Title: Primary Health Care contribution to improve health outcomes in Bogota-Colombia: A longitudinal ecological analysis

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Author's response to reviews: see over
Dear Editorial Team

Please find enclosed a new version of the manuscript entitled “Primary Health Care contribution to improve health outcomes in Bogota-Colombia: A longitudinal ecological analysis”, which we would like to submit for publication after the required revisions.

In this letter, you will find our response to the reviewers’ comments and a point-by-point explanation of the changes that the manuscript underwent.

We look forward to hearing from you at your earliest convenience.

With kind regards,

Paola Andrea Mosquera
It appears that a research question is not specifically posed. Instead the authors state that the study “aims to analyse the contribution of the PHC strategy to the improvement of health outcomes controlling for socioeconomic variables”. This is acceptable but it would have been better to state a defined research question.

Answer: Since the reviewer considers our aim as acceptable, we prefer to keep it as it is.

The discussion is sufficiently rich in detail and appropriate to the data presented. The statement of the conclusion is a bit terse and could do with further elaboration.

Answer: we have added a paragraph to strengthen the conclusion and made it more clear and direct:

The overall findings of this study showed that increases of PHC coverage through the “Health Home” program were related to improvements in the health status of Bogota’s population. A high coverage of the program was significantly related to lower under-5 mortality rate, infant mortality by pneumonia and higher vaccination coverage for DPT.

In discretionary revisions I would have liked more on how the Bogota experience fitted into the overall national experience of health reform. My memory is that there was major opposition to the reforms, especially from procedural specialists who saw a possible loss of income from the contributory scheme (perhaps born out by the insurance coverage to the contributory regimen Table 1).

Answer: we have added some sentences to strengthen the explanation about how Bogota experience was conceived in the framework of the General System of Social Security in Health.

Now the supplemented paragraphs read as follows:

[... ] With this reform, public health programmes were the responsibility of the local governmental health authorities and individual health services the responsibility of insurance companies (6,7,8). Public health activities are included in a benefits package known as the Collective Intervention Plan (CIP—Plan de intervenciones colectivas in Spanish) which complements individual health services included in the Compulsory Health Plan (9). This division of functions has generated a highly segmented and fragmented national health system
Despite Colombia having adopted a health system based on neoliberal market principles (9), Bogota in 2004, as part of a center-left government (elected for first time in the city) decided to reinstate the PHC principles as one of their strategies to improve the quality of life and the level of population health, and to reduce health inequities. This initiative was possible due to the local level decentralization of the health system in Colombia. Thus, the PHC strategy emerged as a purely local effort (from the Mayor of the city, the District Health Secretariat, the public health care network and the community) without receiving neither political nor technical support by the national health system and within a context of constraints imposed by the insurance market rationality. [...].

I would also liked to have seen some analysis of effects on the indigenous health services. Again my memory is that this was positive for health outcomes.

**Answer:** This is a very important point. However information about indigenous groups is not available at locality level in Bogota. This is probably because indigenous people just represent 0.21% (15,032) of the total population (7,035,155). Also the mobility of these groups around the country is very high due to forced displacement by violence. The last national census conducted in 2005 suggested that displaced indigenous are mainly located at the south of the country in smaller cities close to their original homes.

Maybe for a future article the political context of change, both nationally in Colombia, and internationally across South America could be expanded on with reference to health outcome and health professional access statistics

**Answer:** We appreciate this suggestion; we are actually writing an article addressing these issues from a qualitative perspective.