Reviewer’s report

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

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Reviewer: Enrico Pavignani

Reviewer’s report:

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.

Major compulsory revisions:

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 prioritised 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 The Plan might be flawed, which should be explained, or outdated, but I cannot see how the authors can state that it was implemented as it was written in 2007.

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?

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.
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.

Minor essential revisions:

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...

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..

8. The long sentence within parentheses at the middle of the second paragraph on page 7 should be moved to a footnote.

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).

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

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.

12. Table 4: the way the relative need of cadres is presented might be made clearer.

Conclusion
This article tells a very interesting story, is well written and very relevant for other countries emerging from a protracted crisis. It would benefit from some substantive changes, and a deeper enquiry in the actual unfolding of events. Luckily, the health situation analysis now being formulated offers already many key elements to be imported. I recommend its publication after the major changes I suggested are introduced.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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.