Reviewer's report

Title: The effect of payment and incentives on motivation and focus of Community Health Workers: Case studies

Version: 2 Date: 22 November 2014

Reviewer: Michael Spencer

Reviewer's report:

This article provides a concise overview of the issue of renumeration for CHWs and examines this issue across a variety of models and contrasts them by monetary versus altruistic. Overall the article expands the controversy of this issue, which is a contribution to the literature. The systematic review of the case studies provide further context. There are a few areas in which the paper could be strengthened.

Major Compulsory Revisions

1. While it is helpful to receive a global overview of the issue of renumeration, it would be helpful to western researchers to also explore some of the models and programs offered in the west. There is increasing use of CHWs in the U.S. for example that are struggling with this notion of renumeration. Greater relevance could be provided by including a western example.

2. More attention should be paid to context in the analysis. For example, in the case of Nepal, there appeared to be a spiritual connection to their work that could make altruism more relevant. In my own work with CHWs, I find that the role of religion is important to the work. The SES of CHWs is another important contextual factor that is mentioned, but not elaborated upon. Those that can afford to volunteer extensively have the means to do so. This is an important factor to consider.

Minor Essential Revisions

1. The role of government and their commitment to CHW programs is also essential to highlight. While it is mentioned that paid CHW approaches require more government intervention, the authors do not make any conclusions about the role of government and their responsibility to community health. If the approach is impactful, why would the government not pay from a cost effectiveness perspective? For example, in the U.S., there are efforts to have CHW services reimbursed through Medicaid. Should more emphasis be given to effectiveness and reducing costs of health care if such a model exists regardless of the reasons behind doing the work? We do not ask nurses to work without pay because they are a necessary part of the health care workforce. Should CHWs not also be evaluated in this same way? This is the argument and not the rule, but more attention should be paid to these kinds of factors.
2. On the other hand, there should also be attention paid to issues of legitimacy among other professionals as well as credibility within the community. CHWs gain much of their credibility because of their lay status. Does pay alter this status and are they then viewed as professionals and thus less trustworthy? More discussion of this factor should be included. Likewise, does volunteer status decrease their potential effectiveness in terms of integration within healthcare systems? In the U.S., reimbursable services would likely be accompanied by licensure and further training to legitimize services. There is a plus and a minus to this. Licensure moves CHWs toward professionalization, but it also usually comes with a cost.

**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 have no competing interests, except that I work with CHW programs and have an interest in this debate about renumeration.