Reviewer's report

Title: Toward a typology of health-related informal credits: an exploration of borrowing practices for paying for health care by the poor in Cambodia

Version: 1 Date: 27 April 2012

Reviewer: Peter Hill

Reviewer's report:

Thank you for the opportunity to review this paper with its detailed insights into the borrowing practices of the Cambodian poor. The research, while exploratory, is innovative in nature and provides insights into an area that has not been explored in detail in the academic health literature. The content of the findings is rich but not always clearly presented and greater clarity in the discussions of both the context of borrowing and the forms of borrowing is essential.

I have a limited number of suggestions that may improve the accessibility of the paper, some of which are structural.

Minor Essential Revisions

1. The Conclusions section of the Abstract needs to be re-written to more accurately reflect the implications of this research.

2. The results from the literature would be more appropriately located in the introductory section of the paper, before the methods. I would suggest that the sources listed precede the discussion of patterns of borrowing in the introduction, as the classification of sources is the research focus.

3. The terms 'informal lenders' and 'microfinance agencies' also need to be defined with their first usage, rather than subsequently. There is no indication of whether interest rates are calculated on a simple or compound interest basis – I assume that there is some variability here, but the relationship between the loan capital, interest and time need to be made clearer in the introduction and in application to specific categories.

4. In the methodology, you indicate that initial contacts were identified by operators of health equity funds, with subsequent interviewees identified using a snow-ball technique. To the reader, the choice of health equity fund managers seems unusual as these presumably would be working with clients whose costs had been subsidised. It would be helpful to have some indication in your introduction as to why subsidized patients nevertheless take significant loans, and the apparent awareness of health equity fund managers of the limitations of their assistance.

5. Table 1 and its explanatory paragraph are not clear. Page 8 Para 1 needs to describe the nature and purpose of the study more fully before referring to the Table, and the final sentence needs clarification. The ratio alluded to in the table needs to be explained in the text. Essentially as I understand it, the study,
repeated over two time periods, matched paying patients with patients supported by equity funds, showing that despite this subsidy, a larger proportion of fund-supported patients took loans than their paying counterparts, for sums that far exceeded the direct costs of their treatment. A smaller percentage of paying patients sought loans, and where they did the amounts were lower than their direct treatment costs. A further statement needs to be added pointing out the significance of this: do the borrowing behaviours reflect health expenditure beyond the current subsidized episodes? Why do the poor, having received assistance to cover their treatment, seek loans of this order? If Page 12 Para 2 is meant to clarify this, it needs expanding and locating earlier in the text.

6. Page 9 Results from in-depth interviews: again, an overview is necessary before the table is introduced. Table 2 needs some clarification – in the section where medians and means are included, brackets are not needed around the phrases: ‘in US$’; ‘in %’; at present they are confusing. Similarly in the section Main sources of debts, there is no explanation of what the bracketed figures are – are these percentages?

7. Page 10 Para 1 line 4: what are the implications if the deadline is not respected? Is the interest increased? How is this increase determined – simply by the additional time incurred or are there penalties implied?

8. Page 10 Para 2 line 2: What does the statement about interest rate mean? That it is usually 20% regardless of duration of loan? What does the statement in line 3 then mean? What is not explicitly stated – the rate, the duration? And how is it converted into extra days – is this a extension of time to pay or an extension of the period in which interest is due or a combination of both?

9. Page 10 Para 3 line 2: Is the loan repaid (not reimbursed) as a lump sum or as a lump sum with interest? What does an official transaction require?

10. Page 10 Para 4 line 3: What is meant by the interest is hidden? It would appear that the interest is explicit, but calculated as an amount of grain – is this so? If not, how is it hidden? Does it depend on outcomes of the harvest?

11. Page 14, Para 2: This study has serious implications for Health Equity funds that are not addressed clearly here: they are unable to compensate for health expenditure prior to access to the public institutions that they cover. While they can offset some of the economic impact, the potential for patients still to enter cycles of poverty is still there – as most of your interviewees indicate (Page 12 Para 2). This is likely to persist until some form of universal health insurance is available, and a statement that recognises this limitation of health equity funds should be included.

12. Page 16, Para 3: Further studies will not overcome borrowing practices from informal sources: only alternative financial protection mechanisms can possibly achieve this. This needs to be integral to the conclusion of this paper and reflected in the abstract.

13. Include local names in this Table 3.

Discretionary Revisions
Page 4 Para 2: decennia is an unusual usage and decades may be a more appropriate term.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.