Reviewer’s report

Title: The Impact of National Health Insurance (NHI) upon accessibility of health services and financial protection from catastrophic health expenditure: a case study of Savannakhet province, Lao PDR

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Reviewer: Daisaku Goto

Reviewer's report:

(Summary of paper)
This paper seeks to evaluate impacts of the National Health Insurance scheme on the accessibility and financial protection from catastrophic health expenditure. The data came from a survey of 342 households who visited Savannakhet Provincial Hospital and Champhone District Hospital. The authors estimate two binary logistic models to compare outcomes under CBHI and NHI schemes and report several differences between them.

As a whole, this paper is not clearly presented, and the estimated results might be biased.

(Comments)
1 Unsatisfactory introduction:
1.1 Introduction fails to present the research gap and motivation which should be based on adequate literature reviews. It is a very important factor for potential readers of this paper. The research objective should be set up to fill the research gap.
1.2 I think that NHI scheme is clearly different from the previous health insurance schemes (CBHI, SSO and HEF), because NHI does not require (potential) users to pay any premiums in advance. It just sets the low flat fee payment system for local healthcare services. (Strictly speaking, NHI is NOT health INSURANCE.) If previous studies did not assess the impact of low-price fixed payment system on healthcare services, it is worthwhile to assess it.
1.3 The current introduction does not play an essential role, but it seems to merely describe the health insurance issues facing developing countries and the history and current status of Lao health policy.

2 Inconsistency of research objectives, approach and method:
2.1 The research objective is "to access the effectiveness of the NHI in terms of its accessibility and financial protection from catastrophic health expenditure." However, "the probability of health services utilization is analyzed as a proxy to accessibly (accessibility?) to health care services" without any discussion or explanation.
It might confuse readers.

2.2 To attain this research objective (access the impact of the NHI on behavioral outcomes), we have to consider how to deal with selection bias or endogeneity problems. However, this study does not take into consideration for them at all from data collection to estimations. It collected household data from respondents who are only actual users of healthcare service in district or referral hospitals.

All respondents (or their family members) must have serious health problems (the sample is initially selected, and it cannot be representative of the policy targeted population).

Is it really appropriate to evaluate the accessibility of the NHI comparing with CBHI?

Also, simple binary logistic model cannot estimate impacts of the NHI (or household characteristics) on the probability of health services utilization.

It can estimate only associations among them.

2.3 In this study, "respondents were selected by systematic random sampling technique…"

It should be elaborated more.

2.4 Table 4 and 5 provide CBHI results.

Are their data from same respondents or different respondents/study? In either case, it should be elaborated.

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An article of limited interest

**Quality of written English**

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