Reviewer's report

Title: Costing the scaling-up of Human resources for health: lessons from Mozambique and Guinea Bissau

Version: 1 Date: 18 January 2010

Reviewer: Kaspar Wyss

Reviewer's report:

The article analysis financial implications of human resource development plans in two countries (Mozambique and Guinea Bissau). The manuscript nicely presents two country case studies and challenges faced during the costing exercise. Given that human resource related issues are one of the key building blocks so to improve health systems performance (and to successfully scale-up health service coverage), the topic of the manuscript takes-up a highly relevant and interesting topic.

Major compulsory revisions

This said, there is an important deficiency in the article that needs to be taken up by the authors. The main topic of the paper is not sufficiently clear and accordingly the manuscript is not well enough structured. In the opinion of the reviewer, the paper should either focus on the analysis of the costing methodology used or establish a country analysis and comparison.

If option one is pursued, then the paper should concentrate on presenting the costing methodology used and on advantages and disadvantages of the methodology. In this case, the different costing categories should thoroughly be discussed in the light of the two country cases studies.

If option two – country analysis and comparison - is pursued, then the methods sections should present all aspects relating to the costing tool and methodology (currently various aspects of the methodology are embedded in the result section relating to Mozambique and Guinea Bissau country case study – e.g bottom of page 7 and top of page 8, or page 10 and 12). The result section should then present results for Mozambique and Guinea Bissau not separately/consecutively but together. The result section should in this case also present the results of the costing and contextually relate it: how the costing of HRH relates to overall health sector expenditures and to public expenditures? What are relative costs of different costing categories, and how do they vary between Mozambique and Guinea Bissau? The discussion and conclusions sections would then discuss the results of the costing exercise in the light of prevailing health sector realities in the two countries and elsewhere. In the light of current health expenditures are the estimated costs realistic so to allow for a scaling-up?

Minor Essential Revisions
Other points to be taken up the authors include:

• In the literature review section on page 5 the manuscript indicates “the tool calculates salary and incentives (financial and non-financial) … “ How a costing tool can calculate non-financial incentives and what has to be understood by non-financial incentives? What is the methodology for costing non-financial incentives? The reviewer understands non-financial incentives as elements which relate to the physical but as importantly non physical environment of a health worker (e.g. supervision, team work, etc.). Please specify.

• The methods section ends (page 6) with a short presentation of limitations of the used tool/methodology. The limitations of the methods should not be place in the methods section by towards the end, in the discussion/conclusion section.

• The categorization and costing of training is not sufficiently well structured across the whole manuscript. Typically training is broken down in a) initial training, b) post-graduate training (specialisation), and c) continuous medical education. Or the costing methodology used, does only include the first two and does not refer to continuous medical education which in Africa typically has high costs with are paid through training workshops and seminars by donors (e.g, Global Fund programs often allocate up to 30% of their respective budget for CME measures). If cost of CME are not included in the costing analysis than this should be made explicit.

• On page 8 it is indicated that “… such as capital investments in infrastructure and equipment to complement the expansion and strengthening of the health workforce”. What were the hypothesis used for costing capital investments? Please expand here and provide all necessary details.

• How the costing methodology used accounted for inflation and depreciation? Please specify including by highlighting consequences of the assumptions used. In case inflation and depreciation were not accounted for, then discuss consequences in terms of costs.

• On page 11 it is referred to the HIV/AIDS proposal for rd 9. Results are known by now and please update the manuscript accordingly.

• On page it is indicated “Figure 3 shows that local training is cheaper ..” Local training is cheaper than what? The next sentence starts with “Specialised physicians … in paediatrics”. What is understood by a specialist physicians? Most countries would categorize pediatrics as family doctors / general practitioners. Please comment.

• Additional file provided with the submission: Row 3 relates to training. Please see comment above on training and CME. Further, why community health workers (row 6) were categorized separately and not under “1. Salaries and allowances”. Then how was it avoided that there is double costing for health system investments as this might already be in the MTEF or costed national health sector strategy plan.

**Level of interest:** An article of importance in its field
**Quality of written English:** Needs some language corrections before being published

**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