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: Germano Mwabu

Reviewer's report:

(1) Minor Essential Revisions

Introduction

The title implies that improving financial risk protection for mothers and newborns (e.g. by reducing direct payments for health services used by mothers and newborns) has implications for human resources that provide these services. The motivation for the financing reform that has implications for health staff is missing.

The section on “scope for responding to increased demand for services…” is the main part of the paper. The authors do not indicate how the increase in demand arises. I think the demand increase should be linked to the “improvement in the financial risk protection of mothers and newborns.” If the financial protection improves (via e.g., fee reduction or abolition) demand would increase, ceteris paribus. The increase can have major implications for the level and distribution of the health work force – the main concerns of the paper. As the authors point out, this issue has been neglected in previous analyses of effects of user fees. There is also the need to provide a rationale for “improving financial risk protection for mothers and the newborns.” I think one reason for this financing reform (fee reduction or abolition) is the widespread poverty in Zimbabwe. Another is the very low labor income of mothers that the authors document. If these missing parts are added, the paper would be much stronger.

Data analysis

This section is not informative. For example, on p. 8, the authors state that quantitative data were collated analyzed using excel. They state further that qualitative data from the field were transcribed and analyzed through categorization of themes. The software used for quantitative analysis does not matter for the results obtained. Transcription of data from the field and its categorization according to themes are routine analytical steps. These statements do not help the reader to understand the analytic processes through which the results reported in the paper were derived. Moreover, since it is routine for researchers to compare new results with those already in the literature, there is no need to state that the new results were compared with the findings obtained from the literature. This section should be rewritten, indicating the actual analytic
tasks performed or the specific statistical/analytic procedures used.

Conclusions

“Numbers need to grow…” … “Overall investment in public health system … needs to grow.” These conclusions are not based on the paper’s findings.

(2) Discretionary Revisions

Minor points

Table 4. The third column of the table is not clear. In particular, it is not clear how to interpret the numbers in this column, which apparently are ratios of “salary to GDP per capita.” For example, does 2.56 mean that the salary of support staff (US $127 per month) is 256% of GDP per capita? If so, the health workers are very well paid. To avoid confusion, the heading for this column should be “ratio of salary to GDP per capita” (or some other unambiguous term).

Based on Figure 1, the concentration ratios for doctors and clinical officers are reported as .53 and .52, respectively. The indices are not interpreted. It is not clear what the numbers mean.

MPS tool needs to be properly referenced (the relevant WHO document should be cited). However, detailed description of the tool (as appears in one sentence), i.e., the flexibility it affords the user is unnecessary.

In title, ‘newborn’ should be changed to newborns.

**Level of interest:** An article whose findings are important to those with closely related research interests

**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