Reviewer's report

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

Version: 2
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Reviewer: Peter Hill

Reviewer’s report:

Thank you for the opportunity to review this paper. It does demonstrate the range of roles undertaken under the loose rubric of “Community Health Worker” and provides some insight and theorising into issues of motivation. Your introduction points to the diversity of CHW models and roles and relationship to the health system—but the absence of a definition that enables comparison to be made is problematic. The use of the Medline search has been useful in identifying cases for examination, and while the criterion of retention is a useful indicator of sustainability (I would question whether this could be translated as “success”), the required education standards for entry vary dramatically, length of training is divided between those programs of approximately 3 weeks and those measured in years full time, and the roles of CHWs differ. The structure of the paper appears to represent the diversity of the five case studies, but without a clear statement of purpose; the analysis is descriptive with some critical perspectives drawn from the literature; the conclusions necessarily lack confidence.

So I am afraid that I think there is a critical flaw in the conceptualisation of the paper that severely compromises it: CHWs are such a diverse category—as you have demonstrated—and these selected programs are so diverse that meaningful “comparison” is difficult. I would argue that what you are demonstrating is that what appears to be a shared understanding of a role within the health system is in fact an illusion: that the defined health professional roles have some commonalities that enable comparison, but at the “informal” end of the system, where it interfaces with community and where resources may be compromised, these roles vary according to a range of issues: geography, culture, systems precedents, the extent of a monetary market, external support etc.

My recommendation for this paper is that it is restructured to reflect the problematics of the definition and the context in which these workers operate, using your five categories to demonstrate that CHWs may—as in the Iranian case—be part of the formal, trained state workforce; at the opposite extreme, they may be minimally trained, with roles and motivations shaped by a range of contextual factors.

Major Compulsory Revisions

1. A clearer definition of what a CHW is, needs to be presented—or a clear decision that such a definition is not possible, and that this is an unhelpful
categorisation of Human Resources for Health with arguments cogently made as to why it is unhelpful.

2. A clearer statement of purpose for the analysis needs to be provided – the aim presented in the abstract does not seem to be reflected in the text.

3. There is a section on methods in the abstract but this heading is missing from the manuscript. There needs to be a clearer indication of the process if identification of case studies: were inclusion criteria formally set? If so, can the authors give a better sense of the range of cases identified and how these 5 were settled on?

4. The conclusions need to relate more clearly to the stated purpose of the analysis, and the usefulness or otherwise of the category of CHW.

Level of interest: An article of limited interest

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