Author's response to reviews

Title: Rebuilding Human Resources for Health: A Case Study From Liberia

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Author's response to reviews: see over
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Dear HRH Editorial Team:

Thank you for your review of our submission "Rebuilding Human Resources for Health: A Case Study From Liberia." We appreciate the opportunity to address the feedback we received from the reviewers.

Per your suggestions, the changes we have made based on reviewer feedback are tracked in the MS Word document. Please note that the version of the paper the reviewers commented on was the first incorrect submission and not the resubmitted final version. As a result, some comments by the reviewers had already been addressed. Please refer to the itemized list of comments and our response to each comment that follows this letter. We have noted where comments referred to the older version of the paper and were not applicable in the final version. We have also removed all images from the body of the paper (Title and sourcing information remains) We believe the paper is very much strengthened and appreciate the reviewers’ comments.

Thank you again for your continued interest in our work and if you have any additional questions, please let me know at stvarpilah@yahoo.com.

Sincerely,

S. Tornorlah Varpilah
Deputy Minister for Planning, Research & Development
Ministry of Health & Social Welfare
Government of Liberia
Reviewer: Fiona Margaret Campbell

We thank Ms Campbell for her comments on the case study being timely and valuable and appreciate her suggested revisions.

Comment #1:
The introduction section is rather long and I believe could be shortened significantly but still retain the critical background points. For instance I am not convinced that it is necessary to provide such detail on services as far back as 1960. In addition I am aware of other statistics on health personnel in Liberia e.g. the 2005 Inter-agency evaluation report and I would ask the authors to check these figures against those provided in the current report. If they differ then some explanation for this would be useful, especially for those who may be familiar with the 2005 report.

Response:
The authors thank Ms Campbell for pointing to the 2005 Inter-agency evaluation report. On page 3 we have replaced the number of physicians in 2005 with the number in this report. It is now citation No. 4. Further statistics from 2005 and 2006 utilize MOHSW information from its rapid assessments. To shorten the introduction we have removed the first two paragraphs that overviewed Liberia’s health sector in the 1960’s.

Comment #2:
It would be helpful if the case description was organized against a framework of key challenges/shortfalls and actions to address. Currently the narrative follows a descriptive path from “establishing leadership” to “moving forward” with the latter section being particularly detailed. This is useful but the main points are rather lost in the narrative. It would help to focus the actions/achievements if these were more clearly linked to the challenges in an overall framework.

Response:
The paper is organized to be a narrative in order to present the timeline of progress. We feel that while the suggested framework would be more succinct, it would also lose the process aspect of the paper that we think is important.

Comment #3:
I recognize that the manuscript has been divided into case description and then discussion and evaluation. However I think it would be useful if the results of the actions such as the deficit reduction and the national stock of health workers by cadre, were included in the case description section and then the discussion and evaluation section devoted to an analysis and discussion of this change. This would cover all the sub-sections of the discussion and evaluation section.
**Response:**
We again see how this would change the readability of the paper and appreciate the suggestion however due to the process aspect of the paper that we would like to preserve, we feel that it works best to present the situation and planning by MOHSW as the case description (the start of rebuilding HRH in 2007 and key activities taken) and then present the results as determined by recent (post 2009) studies conducted by the HR Unit in the analysis and discussion.

**Comment #5:**
There is no discussion of the current annex inclusions and their usefulness is thus limited at present.

**Response:**
The annex has been removed.
Reviewer: Gilles Dussault

We thank Mr Dussault for his suggestions - they are addressed below:

Comment #1:
Historical data about the health workforce (pp. 3-4 and 7) can be brought together in a table, which would enable the a. to shorten the Introduction
Response:
Based on additional reviewer feedback, we have shortened the introduction by removing the history prior to 1970 and would like to keep a narrative description to the introduction, reserving tables for discussion and evaluation.

Comment #2:
Take out all footnotes
Response:
All footnotes were removed in the final version of the paper.

Comment #3:
P.4 MSF is Médecins Sans Frontières
Response:
This was changed in the final version of the paper and all references to MSF should now be correctly noted.

Comment #4:
P.5: give a reference to Assessment of...
Response:

Comment #5:
Pp. 5-6: Three reform actions are identified, but only two are commented (unless number 3 corresponds to the parag. Identifying gaps)
Response:
To highlight the third reform action step, the bold wording was added to the below sentence:
“To enhance a coordinated approach, MOHSW developed the 2007-2011 National Health Policy & Plan and focused on building management capacity at the central and county levels.”

Comment #6:
P.9, 2nd parag.: gap of 14M?? form the figure given, it should rather be 7 M.
Response:
We aren’t sure where the 7M figure is coming from. The wording in this section has been revised to try and more clearly show the gap between total MOHSW expenditure: $23,524,554 and GOL allocated funds: $10,187,743.
With total MOHSW expenditures in the health sector amounting to $23,524,554 in 2009, the MOHSW would have had a $13.5 million gap were it not able to raise close to $20 million from donors (Pool Fund, Global Fund, Earmarked Donor Funds, NGOs).

Comment #7:
P.9: which donors were involved?
Response:
Wording added to note the donors: Pool Fund, Global Fund, Earmarked Donor Funds, NGOs

Comment #8:
P. 10: how many students sent abroad returned?
Response:
The following wording was added to the paper to answer this question: To date, 16 of these students have completed their programs and returned to promoted health worker roles in Liberia. The remaining 12 are finishing their programs.

Comment #9:
P 11 seq.: Review numbering of tables
Response:
All table references in the text should now be correctly numbered.

Comment #10:
P.12 How was relative need defined?
Response:
The optimal workforce numbers from the model were compared to the current number of healthcare workers and the minimum required according to the BPHS. Relative need was defined as the number of optimal healthworkers needed compared to the current number of workers across all cadres.

Comment #11:
P. 13: Under retention, give % of population living in Montserrado
Response:
The following wording was added: Over half of Liberia’s population lives in Montserrado.

Comment #12:
P. 17.: Elaborate on lessons learned and discuss how they can be of interest to other countries
Response:
The following text has been added to the conclusion to highlight some of the lessons learned. We hope that other countries will take from this paper those discussion areas they find most helpful.
During this time, MOHSW has found that while strong leadership
and uniform objectives are important, it is also necessary to admit weaknesses and ask for help when needed. With the help of implementing partners and donors, MOHSW has found it useful to reject the international blueprint and develop strategies targeted to Liberia’s challenges. Many of these challenges remain, particularly around regulation, payroll management, equitable distribution, retention of health workers in hard to reach areas and improving performance to impact the quality of services provided.

Comment #13:
Reference 19: Liberia
Response:
Corrected.
Reviewer #3: Enrico Pavignani

We thank Mr. Pavignani for his comments on the case study being interesting and well written and appreciate his detailed suggested revisions addressed below.

Comment #1:
Overall comment: I gather from the article that it was submitted before the elaboration of the Liberia country health situation analysis, of which I had recently access to the first draft. The chapter on HRH provides many valuable insights about the way this area developed since 2007, insights which, once incorporated into the article, would greatly strengthen it.

Response:
Yes, the paper was written before the MOHSW’s internal situational analysis was developed. We have also seen Mr. Pavignani’s Considerations paper as input to the situation analysis. Based on these documents, we have revised Table 2 in the paper to better show the changes across all cadres against the 2009 and 2010 emergency plan targets. We hope this, in addition to the changes we made in response to Comments 2 and 7, will be helpful.

Comment #2:
The major objection I have is the statement that the evolution of the health workforce followed the Emergency HR Plan 2007-2011. In fact, it diverged dramatically from it. The Plan projected a modest increase (+19%) for registered nurses, and a dramatic reduction for nurse aides (from 1091 to 564). Physician assistants would double, whereas the increases projected for pharmacy and laboratory staff were even larger. Thus, the Emergency Plan did not prioritize the training of nurses. The Plan might be flawed, which should be explained, or outdated, but I cannot see how the authors can state that it was implemented as it was written in 2007.

Response:
The paper does not say that the evolution of the workforce followed the Emergency HR Plan or that it was implemented as it was written in 2007. The purpose of the paper is to describe the process MOHSW used to rebuild HRH, focusing on the largest cadre of health workers: nurses. As such the Emergency HR Plan is discussed as part of the process, not as the implementation plan and therefore, not in great detail. As noted by the reviewer later, the lack of evidence-based information at the time made the plan difficult and unrealistic to implement. The wording in the Abstract under Case Description could be misleading and has been changed. The Plan did prioritize the training of nurses as can be found stated in the Plan on page 24:

3.5.2 Nursing Service development and staffing targets
It was agreed by the HRH group that in order to address the high maternal and infant mortality rates, there should be accelerated development of Nurses and Midwives.

Comment #3:
The statement at the top of page 9: "..nurses and midwives were prioritized as a means of addressing the high maternal and infant mortality rates in Liberia." may be challenged. Why should nurses have more impact on infant mortality than other categories. Even for midwives, their impact on maternal mortality will be sub-optimal without referral emergency services, which call for balanced, complete health teams, rather than one dominated by one category. The authors should try to explain why the workforce evolved in such a different direction in relation to the planned one. Was a formal decision to disregard the plan taken along the way? Or rather the situation evolved organically, in unplanned ways?
Response:
See response to Comment #2

Comment #4:
The sentence "It is planned that these health workers will be absorbed on the government payroll as the economy continues to grow and allocations to the health sector increase." at the bottom of page 9 should be cause of concern. By circumventing a macroeconomic ceiling set to control broad public expenditure, the Ministry of Health and Social Welfare created a vulnerability, which goes beyond the health sector. Given that most newly-employed health workers are lowly-skilled or unskilled, the health workforce has unnecessarily expanded in a distorted and unproductive way.
Response:
We appreciate the reviewer’s opinion.

Comment #5:
The examples given on page 8, of HRH strategies adopted in Ethiopia, Kenya and Malawi are not appropriate for a post-conflict, derelict country like Liberia. The literature provides much better models to be studied, drawn from Cambodia, Afghanistan, Timor-Leste, Mozambique and Angola. If the authors wish, I can help accessing this relevant literature.
Response:
We agree with Ms Smith and Mr. Pavignani that the country examples used were not the best post-conflict reconstruction examples. We were trying to keep to African countries that were reviewed during the creation of the emergency plan. However based on both comments and time constraints, we have decided to remove the overview section of these countries’ experiences from the paper as the detail is not necessary for
Liberia’s case study example.

Comment # 6:
page 5, 2nd paragraph: "Ten of these were expatriates working for emergency-relief NGOs." It is difficult to believe that with so many NGOs active in Liberia there were so few physicians. Maybe these ten doctors were the only ones registered by the Medical Association...
Response:
We have removed this and replaced the statistic with that from the Interagency Health Evaluation Report from 2005.

Comment # 7:
As a participant in the formulation process, I would not dare to define the Health Policy and Plan 2007 as 'evidence-based': the available information was shaky, the experience of most actors in rebuilding a derelict health sector was limited, and the heroic assumptions behind the Health Policy and Plan were many. We all did our best, but that was not 'evidence-based' as we would have liked.
Response:
See Comment #2. We agree the planning was limited by the information available at that time and could not be considered evidence-based. While one of the reform actions of MOHSW was to "develop and implement an evidence-based National Health Policy & Plan, we weren’t suggesting that it was, in fact, evidence-based. We had thought that MOHSW efforts to move towards evidence-based decision making would be apparent from the studies discussed in the Discussion & Evaluation section. To try and clarify that the NHP&P was not evidence-based, we added wording on page 3 to refer to the lack of information available at the time of the plan’s creation.

Comment #8:
The long sentence within parentheses at the middle of the second paragraph on page 7 should be moved to a footnote.
Response:
This originally was a footnote but the journal submission requirements do not allow footnotes. All footnotes were removed in the final version.

Comment #9:
The definition of 'ghost workers' (page 7, third paragraph) might be expanded: salaries paid for not-existing employees (not necessarily paid to these people).
Response:
Changed.

Comment #10:
Overall, there is a mismatch between the main text where the footnote numbers are entered and the pages where the
footnotes do appear.

Response:
All footnotes were removed in the final version.

Comment #11:
Page 12, second paragraph: the text says: "Table 5 shows the relative need..", while the table referred to below this sentence is numbered 4.
Response:
Corrected.

Comment #12:
Table 4: the way the relative need of cadres is presented might be made clearer.
Response:
We have left this table the way it is.
Reviewer #4: Joyce Smith

We thank Ms Smith for her comments that this is a useful and comprehensive article and appreciate her suggestions which are addressed below.

Comment #1:
It does not clearly deal with the development of a HR System. It is mentioned that a HR director and HR officers were appointed but does not clearly identify what their role and functions are and their role in relation to all the implemented activities and strategies. Without this one gets the impression that everything is generated from the planning section of the MOHSW and the HR director and HR Officers are just token appointees who merely deal with personnel issues. I am sure (hope) that this is not the case but that is the impression given.
Response:
Wording was added in the second to last paragraph on page 3 to add some detail to the roles of the HR Unit including CHT HR Officers. Additionally, throughout the paper, we have added wording to clarify what pieces of work were done by MOHSW generally and specifically by the HR Unit.

Comment #2:
As the redevelopment of the government health workforce is part of redevelopment of the civil service there was no indication of what relations were with the civil service commission/authority particularly in relation to creation of posts, categories, job descriptions and salary structures.
Response:
To address this point the following wording was added to the paper on page 3 and 5:
**Funded by the Civil Service Authority (CSA), the HR unit is responsible for the development** and oversight of human resource policies and plans for the health and social welfare workforce, as well as to collect and disseminate of human resource data.
This involved a review and standardization of salaries and allowances across the board in the health sector in partnership with the Civil Service Agency and the Ministry of Finance….

Comment #3:
The whole issue of health worker production is covered but again in a splintered way, this would better be consolidated as the emergency approach raises the issue of quality, what has been done to improve quality? The article documents the issues of the schools but in a fragmented manner. In post-conflict environment the choice is large-scale production of low quality or smaller scale production of better quality.
Given the large numbers of nurses that have been produced and what is described re the training institutions the quality must be extremely varied. How can this variation in quality be addressed.

Response:
Production is more splintered than the other areas due to the lack of current information on the training institutions (the pre-investment training institution study is currently underway) so less was able to be added to the Discussion & Evaluation. While the quality of production isn’t directly addressed, quality is addressed under the section titled “performance”. Quality, as a challenge, is addressed again in the conclusion.

Comment #4:
It is also mentioned that continuing education has been developed based on the BPHS, however there is no indication of how this is managed to avoid the usual ad hoc unregulated implementation of in service training where by it is regarded by health workers purely as a source of income rather than a source of professional development.

Response:

Comment #5:
Whilst the introduction is very interesting and informative, it could be abbreviated

Response:
To shorten the introduction we have removed the first two paragraphs that overviewed Liberia’s health sector in the 1960’s.

Comment #6:
I think that the targets of reassigning health workers to rural areas is somewhat optimistic, even with incentives it is extremely difficult to get health workers to move!

Response:
MOHSW continues to look for ways to motivate health workers to move to and remain in rural areas to meet targeted rural workforce needs.

Comment #7:
The countries selected for examples of strategies are not necessarily the best examples as they are far removed from the current stage of post-conflict reconstruction as Liberia, if the authors search related to post-conflict HR redevelopment outside Africa, there are good examples from countries in Asia such as Cambodia timor Leste and Afghanistan which have more recently worked through or are working through the same post-conflict issues as Liberia.

Response:
We agree with Ms. Smith and Mr. Pavignani that the country examples used were not the best post-conflict reconstruction examples. We were trying to keep to African countries that were reviewed during the creation of the emergency plan. However, based on both comments and time constraints, we have decided to remove the overview section of these countries’ experiences from the paper as the detail is not necessary for Liberia’s case study example.