Reviewer's report

Title: Health financing in Malawi: Evidence from National Health Accounts

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Reviewer: Samantha Smith

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General comments:
This is a valuable paper in the field of international health care financing for developing countries, making use of a number of years of data from the National Health Accounts, and highlighting some interesting patterns, particularly in the role of out-of-pocket payments in health care financing. Overall, the paper could benefit from more detailed analysis of the trends, some international perspective, and more discussion of the factors behind some of the key changes.

Major compulsory revisions:
1. The introduction sets out the potential uses of a set of National Health Accounts, and also outlines how the NHA provides information to understand the three sub-functions of a health financing system.
   a. There is some repetition in the introduction and the precise objectives of the paper could be more clearly stated.
   b. The objectives of the paper are not referred to in the discussion section, and it would be useful to more explicitly discuss the results in light of the sub-functions if that is the intention.

2. The tables are well presented but some of these could be more detailed, and some of the tables could be combined.
   a. Tables 2 and 4 can be combined and include the per capita expenditure by all sources of finance for all years;
   b. Tables 3 and 5 can be combined, and show the breakdown of private financing into out-of-pocket and other.

3. There is some inconsistency in how trends are described.
   a. In particular, page 4 paragraph 4: The change in the share of private sources, and of external resources over time are expressed as a percentage change (i.e., a drop of 60%, and a drop of more than 100%), while the change in the share of government expenditure is expressed in terms of the drop in percentage points. The latter approach is used at a later point in the paper, so it would be better to indicate that the share of private sources dropped by 27 percentage points, and the share of external resources increased by 32 percentage points).
   b. The language describing some of the percentage changes may need to be more carefully phrased. On page 5, paragraph 3, the change in the out-of-pocket
component of private expenditure on health in 2005/06 is described as a ‘marginal decrease’, and yet the change from 2004/05 to 2005/06 is from 63.8% to 49.1% (i.e. a drop of 14.7 percentage points)? Conversely, later on page 6, the change in the proportion of total health expenditure on prevention and public health is described as ‘significant’, yet this is showing a change that is smaller than in the foregoing example.

c. The change in the role of financing agents over time is interesting (Table 6) but limited – for example, the ‘rest of the world’ showed an increased to 20% in 2003/04 as well as in 2005/06. The NAC also showed an increase in the year 2004/05 to 11.9% - more context in terms of policy decisions to explain such changes might be helpful. It would also be important to highlight any data deficiencies that might be leading to some of the large year-on-year changes in the figures.

4. Additional analysis and discussion:
   a. The paper could benefit from some 2-dimensional analysis of NHA data such as financing sources x provider, or financing agent x provider etc. For example, has there been any change in how out-of-pocket payments are used over time? Has the decline in the share of out-of-pocket payments been consistent across all types of expenditure, or has it declined on specific primary care services/essential drugs as a result of targeted SWAP policy? This could give some insight into the equity patterns (e.g., if the reduced out-of-pocket burdens are more likely to be benefiting the poorest or the richest).

   b. Some international comparison would also be useful. For example, the curative focus is probably not unusual in an international context, but the extent of curative focus may be higher than in other countries which would be useful to examine.

   c. In general, more context and discussion of policy changes that may have led to some of the observed changes would be useful, and more care is needed in distinguishing between an overall downward trend and a year-on-year change. For example, page 6 paragraph 6 indicates that the share of private sources in total health expenditure have significantly reduced, while in fact in the latest year the share has increased (as per Table 3).

Minor essential revisions:

1. Brief country profile
   a. Ensure consistency in use of terms. The first sentence refers to income per capita, while the second sentence refers to total foreign aid (not comparable with the income per capita figure).

   b. Typo: The sentence discussing the proportion of the population below the poverty line: “at that time”, the year is not given.

2. Page 3, paragraph 4:
   a. Typo: “The cost of delivering the EHP was initially estimated at US$22 per capita”
3. Comparison of Table 6 with Figure 2 – the proportion of out-of-pocket payments in total expenditure in 2005/06 is 12.1% in Figure 2, but only 8.9% in Table 6?

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

**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