

Author's response to reviews

Title: Human Resources: The cinderalla of health sector reform in Latin America

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Author's response to reviews: see over

Response to the comments of Peter Lloyd-Sherlock

The paper deals with an important topic that is largely over-looked in the mainstream academic literature on health sector reform. It is original, coherently argued and contributes significantly to knowledge in an important area of health policy. It effectively brings together a wide range of country experiences. However, the following revisions are required before it is ready for publication.

1) More geographical framing is needed. The paper purports to examine the Latin American experience. It is essential to assess the degree to which one can generalise about a region as diverse as this. Also, are there things that make Latin America different from other developing regions (and are there particular lessons for them?).

- 1. The paper highlights throughout the text that there are exceptions to many of the issues raised with qualifiers such as “in most countries”. This is inevitable when discussing a large region with obvious socioeconomic differences and variations in the health systems. Nevertheless, to stress this point we have added a sentence in the introduction. As the reader will discover in the paper the problems raised occur in so many countries that we feel that it is appropriate to write a paper about Latin America as a geographical region.*

2) More care needed with evidence in places, eg paras 1 and 2 of page 8; last para of page 11; end of 1st para of page 12.

- 2. References have been added.*

3) More can be done to consider different sorts of unions. These were not a monolithic actor, but sometimes had different and competing agendas. On p.8 it is claimed that they protected workers from politicisation, but many unions themselves are very closely allied to particular parties. It may be helpful to distinguish between professional associations of doctors, etc and unions representing other sorts of health worker. Also, what role was played by unions representing non health workers, whose stakes in the reforms may have been somewhat different?

- 3. We are aware of the issue raised by the reviewer regarding the differences among the unions and the linkages between some unions and political parties. To discuss this issue in detail would by itself be a very interesting paper but it is beyond the scope of this paper. We have not gathered information on this specific issue.*

p.4: some specific comment needed on over-staffing, which is rife in some parts of the health sector. Points 9, 10 and 11 might be merged.

4. *p. 4 The list of problems that we have collated is the result of reviewing a large collection of assessment reports. Over-staffing has not been mentioned in any of these reports (cited in the references), probably because while indeed there some areas that are over-staffed, for example some urban hospitals, there are shortages in other urban areas and in rural centers. The consistent view is that more than over-staffing the problem is poor utilization of available resources. We prefer to leave points 9, 10 and 11 as they are.*

p.6 more recent (and more subtly nuanced) WB statements on health policy can be found at World Bank (2004) World Development Report 2004: Making Services Work For Poor People Oxford, Oxford University Press.

5. *p. 6 We have added a reference to the document cited in the Discussion.*

p.12 it would be worth noting that often decentralisation doesn't include control over personnel because the political resistance to this is too great (as in Argentina and Ghana)

6. *p. 12 As the reviewer notes decentralization does not include control of personnel because of political resistance, this is the case –as he points out in Argentina- but it is not the case in several other countries such as Mexico, where in spite of the resistance decentralization has transferred the control of personnel to the states; this is also de case in Chile and Colombia.*

p.15 the anonymous source needs bolstering with other ones

7. *p. 15 More references have been added.*

p.18 why do you only get a 2% increase? (explain in footnote)

8. *p. 18 We thought that the reason for the decrease should be obvious to the reader, it is mainly due to attrition and migration. If the editors consider it necessary we will be happy to add this information in the text.*

p.21 some repetition of earlier material in last para

9. *p. 21 We have rephrased this section.*

p.22 who are the Travistok group?, page number for quotation

10. *p. 22 Sorry there was a misspelling, it is the Tavistock instead of the Travistock. It is very likely that the reviewer may be acquainted with The Tavistock Group because it was organized in the UK to unify the codes of ethics for health care professionals. The full explanation can be found in the cited article (Smith, BMJ, 1999). We have added the page number*

p.24 check J. Le Grand Motivation, Agency, and Public Policy - Of Knights and Knaves, Pawns and Queens, Oxford (2003) which has some very good analysis of this

11. p. 24 We incorporated the reference.

bottom p.26: you refer to budgets. It would be very helpful to provide whatever quantitative data are available in tables early on in the paper -on staffing, budget, etc.

12. p. 26 The statement to which the reviewer refers is a very well accepted fact. We do not think there is a need to cite all the budget laws of Latin America. The alternative would be to cite documents from each country. It is such a basic fact that we do not think it is worth adding more references to our 6 pages of references.

pp.27-8: discussion of schemes to promote rural doctors is interesting but is rather long, unbalancing the conclusion. What other examples of local approaches to HSR might be set alongside this?

13. p. 27-8 We have taken the advise of the reviewer and reorganized sections of the conclusions.

Response to the comments of Rene Leyva

- 1. Contributions of the author:** Some parts of the paper lack clarity in the distinction between the author's conclusions and the summary of knowledge drawn from the literature reviewed. For example, on page 6 the author writes: "Reform observers have identified human resources issues as the main obstacle for the success of the reforms...". Because no reference is given it is unclear who these "reform observers" are. Or is one of the reform observers the author? Similar, it is not clear if the following six boxes with bullet points are a classification of the author after review and analysis of the literature and data (and therefore, key contribution of the author) or have they been copied from another reference?

Another example is the first paragraph on page 8, where it says, "As their purchasing power worsened, health workers intensified a series of undesirable behaviors to increase their income, including levying illegal fees, diverting patients from the public sector to their private clinics..." Are these assumptions of the author or summary of the literature?

Response

We have added the names of the reform observers and clarified when we are expressing our opinions or those of another researcher. We have included more references when requested by the reviewer. The boxes are the authors' creation.

2. **The abstract:** The abstract should describe the character of the work as an analysis of the health sector reforms in LA and classification of factors found to influence the outcome of the health sector reform by using a review of published literature, unpublished documents of regional and national meetings of policy makers, stakeholders or policy analysts as well as drawing upon own research work (see also next point).

Response

We have revised the abstract and included the methodology.

3. **Unpublished documents:** The paper uses in total eight references which are unpublished documents including two interviews. Did the author conduct the interviews? Or are they drawn from research conducted by him/her? The interviewer who conducted them should be mentioned and the title of the interviews as well as their dates should be included as footnotes not as references. In relation to other unpublished material cited in the reference section there should be a comment in the text or a footnote that all unpublished documents are available from the author upon request.

Response

The interviews were done by the authors. Since we are not allowed to use footnotes we have listed the affiliation of each interviewee, the name of the interviewer and the date when each interview took place in the bibliography. We have also added after each unpublished document cited a sentence clarifying that the document is available upon request.

4. **Methodology:** The methodology of the research work carried out is not described. The three types of documents used as references suggest that an extensive review of published literature was carried out. In addition, the author included documents of national and regional meetings as well as data from his/her own research (interviews with policy makers). Which data bases have been used to gather the document? What was the method of selection & what was the time scale of the search?

Response

We have added an explanation of the methodology and detailed the breath of the literature review and of the fieldwork of authors.

5. **Length of the paper:** In general very long. As a recommendation the article would improve in clarity and conciseness if it is set out clearly what each example used contributes to the paper. In addition, in some cases the evidence could be summarized more which would help to structure the argument (see page 22, third paragraph: the citation of the nurse is interesting but not needed to support the argument).

The article has been shortened and we have tightened it. We think that it is final version reads better.

