Reviewer's report

Title: Human Resource Governance: What does operationalizing governance mean for the health workforce?

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Reviewer: Sameen Siddiqi

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Comments on Health workforce and governance paper
- Note for the authors - These comments may seem critical however these are solely meant to further strengthen the paper, should the authors wish to consider these. The paper requires substantial revision but is potentially publishable. Below are mentioned the general comments. Inside the paper are also some specific comments for the consideration of the authors.

- The paper may wish to define the scope. It seems the focus is largely on the workforce in the public sector, although there are many governance challenges related to the workforce in the private sector;
- The authors may also wish to clarify, what is the end point – ‘better governance for the workforce’ or ‘better workforce governance and better services for the population’. It is important to be consistent right through the paper;
- The choice of governance principles, the operational definitions of the governance principles in the context of HRH, and the development of specific codes given in Table 3 is the most important conceptual and methodological aspect of the paper on which subsequent analysis is based. It needs to be conceptualized better than what the paper has to offer;
- How were these principles and related codes chosen? This is fundamental to the paper. Was this done by an expert panel, or some form of Delphi or by the authors themselves based on literature review? It seems that while some codes are clearly linked, others require some more thinking;
- The description/explanation for each governance principle needs to be better and more clearly linked to HR functions. In Table 3, mentioning some attributes or codes under each governance principle is not sufficient. The linkage between each governance principle and HRH needs to be more explicitly defined. This will bring more clarity and will make the analysis and findings much more focused and purposeful. At present this is not the case.
- For instance:
  - Information - what does health information mean in operational terms;
  - Strategic vision - does strategic plan development process refer to overall strategic health plan or strategic workforce plan;
  - See the principle of Transparency as an example below:
Transparency principle and Codes as given in Table 3 How could these have been better defined by the authors?

- HRH dedicated budget - How are budgets allocated for HRH between different cadres – physicians, nurses, paramedics – for developmental [training programs] and regular activities [salaries]
- Recruitment/absorption - How transparent are the recruitment procedures in terms of post descriptions, announcement, selection process, and if possible
- How are institutional head appointed?
- Deployment/distribution - How are open decision made regarding posting and transfer of staff between urban and rural centers, primary and tertiary centers
- What are the criteria and what is the practice for deployment of staff
- How is political interference addressed
- Formal career pathways/promotion - How fair are career development pathways- are these based on meritocracy, or other well recognized criteria for example service in ‘hard areas’, or field experience, or performance reports etc.

Another governance principle of effectiveness and efficiency occupies a substantial part of the analysis and findings but has not been included among the five governance attributes. Including this should be given serious consideration;

- It seems that the HSA studies for the 19 countries were done for a different purpose and not to specifically look at the relationship between governance and HRH. This could be one reason that many HRH and governance related issues remain unanswered or unaddressed and the analysis or results section lacks the desired depth and consistency. This is a limitation of the paper and should have been brought up in the discussion section;

- In results, the section on information generation needs to focus on how information is used to decision making at the policy, program and management level;
- The section on Equity needs to be seriously reconsidered. Equity has been considered from workforce perspectives and is related to productivity of the workforce, which is more relevant to effectiveness and efficiency. It would be better to consider equity from the population’s perspective and how better health workforce governance can make services more equitable;
- The results section would have been much stronger by including tables that summarize how different governance attributes or principles are functioning across the 19 different countries included in the study;
- A table that provides some comparative analysis of the health system across the 19 countries would be useful to provide contextual information;

- The discussion section should be revisited and perhaps not written the way it is done now - based on governance principles. The discussion may include:

  - Appropriateness of governance and workforce framework - possible limitation and strengths of the framework. Can a valid and reliable assessment tool be
developed linking the two and comparison with previous work;
- Main governance related issues and challenges regarding the workforce;
- What are the three or four priority governance challenges that the authors have found common to most countries;
- What are the possible strategies and options to address these priorities

**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