Author's response to reviews

Title: Paris on the Mekong: using the aid effectiveness agenda to support human resources for health in Lao PDR

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Author's response to reviews: see over
Response to Reviewer 2 (E. Sandor)

General comments:
I found the focus of the article quite new and well defined. It contributes to bring the aid effectiveness agenda down to the sector and even sub-sector level which is where one can assess opportunities and limitations. Mixed research approaches such as the ones described by the authors seem appropriate to me. However, I feel that two things are missing:

- the listing of the persons or institutions interviewed: the article only mentions few institutions, mainly UN institutions, but other major donors in Lao PDR such as the GFATM are key in understanding what is happening in the country and what could change. It is not clear how much their input through their LFA or other counterparts was included in the review

RESPONSE: A full list of institutions interviewed is now listed in the methodology, along with an explanation of how information on GFATM activities was sourced.

- I would have expected more data, particularly on donor’s funding in health: how much is coming from the various donors, change overtime, sectoral and sub-sectoral priorities (AIDS, HSS, health information system, HR or HR-related activities…). Looking at sub-sector priorities might be useful as we know that donors sometimes focus on specific activities which have important implications on HR policies (recruitment and retention, salary, incentives…)

RESPONSE: Table 1 provides a break down of health aid by partner, and show changes over time. Unfortunately, further detailed data spending within the sector (and in particular on the different aspects of health systems) is not available. We did manage to find this additional information on the OECD website, which has been added to the Introduction:

OECD lists 191 separate health or population "activities" (in OECD jargon)\(^1\) for Lao covering the period 2001-2006. The largest entry for this period was a $US 15.9 million grant from the GFATM for infectious disease control, but the majority were for much smaller amounts, with 142 of the 191 activities having a value of less than $US 1 million dollars. This suggests a high degree of fragmentation in donor support, and quite high transaction costs for government in managing many separate activities. Activities are classified broadly – for example, as "basic health care" or "reproductive health care" thus it is not possible to disaggregate specific amounts spent on human resources for health.

\(^1\) In general, a “activity” signifies allocation of funds to a specific project or programme. However, donors sometimes choose to compile CRS reports at a finer level, in which case a “reported activity” may represent a component of a project. But there are also cases where activities are aggregated, so a single “reported activity” can be the sum of several activities.
The article provides useful information about the current situation and challenges regarding the HR issues in Lao PDR. It highlights some of the critical dimensions of the problem, initiatives and actions taken by the donors, some progress and the limitations for moving forward (aid effectiveness seems to remain essentially about coordination and PFM with limited ownership). Having more details or at least analysis and reflection about future development, timeline, information about how Lao PDR intends to translate the AAA with potential future linkages with the HR policy would bring even more substance to the article and reflect its title and abstract more fully.

RESPONSE: The interviews were carried out before the Accra High Level Forum on Aid Effectiveness, so before the AAA existed. Further, beyond what is already discussed in the paper there is no other information on future plans to make links between Human Resources Development and AE agenda. Indeed, one of the critical points that we are making is that, strong synergies exist, but they need to be acted upon.

The approach on budget support should be more nuanced and the reference to OECD DAC guidelines and reference series on harmonizing Donor practices for effective aid delivery needs to be corrected. Certainly, one can't assume from chapter 2 on budget support that OECD sees budget support "as one of the more effective forms of aid".

RESPONSE: Paragraph has been edited as follows, to ensure that the OECD guidelines are not implied to favour budget support:

"Budget support is the process whereby donors deliver their financial assistance directly into the government budget and it is mixed with domestic revenues [20]. It is seen by some as one of the more effective forms of aid because it avoids many of the costs and inefficiencies associated with multiple projects, it is easier to 'align' with recipient priorities, and it opens the way to a broader, strategic dialogue on economy-wide issues [21]."

On the basis of the above comments,
1) Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

Please bring more nuance in the paragraph related to budget support on page 10, at least for the part which is associated with OECD DAC Guidelines. The guidelines the article refers to provide a full, detailed and nuanced picture on budget support, including the conditions for using it and potential disadvantages of this approach.

RESPONSE: Paragraph amended, see above
2) Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

It would help the reader to know a bit more about the Sector Working Group

**RESPONSE:** The following information has been added to Results, section 1,

The Sector Working Group is chaired by the Ministry of Health and co-chaired by WHO and Japan. It meets twice a year at ministerial and ambassadorial level, when an oversight of the sector and policy directions are discussed, and four times a year at the operational level (deputy-directors of MOH departments, and health advisors from the development partners) to focus on operational-level co-ordination. Three sub-groups have also been established to enhance technical co-ordination: on financing, human resources and maternal and child health.

Replace “workforce profile” with “workforce planning” as the title of the paragraph 1 of the results and discussion chapter: this would bring more consistency with the introduction of the results and discussion chapter and would better reflect what this part of chapter 1 is about.

**RESPONSE:** Changed

3) Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

Bring more detailed data about donor’s funding in health and HRH or HR-related policies (if available). In particular, it would be interesting to get more data about the respective financial weight of donors in Lao PDR (GFATM is a major donor for the 3 diseases) and more detailed data, information or specific comment about the impact of these major donors on HR recruitment/retention/salary and incentives policies.

**RESPONSE:** See response above. Table 1 shows a break down of health contribution by donor, including GFATM. Further information on donor funding has been added to the extent possible.

Provide a listing of the persons/institutions interviewed

**RESPONSE:** Provided, see above

Add comments or information about future potential developments/opportunities for pushing the HR agenda further using the aid effectiveness framework. Has there been/is there any possibility to look at the translation of the AAA in health? Can donors advocate for this?
RESPONSE: See above. Research conducted before the Accra High Level Forum on Aid Effectiveness, so before the AAA existed.

One question: is the word “driven” on page 11 second para related to the new budget law, the appropriate word? is there ownership in this reform? This would be critical for pushing successfully a reform which is presented by the authors as one key element for change.

RESPONSE: Changed to "supported".