Reviewer's report

Title: Human Resources for Primary Health Care in Sub-Saharan Africa: Progress or Stagnation?

Version: 5 Date: 19 May 2015

Reviewer: Yohannes Kinfu

Reviewer's report:

The paper certainly reads better now and addresses the most critical concerns raised earlier. Below are some comments on the revised version.

(1) In the results section of the abstract (and in the main text of the paper) the authors indicate that "Data on staffing in primary health care settings was only available for Mali, Sudan, Botswana and Uganda...", which suggests that the required data on primary care health work force was not available for South Africa. So given this and the fact the primary focus of the paper is on measuring progress in human resources for primary health care, I think the authors need to make a case (or explain) why South Africa needed to be included in the paper restrict their analysis only to the four countries for which they have data that are consistent with the objective(s) of the study. As it stands there is no explanation other than the fact that South Africa is part of their EU funded research project, as with the other four countries, which is not a sufficient reason for inclusion in the present paper.

(2) Given that a significant part of the evidence in the paper was assembled from the 'grey' literature, it would be useful to know how the authors evaluated the resulting data before accepting it for their analysis and state clearly, if there are still any remaining concerns with each data they brought in from the 'grey' literature. As it stands, much of the focus, criticism and discussion on limitations appear to be directed to data (and estimates) available through WHO and other published sources.

(3) In the section on limitations, particularly the first sentence, the authors state that: "This study was limited to the countries participating in the HURAPRIM project which may not be representative of countries with different colonial backgrounds such as Angola, Mozambique and Congo." I think, the reference to colonial history is not that relevant in this case because current health systems in the region (and the differences that we see between countries) cannot be simply reduced to mere similarities in past colonial history. Besides the statement also implicitly assumes that all countries in the region had some sort of colonial history, which is not precisely correct. And there is evidence that even among those which had similar histories some seem to have also taken a different route than others.