

## **Author's response to reviews**

**Title:** Contracting private sector providers for public sector health services in Jalisco, Mexico: perspectives of system actors

### **Authors:**

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### **Author's response to reviews:**

Editors

Human Resources for Health Journal

Dear Editors:

We would like to thank you for the opportunity of revising the previous version of our document "Contracting private sector providers for public sector health services in Jalisco, Mexico: Perspectives of system actors". Next, you will find the summary of the modifications made in this new version following the comments of the two reviewers.

Reviewer 1.

1. In "Methods" there is an incorrect utilization of the term "sample".

A. The term "sample" was substituted by "group of self-selected individuals"

2. The discussion of the profile of the respondents should be in the "methods" section, not results.

A. The profile of the respondents section was removed to methods.

3. The section "Other actors' perspective" discusses only the views of government officials.

A. The section "Other actors' perspective" is now named Managers' perspective.

4. There is lack of clarity in using the terms Ministry, Secretariat and Secretary.

A. We only refer now to the Ministry of Health.

5. The "discussion" is lacking in comparing results to other areas beyond Latin America.

A. The discussion includes in this version references to other countries such as England, Canada, Cambodia, Bangladesh and Guatemala.

6. Numerous typos remain in this version.

A. English was revised at detail by a native English-language translator.

## Reviewer 2.

### Major Compulsory Revisions

1. The abstract is overly descriptive.

A. The abstract was completely re-written dividing the information by sections.

2. The introduction needs to be more explicit in terms of the potential uses of the research results.

A. Information about the potential use of the results in other contexts, is clearly present since the very beginning of the introduction and all throughout this section.

3. The background should help orient readers understand how the program would be applicable to other contexts.

A. We tried to be more explicit regarding this issue but not all explanations appear in the background section. Part of them appears in the description of the model and other part in the discussion.

4. Some statements need much better clarification and backing by evidence.

A. The reference about medical practice was withdrawn and all other statements that were not strictly related to the investigated issue were also withdrawn.

5. The conclusion needs to be more explicit.

A. The conclusion was redone. Now it focuses more on the implications of the results regarding the performance (effectiveness) of the model.

### Minor Essential Revisions

1. There is no explicit reference to Table 1 in the text.

A. There is an explicit reference in page 4.

2. Probably Table 2 could be dropped.

A. Original Table 2 was dropped and more explicit reference is made in the text about the implications of the budget increase.

3. In the methods sections the term “three categories of providers” needs to be explicitly defined.

A. The term “Categories of providers” is now clearly defined. In most cases reference is made to “doctors, nurses and health technicians”.

4. The method for tallying the responses included in Table 4 (now Table 3) should be better detailed.

A. The method was more broadly described including a description on how

workers were asked to prioritize the problems identified. The list of topics is ordered according to the priority defined by the informant.

Besides the comments provided by the reviewers the document was fully revised by the authors. Some information about the national and state context was eliminated as we considered that provided too much detail.

We remain expectant to the results of this new version.

Sincerely