Reviewer 1:

|  |  |
| --- | --- |
| Congratulations on this research study. The study evaluated gender disparities in access to healthcare during COVID-19 pandemic using time-sensitive conditions in Chile. An important topic for policy makers and healthcare providers. Overall, the manuscript is well-written, the authors succeeded in utilizing methodology to serve the study aim, and the discussion illustrated the results on the light of the literature.  I would like to recommend some minor amendments/tips that are likely to further elevate the quality of the manuscript and its contribution in the different dimensions concerning the topic under investigation | Thanks for your positive feedback on our work! |
| 1) The introduction is adequate, but it is a bit lengthy. | We have moved some paragraphs to the discussion and methods sections as suggested, to reduce the length of the introduction. |
| 2) The last two paragraphs should be moved into the discussion. |
| 3) Gender Vs sex paragraphs should be moved into the methods |
| 1) Methods section was well-presented. The authors gave enough details about data collection procedure and analysis, in a way that give the audience the chance to evaluate the protocol for feasibility and potential threats and biases. | Thanks |
| 1) Overall, the results are well presented. | Thanks |
| 1) In my opinion, discussion is the major weakness in this manuscript. | We have reorganized the discussion a bit according to the reviewer suggestions. We synthesize paragraph 2, moved some sentences to the conclusion and close the section with the limitations. |
| 2) Paragraph two is redundant, should be removed summarized. |
| 3) The last two paragraphs should be part of the conclusion |
| 4) Limitations should be the last paragraph |
| 5) The study lacks theoretical framework; the authors tried to explain their findings by health seeking behaviors. Still, these findings could be formed under the umbrella of the health belief model or Anderson's health utilization model. | We included a paragraph in methods section to describe better our variable conceptualization. We used the Leveque’s patient-centred access to health care model to give a theoretical framework to our findings.  This conceptual model fits better than Anderson’s model because stresses the dynamic and interactive nature of health care utilization. |
| 6) The authors did not compare their findings with similar articles from the literature. | We update our literature review using the search term: "Health Services” AND “Access\* AND “gender” AND ("pandemics" OR “COVID” OR “SARS-CoV2”).  We did not find similar articles about these conditions (stroke, myocardial infarction, and cancer), but we found articles related to sexual and reproductive rights which were included in the manuscript for the discussion. |

Reviewer 2:

|  |  |
| --- | --- |
| This study evaluates gender disparities in access to medical in Chile by conducting an interrupted time series design and using a segmented regression.  The topic is very relevant and results are interesting.  Overall, I think the manuscript is potentially acceptable for publication after some revisions. | Thanks for your positive feedback! |
| 1. The author nicely mentioned differences between sex and gender, although "gender norms" have been the only approach used to interpret findings. However, in the manuscript sex and gender have been often used indiscriminately (i.e., sex-women). I reccoment the authors to check and consistently use gender-related terms. | We have rechecked the manuscript to ensure consistency in the use of gender-related terms.  We only left the term sex for sex-specific cancer because it is based on a biological difference. |
| 2. The Background section would be improved if more focused on the Latin-America/Chile context. So far, it is too generic while more details on both, Covid-19 and Lockdown's measures, would enrich the context. Same comment for gender-roles and gender differences in health care access in a "normal" situation in Chile. | Another reviewer has suggested that the background section is already lengthy. We tried to cover in brief sentences these ideas but without expanding too much the background and methods section to keep it brief. |
| 3. In the methodological section, you said: " We selected a set of nine time-sensitive conditions included in the National Explicit Health Guarantees Regime ("AUGE"): two acute cardiovascular diseases (stroke and myocardial infarction) and seven cancers (gastric cancer, colorectal cancer, lymphoma, leukemia, cervical cancer, breast cancer, and testis cancer)." but is not cleare how you have selected them. Please, clarify it in the paper (i.e., in a footnote) | We included a sentence to highlight the rationale for selecting these conditions. Thanks for the suggestion. |
| 4. Although week-specification is fine, I would suggest the authors to specify (in brackets) which day/month each week correspond, at least the first time. It would semplify the reading. | We have included de date in brackets. |
| 5. Consider to not comment non-significant results | The only non-significant result commented was the immediate reduction in newly diagnosed cancers. We decided to comment on this result because: (1) It is the result of our main analysis, and (2) It turns significant when sex-specific cancers are excluded. This allows a better comparison between genders. |

|  |  |
| --- | --- |
| Additional changes. | We added a white background and changed the colors (red and regular blue) of both main figures to improve aesthetics. |

Dear editor,

Thanks for the positive feedback to our work. We have worked through the suggestions made by the reviewers, improving the manuscript in several ways. In the following lines a point-to-point response to the reviewer assessment is presented, indicating how we addressed it mains concerns and suggestions.

Reviewer 1:

Congratulations on this research study. The study evaluated gender disparities in access to healthcare during COVID-19 pandemic using time-sensitive conditions in Chile. An important topic for policy makers and healthcare providers. Overall, the manuscript is well-written, the authors succeeded in utilizing methodology to serve the study aim, and the discussion illustrated the results on the light of the literature.

I would like to recommend some minor amendments/tips that are likely to further elevate the quality of the manuscript and its contribution in the different dimensions concerning the topic under investigation

R: Thanks for your positive feedback on our work!

1) The introduction is adequate, but it is a bit lengthy.

2) The last two paragraphs should be moved into the discussion.

3) Gender Vs sex paragraphs should be moved into the methods

R: We have moved some paragraphs to the discussion and methods sections as suggested, to reduce the length of the introduction.

1) Methods section was well-presented. The authors gave enough details about data collection procedure and analysis, in a way that give the audience the chance to evaluate the protocol for feasibility and potential threats and biases.

R: Thanks

1) Overall, the results are well presented.

R: Thanks

1) In my opinion, discussion is the major weakness in this manuscript.

2) Paragraph two is redundant, should be removed summarized.

3) The last two paragraphs should be part of the conclusion

4) Limitations should be the last paragraph

R: We have reorganized the discussion a bit according to the reviewer suggestions. We synthesize paragraph 2, moved some sentences to the conclusion and close the section with the limitations.

5) The study lacks theoretical framework; the authors tried to explain their findings by health seeking behaviors. Still, these findings could be formed under the umbrella of the health belief model or Anderson's health utilization model.

R: We included a paragraph in methods section to describe better our variable conceptualization. We used the Leveque’s patient-centred access to health care model to give a theoretical framework to our findings. This conceptual model fits better than Anderson’s model because stresses the dynamic and interactive nature of health care utilization.

6) The authors did not compare their findings with similar articles from the literature.

R: We update our literature review using the search term: "Health Services” AND “Access\* AND “gender” AND ("pandemics" OR “COVID” OR “SARS-CoV2”).

We did not find similar articles about these conditions (stroke, myocardial infarction, and cancer), but we found articles related to sexual and reproductive rights which were included in the manuscript for the discussion.

Reviewer 2:

This study evaluates gender disparities in access to medical in Chile by conducting an interrupted time series design and using a segmented regression.

The topic is very relevant, and results are interesting.

Overall, I think the manuscript is potentially acceptable for publication after some revisions.

R: Thanks for your positive feedback!

1. The author nicely mentioned differences between sex and gender, although "gender norms" have been the only approach used to interpret findings. However, in the manuscript sex and gender have been often used indiscriminately (i.e., sex-women). I recommend the authors to check and consistently use gender-related terms. We have rechecked the manuscript to ensure consistency in the use of gender-related terms.

R: We only left the term sex for sex-specific cancer because it is based on a biological difference. Other sections of the manuscript were rechecked to ensure consistency.

2. The Background section would be improved if more focused on the Latin-America/Chile context. So far, it is too generic while more details on both, Covid-19 and Lockdown's measures, would enrich the context. Same comment for gender-roles and gender differences in health care access in a "normal" situation in Chile.

R: Another reviewer has suggested that the background section is already lengthy. We tried to cover in brief sentences these ideas but without expanding too much the background and methods section to keep it brief.

3. In the methodological section, you said: " We selected a set of nine time-sensitive conditions included in the National Explicit Health Guarantees Regime ("AUGE"): two acute cardiovascular diseases (stroke and myocardial infarction) and seven cancers (gastric cancer, colorectal cancer, lymphoma, leukemia, cervical cancer, breast cancer, and testis cancer)." but is not cleare how you have selected them. Please, clarify it in the paper (i.e., in a footnote)

R: We included a sentence to highlight the rationale for selecting these conditions. Thanks for the suggestion.

4. Although week-specification is fine, I would suggest the authors to specify (in brackets) which day/month each week correspond, at least the first time. It would simplify the reading.

R: We have included de date in brackets on the text to simplify the reading.

5. Consider to not comment non-significant results

R: The only non-significant result commented was the immediate reduction in newly diagnosed cancers. We decided to comment on this result because: (1) It is the result of our main analysis, and (2) It turns significant when sex-specific cancers are excluded. This allows a better comparison between genders.

Additional changes. We added a white background and changed the colors (red and regular blue) of both main figures to improve aesthetics.