Author’s response to reviews

Title: How do we strengthen the health workforce in a rapidly developing high-income country? A case study of Abu Dhabi in the United Arab Emirates

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Version: 2 Date: 03 Jan 2019

Author’s response to reviews:

Dr James Buchan

BMC Human Resources for Health

3rd January 2019

Dear Dr. Buchan:

We appreciate the time taken by the reviewers to review our revised manuscript and provide insightful comments and suggestions. Following our deepest consideration, my co-authors and I reviewed the comments and revised the manuscript in line with these suggestions and we believe that our manuscript has been much improved as a result of the review process.

The below table provides information on how we have addressed the comments made by Reviewer 2.

Reviewer 2

Thank you for considering my earlier comments. The paper is certainly improved, but I don't feel that the following comments have been adequately addressed.
We thank Reviewer 2 for the time taken to review our paper and provide us with positive feedback. In view of Reviewer 2’s comments, we have re-reviewed the first revision of the manuscript and amended the second revision of the manuscript accordingly. We hope that the second revision adequately addresses the salient points raised.

1. "I would also like to see the discussion and conclusions section making a much clearer link between what the study found and what the Abu Dhabi health system should be doing better or differently in relation to HRH." The authors responded that they had reorganized the discussion to make it clearer. I see little evidence of reorganization, and am still left with the question 'so what?'

We thank Reviewer 2 for their comment. We tried to explain some details of the HRH in Abu Dhabi and the regulations within the country to provide context to the study.

Several gaps were identified using CCM and recommendations on how to overcome it were pointed out. More integration among UAE emirates and on HRH planning were also suggested. We feel that the case study provides a good example for other high-income developing countries that are experiencing similar changes to demography and prevailing disease patterns.

2. "I would like to see a short discussion about how Abu Dhabi may be similar or different to the other emirates with respect to health workforce and health outcomes, to help the reader gauge the extent to which the conclusions of this study may be generalised to the rest of the UAE and/or other contexts." There is now a new section about context, which is helpful. However, it does not address a key comment from both reviewers, i.e. that the reader needs to understand the context as it relates to the health system and specifically HRH.

We thank Reviewer 2 for their comment. Health outcome data and health workforce statistics are quite well documented for the emirate of Abu Dhabi; however, there is a lack of data for other emirates to permit a detailed cross-emirate comparison. There is some data available for the emirate of Dubai and we have provided this and any other informative data in the revised manuscript.

Please see page 14.

3. "Figure 1: It's not clear how you have defined over- and under-supply. What is the denominator for the percentages? At present the paper does not present compelling evidence of over- or under-supply. The reader is just being asked to take your word for it." The authors have referred to the source of the data, but not answered the question 'what is the
denominator for the percentages?’ This could be done by labelling the y-axis of Figure 1 properly. ‘Percentages’ is not an adequate axis label.

We thank Reviewer 2 for their comment. We have labelled the y-axis as ‘Percentage of available supply over demand’. We have designed the figure based on the information of the Capacity Master Plan of the Department of Health Abu Dhabi, for that reason we do not have access to the crude number of specialty physicians and the number of needed consultations that defined demand as this data is not publicly available.

Please see Figure 1.

4. "Explain why having a higher % of expatriates is a problem for the health system, and quote evidence. Is it because of language barriers, cultural barriers, lack of acceptability, high turnover rates, poor quality, or what?" An explanation has been added, but no evidence quoted to support it. If this is speculation, it should be clearly identified as such.

We thank Reviewer 2 for their comment and noticing the lack of reference. We have added further details on the challenge of reliance on expatriates with references (where available) to strengthen our points. Some of the points that we propose are not implied but not supported by empirical evidence and we make this clear in the revised manuscript.

Please see pages 9-10 and references 3, 30 and 31.

5. "Table 1: Why are there NAs in the first column?’ I am aware that NA stands for 'not applicable'. My point is that the data is applicable. It's just missing. This should be made clear to the reader.

We thank Reviewer 2 for their comment. We have amended Table 1 in line with this suggestion and we have inserted * and a footnote “* There is no data on the number of the professionals per 10,000 population”.

Please see page 10, Table 1.

6. "Provide a reference for the statement that chronic disease prevalence is projected to increase." The reference provided is another paper by the same authors that makes the same unsubstantiated claim. This is insufficient.

We thank Reviewer 2 for their comment. The UAE has a young population structure and life expectancy has been increasing and total fertility rate decreasing for the past two decades
which will lead to population aging and an increase in the prevalence of chronic diseases. The same phenomenon has been observed in other high-income countries (e.g. Japan, US, most European countries) albeit over a longer time period. The sentence the way it is written can be referenced to our previous paper. Although, there are other papers that suggest this project increase. We are quoting here a sentence from Hannawi and Salim (2014) “Therefore, the UAE demographic and epidemiological transition calls for more physicians/nurses workforce to cope with the expansion/aging population and with the increasing chronic diseases comorbidity” [31]. Additionally, the chronic diseases data shows an increased prevalence in recent years. This trend is expected to continue.

Thank you for providing us with the opportunity to submit an improved version of our manuscript to BMC Human Resources for Health.

Kind regards,