Reviewer’s report

**Title:** Increasing Human Capacity for HIV/AIDS Programs by Strengthening Public Health Leadership Training in Zimbabwe

**Version:** 1  **Date:** 15 July 2008

**Reviewer:** Olusoji Adeyi

**Reviewer’s report:**

Reviewer’s comments on the manuscript entitled


1) Confidential comments to editors

None

2) Major compulsory revisions

2a) It is important for this descriptive paper to include a composite table showing pre- and post-intervention values of the main variables that the intervention sought to change, with the caveat that there is no control. The goals are specified on page 7, and tables 1 and 2 show the numbers of trainees and field projects. These are useful but insufficient for a clear and concise report.

Required revision:

- Prepare a composite table showing the pre- and post-intervention values of key variables that measure the goals stated on page 7.

2b) A central concern of the paper is that the number of persons trained for leadership and management of new HIV intervention programs was insufficient (page 4). This concern was linked to inadequate remuneration and the retention of works. There is a note that “modest financial assistance to support retention was provided to department faculty working in the MPH program in return for quality training..” (page 8). However, the paper contains no analysis of the externally funded incremental resources to ensure adequate remuneration.

Required revisions:

- What incremental costs were funded by CDC’s Global AIDS Program?
- What percentage of the baseline recurrent staff costs does this represent?
- How and by whom will these incremental resources be covered when CDC’s Global AIDS Program ends?

2c) The authors note, correctly, that they are unable to attribute the rise in HIV-related trainee projects solely to the increased HIV course work (page 14).
Even in a descriptive paper such as this, it would be useful to identify and discuss at least one other country where specific efforts were made to improve public health leadership capacity using similar or other approaches, and identify common issues of which policymakers need to be aware.

3) Minor Essential revisions

3a) There is a claim that “the program was well respected…..” (page 5). The authors could improve this section by specifying the basis for this claim.

3b) Discuss other factors that might have influenced the observed differences in staff hiring and retention between the overall Faculty of Medicine and the Department of Community Medicine.

3c) The conclusion that “this report provides an example of how resources for disease-specific programs can be applied with greater health systems impact in low-resource countries” is out of proportion to the strength of the evidence in the paper. The paper does not contain explicit analyses of impact on health systems beyond the immediate scope of the intervention. The authors should stick to a more modest and justifiable set of conclusions such as that in the abstract.

4) Discretionary revisions

4a) How might the focus on HIV/AIDS have affected leadership development for other public health priorities?

4b) What were plausible unintended consequences of the program’s emphasis on HIV/AIDS?

5) Overall recommendation to the editors

This is a descriptive report of an intervention in a single country. It is potentially useful to others who work on similar issues in highly resource-constrained settings. I recommend it for publication, provided that the authors make the required changes noted above.

6) Level of interest

This is an article whose findings are important to those with closely related research interests.

7) Quality of written English

Acceptable.

8) Statistical review

The manuscript does not need to be reviewed by a statistician.

**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.