Reviewer’s report

Title: The implication of the shortage of health workforce specialist on Universal Health Coverage in Kenya

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Reviewer: Belinda O'Sullivan

Reviewer's report:

This is a very important article relating to absolute number of different types of health workers in Kenya, at county level, compared with norms and standards in human resources needed to deliver healthcare (the Human Resources for Health Norms and Standard Guidelines). Some suggestions are made to help to shape the article as a research publication for the international audience, should the authors wish to progress this article.

It is a challenging task to write up such a broad and national-level training needs assessment (usefully done in partnership with Ministry of Health etc.) as a research article but the writing needs to be shaped more clearly as such. Importantly, a clear research aim is needed (what part of the whole needs assessment will the international audience be interested in) and the relevant material could be better structured to answer this aim.

Introduction

It is possible to shape this around the problem this work is addressing? Is the problem that we don't have national-level information about the supply of particular types of health workers in Kenya and how these needs vary by county?

If so, this refers to the supply of a range of workers relevant to addressing population health needs and their equitable distribution. Perhaps this could be the stronger focus of the background section.

If supply is bench-marked, what will be gained - will it help target gaps better?

Please be specific about terms like "health specialist". Is the training needs assessment related to nurses, general doctors, specialist doctors?

Perhaps introduce the idea that there are norms and standards you plan to apply in this work to assess the supply of different types of health workers and include the idea that you are benchmarking particular health workforce shortages using this tool. It is unclear as to where this tool is from, and what tier of the health system it applies to, in references to the health staffing being reviewed in this article.
It would be useful to get some more specific information about how the health workers reviewed were justified. Is it based on population health need in Kenya, like access to surgery, maternal and child health services etc.. There is currently some mention of the Managed Equipment Services Program areas of service e.g. surgery, radiology, ICU. But it is unclear if these areas were used to justify the focus of the health worker capacity review, and these may not include all the health worker types reviewed?

The background relates a bit to retention but the focus of this article appears to relate to the issue of supply (net number of different types of health workers) and distribution (by county).

It is assumed the counties surveyed have the appropriate facilities to support the health workers being evaluated, e.g. can surgery be performed at all facilities? Perhaps explain the health infrastructure includes a regional hospital with xx beds, maternity wards and operating theatres.

Methods

It is important to clearly specify how you invited participants to the survey.

Was ethics clearance obtained?

Please use the same term for the people who responded to the survey, e.g. county directors of health, rather than calling them different titles. Explain why this person would know the information about the health workers they have and be good at judging service gaps in their population.

Provide a sentence or two about the content of the survey (how long it took to undertake), how many open versus closed questions.

Were surveys done face to face with data collectors?

Explain the norms and standards - are these a legitimate benchmark for supply of health workers and are they relevant to African nations? A reference is needed as to where they come from. Do they apply to the health workers that you looked at?

Results

The results for each type of health workers (nurses, doctors, medical specialists etc.) could possibly be tabulated. Presenting results by county is not necessarily information to the international audience. This information and that in the tables is currently too detailed. Perhaps the most relevant material is the shortage and total lack of some workers according to the benchmarking tool, and broadly by county or region of Kenya.
Discussion

Important gaps are noted, that Kenya is well behind on supply of particular specialist health workers. Perhaps consider suggesting some of the reasons why? Why is it that shortages appear to vary by county. Is there sufficient funds to employ enough workers? Are there enough workers? Does Kenya train all these workers? What sort of conditions do the workers face in these counties that could explain the low numbers in some areas? Are specialty workers in these counties supported by other similar doctors and staff if they work there?

It might be useful to suggest some clear options for improving supply, like focusing on training, development and retention. Also improving retention?

Limitations should include discussion about your perceptions as to how viable the benchmarking tool was?

It is not clear what "paradigm shift" refers to since the current state of training is not described.

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Please indicate how interesting you found the manuscript:

An article of importance in its field

Quality of written English
Please indicate the quality of language in the manuscript:

Not suitable for publication unless extensively edited

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