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REVIEWER'S REPORT

Manuscript No.: IJAR-58747

Title: Expected Impact of Social Health Insurance on Household Savings and Investment Decisions in Sierra Leone

Recommendation:
Accept as it is ....
Accept after minor revision.................
Accept after major revision ....
Do not accept (*Reasons below*) ....

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality			✓	
Clarity		✓		
Significance	✓			

Reviewer's ID: JPR-002

Detailed Reviewer's Report

The manuscript titled **"Expected Impact of Social Health Insurance on Household Savings and Investment Decisions in Sierra Leone"** addresses a relevant and socially significant issue by examining how social health insurance (SHI) may influence household savings and productive investment through financial protection and reduction of healthcare-related uncertainty. The topic is timely, particularly in the context of low- and middle-income countries where out-of-pocket healthcare expenditure can create substantial household financial vulnerability. The manuscript has a clear overall structure, including an abstract, introduction, literature review, theoretical foundation, methodology, empirical results, qualitative findings, discussion, conclusion, recommendations, and references. The abstract effectively presents the research objective, methodology, major statistical findings, and policy implications, while the introduction establishes the connection between healthcare expenditure, household financial resilience, savings, and investment decisions. The literature review provides a reasonable conceptual foundation by discussing financial protection, out-of-pocket expenditure, precautionary savings, investment behaviour, and risk reduction, and the use of Expected Utility Theory, Health Demand Theory, and Risk Pooling Theory provides a useful theoretical basis for the study. The methodology clearly identifies the cross-sectional design, household-level respondents, major variables, and two multiple regression models for savings and investment outcomes. The operationalisation of the variables is presented systematically, and the regression results demonstrate statistically significant

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relationships between willingness to enrol, willingness to pay, household income, out-of-pocket healthcare expenditure, household size, and the dependent variables. The reported R-squared values of 0.41 for savings and 0.44 for investment indicate meaningful explanatory power, while the qualitative focus group findings complement the quantitative results by illustrating how medical expenses may lead households to borrow, sell assets, reduce savings, or divert business capital. The discussion appropriately connects the statistical findings with broader financial protection and household resilience considerations, and the recommendations concerning affordable premiums, flexible payment arrangements, transparency, accountability, health-system readiness, and further longitudinal research are practically relevant. However, several areas require strengthening before publication. Most importantly, because the study uses cross-sectional data and examines willingness to enrol and willingness to pay, the manuscript should avoid wording that implies a definitive causal "impact" of SHI unless causal identification is established; the distinction between expected/potential effects, associations, and actual SHI outcomes should be made consistently throughout the title, results, discussion, and conclusion. The manuscript should provide substantially more information about the sample size, sampling procedure, geographical coverage, demographic characteristics of respondents, data-collection period, questionnaire development, reliability and validity procedures, ethical approval/informed consent, and treatment of missing observations. The regression analysis would also benefit from reporting confidence intervals, adjusted R-squared, overall model significance, and relevant diagnostic tests such as multicollinearity, heteroskedasticity, residual assumptions, and model specification. Since willingness to enrol and willingness to pay may themselves reflect household income, financial literacy, health status, previous healthcare experiences, or risk preferences, the possibility of endogeneity and omitted-variable bias should be acknowledged and, where feasible, addressed.

The manuscript should also clarify the measurement and scale of savings and investment variables and explain whether the dependent variables are continuous, categorical, or constructed indices, as this directly affects the appropriateness of ordinary multiple regression. The qualitative component is valuable, but the manuscript would be stronger if it explained the number of focus group participants, group composition, selection procedure, coding method, thematic analysis procedure, and how qualitative evidence was integrated with the quantitative results. The literature review should be expanded with more recent empirical studies specifically addressing health insurance, household savings, investment behaviour, financial resilience, and universal health coverage in Sierra Leone and comparable African economies, while the reference list should be checked carefully for completeness, consistency, publication details, and citation-reference matching. There are also minor language, formatting, punctuation, and presentation issues that require editorial correction, including inconsistent spacing

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around citations and punctuation, occasional grammatical errors, and formatting inconsistencies in tables and equations. The figures should be checked to ensure that they are sufficiently clear, properly labelled, and add analytical value rather than merely reproducing the numerical results already presented in tables. The policy recommendations are useful but could be made more specific by linking each recommendation directly to the empirical findings and identifying the responsible policy stakeholders. The manuscript would also benefit from a clearly stated limitations section discussing the cross-sectional design, reliance on self-reported information, potential response bias, use of willingness-to-enrol/willingness-to-pay as indicators rather than observed insurance participation, and the limits of generalising the findings beyond the sampled households. Overall, the manuscript has a relevant research problem, a coherent conceptual argument, useful quantitative findings, and meaningful policy implications; however, substantial methodological clarification, stronger statistical reporting, improved discussion of causality and limitations, fuller description of the qualitative methodology, and careful language and reference editing are recommended.

Recommendation: Minor Revision.