Reviewer’s report

Title: State-building and human resources for health in fragile and conflict-affected states: exploring the linkages

Version: 1 Date: 31 March 2015

Reviewer: Luiz Eduardo E Fonseca

Reviewer’s report:

1. MAJOR COMPULSORY REVISIONS

1.1. What is named “case study” would be better to be named as “case example” or “case report”. The content of the “boxes” is much more a description of groups, organizations and events related to the country situation but it is not an academic study looking forward to why and how a causal network could explain some phenomena, which would require a very specific methodological approach;

1.2. The figure 1 (conceptual framework) is very confuse. It would be simplified. A suggestion is to move the column of “enablers” to another figure and give more visibility to the HRH linkages related to state-building;

1.3. Even though the articles approaches the state-building process it is linked also to a “government’s legitimacy”. So, some parts it would be better to review the use of words “state” or “government”. I.e: a) part named “linkages between HRH and state-building nodes”, sub-part “institutional capacity for health workforce governance”, paragraph 2; sub-part “equitable availability of HRH”, paragraph 4, it is not clear if the state or the government is not able to provide health service once many times even the NGOs use state buildings for their work;

2. MINOR ESSENTIAL REVISIONS

2.1. The abstract: it would be better in a small text format (around 200 words), without divisions on it;

2.2. Part called “state-building and human, institutional and economic development”, paragraph 1, where is written “perceived as a fundamental elements” would be “perceived as fundamental elements”;

2.3. The reference part needs a review: a) the references 1 and 94 have not the publication year; b) mention that the document is a working paper probably would be better located before the year of publication.

3. DISCRETIONARY REVISIONS

Usually, international aid to health sector in FCAS is very strong focused during conflict situation due to difficulties for any local group reach all different parts of a country, but during post-conflict period it mainly focus on 2 situations: rehabilitation, when a major amount of money is needed to rebuilt or repair health facilities, and development projects. Even during the conflict situation there are
local arrangements based on previous health policies and facilities (my own experience showed me that many health centers in post-conflict situation counted on loyal local staff, mainly health workers. 

Presently, many donor agencies ask for health policies during post-conflict situation in order to finance health projects. I do not think the article has to be changed but I missed more discussion on some practices adopted by different stakeholders, nationals and internationals, during a first policy formulation process not only to understand the different degrees of influence of the international technical assistance to that process of state-building but also the important role of the local political arrangements on what the article calls

**Level of interest:** An article of outstanding merit and interest 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