

## Peer Review File

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### Reviewer A

The purpose of this manuscript was to describe the development of the private hospital sector in Singapore and the Ministry of Health's role in this development. The manuscript is well written but would benefit from a clearer motivation for and contribution of the analysis, as well as more details on the analysis and theoretical framework. As currently presented, readers are likely to be left wondering what the takeaways are and how the authors arrived at these conclusions. The comments that follow elaborate on these observations.

**Reply: Thank you for the feedback**

**We have revised the manuscript extensively to address the comments**

### INTRODUCTION

1. The introduction is very brief (~1 paragraph) and could benefit from some development. It predominantly focuses on describing the Ministry of Health and where health care fits within the broader Singapore economy. Less clear from the introduction is why a description/analysis of the role of the Ministry of Health in the development of the private hospital sector is interesting and important. What can we learn? Would anyone outside of Singapore be interested in these findings and why? Without these connections for readers, the paper seems rather limited in its implications.

**Reply 1: Thank you for the feedback. We have revised the introduction to address the comments**

**Changes: The entire introduction has been rewritten**

2. Similarly, the analysis is ostensibly rooted in "the Developmental State Theory" yet very little description of this theory is provided. Thus, readers are left on their own to understand the roles assumed by the Ministry of Health (e.g., husbandry, midwifery, demiurge), how they differ from one another, and how the developments within the private hospital sector are illustrative of these roles. At the very least, it would be helpful if the author would expand on the theory to define and differentiate the different roles.

**Reply 2: Thank you for the feedback. We have revised the introduction.**

**Changes: The entire introduction has been rewritten**

### MATERIALS AND METHODS

3. The Materials and Methods section does not provide enough (really any) detail about the data sources used in the study and how these data sources were analyzed. It is largely an outline of what will be presented in the Results section. For example, the manuscript mentions "this review" – is that what this is, a review article? How was it conducted? What literature was reviewed? If empirical data were analyzed, where did the data come from and what types of analysis was done?

How were certain “roles” (e.g., husbandry vs. midwife vs. demiurge) assigned/applied to historical events/activities? What made one role more salient than the others? Without more detail about the methods (and theoretical framework), the results read more like historical documentation rather than an original empirical analysis.

**Reply 3: Thank you for the feedback. We have revised the materials and methods.**  
**Changes: The entire section has been rewritten**

## RESULTS

4. The results are well written but as noted in #3, it is difficult to know how the results were generated.

**Reply 4: Thank you for the feedback. We have revised the materials and methods.**  
**Changes: Results were generated based on the revised materials and methods.**

## DISCUSSION

5. The Discussion doesn't really interpret the results or attempt to relate them to the broader literature (e.g., other literature on privatization). Instead, it really seems like an extension of the results that connects privatization to health outcomes (cost and quality) rather than just a description of the privatization process. This seems like a missed opportunity as there is a literature out there related to privatization, including in the acute care hospital market.

**Reply 5: Thank you for the feedback. We have revised the discussion.**  
**Changes The entire section has been rewritten.**

## CONCLUSIONS

6. Similar to the Discussion, the Conclusion is a missed opportunity to help readers understand what can be learned from the analysis. What are the implications for other countries (or markets) that are considering privatization? What should the role of the government be? What are some of the challenges to assuming these roles? Instead, it limits its focus to summarizing the results.

**Reply 6: Thank you for the feedback. We have revised the conclusion.**  
**Changes The entire section has been rewritten.**

## **Reviewer B**

Thank you for the opportunity to review your manuscript. Below are some suggestions to improve your manuscript as you ready it for publication.

This paper has the potential to be helpful to healthcare systems that are still finding their way to an optimal level and even for those that are reevaluating where they stand and may want to redirect.

The most important issue raised with my reading of the manuscript is that it is not clear if the manuscript is qualitative, empirical as stated in the abstract on page 1 (lines 17 and 19 respectively), or a review as stated on page 2 line 56 and 60. Using some numbers to describe a situation doesn't make a paper empirical.

This manuscript reads more like a conceptual paper. As such the structure should be more conceptual in nature instead of empirical.

Reply 1: Thank you for the feedback. We have revised the structure.

Changes: Extensive changes have been made

The developmental state theory proposed in the abstract and barely mentioned in the material and methods section reads more like an afterthought. I would be helpful to the readers to provide more description of the developmental state theory and show how it applies to the current work.

Reply 2: Thank you for the feedback. We have added more details on the developmental state theory

Changes The entire section has been rewritten.

It is not clear throughout the manuscript, how appropriate theories (see page 2 line 60) are applied to discuss the list provided on page 2 line 61 to 65.

Reply 3: Thank you for the feedback. We have made changes to the manuscript.

Changes The entire section has been rewritten.

The authors reported public, private, and not-for-profit acute hospitals it is not clear if not-for-profit hospitals are private or not and if they are included among the 5 private hospitals (see lines 69 and 70)

Reply 4: We will include not-for-profit hospital as private hospital

Changes: Changes have been made to both text and table.

The number of acute hospitals does not add up, there are 17 reported acute hospitals, if 9, 5, and 1 are summed up, it does not amount to 17 (see lines 69 and 70). Please revise accordingly.

Reply 5: Thank you for spotting the error

We have made the changes

Ultimately, it is not clear how the healthcare system in Singapore has evolved overtime. We start on page 2 line 69 with 2022, from there it is hard to see how the system has grown overtime. It would be helpful to still focus on the aspects outlined on page 2 lines 61 to 65 and still show how things have grown, currently it is hard to see the growth as suggested in the title.

For example, the manuscript reads as if the role of the Ministry of Health (MOH) stopped in 1985. It would be helpful to see the major changes implemented by the MOH to improve the healthcare system between 1983 and 2022 and discuss pitfalls and successes, lessons learned and improvements that stem from the lessons learned. That would also apply to all the other major areas.

Reply 6: Thank you for the suggestion

The role of MOH spans from 1983 to 2022

We have reorganized it into

A) Role of MOH

B) Role of Private Sector

C) Role of Business Associations

On line 273, the authors reported the costs of managing a patient with a heart attack and complications in a private hospital at the 75th percentile. It is hard to assess how costly or not this price tag is, since the reader has nothing to compare it to.

Reply 7: Thank you for the suggestion

We have rewritten the discussion and this has been removed.