Reviewer’s report

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

Version: 0 Date: 28 Sep 2018

Reviewer: Andrea Nove

Reviewer's report:

This is a very well-written article and I think the subject will be of interest to the readership of HRH Journal. However, there are a few fundamental problems that I would like to see addressed before I can recommend publication:

The main problem is insufficient detail about how the authors carried out their analysis - it's not clear to me what methods and processes were used to reach the conclusions presented in the paper. On page 8, there is a section beginning "Based on the identified gaps of the CCM...", without any prior explanation about how these gaps were identified. Similarly, table 2 gives a very long list of 'patient interaction issues' without any description of how these issues were identified. I am therefore not in a position to assess the robustness of the conclusions drawn.

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.

More minor comments are as follows:

Page 5, line 20: 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.

Page 6, line 12: Reference 12 is quite recent - it's good practice to reference the original source of CCM

Page 6, lines 27-30: The references given here are rather old. Is there any more recent literature describing applications of the CCM? If not, you should defend why it remains relevant, e.g. quote evidence that it has become mainstream.

Page 7, line 25/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.
Figure 1 needs axis labels.

Page 7, line 51: 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?

Table 1: I suggest the total column show absolute numbers rather than percentages. Otherwise it's not clear what the % represents and the non-statistical reader may misinterpret the figures in this column. Why are there NAs in the first column? Also, enter zeroes rather than leaving blank cells.

Table 1: It seems odd to include alternative practitioners. Who are they? Are they properly licensed, regulated health professionals in this context? If not, I question why they are included. If they are, then this should be pointed out so their inclusion can be defended.

Figure 2: How did you determine the size of the gap and therefore the size of the bubbles? This methodology needs to be explained somewhere in the paper.

Page 11, line 35: Provide a reference for the statement that chronic disease prevalence is projected to increase.

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