Author's response to reviews

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

Authors:

S Tornorlah Varpilah (stvarpilah@yahoo.com)
Meredith Safer (meredith.safer@gmail.com)
Erica Frenkel (erica.frenkel@gmail.com)
Duza Baba (sbaba@clintonhealthaccess.org)
Moses Massaquoi (mmassaquoi@clintonhealthaccess.org)
Genevieve Barrow (Gnvieve_b@gmail.com)

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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 additional feedback we received from Enrico Pavignani.

Per your suggestions, the changes we have made based on reviewer feedback are tracked in the MS Word document. Please refer to the itemized list of comments and our response to each comment that follows this letter. We believe the paper is again strengthened and appreciate the reviewer’s 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
We thank Mr. Pavignani for his additional comments on the case study, which are addressed below.

**Comment #1:**
Page 12: According to the Census 2008, Montserrado County hosted about 1/3 of the Liberian population. It seems unlikely that after two years the situation has changed so remarkably.

**Response:**
This was corrected in the paper and the sentence now reads: “According to the 2008 National Census, approximately one-third of Liberia’s population lives in Montserrado.”

**Comment #2:**
Page 14: The added mention to the ‘international blueprint’, which I believe is correct, might look unclear to readers. A few examples would clarify the meaning of this important sentence.

**Response:**
The following has been added to clarify what is meant by the international blueprint: “Many of the standard international strategies to improve human resources such as continuing education, supervision and incentive payment do not consider Liberia’s specific challenges. 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 unique challenges.”

**Comment #3:**
In relation to Comment #2 and related reply: The Emergency Plan shows many inconsistencies. It seems the product of trade-offs between many constituencies and points of views. On of these inconsistencies is the statement quoted by the authors, in light of the target set in the same section for registered nurses. This foresees the smallest increase for nurses among key categories. It seems that implementation adhered to the statement and ignored the set target. The situation analysis 2010, still in draft form, throws light on the causes of the enormous increase in the ranks of the nurses, suggesting that many unplanned and maybe unrecognised (until recently) factors contributed to it. I believe that the article would benefit from importing some of these considerations.

**Response:**
The following was added from the 3rd draft of the Situational Analysis:

1. In the conclusion: “New available information, including the recently established catchment population database and community to facility distances will enable MOHSW to develop facility distribution and staffing norms based on population density and utilization”

2. In the Moving Forward Section: “Through the National In-service Education Strategy, curricula for mid-level health workers were revised and standards of care introduced to improve pre-service training.”

3. It is important to note that the numbers in the paper versus those in the situational analysis differ. Duza Baba, who wrote the sections on workforce numbers, discussed it with the author of the Situational Analysis and it was
agreed that the numbers in the paper should remain. The paper does not consider 2011 EP targets as it was agreed that 2010 targets should be used to best utilize available census information. Using the numbers in the paper and 2010 targets, we think Mr. Pavignani’s point about emergency plan inconsistencies and causes of increased numbers of nurses can better be addressed in the paper. Thus, the following was added in the Discussion and Evaluation Section:

“In 2009, the percentage of the clinical workforce made up by nurses and nurse aides increased to 73%. During this time, the number of nurses more than doubled- the majority being RNs as the LPN program was discontinued. However, while the number of Certified Midwives increased by 28%, this fell far short of the Emergency Plan targets. Likewise, Physician Assistants, the interim strategy to offset the severe shortage of physicians, also fell dramatically short of the Emergency Plan targets. The overall sub-optimal production of CMs and Pas versus the significant increases in RNs suggests a lack of coordination with pre-service training institutions as well as inconsistencies in salaries and advancement opportunities. For example, an RN is paid more than a CM and is more likely to be placed as the Officer in Charge of a facility, thus receiving an increased monthly salary, $75 USD greater than a CM.

The following was added to the conclusion:

“Further work is needed to ensure population and utilization-based staffing norms, appropriate standardized salaries, improved training quality and production, opportunities for career advancement, and a robust monitoring and evaluation system, critical to successful coordination.”