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: Diane McIntyre

Reviewer's report:

This article explores an important issue, namely the human resource implications of improving financial risk protection. The scientific basis of the paper is acceptable and methods are appropriate (drawing on a mix of primary qualitative data, analysis of secondary data and review of published literature). However, the paper is unnecessarily lengthy and the structure could be improved – these two factors mean that at present, the line of argument is not sufficiently clear.

MAJOR COMPULSORY REVISIONS

1. I strongly advise reducing the length of the paper. In particular, there are more than 10 pages (pages 8-19) of very detailed background information on the Zimbabwean health system, HR policies and challenges, and user fee policies. In fact, further background information is also included on later pages. This can be substantially reduced – to focus on the really key issues (where it is felt that it is necessary to provide some more detailed information, this could be put in a box) – essentially, it is necessary to provide a relatively brief background section covering key issues only so that readers aren’t overwhelmed by detail before coming to the meat of the stated focus of the paper.

2. There is a need to streamline the structure of the paper – I would quite tightly structure the core of the paper (i.e. after a brief background) in relation to the stated focus of the paper: current financial access to care; scope for increased demand and implications for staffing. At the moment, the length of the paper, particularly the excessive background information, and poor structure leaves the reader with a lack of clarity about the focus of the paper and the key arguments – it comes across as a very general and very descriptive overview of the history and current challenges of the Zimbabwean health system, with a particular focus on human resource issues, and anything else is buried in this description. At present, the content of the paper does not seem to match either the title of the paper or the stated focus.

MINOR REVISIONS

3. Title – the content should be revised if this title is to be retained. For example, the authors do not explicitly argue that fee for RMN health services should be removed; even if fees are removed, this would reduce not remove financial barriers (as patients would still face transport and other financial burdens)
4. Page 8, first paragraph of background section – suggest removing the word “other” (black people are certainly not a minority in Zimbabwe, so how can one say “black people and other minority populations”).

5. Page 11, first line – add the words “expenditure on”, so would read “However, expenditure on public health services ....”

6. Page 12, last line – unclear what you mean by “20,000 nurses per year” – is this 20,000 additional nurses per year? If so, over what period.

7. Page 17, second line – international readers may not know what you mean by “medical aid” (need to explain it is a form of voluntary health insurance)

8. Page 20, first line – words are missing: “… based on the limited undertaken …

9. Page 21, second sentence – It seems a bit of an assumption to state that “Fees levied at government-owned health facilities are reasonable and affordable.” – I would not think that fees of $50-$100 for a normal delivery are not really affordable in a country with such high poverty levels. If this is the view of KI or FGD members, you should say that “Fees levied at government-owned health facilities were seen by X, y … as reasonable and affordable.”

10. Bottom of page 23 – the explanation of how Figure 1 was derived is very unclear – you simply say that it is ordered by population density .... Was this done for districts?

11. Page 24, First sentence under section on workload contradicts the data in Table 4 – Table 4 indicates that there are 12 (not 7) deliveries for each skilled health worker and 313 (not 184) for each doctor

12. Page 27, last sentence of first paragraph – this reads as if it is the authors' view (which it may be). If this is a finding from the KII or FGDs, this should be made clear, or rephrased as “There is a widespread view that ‘people should make contributions’.”

13. Pages 29-30, box 1 and Table 5 – Table 5 must make clear that doctors are currently receiving $218 per month, while Box 1 reflects annual salaries

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

**Quality of written English:** Acceptable

**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