Author’s response to reviews

Title: Leishmaniasis patients' pilgrimage to access health care in rural Bolivia: a qualitative study using human rights to health approach

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Dear Editor

BMC International Health and Human Rights Journal

I am enclosing herewith the revised version on the manuscript entitled: “Leishmaniasis patients' pilgrimage to access health care in rural Bolivia: a qualitative study using the human rights to health approach” with reference IHHR-D-18-00063R1. We thank the editor and the reviewers for their relevant suggestions regarding the manuscript. Below the point by point responses are presented.

AUTHORS’ RESPONSE

; We thank the editor and reviewers for their helpful comments, which we think improve the manuscript.

Reviewers’ comments in bold

; Author comments in normal typeface

Excerpts from manuscript italicized and indented

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Editor:
1. Please address comments provided by Reviewer 2. These can be found below.

; Done.

2. Please move your "Additional files" to after the references.

; Done.

3. Currently it appears Additional file 1 has not been uploaded with your submission. Please upload this upon re-submission.

; Done

4. At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files.

; Done.

Reviewer #2:

1. p.3 l. 52: "guaranteed obligation of the States" is not accurate. The sense given in these lines should be as follows: the right to health is a legally binding obligation to states that are party to any international covenant that contains it, and obliges those states to advance and secure it, whether through domestic legislation, policies or otherwise. It is a progressive right that states committed to its protection must secure over time.

; Thanks to the reviewer for this comment. The sentence has been modified; now it reads:

Page 3, lines 51-55:

The right to health defined as “the highest attainable standard of health”, is a legally binding obligation to states that are party to any international covenant that contains it, and obliges those states to advance and secure it, whether through domestic legislation, policies or otherwise. It is a progressive right that states committed to its protection must secure over time.

2. p.5 l.92: suggest "some studies have discussed" (rather than "mentioned something"
although some studies have discussed the difficulties in access to health care for patients with leishmaniasis in Latin America.

3. p.8 l. 156-8 suggest "Because of the lack of adequate roads, public transport is scarce. Consequently, their ability to access medical services is limited"

; Thanks to the reviewer for this comment. We accept the suggestion, now it reads:

Because of the lack of adequate roads, public transport is scarce. Consequently, their ability to access medical services is limited.

4. p.15 l. 320 suggest "faced many hardships reaching them"

Done; now it reads:

Although some participants eventually found adequate medical treatment in the specialised centres of the cities, they faced many hardships reaching them.

; p.21 l. 469-473 suggest "Public health initiatives to control leishmaniasis would benefit from using the human rights to health approach and integrating human rights principles; uncovering health inequities and catalyzing integration focusing on who is left behind and why, such that the needs of the most marginalized are met. Finally, we suggest that policy makers strengthen leishmaniasis care capacity related to laboratory diagnosis and the availability of treatments in primary health care centres located in endemic areas."

; Thanks to the reviewer for this comment. Now, the sentence reads:

Public health initiatives to control leishmaniasis would benefit from using the human rights to health approach and integrating human rights principles; uncovering health inequities and
catalyzing integration focusing on who is left behind and why, such that the needs of the most marginalized are met.

Finally, we suggest to policy makers strengthen leishmaniasis care capacity related to laboratory diagnosis and availability of treatments in primary health care centres located in endemic areas.