Peer Review Report

Review Report on The effects of health insurance on quality of care in low-income countries: A systematic review

Review, Public Health Rev

EVALUATION

Q 1 Please summarize the main theme of the review.

The authors conducted a review of the literature from January 2010 to August 2022 on effects of health insurance coverage on the quality of health care in low and lower-middle income countries. They use the Donabedian Framework with three dimensions of quality of care to organize the results and perform a "narrative synthesis."

Q 2 Please highlight the limitations and strengths.

The "narrative synthesis" method that the authors used [Line 134] is difficult to follow and prone to errors of interpretation. Appendices 2 to 4 provide an accurate summary of results and I encourage the authors to accurately report the quantitative results.

Concerning Q5 below, reference 31 (Asuming PO, 2013) does not cite a journal. I don't know whether it was unpublished or the journal was accidentally omitted. Reference 30 (Nguyen MT 2020) was published, but is incorrectly reported as Nguyen 2017 in appendix 1.

Concerning Q7 below, my response is "I don't know" rather than "no"

Q 3 Please provide your detailed review report to the authors, structured in major and minor comments.

The major issue with the manuscript is that the authors' "narrative synthesis" method [Line 134] is difficult to follow and prone to errors of interpretation. Appendices 2 to 4 provide an accurate summary of results and I encourage the authors to accurately report the quantitative results. The following three points elaborate the problem with the the "narrative synthesis."

1. The summary of results in the Abstract, Discussion, and Conclusion sections doesn't match the heterogeneity and nuance of the quantitative results. I credit the authors with avoiding highlighting one statistically significant positive result among many results that are not, but dismissing statistically significant positive results is not warranted. For example, for structural quality dimensions, 3 of 14 indicators showed a statistically significant positive effect of health insurance [Lines 166 to 170, and Appendix 2]. Several other indicators showed positive effects that weren't statistically significant. The Discussion however, states "Our review found that health insurance was not associated with structural quality of care" [Line 230]. This comment applies to all the dimensions of quality of care.

2. The authors should systematically assess the relationship between the quality of care results and explicit efforts to improve quality for each dimension of quality of care. The authors extracted data on "Whether schemes were accompanied by any quality assurance initiatives to ensure compliance of empaneled health facilities with the standards of quality set by the health insurance or quality improvement programs to enhance the quality of care provided in health facilities" [Lines 116 to119]. In the case of health outcomes, they link the statistically significant improvements in India, Nigeria, and the Philippines to these quality assurance initiatives and quality improvements in the Discussion, "These programs appear to have been coupled with supply-side

interventions.." [Line 270 to 274]. Report the methods underlying this observation and the results for each dimension of quality of care in the appropriate sections instead of the Discussion.

3. Report when research design and sample size are potential explanations for the absence of statistically significant results. For the indicators of structural quality referenced in comment 1, are the positive effects that are not statistically significant due to small sample sizes? If yes, the interpretation would be an absence of evidence rather than evidence of an absence.

Minor points:
Line 35. The section on Theoretical Perspectives does not add much value to the manuscript. I would recommend focusing on the Donabedian Framework and the authors' hypotheses about how each dimensions would potentially be affected by health insurance.

Line 58, Replace "insurance members" with the "insured population" or "patients."

Line 95. The description of the inclusion criteria here, "RCTs and quasi-experimental designs" is inconsistent with description of the sample [Line 156] "randomized experiments [..], quasi-experimental or other econometric approaches."

Line 141 and 142. What is the difference between an "inappropriate study design" and "no control group." Wouldn't the latter be included in the former?

Line 150. Explain the difference between a "primary household survey" and a "public household survey."

Line 151. Correct total to 45 instead of 42, as shown by the sum of the results in lines 152–154, and Table 5.

Line 165, and 169. Clarify the difference between indicators for "availability of drugs" and "drug shortages" in the Ethiopian study.

Line 191. Patient satisfaction is more accurately a "Process of interpersonal care indicator" than a health outcome indicator, and should be reported with those results.

Line 228. Delete the sentence "We found a very large number of.." because it isn't relevant to the discussion.

Line 280. Add that the focus on LLMIC is a limitation of the systematic review. Although it may be expedient to limit the scope of the review, there is no justification for expecting LLMIC to perform differently from other countries, and knowledge gained for other countries should not be withheld LLMIC.

Line 291. Delete the sentence "In has become relatively clear.." because this result is based on previous reviews and was not within the scope of your analysis.

References. Please add a journal title to reference 31 or exclude it from the review.

Appendix 1. Please correct the references for Nguyen (2017) which is not listed in the references. Reference 29 is Nguyen (2019) and Reference 30 is Nguyen (2020).

PLEASE COMMENT

Q 4 **Does the reference list cover the relevant literature adequately and in an unbiased manner?**

I did not assess this.

Q 5 **Does this manuscript refer only to published data? (unpublished data is not allowed for Reviews)**

No.

Q 6 Does the manuscript cover the issue in an objective and analytical manner

No.

Q 7 Was a review on the issue published in the past 12 months?

No.

Q 8 Does the review have international or global implications?

The manuscript as submitted has errors of interpretation as explained in response to questions 2 and 3, and does not warrant implications. A revised manuscript that accurately summarizes the heterogenous and nuanced results, and notes where statistically significant effects might be attributable to quality assurance and quality improvement programs would have international or global implications.

Q 9 Is the title appropriate, concise, attractive?

Not quite. Rephrase as "Effects of health insurance on quality of care in low and lower-middle income countries: A systematic review."

Q 10 Are the keywords appropriate?

No. I would recommend that the authors use MeSH terms on Pubmed.

Q 11 Is the English language of sufficient quality?

Yes.

Q 12 Is the quality of the figures and tables satisfactory?

Yes.

QUALITY ASSESSMENT

Q 13 Quality of generalization and summary

Q 14 Significance to the field

Q 15 Interest to a general audience

Q 16 Quality of the writing

REVISION LEVEL

Q 17 Please take a decision based on your comments:

Major revisions.