/26 This long list of failings of the health system should be presented in a more user friendly and readable format
Pages 25-30 There doesn’t seem to be any analysis of how much user fees (either formal or informal) have been contributing to the remuneration of healthworkers which one would have thought would have been crucial to this research? On page 27 it says that “there is no direct benefit” because “it is not legal for staff to receive any funds” but is this really the case? Some more indepth analysis here is essential.

Page 27 Staff maybe supportive of user fees but what about health care consumers and people not currently using services?

**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