

Review of: "Willingness-to-pay for Health Insurance: A Comparative Study between Formal and Informal Health-Workers"

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Potential competing interests: No potential competing interests to declare.

This sounds like a worthwhile and well-thought-out study addressing an important research question. Given the dearth of research on the issue of the willingness-to-pay factor, this study could certainly make a contribution to the literature and public health efforts to expand coverage. To that end, the author could consider placing the willingness-to-pay factor in a larger context of other mechanisms that the public and private sectors could use to provide and/or facilitate access to health insurance.

General comments:

Background: this section provides some useful and essential context for the study. It is a bit repetitive, however, and the narrative could be tighter. Also, if it is possible to include a few more details about the current health insurance landscape that would help. For example, the existing points could be rearranged somewhat, and a few new points could be added, to read something along these lines:

- Brief definition of what health insurance actually is (one candidate: payment of premiums in exchange for coverage of medical bills should they arise).
- Any measures of health and wellbeing among those with and without insurance (to establish why the issue of health insurance matters).
- What percent of the Bangladeshi population has health insurance and how do they get it. Presumably health insurance is only available to those in the formal sector? Is it possible to provide a very rough idea of the costs for health insurance that an "average" person in the formal sector pays out of pocket (i.e., premiums and any copays and other fees)? Is it possible to indicate what percent of those employed in the formal sector opt for health insurance? Or is it mandatory and/or comes out of workers' paychecks?
- What percent of the total population is covered by health insurance through the formal sector and what percent has no insurance?
- Very rough idea of the costs for health insurance that an "average" person in the informal sector pays out of pocket (i.e., premiums and any copays and other fees)? If this metric could be as parallel as possible to the figure used for those in the formal sector, that would make the WTP analysis more clear.

This kind of narrative could provide a more explicit context for the research question exploring the willingness to pay

among those without insurance.

Data Analysis (page 8): given that this is a convenience sample and uses a qualitative semi-structured interview protocol, in my opinion most of the statistical tests planned (e.g., standard deviation, t-tests, logistic regression) are inappropriate. Because this not a probability sample drawn with known probabilities of selection, it is not possible to draw statistical inferences about what the sample represents. That is only to say that statistical methods are not appropriate for analysis; the research questions and general approach to sampling and data collection are sound. The author could first provide very basic findings on the WTP estimates and scheme preferences across formal and informal workers. For a more in-depth examination of factors and characteristics associated with variability on WTP and scheme preference within those groups, however, qualitative analysis should be employed. For example, themes from the interviews could be identified and participants' sentiments about those themes could be organized in a grid. Then the analyst can group common sentiments and examine characteristics of individuals who share those sentiments.

Minor comments:

Page 1, end of "*Methods and analysis*" section: "Different premium levels will be offered to each participant at different premium levels..." Does the author mean different benefits will be offered at different premium levels?

Page 2/Background section: This is another citation to consider in the discussion of the consequences of high medical costs:

Himmelstein DU, Lawless RM, Thorne D, Foohey P, Woolhandler S. Medical Bankruptcy: Still Common Despite the Affordable Care Act. *Am J Public Health*. 2019 Mar;109(3):431-433. doi: 10.2105/AJPH.2018.304901. PMID: 30726124; PMCID: PMC6366487.