Author's response to reviews

Title: The human resource for health situation in Zambia: deficit and maldistribution

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Version: 3 Date: 28 April 2011

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Based on this second review, I have the following observations:

1. The objectives of the study are still not clear. Is it for the purpose of documenting what the status of HRH was in March 2008? We are now in 2011 and the information seems to be outdated:

There has been little change in the health workforce since 2008 in the MoH. The 2008 data set is what was availed to us. However, the MoH has plans to recruit more nurses this year. The objectives was NOT to document the status of the workforce in March 2008!

2. Under distribution of staff by levels of care, it is hardly convincing that there are only for example enrolled nurses in rural areas and that only 2 registered nurses in the health posts in the entire country. I would suggest that this information be counter checked with the officials:

The source of our data was the payroll and we have confidence the data are accurate! Nevertheless we crosschecked out information with reference 7, which is new

3. New initiative for the training of nurses is mentioned in the article. E.g. "BA Nursing". This information should be reflected accurately. Having been part of the process of developing this programme, from my understanding the programme was to be called "BSc nursing". I find therefore, some inconsistencies in this regard:
The correct name is: BSc Nursing. It has been corrected

4. Reference to the fact that the "most cost-effective way to reduce attrition and vacancies among nurses and clinical officer is through effective treatment of HIV" is important. But where is the evidence of comparison to show its effectiveness in other places?
We have rephrased the sentence and added four references - 25 to 28

5. The conclusion addresses issues not necessarily addressed in the body of the next. Examples of how task shifting from professionals to non-clinical staff has worked and which specific tasks are referred to. Therefore this issue is not clarified at all. There is also the issue of redistribution of tasks among health worker teams. Not many convincing examples on this. If nurses are prescribing in Zambia, is it not the expansion of the scope of practice rather than task shifting as by law, they can prescribe through a legal framework "Standing Orders" when there is no doctor.

HOW ELSE CAN WE CONCLUDE? The formal expansion of scope of practice is a legal way of task shifting as recognised in the literature by J Buchan and others

Minor essential Revisions
1. Some thorough editing is required. For example first paragraph on page 10, the last part referring to the "2006 survey of 50 health staff in Lusaka ........"is again repeated in the last paragraph discussing the issue of emigration.
We have deleted the repeated sentence.
We have done a detailed editing review of the paper.

2. With the many questions and inconsistencies still at the second review, I am not confident that the other aspects eg statistics presented in this article are entirely correct especially if not checked by statistician and local officials.
The statistics are correct as they pertain to the March 2008 payroll. Professor Seter is a Professor of Biostatistics at the University

3. The march 2008 payroll as a reference point rendered the information limited
in scope.

As we have said in the previous section, the information gathered from the March 2008 payroll is still valid with respect to our objectives since there has been no significant change in health workforce until this year when the MoH is planning to recruit more nurses.

Overall we found the comments useful and helpful to improve the paper. Thank you