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| Journal Name: | International Journal of TROPICAL DISEASE & Health |
| Manuscript Number: | **Ms_IJTDH_40972** |
| Title of the Manuscript: | **Out-of-Pocket Spending and Access to Healthcare Services in Sokoto, Nigeria.** |
| Type of the Article | |

**General guideline for Peer Review process:**

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.
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SDI Review Form 1.6

**PART 1: Review Comments**

| | **Reviewer's comment** | **Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)* |
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| **Compulsory** REVISION comments | 222 Table 2: Pattern of Out–of–Pocket Payments for Healthcare among Respondents- **please check if this is the correct title for this table** | |
| **Minor** REVISION comments | Provide footnotes when using certain terminologies e.g. is the teaching hospital the same as a tertiary facility, is a general hospital a secondary facility?<br>Background section of abstract<br>"User fees paid through out-of-pocket spending (OOPS) impede access to 7 healthcare services, **hence it should be abolished to increase access to healthcare services**, 8 particularly by the poor"- ***This is a strong conclusion in the background yet the study is aiming to look at predictors of access to healthcare consider rewording by providing justification for the study***<br>Introduction section<br>"Every year, more than 150 million individuals in **44 million households** face financial 50 catastrophe as a direct result of having to pay for healthcare services through out-of-pocket 51 payment [7]. About **25 million households** or more than 100 million individuals are pushed 52 into poverty by the need to pay for services [7]. Against this background, health systems are 53 therefore not just concerned with improving the health of individuals, families and 54 communities but protecting them against financial catastrophe due to illness costs" ***please clarify if the statistics are global or local, within the text, for more clarity***<br>"Health care financing is worse hit especially in the poor continent (especially Africa) where 65 healthcare faces serious problem of acceptability"- ***probably you would use terms like 'developing countries' rather than 'poor contine*nt'**<br><br>Methodology<br><br>"Access to healthcare services was defined as "have you ever had any176 problems that affected you seeking healthcare at the healthcare facilities"? If the response is177"no" itis good access and if its "yes", its poor access [39]- **it may be useful to qualify that this is access is to the formal health providers unless you meant global access, also include the time variable (30 mins)**<br><br>Results and discussion<br><br>225 One hundred and twenty-one (79.6%) of those that treated themselves at home- **please provide a footnote with some further insight on the kind of treatment received at home**<br>Table3: Socio–Economic Status Differences in Payment for Healthcare among Respondents-**Contains variables that are unrelated (type of provider, and payment mode), the table could be renamed to incorporate both variables or the results could be displayed in separate tables**<br>342 This leaves most of the households to be attended by PMDs that have little or no342 skills in treatment depriving them access to treatment at the primary care level and tertiary343 care in particular- **also consider other factors that may cause them to visit PMDs such as distance from facility, waiting times in the discussion etc** | |

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| **Optional/General** comments | **Great description of Nigeria's health system**<br><br>**During analysis, take precaution when adjusting for factors that are related e.g. social class may correlate with the area of residence, income**<br>**Seeing that a large percentage of the study population was using OOPS, confirm that the right conclusions are arrived at from the statistical analysis. Otherwise the conclusion on user fees inhibiting access is in line with findings from other studies** | |

**Reviewer Details:**

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