

## Peer Review Report

# Review Report on The companion pandemic to Covid-19: the use of informal practices to access public healthcare services in the European Union

Original Article, Int J Public Health

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### EVALUATION

#### **Q 1** Please summarize the main findings of the study.

The study examines two alternative ways of procuring healthcare, informal payments and personal relationships, across a number of European countries in the middle of the COVID-19 pandemic. It is the authors' opinion that these two alternative ways of procuring healthcare are harmful and should be minimized. The authors present data on the variation of these two factors across European countries and present several additional factors, such as institutional trust, that influence how the factors are spread throughout Europe.

The authors recommend policy measures and effort to change personal norms to address the perceived problem.

#### **Q 2** Please highlight the limitations and strengths.

##### Strengths

The main strength of the study is the large and diverse data set gathered across Europe and the careful and appropriate application of statistical methods to the data. In addition, the authors should be commended for the robustness checks used to examine differences between those who did and did not receive treatment (and thus may have been excluded from the study). This type of serious approach to potential bias in study inclusion is important in this type of research and often overlooked.

##### Limitations

There are three main limitations to this work. 1) the work is based on the unexamined assumption that using informal payments or personal connections to access medical care is a serious problem in the healthcare system that must be addressed 2) the role of culture in the use of informal payments and social connections is not discussed, though it seems to be a very important factor in the distribution of the variables, 3) individual experiences are not discussed, leaving significant gaps in understanding the phenomena being studied and 4) the suggested remedies are unlikely to be impactful.

#### **Q 3** Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

##### Major Limitations

1) The work is based on the unexamined assumption that using informal payments or personal connections to access medical care is a serious problem in the healthcare system that must be addressed. This omission is striking because the entire argument of the paper is based on this assumption. If this assumption is not true then the entire study becomes moot. No data or structured argument is presented to demonstrate this point. Given that more than 40% of people in certain countries use these informal systems, it seems they are just as likely to be an integral part of how care is delivered in certain circumstances as they are a problem to be

solved. Or perhaps not, but an unexamined assumption this crucial to the article cannot be accepted as fact with no supporting evidence.

2) The role of culture in the use of informal payments and social connections is not discussed, though it seems to be a very important factor in the distribution of the variables. The question of culture is not addressed at all, which is strange given it seems almost certain to be the most likely explanation for the differences found. It cannot be that countries in similar regions just happen to have similar practices related to informal payments and personal connections. These differences are culturally derived and a serious discussion of culture must be undertaken in order to understand what these differences mean, where they come from, if they are problematic, and if they are mutable.

There is also a need for significant investigation into cultural differences between rural and urban settings as well as low SES areas. The importance of informal economies in rural and low SES settings has been well documented and go back to the dawn of human civilization. Serious understanding and discussion of these issues should be included.

3) Individual experiences are not discussed, leaving significant gaps in understanding the phenomena being studied.

The behaviors in question are not described in specific terms and no concrete examples of actual human lives are included anywhere in the paper. The disconnection of human experience from the data presented is stark and concerning. In order to suggest, as the authors do, that this behavior is undesirable and mutable would require a very deep understanding of what is actually happening in real people's lives. For example, you can easily imagine a case where a person's child or parent is ill and in need of care that is not available through the formal healthcare system. In this case, the person may procure the necessary care through informal payments or the use of personal connections. The idea that this situation is a failure of an individual's trust in a system is a far weaker explanation than viewing it as a failure of the overall health system. Similarly, believing that anything will change this individual's behavior in a case where a child or elderly parent is ill and in need of care is disconnected from actual human reality.

4) Finally, the suggested remedies are unlikely to be impactful. If the differences presented are determined by culture, urban or rural residence, socioeconomic status, or personal situation, they are very unlikely to be mutable. Particularly, the idea that changing some underlying beliefs about trust in government will impact the individual from our previous example looking for care for their child or parent is extremely optimistic.

#### Minor Fixes

-“tackling” is imprecise language as used and should be replaced with a more accurate word

-#129, delete unattached “ s ”

-#200, the sentence beginning with “Indeed, ...” is unclear.

#### PLEASE COMMENT

**Q 4** Is the title appropriate, concise, attractive?

Yes.

**Q 5** Are the keywords appropriate?

Yes.

**Q 6** Is the English language of sufficient quality?

Yes.

**Q 7** Is the quality of the figures and tables satisfactory?

Yes.

**Q 8** Does the reference list cover the relevant literature adequately and in an unbiased manner?)

The relevant literature is covered for the paper as written.

**QUALITY ASSESSMENT**

**Q 9** Originality

**Q 10** Rigor

**Q 11** Significance to the field

**Q 12** Interest to a general audience

**Q 13** Quality of the writing

**Q 14** Overall scientific quality of the study

**REVISION LEVEL**

**Q 15** Please make a recommendation based on your comments:

Reject.