Reviewer’s report

Title: Never again? Challenges in transforming the health workforce landscape in post-Ebola West Africa

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Review Feedback

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Title: Never again? Challenges in transforming the health workforce landscape in post-Ebola West Africa

General Comments

On the overall the manuscript provides important information on the investment plans that were done to improve the availability and distribution of HRH in the post Ebola West Africa region, but it needs to be improved. It highlights some of the challenges that are normally taken for granted.

Title

This type of a title will fit well in a qualitative study - as it could be derived from a direct quote from the participants; since the authors are using a different study design I suggest they change the title to capture the main focus of the paper

Abstract

The summary of the methods has to be clear on what was done, e.g. the key components like the study design used, data collection and analysis used

Background

It is good that the background covers global HRH policy responses, but what about the regional level policy responses? I suggest you also add other high level initiatives that were done by the other regional bodies.
1st paragraph, sentence 1 - the authors should provide references of the extensive literature they are referring to.

1st paragraph, line 3-12 - Is there any data that shows their baseline, how significant was the achievement, how low were the numbers of their professional staff at baseline? These achievements should have informed their production plans

1st paragraph, line 12-23 - Other studies have also demonstrated how most Sub Saharan Africa is struggling to manage distribution of professional staff between urban and rural, as well as private and public health facilities. These challenges should have been accommodated in their plans to address HRH problems in the region

3rd paragraph, line 49-54 - There is need for background information on the regional context e.g. their current HRH production capacity

Methods

The methods section needs to be improved. It will be ideal to start by briefly describing the study design used, and explain how the data was collected and analysed.

The quality of the government records in most African countries is questionable, was there anything done to verify the quality of their HR records

Page 5, paragraph 4, line 55-60 - it is not clear how this data was different from that of previous years.

Results

I suggest that the sub-titles be written either in bold or in a different font, to make them more visible

Page 7, 2nd paragraph, line 26-31 - Is there a way of cross checking the figures on whether the 57% of doctors in rural areas are all government employees, other studies have also shown that in countries that have high concentration and or support of NGOs and other international donors, a large percentages of doctors that work in rural areas are employed by NGOs and seconded to government or they do moonlighting

Page 8, 1st paragraph, line 1-14 - Do they have the capacity to produce these numbers of physicians? Did their plans accommodate the training capacity, as well as the current distribution of professional staff? The analysis of the investment plans of the 3 countries to strengthen their workforce should have also answered these types of questions and should have been reported as part of the findings.
Page 8, 2nd paragraph, line 27-39 - Are these not catered for in the long term HRH development plans. Some of the recommendations from that region were 'blocked development plans', i.e. each country was expected to make their plans in accordance with their training capacity and where they are starting from e.g. a country that has a density average of 0.7 as compared to another one with an average density of 1.8.

Page 8, 3rd paragraph, line 47-54 - The analysis should also include the turnaround time as well as the capacity of each country.

Page 12, Table 4 - Are the workforce attrition levels and the drop out of training percentages not higher than what is presented here. Was there a way of verifying the data, because other countries with similar contexts have higher drop out and attrition levels?

Page 13, last paragraph, line 41-51 - The authors should also be questioning whether this will be feasible as part of the interpretation of the data.

I assume the baseline scenario is the 'ideal scenario' and you have an alternative scenario, will it not help to also do a projection of the worst scenario as a 3rd alternative.

Do the projections accommodate the production capacity as well as other health systems constraints of the 3 countries?

It is not clear what the international community fund, will they for instance pay 100% of the budgets

Page 15, paragraph 1, line 2-12 - Were these plans for the rural workforce? In other African counties with similar contexts they use rural allowance as an incentive to attract professional staff to rural areas.

What about the countries that have a big number of community health workers, do they pay them?

Page 16, Table 6 - As part of the interpretation of this data I suggest that the authors give more information on how this growth will be attained and the feasibility of achieving that growth. This should be part of the analyses of the investment plans

Discussion

Page 17, 1st paragraph, line 1-2 - The salaries and costs of training a doctor are low. How do they compare with the other 3 countries?

Page 17, 2nd paragraph, line 24-29 - I suggest you add literature on this
Page 17, 3rd paragraph, last sentence - The other similar point is that ... reaching international threshold ... might not be able on its own to improve outcomes, the health systems will also need to be revamped and strengthened.

Page 18, 1st paragraph - reference should be made to other studies that were done to address distribution of professional staff between rural and urban, and private and public.

Production of professional staff without improving health systems, might frustrate them and push them to leave.

Lessons should also be drawn from the HIV/AIDS programs, i.e. how the health systems (including HRH) was improved/strengthened in response to scale up of HIV programmes.

On the overall the paper raises some of the key points but the issue of capacity need to be unpacked.

Are the experiences of ebola on their own a strong drive for change, is there a political will?

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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:

Acceptable

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