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: 10 May 2012

Reviewer: Peter Leslie Annear

Reviewer's report:

General comments:
1. Household debt for health care has been identified as the leading cause of new impoverishment in Cambodia. This paper makes a useful contribution to our knowledge on the debt-for-health-care situation and suggests a process of further investigation that would strengthen the ability to design appropriate interventions.

2. While the level of debt and the impact on households have been previously investigated in Cambodia, this paper fills a gap in explaining more clearly the nature of debt by type of lender and the manner in which poorer households enter the debt cycle.

3. The description of a typology of debt-for-health-care is a useful one and provides an approach that helps policy makers to target the most immediate concerns, that is, the use of informal money lenders who charge exorbitant interest rates.

4. This paper is a useful contribution to the discussion of debt-for-health-care in low income countries, the following comments are designed simply to strengthen the presentation of the article.

Major compulsory revisions – The following comments could remain as a commentary to accompany the publication of the article:

5. The purpose and intent of this article is not clearly stated. It appears that the aim is to develop a typology of debt. In fact, the article identifies a typology from the literature and seeks to apply this to Cambodia. The aim could be made much clearer by adding a paragraph at the end of the Introduction that clearly states the research question and purpose.

6. The article could be made stronger with some rearrangement of the argument. First, the typology of debt practices does not emerge from the research data from Cambodia but derives from a review of the international literature. For this reason, a clearer presentation of the methodology would be useful. It would be more useful to develop and present the typology as an analytical framework for the article. This framework should clearly identify the different methods and their use, beginning with a review of the international literature to establish the typology, then the use of literature and documentary evidence from Cambodia to describe the debt-for-health situation, and then the use key-informant and
household interviews to provide data for applying the typology to the situation in Cambodia.

7. The Discussion section begins with a paragraph that states the apparent purpose of this article and therefore should be shifted to the Introduction. As well, the notion of “market failure” is an important underlying concept, particularly in new and emerging markets such as in Cambodia, needs to be further explained in the methods section. The concept of market failure needs to be added as part of the analytical framework presented in the paper, adding it to the concept of typology. A stronger explanation of this aspect would give the article more weight.

8. More thought needs to be given to the presentation of the final sections of the Discussion and to introducing a Conclusion to the paper. In fact, some of what is currently included under Discussion is rightly a Conclusion, particularly beginning with the second last para on p.16. More broadly, a much more structured discussion is needed, one that specifically relates the proposed typology to the results of the data collected in Cambodia.

9. The passage (p.14) that begins “In Cambodia, health equity funds ...” needs to be reconsidered and a much stronger argument presented. In Cambodia, underlying the issue of debt for health care is the broad and equally significant question of the role and impact of the health equity funds (which are approaching national population coverage of the poor). While this article is not intended to focus on the health equity funds, if the question is to be introduced it requires a much more careful explanation. This should be referred to in the Introduction and taken up as a particular question in the Discussion.

Minor essential revisions – The following comments could be removed as soon as they are addressed by the authors and need not remain with the final publication:

10. - p.4, Background section, end of second para: the claim that “We use case studies to illustrate the conditions of each type of informal credit source” is an overstatement. Clearly, the description of a single household case of each type of debt is a useful illustration, but it does not add to the research methodology and cannot be described as a “case study” in the sense that is commonly used in research methodology. Rather, these are examples.

11. - p.5 Methods: a clearer distinction needs to be made between the development of the typology using the international literature and the data collection process in Cambodia. The Cambodia data were used to populate the typology with a particular country case and to use the results to make recommendations for further action. This needs to be clearly stated in the methods section.

12. - p.7 Results from the literature: The description of the research results on the distribution of debt-for-health in Cambodia is confusing, and no clear summary of the meaning of this data is presented. The reader is left wondering just what the situation is and how apparently contradictory data are reconciled. First, Table 1 should present a summary, designed by the authors, of the data from all literature sources aligned side-by-side for comparison, rather than simply
the results of one of the surveys. Secondly, the data from the table should be described to identify similarities and differences. For example, there needs to be some explanation why one reported survey found only 11% of people reported borrowing with interest. The discussion should then comment on the significance of these data all together for the argument related to typology.

13. - p.14 second para: Needs to state clearly what the data suggests about the situation in Cambodia. The claim that “the problem of borrowing with perverse interest rates should be tackled” is completely normative and needs a further justification based on health science: is this because of issues related to equity, or to development needs, or to health outcomes, or something else? Similarly, the claim that “common sense would argue” is not sufficient and instead the claim should be based on some accepted principle, such as the goal of greater equity.

14. - p.14 The sentence from “To achieve this ...” up to “... common place these days” is very confusing and has no clear meaning. This sentence needs to be broken down and a clear explanation presented, or the sentence deleted.

15. - p.15 second para. The claims made about the role and significance of MFI institutions in rural Cambodia are not supported by the data or the argumentation presented in the paper and need to be revised. The article argues first that MFIs are generally not relevant to the poor. It then argues on p.15 that MFIs “can be effectively extended to the poor”, they insufficiently penetrate rural Cambodia and “should be investigated”. These claims are inconsistent and need much more thought.

16. - p.16 second last para: the conclusion that “Such credit practices most likely put many households in a debt trap ...” is weak and needs to be reconsidered. Rather, the conclusions to the article should state clearly what value the use of the typology is to the analysis of the debt situation in Cambodia.

17. Some simple corrections need to be made to the text:
- p.4 Socio-economic and health context ... : The word “decennia” should be “decades”. Instead of “... along Maoist ideology” it should read “... following Maoist ideology”.
- p.5 second para: the first sentence should read: “To better understand existing sources if credit and their associated practices as well as their impact on livelihoods in Cambodia ...”
- p.8 first para: the claim that “proportions of exempted or paying patients getting loans with interest ... were 30%, irrespective of their economic status” is not substantiated by the figures presented in Table 1 and needs to be revised and verified.
- p.10 second para: the statement: “it is not explicitly stated and instead converted in extra days to repay the loan” has no meaning that can be easily understood. Here, a full stop is needed after “to be 20%” and then a new sentence that clearly explains the intended meaning of the phrase.
- p.12 Discussion section, second line: the phrase “failure on several markets” should read “failure in different markets”.
- p.13 second para. The meaning of the following phrase is not at all clear and needs to be explained: “... but fail to assess the interest rates”.

- p.16 final para. Claiming that “... to successfully overcome borrowing practices ...” is unrealistic. The approach presented in this paper provides a useful approach to “managing” or “reducing” the debt problem but is unlikely to overcome it.

- p.16 final para. The addition here of a proposal for “additional interventions to health equity funds to make them more effective” is a positive and useful recommendation, but it is not well supported by the data or the argumentation presented in the article. For this reason, the argumentation about the role of equity funds in the management of the debt situation needs to be stronger in the Introduction and the Discussion (see comments above).

**Level of interest:** An article of importance in its field

**Quality of written English:** Needs some language corrections before being published

**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.