Reviewer’s report

Title: Incentives for non-physician health professionals to work in the rural/remote areas of Mozambique - a discrete choice experiment for eliciting the job preferences

Version: 1 Date: 22 April 2014

Reviewer: Simrun Grewal

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o Major Compulsory Revisions

1. My primary concern with the article lies in the conditional logit model set-up to analyze DCE responses by subgroup. Currently, the authors introduce dummy variables for groupings by health professionals/students, age groups, and place of birth. The challenge in the current model set-up is that the interaction term is applied to data for the entire sample group. Instead, the model needs to isolate the responses between subgroups and compare them to each other in order to establish preference differences between unique groups. In order to accomplish this, the authors must employ a matrix transformation of the total survey population data to isolate response data by subgroup. Without this change, the results and interpretations presented by the authors cannot be considered a true representation of preference differences by subgroup.

2. Furthermore, the authors must be clear on which level within each attribute is being established as the base comparator. In particular, this will be important for attributes with more than two levels. In these two attributes, are the levels being compared to a single base or to each other? For example, in the “Place of Work” attribute, are the levels of Urban II and Urban I being compared solely to Rural? Or, is the coefficient for Urban I relative to Urban II? This needs to be clarified in order to ensure that the results for the total population group are reflective of the DCE set-up.

3. A final question regarding the foundational structure of the DCE is related to the two attributes on housing. Are these attributes truly discrete? It is important that the authors clarify how the levels of “Access to a loan for the purchase of a house or land” were explained to respondents. Would this option be provided if the level of “Government housing” under the “Housing” attribute was already present in the DCE job description? It seems unlikely that there would be the possibility to have both government-provided housing as well as assisted loan access.

4. It is essential to have summary statistics (including demographic data) on the total survey group and relevant sub groups. The authors can also highlight differences in characteristics between subgroups that may potentially influence responses (e.g. age).

5. More detail is needed on how WTP estimates were derived. If this was a
marginal rate of substitution between the salary levels and other attribute levels, then a concern arises in the non-continuous nature of the salary variable attributes (unless this was an assumption made by the authors).

6. When analyzing DCE data by subgroups, an important consideration can be the impact of scale (in other words, examining genuine differences in preference versus differences in DCE task attenuation between subgroups). Please see the following related to methods for examining scale:


7. There are essential citations related to DCE methodology that are missing from the text. Please look at principle applications in at least the following publications:


Minor Essential Revisions
1. Under the Methods, Study Design section, please include more quantitative information on the survey population to which the qualitative instrument was administered to inform attributes and levels

2. In all results paragraphs, please specify comparator for attributes levels and provide coefficient values and p-values within the text. For example, stating “good levels” can have very subjective interpretations, so being clear on which levels were considered “good” will be helpful to properly understand statistical results.

Discretionary Revisions
1. As part of the introduction, the authors could include more discussion on the health context in Mozambique. It could potentially add value to understand more of the disparities in health outcomes seen between rural and urban areas. There could be a strong connection established between health need in rural settings, health interventions that would address those health needs, health services provided by non-physician health workers, and the low recruitment and retention of non-physician health workers as a barrier to overcoming health challenges.
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests