Author's response to reviews

Title: A case study of outsourced primary healthcare services in Sindh, Pakistan: Is this a real reform?

Authors:

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Author's response to reviews: see over
**Reviewer 1: Peter Heywood**

**Reviewer’s report:**  
*Major compulsory revisions*

1. The introductory section of the paper would be improved if the authors made reference to recent work that has compared quality of public and private care in low and middle income countries, such as the one referred to above.  
**Response:**  
Suggestion incorporated as per reference 1, 2

2. As the main thrust of the paper is about quality of care it would help if there was a brief discussion of the components of care to be addressed in the study and this was then linked to methods used to obtain information.  
**Response:**  
Suggestion incorporated as per reference 9

3. The results section would be easier to understand if they were summarized in an extended Table 2. The extension could be in sections (rows) for each of the major components of care and, since the results are mainly qualitative, the entry in the table was a brief summary of the results for the two types of health facilities. For example, the additional rows in the table might be for staff numbers, staff salaries, availability of critical equipment, other infrastructure, patient load, distance travelled by patients, and so on.  
**Response:**  
Table 2 extended as per recommendations, this part also added in the rationale of the study

4. Finally, without detracting from the usefulness of the study, it is important that the authors include a paragraph acknowledging the limitations of the study e.g. case study approach, limited numbers, unable to collect information on some variables, and so on.  
**Response:** Limitations added and highlighted at the end of discussion

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**Reviewer 2: Benjamin Loevinsohn**

**Discretionary Revisions**

1. It may be worthwhile to point out the nature of the data is an "after only, cross-sectional comparison" and explain why the health facilities were likely comparable at baseline or the PPHI facilities could have been worse.  
**Response:** Point added in the beginning of the discussion section as highlighted.

2. It would be worthwhile pointing out that DFID sponsored an independent assessment of PPHI. I've attached the report because it is germane.  
**Response:** This is already indicated in the introduction section.
3. Strictly speaking PPHI is not "contracting out" health services but rather "contracting in" management. Most of the health workers are still civil servants paid by the government. Contracting out makes it sound like government is privatizing the financing of health care, but this is clearly not the case in PPHI where Government continues to finance the cost of services.

Response: Terminology changed wherever appropriate.

4. It might be important to point out that PPHI cost the government the exact same amount as district managed BHUs. The point is that it's not increased resources that explain the difference.

Response: Point added in discussion section as highlighted.

5. It might be helpful to indicate just how extensive PPHI is in Pakistan. It is not a small pilot. This would give weight to the recommendation about expansion.

Response: Explained in “introduction” section as highlighted.