

Review of: "Willingness-to-pay for Health Insurance: A Comparative Study between Formal and Informal Health-Workers"

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Potential competing interests: No potential competing interests to declare.

Review of the manuscript titled "Willingness-to-pay for Health Insurance: A Comparative Study between Formal and Informal Health-Workers"

The purpose of this article is to estimate the willingness to pay (WTP) for health insurance in Bangladesh, focusing specifically on formal and informal workers. The authors employ the contingent valuation method (CVM) as their chosen methodology.

While the objective of this primary sample analysis is important for measuring willingness to pay, the analysis presented is very limited and requires further discussion. The absence of tables that present the data and results is also a significant drawback. The current presentation reads more like bullet points in a presentation rather than a comprehensive analysis.

Here are some comments and suggestions for improvement:

1. Instead of explaining the package in R used for the analysis, the author should focus on explaining the methods in the abstract. In the methods section of the document, the statistical software used in the analysis should be provided. Since various software options are available, the important aspect is to explain the methods employed.
2. Out-of-pocket (OOP) health payments are typically associated with incomplete health systems. However, since OOP payments can be low and may not significantly impact total consumption, it is important to mention catastrophic health expenditure or impoverishing effects in the introduction. Provide the percentage of the country affected by this issue in relation to the region and the world. Is this percentage increasing?
3. Please indicate the relevance of catastrophic health expenditure (CHE) in the context of the study.
4. The author should provide information on the health insurance coverage in the country. Are only social health insurance options available, or are there different types of work-related health insurance? Mention the structure of the health system in the country.
5. The use of a 40% threshold for catastrophic health expenditure seems excessively high. It is recommended to review WHO recommendations, which suggest 10% or 20% as the threshold, aligned with Sustainable Development Goal 3.12. A 40% threshold appears too high for the analysis, especially considering middle-income and developing countries where the threshold should be around 20%.
6. The questionnaire and population sampling appear biased toward those working in the health system rather than the

average healthcare user. Address this potential bias in the analysis.

7. The sample size is an issue, and the elements for stratification are important but not adequately addressed in the analysis. The definition of sample size should also make reference to the population under analysis. The sampling technique used is not explained sufficiently and is presented in almost a single bullet point.
8. Explain the rationale behind the inclusion and exclusion criteria employed.
9. The report is written in both future and past tenses, causing confusion while reading.
10. Pre-testing is necessary, but the results of the pre-testing analysis should also be presented. Include the outcomes of the pre-testing phase.
11. Present a table with the sample means and main descriptive statistics to provide a foundation for the analysis.
12. Tables presenting the results should be included, as a simple probability average is insufficient. Please present comprehensive tables of the results.

These suggestions aim to improve the clarity and comprehensiveness of the analysis. The question is relevant, the sample size and characteristics are a major drawback.