Author’s response to reviews

Title: For more than money: willingness of health professionals to stay in remote Senegal

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Author's response to reviews:

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Dear Editors of BMC Human Resources for Health,

Thank you very much for your feedback and for allowing us to make further revisions to our manuscript. We have uploaded the revised manuscript, tables and figures through the on-line submission site. Also, please find following our responses to the reviewer’s comments – we found the comments very helpful in deepening our thinking in regard to the study results. We hope that the revised manuscript fully addresses the reviewer’s concerns. Please let us know if there is anything in the manuscript that requires clarification.

Yours sincerely,

Ayako Honda
Reviewer 4

1. I find this paper much improved with the main issues raised by the set of reviewers now addressed. I still have some concerns about whether or not anything can be said about the relative importance of financial incentives that have not been quantified. Even though the limitation of an unquantified financial incentive is now recognised in the discussion, the inclusion of that finding in the abstract will be all that many users of the research will take on board. I will leave it with the authors as to whether they want to retain that, on reflection, though. I don't think whether or not the government is interested in using financial incentives is relevant to this issue.

Response:

Thank you for pointing out the issue. We have dropped mention of the financial incentives from the conclusion of the abstract and reflected the study limitation in the relevant sentence of the results section of the abstract.

2. I would also caution a little further in relation to the new policy of offering permanent contracts to rural staff. If I and reviewer 3 are correct that permanent contracts are valued because they help facilitate relocation to urban or less difficult postings, this could be catastrophic for rural people and residents of 'difficult' areas. While the paper now recognises 'other benefits attached to permanent contracts', it does not raise this important issue. In Kenya, an 'emergency-hire' project for recruitment of rural staff did not retain most of those staff after they were absorbed into the Government of Kenya public service (i.e. provided with permanent contracts_ - see Vindigni et al. 2014, this journal: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4003900/pdf/1478-4491-12-16.pdf Given that the long term impact of this policy has not been assessed, I think it is important to recognize this concern and avoid implying that this would be a good idea for other countries in the absence of evidence beyond the CE.

Response:
Again, thank you for raising your concerns about the interpretation of the results on permanent contracts.

As we explained previously, in the current context in Senegal, the type of contract is not associated with geographical assignment and it is unlikely that health professionals prefer permanent contracts because they see more opportunities to be assigned in urban and/or less difficult regions. In fact, while in 2016, 48% of the health professionals were on permanent contract with the Government, 60% of our respondents – all assigned to difficult regions, were on permanent contracts. We have revised the relevant section of the discussion to make this point clearer.

Nonetheless, it is important for us not to simplify the study results on contract type. As the study from Kenya indicates, it may not be that just a ‘permanent’ contract facilitates health professionals staying in difficult areas but that there are other benefits associated with permanent contracts (such as the provision of social security entitlements, job security, etc.), and it is important to further investigate these factors. The factors may differ according to context – perhaps the meaning of a ‘permanent contract’ in Senegal may be different from that in other countries. We have revised the relevant sentences in the discussion section to reflect this.