Reviewer’s report

Title: How do risk preferences relate to malaria care-seeking behavior and the acceptability of a new health technology in Nigeria?

Version: 1

Date: 26 April 2014

Reviewer: Sophie GITHINJI

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: How do risk preferences relate to malaria care-seeking behavior and the acceptability of a

new health technology in Nigeria?

The manuscript describes a study that assessed risk preferences relating to malaria care-seeking behavior and acceptability of RDTs in Nigeria.

Major compulsory revisions

Abstract

It is stated that the paper explores the association of risk preferences with malaria care-seeking behavior and acceptability of malaria rapid diagnostic tests (RDT) to inform scale-up plans. However results presented dwell on association of risk preferences with malaria care-seeking behavior. On acceptability of RDT, the authors only state that no differences were detected. Likewise, the study’s contribution to informing RDT scale-up as claimed in the abstract is not clear.

Data collection

Was there anything special about the study area chosen, pharmacies & PPMV chosen with regard to RDT provision in private sector? Even if this information had been previously published, a summary of salient features that made the selection of Oyo state, pharmacies and PPMVs is definitely important. It is not fair to refer the reader entirely to another publication. How many pharmacies and PPMVs were chosen and why?

What is the dollar equivalent of the 200 Naira market price for RDT? Helps the reader to judge the cost in more comparable terms.

I greatly appreciate the very well done and detailed analysis of risk preferences in relation to health seeking behavior. However, it is not clear how the risk preferences are/can be associated or linked with adopting a new health technology, in this case RDT.

Results

Since the authors have the data, presentation of results on willingness to pay, and how this changes 4 days later after the interviewees have had experience
with RDTs (and we are told that 73.2% complied with treatment directions – table 2) would add weight to the manuscript and provide policy relevant data for RDT scale-up.

How much were the majority of interviewees willing to pay/ or what was the mean amount by risk preference? Even if not significant, how does the cost clients were willing to pay change during the follow-up phone survey, 4 days later?

How did the authors classify wealth quintiles-what variables did they use?

Minor revisions

Methods

Was the informed consent verbal or written? The last statement says that the funding sponsors for the study did have any role in the study design, execution… if this is the case, then this should be declared under conflict of interest or did the authors mean the sponsors did not have any role?

Discretionary

Background

It appears from the background that risk averse people (this would be the 200vs200 group) would be the bad adopters while the aggressive (0vs 400) group would be the ones who would take up malaria RDT. Results however show the opposite where the risk takers seem to be the poor performers while the risk averse perform better yet would be expected to be the bad performers. This leaves the reader wondering the extent to which the background given sets the stage for the study presented.

I would have expected some background information about RDT provision via the private sector in Nigeria even if not from published sources.