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

Version: 1 Date: 21 February 2013

Reviewer: Samantha Battams

Reviewer's report:

This paper covers an important and topical area. Below are a number of points for consideration/clarification.

1. This paper could better incorporate and set itself within the global health policy context (i.e. WHO (2010) World Health report on health systems financing) of countries aiming towards universal coverage and strategies such as country level taxation, insurance schemes (pre-payment prior to illness and risk pooling/pooled funding) – as well as development assistance for health. Out of Pocket payments were seen as the main ‘revenue source’ causing problems for human resources for health. One important point is that, despite commitments (e.g. Abuja Declaration) governments are sometimes choosing not to prioritise health care expenditure. In addition, development assistance for health is often directed towards non health priorities (Institute for Health Metrics and Evaluation 2011).

2. In the abstract and introduction removing ‘user pays’ at the service delivery level appears to be put in a negative light - equated with or seen as responsible for loss of revenue, increased workloads for health staff and loss of bonuses or allowances for health staff – in these sections this is not supported by references, this seems to be more related to the findings (the Campbell reference states in the introduction states that support for the demand and supply side needs to be balanced). Obviously alternative revenue sources are being introduced successfully (i.e. taxation and insurance schemes) and this could be mentioned in the discussion section.

In the Abstract and Introduction

3. User pays- ‘the last decade has seen widespread retreat from user fees' (no references). I think it would be important to mention that in low and middle income countries the Out of Pocket Payments are still the most common and least equitable form of payment and related to pushing people over the poverty line and being a barrier to health care (and thus good health outcomes).

4. The issue of user pays on equity could be mentioned – not just in terms of utilisation (access to services) but also in terms of outcomes. Could mention the example of Rwanda where health care utilisation has increased from 24.7% to 87% in 2009, and the under 5 mortality rate decreased by 50% from 2005-2009 – i.e. consider the community based health insurance scheme and its impact on
under 5 mortality.

Methods

5. This section is quite unclear.

I. Lit Review – what databases or other information sources were accessed? What years did the review cover?

II. Desk based analysis and document review. Access to which data sets, for what purpose? Need to make more explicit that this relates to the lit review ‘criteria’ if it does. Local collaborators were in which countries, when? What period did the document review cover?

III. Field studies – this is vague. Which data? How were the interviewees selected (based on what)? Why was only one country chosen for the interviews?

IV. There is nothing about analysis in the methods section, i.e. how were the document review and interviews analysed? What themes came up from these – this could be discussed in a separate section.

V. The CI analysis mentioned later in the paper should be in the methods section.

VI. The first part of the results section which describes what was actually done should be in the methods section.

- Minor Essential Revisions

6. Check for absent full stops or spaces that are there when they shouldn’t be, or aren’t there when they shouldn’t be.

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.