Reviewer’s report

Title: The 'Dream Team' for sexual, reproductive, maternal, newborn and adolescent health: an adjusted service target model to estimate the ideal mix of health care professionals to cover population need

Version: 0 Date: 26 Feb 2017

Reviewer: Jenny Liu

Reviewer's report:

In this paper, the authors have taken an innovative approach to estimating health care workforce needs for achieving specific health development goals. In particular, through a bottom-up approach, they take into account the skills mix needed to efficiently deliver a large set of SRMNAH health services and translate these need requirement in terms of FTEs. The paper's purpose, methods, and findings are presented well overall. The manuscript could benefit from a few clarifications as follows:

Abstract
- Which cadres are considered in the "dream team?"

Methods
- Clarify whether the "model" developed is stochastic or deterministic.
- Explain the scope of work for auxiliary midwives and nurse midwives. How does this differ from regular nurses/midwives?
- Why are community health workers excluded? Arguably, they are more efficient for delivering primary care services than higher level cadres, and are often used in developing countries.
- How universal are the assumptions made about working hours? How would this affect your estimates.
- In choosing the lowest level cadre to deliver a particular service, this naturally fits the definition of efficiency, but how does this also preserve quality of care? Please explain.
Results

- There are projections of need in 2030. Yet, no explanation of making projections was given in the Methods section. This seemed to come out of nowhere. Can the authors explain how this exercise was done and where the data came from?

Limitations

- While there are notable advantages to estimating FTEs, there are also inherent disadvantages (e.g., the extent to which individuals' times and distribution are perfectly substitutes). The authors may want to address this.

Discussion

- It is difficult to put the resulting number of needed SRMNAH workers that are generated by your model to what other estimates of health worker needs are. The comparison of midwives per 175 births to the external benchmark is helpful in this regard. Is there a similar comparison that could be done for the overall number of SRMNAH workers? For example, how does the 44 SRMNAH /10,000 women of reproductive age needed in Malawi and Zambia compare with what's estimated as needed overall for these countries to help place this number into the greater context of the HRH situation in each country?

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