

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

Title (Provisional)

Equity of financial protection for health in high-income countries: scoping review protocol

Authors

Xie, Edward C.; Ali, Shehzad; Law, Michael; Allin, Sara; Proaño, Diego; Sander, Beate

VERSION 1 - REVIEW

Reviewer	1
Name	Nair , Arun
Affiliation	Health Systems Research India Initiative, Health Systems Research
Date	05-Dec-2023
COI	None

This is a very important topic i.e measuring the equity of financial protection within high-income countries and in this context, it may also be useful to look at papers which has attempted measurement of equity of FP in low and middle income countries while analyzing the results. It would also be good to add one section on the limitations that of the current research strategy.

Reviewer	2
Name	Jafari, Mehdi
Affiliation	Iran University of Medical Sciences, Department of health Services Management, School of Health Management and Information Sciences
Date	26-Dec-2023
COI	I confirm that you understand the above

I suggest that the findings and conclusions be written again and more clearly

The introduction is too long and should be shortened

Reviewer	3
Name	Zurynski, Yvonne
Affiliation Innovation	Macquarie University, Australian Institute of Health
Date	06-Mar-2024
COI	None

The review appears to have an interesting focus.

The article seems to center on universal health coverage but the title does not mention this and promises to explore "equity of financial protection", which is a much broader concept which remains inadequately addressed in the article.

The methodology, which is the main focus of a protocol paper, is inadequately described. I would suggest that the authors consider having the protocol registered e.g. with Prospero, before resubmitting for publication as this will ensure they are guided to refine each step of the methodology.

I would also suggest that the authors use the many review protocols published in the BMJOpen to guide their writing.

The abstract suggests that "research ethics will be considered iteratively throughout the research process" - what exactly does this mean in the context of a scoping review? What exactly will be considered and why? This is not at all elaborated in the manuscript.

More clarity is needed about the inclusion and exclusion criteria, the approach planned for full-text review, data charting and especially the approach to synthesis.

The authors include publications in any language but there is no explanation on how they will do this.

Some of the inclusion and exclusion criteria are simply not workable in practice and indeed may prejudice study selection e.g. without having described and defined FP, it is unclear how FP will be applied while screening. Having an inclusion criterion based on "maybe" (table S2) is unacceptable - what will you do with these "maybe" papers?

It's not clear how disaggregated data by age, sex, geography illness type will be dealt with, nor is it clear which research question this is relevant to.

These are just a few examples of the issues identified. The authors should consider seeking advice from a colleague who has experience and expertise in scoping review methodology before rewriting this protocol.

VERSION 1 - AUTHOR RESPONSE

	Reviewer Comment	Response
E1	Please revise the first bullet point of the 'Strengths and limitations of this study' section of your manuscript (after the abstract).	We have replaced the previous item as advised.
E2	Please include the planned start and end dates for the study in the methods section.	Proposed dates have been added to section 2.1. There was a delay between the search and screening processes due to a parental leave for the study's main author.
E3	Please replace supplement S1 with the full search strategy for all databases, registers and websites, including any filters and limits used.	<p>We sought clarification regarding this request and received the following response from the Research Editor, Rebecca Prince: "We ask that the search strategy of at least one database be included, as per the PRISMA-ScR checklist. However, if all search strategies are available, please also include these as a supplemental file."</p> <p>We have verified that a search strategy for one database is already included in supplement S1.</p>
E4	Please add a Patient and Public Involvement statement to your manuscript (this is usually placed at the end of the main text Methods section). If there was no involvement, please state "None."	This has been moved from the Ethics section to the Methods section.
1.1	This is a very important topic i.e measuring the equity of financial protection within high-income countries and in this context, it may also be useful to look at papers which has attempted measurement of equity of FP in low and middle income countries while analyzing the results.	Thank you for this suggestion. Some of the literature relevant to LMIC has been summarized in the introduction. We also intend to consider our evidence alongside evidence from LMICs in the final manuscript.
1.2	It would also be good to add one section on the limitations that of the current research strategy.	The format of this protocol follows BMJ guidance: limitations are included in the 'Strengths and Limitations' section. The manuscript reporting our findings will contain additional limitations identified during the conduct of research.
2.1	I suggest that the findings and conclusions be written again and more clearly	Findings and conclusions are not included in protocol submissions.
3.1	The review appears to have an interesting focus. The article seems to center on universal	We have tried to emphasize that the review is centred on financial protection <i>for health</i> , specifically, as opposed to financial protection

	<p>health coverage but the title does not mention this and promises to explore "equity of financial protection", which is a much broader concept which remains inadequately addressed in the article.</p>	<p>in other sectors. The UHC framing of financial protection is one common operationalization of the concept in the health literature and was included in the introduction as a familiar framework from which to draw search terms. Section 1.3 of the introduction addresses 'equity of financial protection' and this should be understood to fall within the <i>health</i> financing framework discussed in the introduction. We have revised the introduction to ensure this distinction is clear.</p>
3.2	<p>The methodology, which is the main focus of a protocol paper, is inadequately described. I would suggest that the authors consider having the protocol registered e.g. with Prospero, before resubmitting for publication as this will ensure they are guided to refine each step of the methodology.</p>	<p>Thank you for this recommendation; however, while Prospero is a registry for <i>systematic</i> reviews, scoping reviews cannot be registered: "PROSPERO does not accept scoping reviews ..." (emphasis in original). https://www.crd.york.ac.uk/PROSPERO/</p>
3.3	<p>I would also suggest that the authors use the many review protocols published in the BMJOpen to guide their writing.</p>	<p>Thank you for this suggestion. We have consulted previous protocols and members of the author group have published protocols in BMJ Open previously.</p>
3.4	<p>The abstract suggests that "research ethics will be considered iteratively throughout the research process" - what exactly does this mean in the context of a scoping review? What exactly will be considered and why? This is not at all elaborated in the manuscript.</p>	<p>We apply the methods described in Willison <i>et al.</i> (2014) to consider ethics throughout the research process rather than at a single point in time. The goal of this approach is to integrate ethical considerations into each phase of the research lifecycle. Some of the elements under consideration were summarized in Section 3. Additional text has been added to clarify the framework for ethical reflection.</p>
3.5	<p>More clarity is needed about the inclusion and exclusion criteria, the approach planned for full-text review, data charting and especially the approach to synthesis.</p>	<p>The materials included in the supplement have been revised to include more details, including additional description of the proposed synthesis approach.</p> <p>In reviewing recent protocols in BMJ Open, we found that the level of detail we present is comparable. We wish to avoid 'over-determining' the methods before we begin to explore the search results. We adhere to the guidance of Colquhoun <i>et al.</i> (2014) which states:</p> <p>'Study selection is not linear, but rather an iterative process that involves searching the literature, refining the search strategy, and reviewing articles for study inclusion'</p>

		This is reinforced by Peters et al. (2021), which emphasizes that unlike systematic reviews, 'scoping reviews may be iterative and flexible and whilst any deviations from the protocol should be transparently reported, adjustments to the questions, inclusion/exclusion criteria and search may be made during the conduct of the review'.
3.6	The authors include publications in any language but there is no explanation on how they will do this.	Co-authors on this research are fluent in English, Spanish, and German. If other language abilities are required for full text review, we plan to recruit additional reviewers from our network of colleagues. This is the standard procedure in the research group of the corresponding author.
3.7	Some of the inclusion and exclusion criteria are simply not workable in practice and indeed may prejudice study selection e.g. without having described and defined FP, it is unclear how FP will be applied while screening. Having an inclusion criterion based on "maybe" (table S2) is unacceptable - what will you do with these "maybe" papers?	<p>Thank you for this question. The reviewers that will be performing the screening and charting are also co-authors of this protocol and have previously conducted research on financial protection (FP). We defined FP within the body of the protocol (described in the first two paragraphs of the introduction as well as additional context in sections 1.1, 1.2 and 1.3) and have not repeated this in the eligibility criteria for brevity.</p> <p>Following the recommendations of well-known methodological papers on scoping reviews, we permit flexibility in criteria and will document changes, if they occur.</p> <p>In the Covidence review management platform, 'Maybe' is a standard option along with 'Yes' and 'No'. A description of how it is used can be found on the Covidence website: https://support.covidence.org/help/voting-maybe. In brief, 'maybe' acts as 'yes', but allows the review to proceed faster than dichotomous categorization. To avoid confusion for readers that may not be familiar with Covidence, we have removed this from supplement Table S2.</p>
3.8	It's not clear how disaggregated data by age, sex, geography illness type will be dealt with, nor is it clear which research question this is relevant to.	As stated in sections 1.3 and 1.4, this is directly relevant to the first three research questions. Unlike systematic reviews, scoping reviews generally synthesize evidence by characterizing it through identification, description, and configuration, rather than quantitative or qualitative combination. Disaggregated data will be handled according the methods described in Section 2.3 and using the

		<p>PROGRESS-plus framework. We have revised the text to include a few examples; however, the PROGRESS-plus framework is not exhaustive and we will include a reporting item to capture dimensions that are not explicitly referred to in the framework.</p>
	<p>These are just a few examples of the issues identified. The authors should consider seeking advice from a colleague who has experience and expertise in scoping review methodology before rewriting this protocol.</p>	<p>Thank you for this advice. Prior to undertaking this review, we considered methodological guidance, including:</p> <ul style="list-style-type: none"> - Arksey and O'Malley 2005 - Levac <i>et al.</i> 2010 - Colquhoun <i>et al.</i> 2014 - Booth <i>et al.</i> 2016 - Tricco <i>et al.</i> 2018 - Peters <i>et al.</i> 2021 <p>After considering similar reviews in BMJ Open, we applied updated methods from the more recent literature. In particular, we rely on the PRISMA-ScR checklist, Booth <i>et al.</i> 2016, Peters <i>et al.</i> 2021 and Tricco <i>et al.</i> 2018 for guidance as well as the experience of this author group and research librarians with expertise in scoping reviews.</p>