

## Expanding Health Insurance Coverage in Vietnam: A View from a Study of Factors Affecting the Non-Participation in Health Insurance of Informal Sector Workers



Thi Xuan Huong Le<sup>1</sup>, Thi Huong Tram Le<sup>2</sup>, Thi Huu Ai Nguyen<sup>3</sup>

<sup>1,2,3</sup>University of Labour and Social Affairs

**ABSTRACT:** In recent years, health insurance coverage in Vietnam has been increasingly expanded. Up to now, the health insurance coverage rate has reached about 90% of the population; There is still a gap with about 10% of the population not covered by health insurance, most of which are informal sector workers. This is a significant challenge in the roadmap to implement the policy of universal health insurance in Vietnam. Based on the literature review method, this study synthesized and analyzed the main factors affecting the non-participation in health insurance of informal sector workers. On that basis, the authors propose some policy suggestions to attract this group of people to participate in health insurance, expand health insurance coverage, and realize the goal of developing universal health insurance for efficient and sustainable people.

**KEYWORDS:** health insurance, influencing factors, non-participation, health insurance coverage, informal sector.

### 1. INTRODUCTION

Up to now, according to statistics of the Vietnam Social Insurance, the health insurance coverage rate has reached about 90% of the population (exceeding the goal of striving by 2020, over 80% of the population will be covered by health insurance as set out in Resolution No. 21/NQ-TW on strengthening the Party's leadership in social insurance work, health insurance for the period 2012 - 2020 of the Central Committee of the Communist Party of Vietnam). However, like some countries in the region, Vietnam is facing a problem of a "gap" with more than 10% of the population not covered by health insurance (which mainly includes informal workers who are not on the list of poor households). According to the 2016 Informal Labor Report of the General Statistics Office, the scale of informal labor in Vietnam is quite large with over 18 million people, accounting for 57.2% of the total number of non-agricultural workers; If including workers in the agricultural household sector, the rate of informal labor accounts for 78.6%. They are a vulnerable group of workers who need protection from social security policies. Law No. 46/2014/QH13 amending and supplementing a number of articles of the Law on Health Insurance promulgated on June 13, 2014, stipulates that this group is responsible for participating in health insurance, but so far the country has faced many difficulties when developing health insurance in this target group. Thereby, it can be seen that the proportion of people who have not participated in health insurance in Vietnam is still small, but it is not a small challenge, because they are workers in the free labor market with precarious jobs and low and unstable income.

This study focuses on analyzing and clarifying the factors affecting the informal sector workers' decision not to participate in health insurance based on an overview of domestic and foreign studies on this topic. On that basis, propose some policy suggestions to attract informal workers to participate in health insurance, expand coverage of universal health insurance, and realize the goal of developing effective universal health insurance and sustainability.

### 2. THEORETICAL BASIS FOR EXPANDING HEALTH INSURANCE COVERAGE

#### Health insurance concept

Health insurance is a form of insurance applied in the field of health care and is one of nine contents of social insurance prescribed in Convention No. 102 of June 28, 1952, of the International Labor Organization on the minimum code of social safety. In developed countries, the concept of social health insurance is understood as an effective means of subsidizing people to have equal access to health services (Guy Carrin, 2002). The concept of social health insurance organized by the State distinguishes it from private health insurance conducted by private insurance enterprises for profit purposes.

## **Expanding Health Insurance Coverage in Vietnam: A View from a Study of Factors Affecting the Non-Participation in Health Insurance of Informal Sector Workers**

In Vietnam, health insurance is part of a social security policy, organized, managed and implemented by the State, in order to create a stable and appropriate source of health financing, and promote equity in health care access and use of health services. According to the Law on Health Insurance No. 25/2008/QH12 promulgated on November 14, 2008, by the National Assembly of the Socialist Republic of Vietnam, health insurance is a form of insurance applied in the field of healthcare health care is not for profit, implemented by the State and the participants are responsible for participating in accordance with the provisions of the Law on Health Insurance. With the goal of implementing universal health insurance, the Law amending and supplementing a number of articles of the Law on Health Insurance No. 46/2014/QH13 promulgated on June 13, 2014, introduced the concept of health insurance as follows: "Medical insurance is a form of compulsory insurance that is applied to the subjects specified in this Law for health care, not for profit, organized by the State.". Thus, health insurance in Vietnam is a form of social health insurance, implemented for all subjects and classes in society and gradually moving towards compulsory health insurance for the entire population.

### **The concept of health insurance coverage**

The concept of coverage is a multidimensional concept, which can be applied to social security in general and to specific areas in the social security system such as social insurance, health insurance, etc. Approaching from the ILO point of view, Long, G. T., & Thu, D. T. (2020) has introduced the concept of coverage which includes three elements: scope, extent of participation, and benefit level. In this study, the authors refer to the concept of health insurance coverage with the same approach as the concept of social insurance coverage mentioned in the study of Long, G. T., & Thu, D. T. (2020).

The concept of health insurance coverage can be approached from two aspects, that is (i) statutory health insurance coverage (the concept to determine the coverage of protection, participation scale, and benefit level as prescribed in current health insurance legislation) and (ii) effective health insurance coverage or actual health insurance coverage (a concept intended to determine the coverage, extent of participation and level of benefit achieved by the health insurance system under reality).

### **Expanding health insurance coverage**

According to Schmitt, V., & De, L. (2013), there are two methods to expand social insurance coverage, namely: (i) expanding horizontal coverage is expanding the participants social insurance, and (ii) extending coverage vertically increases the level of protection for participants. Thus, in a similar way, expanding health insurance coverage includes (i) expanding the subjects participating in health insurance and (ii) expanding the scope of benefits, increasing protection for health insurance participants.

In Vietnam, the Vietnam Social Insurance Agency has determined a reasonable goal and roadmap, taking specific steps and appropriate solutions to implement the guidelines and guidelines of the Party and State in opening expand health insurance coverage, step by step towards universal health insurance. The specific target by 2025 is to achieve a health insurance participation rate of 95% of the population, and the proportion of households' direct out-of-pocket health spending on health will be reduced to 35%; By 2030, the rate of health insurance participation will reach over 97% of the population, the proportion of households' direct out-of-pocket spending on health will be reduced to 30% (according to Resolution No. 20-NQ/TW of the Sixth Conference of the 12th Central Committee of the Communist Party of Vietnam, issued on October 25, 2017).

## **3. FACTORS AFFECTING THE NON-PARTICIPATION IN HEALTH INSURANCE OF INFORMAL SECTOR WORKERS**

From the results of both domestic and international studies, it has been shown that there are many factors affecting the non-participation in health insurance of informal sector workers. In it, the main factors include:

### **Income and ability to pay health insurance premiums**

Around the world, there have been many studies showing that people with low incomes may have difficulty accessing health insurance (Carrin, G., & James, C., 2005; Mathauer et al., 2008; Meng et al., 2011). Instead of investing in future health benefits, low-income people tend to opt out of insurance because it could affect their other pressing needs. Experimental studies in different regions and territories around the world have confirmed that income has an important influence on the decision to participate/not to participate and to renew/not to renew health insurance (e.g., Adebayo et al., 2015; Boateng, D., & Awunyor-Vitor, D., 2013; Ogundeji et al., 2019).

Studies in Vietnam on this topic also found that the main reason people do not participate in health insurance or continue to participate in health insurance in both urban and rural areas is that they "do not have enough money to buy" or are unable to pay/pay health insurance premiums (Loan, C. T. K., & Ban, N. H., 2013; Long, G. T. et al., 2018). For example, in the study of Long, G. T. et al. (2018), low income or the inability to contribute to health insurance is the biggest barrier for workers working in the informal economy and their families they do not participate in health insurance; especially for households with a large number of

## **Expanding Health Insurance Coverage in Vietnam: A View from a Study of Factors Affecting the Non-Participation in Health Insurance of Informal Sector Workers**

members. The survey results for the group of subjects who used to participate in health insurance showed that the most important reason for not continuing to participate in health insurance was "Inability to continue paying/paying health insurance premiums" (51.3% in the urban group) and 58.7% in the rural group); for the group of subjects who have never participated, similar results (66.6% in both urban and rural areas). Regarding this issue, there are many opinions that "no support from the state or insignificant support when buying health insurance" is the reason for not participating in health insurance (about 32% for both rural and urban areas). Thus, income and ability to pay premiums are factors that have an important influence on the decision to participate/not participate in health insurance of people, especially workers in the informal sector.

### **Awareness of health status**

At the time of making insurance decisions, people are not sure if they are sick (Schneider, 2004). Awareness of health status and uncertainty about disease episodes has an important influence on people's decision to join/continue to participate/to discontinue/not to participate in health insurance, which has been confirmed in many previous studies (e.g., Schneider, 2004; Boateng, D., & Awunyor-Vitor, D., 2013). A high degree of certainty about relatively good health reduces insurance acceptance and vice versa. Many people choose to join health insurance only when they are sick or seriously ill. There are also many people who continue to participate in health insurance because of their health, even if they are still healthy. In this case, the decision to cover and continue to be insured reflects risk aversion and the need for security whole of the individual.

In Vietnam, participation in a health insurance program is significantly associated with poor health status as stated by Nguyen, T. D., & Wilson, A. (2017) in a study on coverage rates health insurance coverage for the near poor in rural Vietnam and related factors. No worry and no concern about health status is an important reasons why informal sector workers do not want to continue participating in health insurance or have never participated in health insurance mentioned in the study research group of the Institute of Social and Medical Studies (Long, G. T. et al., 2018). Accordingly, the reason "Currently no worries about health status/ no need to go to the doctor" (47.9% for the group of subjects who used to participate in health insurance, 54.8% for the group of people who have never participated in health insurance) is the second most important reason why they do not want to continue participating in health insurance or not participating in health insurance ("I did not have a disease before, so I did not buy it, I will buy it when I get old tomorrow" or "Buy for what, see if there is any disease to buy" are some of the answers recorded in the results of in-depth interviews with subjects who have never participated in health insurance). If not prepared for health risks, such an attitude exposes these people to more serious health risks, not only in terms of illness but also financially.

### **Quality of health insurance services**

The quality of health insurance services is measured by the ability to access services and ensure the interests of participants. Service quality is one of the factors leading to the abandonment of health insurance programs (De Allegri et al., 2006, 2009). Many empirical studies have shown that poor quality of health insurance services is one of the leading reasons affecting people's decision not to join and not renew health insurance (for example, the study of Boateng, D., & Awunyor-Vitor, D., 2013; Adebayo et al., 2015; Dror et al., 2016).

Studies in Vietnam have also confirmed that the quality of health care services covered by health insurance is one of the factors that have a significant influence on people's participation/ non-participation in health insurance (e.g., Loan, C. T. K., & Ban, N. H., 2013; Long, G. T. et al., 2018). According to a research report on the current situation and factors related to not participating in health insurance in Vietnam (Long, G. T. et al., 2018), dissatisfaction/ level low satisfaction with health care services provided is one of the factors that have an important influence on the decision not to participate / not to continue participating in health insurance of workers in the informal economy. The reasons for "afraid that the health insurance procedure is too complicated" (about 36%) and "takes a long time to use health services covered by health insurance" (about 37%) or "Less confidence in the quality amount of health services covered by health insurance" (about 24%) has a significant influence on the decision not to continue participating in health insurance; "afraid of complicated procedures when using health services covered by health insurance" (nearly 40%) and "taking a long time when using health services covered by health insurance" (about 35%) are important reasons were mentioned by the group that had never participated in health insurance. Taking a long time for procedures and waiting to use services, confidence in the quality of health care services provided by health insurance is not high, including issues of human resources, medical facilities, and quality of drugs not good are the important reasons why employees have not or do not continue to participate in health insurance.

### **Health insurance awareness and understanding**

Workers in the informal sector often lack knowledge and information about policies and regimes, and there is no guarantee organization for participation in health insurance. There have been many studies showing that the lack of understanding, not

## **Expanding Health Insurance Coverage in Vietnam: A View from a Study of Factors Affecting the Non-Participation in Health Insurance of Informal Sector Workers**

seeing the benefits of participation or lack of trust in the implementing organization system (both the input system related to card issuance and the output system is health insurance) is one of the reasons why people don't care and don't want to participate in health insurance. According to Mathauer, I., Schmidt, J. O., & Wenyaa, M. (2008), the most important factor hindering health insurance participation in the informal sector in Kenya is the lack of awareness of the National Health Insurance Fund; Kansra, P., & Gill, H. S. (2017) also made similar observations in the study of informal sector households' decision to participate in health insurance in Punjab, India.

In Vietnam, knowledge about health insurance is one of the factors that have a significant influence on people's participation/not participating in health insurance. This result has been confirmed in a number of studies such as Nguyen, T. D., & Wilson, A. (2017) in the article on health insurance coverage for the near-poor in rural Vietnam or Research by a group of authors Russia, N. T. T., Xiem, C. H., & Anh, B. T. M. (2020) on factors affecting the participation in family health insurance. This is also the result confirmed in the study on factors related to not participating in health insurance in Vietnam by the research group Long, G. T. et al. (2018) of the Institute of Social and Medical Studies. This study shows that one of the most important reasons for informal sector workers not participating in health insurance is a lack of understanding of the rights and responsibilities of participating in health insurance. Although they have heard about health insurance, employees do not really know about health insurance and benefits when participating in health insurance; they may have heard about health insurance but are not interested in the health insurance policy, and therefore, are not interested in the benefits they have when participating in health insurance.

### **Information and propaganda about health insurance**

Dissemination of information not only plays an important role in policy dissemination but also contributes to policy orientation for participants. According to research group Kansra, P., & Gill, H. S. (2017), the lack of information is one of the barriers to health insurance participation of workers working in the informal sector in India; or as the study by Dartanto et al. (2016) also shows that in Indonesia, the main barrier to accessing health insurance is simply the lack of information about available options.

Propaganda, education, and communication campaigns are the important solutions mentioned in the research by Nguyen, T. D., & Wilson, A. (2017) to promote participation in health insurance and increase the coverage rate of health insurance coverage for the near-poor in rural Vietnam. In fact, communication about health insurance in Vietnam is not really effective, has many limitations, and lacks clear guidance. Research results of Long, G. T. et al. (2018) show that almost all of the studied people have heard about health insurance (more than 98%), of which the majority heard about health insurance from government officials (usually the local government, with more than 56%), followed by hearing from family members (about 30%) and then neighbors (about 20%); but people say that they don't really know well about health insurance and benefits when participating. One of the main challenges for this - according to those who do not participate in health insurance - is that information about health insurance policies, although widely disseminated, is not enough or has not attracted the attention of the people. Strengthening propaganda and information dissemination so that people understand clearly about policies, regimes, roles, meanings, effects as well as benefits of health insurance is necessary and plays an important role in expanding health insurance coverage.

## **4. PROPOSALS**

Health insurance in Vietnam is currently facing significant challenges in achieving rapid and effective coverage of the informal labor sector and other hard-to-reach groups such as the near-poor. From the results of an overview of research on factors affecting the non-employment of health insurance among informal sector workers, the authors propose some policy suggestions as follows:

***Firstly, it is necessary to consider continuing to reduce the contribution rate and support to pay health insurance premiums for workers in the informal sector.***

The ability to contribute is one of the biggest barriers for informal workers and their families to participate in health insurance, especially for large families. In fact, almost no country has achieved the goal of universal health coverage, relying solely on voluntary contributions (Kutzin, 2012). Expanding health insurance coverage, especially among the near-poor and informal workers, requires substantial additional funding from the state budget. Middle-income countries in the region such as China, Malaysia, and Thailand all have to rely largely or completely on state budget support to achieve universal coverage of health insurance for workers' informal sector action. Therefore, in order to encourage and attract this group of people to participate in health insurance, it is necessary to prescribe more affordable and flexible health insurance premiums, on the other hand, it is necessary to strengthen support from the Government for the near-poor to pay health insurance premiums; should be more flexible in terms of number of participants, duration of participation, amount to be paid and payment period for health insurance by household. People working in agriculture, fishery, and forestry, although they may not be poor, are still facing significant barriers when purchasing health insurance and accessing health services, so the State also needs to gradually increase subsidies

## **Expanding Health Insurance Coverage in Vietnam: A View from a Study of Factors Affecting the Non-Participation in Health Insurance of Informal Sector Workers**

to provide them with health insurance.

### **Secondly, it is necessary to continue to focus on communication and promote information dissemination on health insurance.**

Limited awareness and lack of understanding about health insurance is one of the important barriers for informal sector workers to participate in health insurance. Practice shows that disseminating information and social marketing has actually played an important role in expanding health insurance coverage in some countries (Liang and Langenbrunner, 2013; Bredenkamp et al., 2015). To ensure that all people can receive information about health insurance and health care services covered by health insurance (especially the poor, near-poor, and those living in remote areas), it is necessary to implement groups of solutions on: (i) strengthening the organization, improving the capacity and qualifications of communication staff; effectively use facilities and investment resources for communication work; (ii) raising awareness and responsibility of collectives and individuals across the social insurance industry for the communication of health insurance policies; (iii) strengthening direct communication coordination among target groups; (iv) Improve the quality and effectiveness of communication of health insurance policies on the mass media, promote the role of press agencies and the electronic information system of the social insurance industry; (v) promote participation and effective organization of social media activities. Propaganda content should emphasize the superiority of the health insurance policy, and clearly communicate the benefits (especially protection from financial risks during illness) of health insurance, the level of contribution to health insurance, and how, where, and when employees can participate. This helps informal sector workers to understand, easily consider and compare in detail.

### **Third, expand the scope of benefits and improve the quality of health care services of health insurance.**

To attract and retain health insurance participants, it is necessary to focus on solutions to improve the quality of health care services provided by health insurance. Healthcare facilities should pay attention to providing guidance and counseling to make patients feel comfortable and at ease. To do so, the professional competence of health workers, the quality of drugs covered by health insurance, and procedures need to be continuously improved. It is necessary to continue promoting the reform of administrative procedures, shortening the waiting time for medical examination and treatment, and reducing troublesome procedures for patients but still ensuring the quality and process of medical examination and treatment. On the other hand, in order to improve the quality of medical examination and treatment, it is necessary to focus on solutions to improve the quality of human resources. Moreover, it is necessary to focus on investing in upgrading the grassroots health system and at the same time putting some new technical equipment into use, contributing to improving the quality of medical examination and treatment and primary health care capacity for patients. Hospitals and medical centers are more active in improving the quality of medical examination and treatment. In addition, improving the efficiency of dispensing drugs with health insurance and ensuring the quality of drugs in medical examination and treatment covered by health insurance is also one of the contents that need to be focused on to improve and increase the quality of health care services of health insurance.

## **5. CONCLUSION**

From the synthesis and analysis to clarify the factors affecting the informal sector workers' decision not to participate in health insurance based on a review of studies on this topic, the study shows that the system of Health insurance in Vietnam needs many long-term changes towards the goal of expanding health insurance coverage in particular and sustainable development of universal health insurance. Particular emphasis should be placed on the role of factors that reduce the contribution rate and support payment of health insurance premiums for workers in the informal sector, improve awareness and understanding of health insurance, expand coverage benefits, and improve the quality of health care services of health insurance (such as reforming administrative procedures, shortening the waiting time for medical examination and treatment, improving the quality of human resources, investing in upgrading the health care system) grassroots health system, improving the efficiency of dispensing health insurance drugs and ensuring the quality of drugs in health insurance coverage) are important issues that determine the success of Vietnam's goal of expanding health insurance coverage that Vietnam can learn from the study of international experiences and practice of implementing health insurance.

## **REFERENCES**

- 1) Adebayo, E. F., Uthman, O. A., Wiysonge, C. S., Stern, E. A., Lamont, K. T., & Ataguba, J. E. (2015). A systematic review of factors that affect the uptake of community-based health insurance in low-income and middle-income countries. *BMC Health Serv Res*, 15(1), 543.
- 2) Boateng, D., & Awunyor-Vitor, D. (2013). Health insurance in Ghana: evaluation of policy holders' perceptions and factors influencing policy renewal in the Volta region. *International Journal for Equity in Health*, 12(1), 50.

## Expanding Health Insurance Coverage in Vietnam: A View from a Study of Factors Affecting the Non-Participation in Health Insurance of Informal Sector Workers

- 3) Bredenkamp, C., Evans, T., Lagrada, L., Langenbrunner, J., Nachuk, S., & Palu, T. (2015). Emerging challenges in implementing universal health coverage in Asia. *Social science & medicine*, 145, 243-248.
- 4) Carrin, G. (2002). Social health insurance in developing countries: a continuing challenge. *International social security review*, 55(2), 57-69.
- 5) Carrin, G., & James, C. (2005). Social health insurance: key factors affecting the transition towards universal coverage. *International Social Security Review*, 58(1), 45-64.
- 6) Central Committee of the Communist Party of Vietnam (2012). *Resolution No. 21-NQ/TW of the Politburo on strengthening the leadership of the Party in the work of social insurance and health insurance for the period 2012 - 2020*, issued on November 22, 2012.
- 7) Central Committee of the Communist Party of Vietnam (2018). *Resolution No. 28-NQ/TW of the Seventh Conference of the 12th Central Executive Committee on reforming social insurance policies*, issued on May 23, 2018.
- 8) Dartanto, T., Rezki, J. F., Pramono, W., Siregar, C. H., Bintara, U., & Bintara, H. (2016). Participation of informal sector workers in Indonesia's national health insurance system. *Journal of Southeast Asian Economies*, 317-342.
- 9) De Allegri, M., Kouyaté, B., Becher, H., Gbangou, A., Pokhrel, S., Sanon, M., & Sauerborn, R. (2006). Understanding enrolment in community health insurance in sub-Saharan Africa: a population-based case-control study in rural Burkina Faso. *Bulletin of the World Health Organization*, 84, 852-858.
- 10) De Allegri, M., Sauerborn, R., Kouyaté, B., & Flessa, S. (2009). Community health insurance in sub-Saharan Africa: what operational difficulties hamper its successful development? *Tropical Medicine & International Health*, 14(5), 586-596.
- 11) Dror, D. M., Hossain, S. S., Majumdar, A., Pérez Koehlmoos, T. L., John, D., & Panda, P. K. (2016). What factors affect voluntary uptake of community-based health insurance schemes in low-and middle-income countries? A systematic review and meta-analysis. *PLoS One*, 11(8), e0160479.
- 12) General Statistics Office and International Labor Organization (2018). *Informal Labor Report 2016*, Hong Duc Publishing House, Hanoi.
- 13) Kansra, P., & Gill, H. S. (2017). Role of perceptions in health insurance buying behavior of workers employed in informal sector of India. *Global Business Review*, 18(1), 250-266.
- 14) Kutzin, J. (2012). Anything goes on the path to universal health coverage? No. *Bulletin of the World Health Organization*, 90, 867-868.
- 15) Liang, L., & Langenbrunner, J. C. (2013). The long march to universal coverage: lessons from China.
- 16) Loan, C. T. K., & Ban, N. H. (2013). The reality of participating in voluntary health insurance in Ha Tinh city. *Journal of Science and Development* 2013, 115-124.
- 17) Long, G. T., & Thu, D. T. (2020). Expanding voluntary social insurance coverage: International practice and lessons for Vietnam. *Journal of Banking Science & Training*, 44-55.
- 18) Long, G. T., Thu, B. Đ., & Anh, T. L. (2018). *Research report on the current situation and factors related to not participating in health insurance in Vietnam*. Institute of Social and Medical Studies.
- 19) Mathauer, I., Schmidt, J. O., & Wenyaa, M. (2008). Extending social health insurance to the informal sector in Kenya. An assessment of factors affecting demand. *The International Journal of health planning and Management*, 23(1), 51-68.
- 20) Mathauer, I., Schmidt, J. O., & Wenyaa, M. (2008). Extending social health insurance to the informal sector in Kenya. An assessment of factors affecting demand. *The International Journal of health planning and Management*, 23(1), 51-68.
- 21) Meng, Q., Yuan, B., Jia, L., Wang, J., Yu, B., Gao, J., & Garner, P. (2011). Expanding health insurance coverage in vulnerable groups: a systematic review of options. *Health policy and planning*, 26(2), 93-104.
- 22) National Assembly of the Socialist Republic of Vietnam (2008). *Law on Health Insurance No. 28/2008/QH12*, promulgated on November 14, 2008.
- 23) National Assembly of the Socialist Republic of Vietnam (2014). *Law No. 46/2014/QH13 amending and supplementing a number of articles of the Law on Health Insurance*, promulgated on June 13, 2014.
- 24) Nga, N. T. T., Xiem, C. H., & Anh, B. T. M. (2020). Universal coverage challenges: Determinants of enrolment in family-based social health insurance. *International Journal of Healthcare Management*, 1-7.
- 25) Nguyen, T. D., & Wilson, A. (2017). Coverage of health insurance among the near-poor in rural Vietnam and associated factors. *International journal of public health*, 62(1), 63-73.
- 26) Ogundeji, Y. K., Akomolafe, B., Ohiri, K., & Butawa, N. N. (2019). Factors influencing willingness and ability to pay for social health insurance in Nigeria. *PLoS one*, 14(8), e0220558.

## Expanding Health Insurance Coverage in Vietnam: A View from a Study of Factors Affecting the Non-Participation in Health Insurance of Informal Sector Workers

- 27) Pierre, G. (2012). Recent labor market performance in Vietnam through a gender lens. *World Bank Policy Research Working Paper*, (6056).
- 28) Schmitt, V., & De, L. (2013). *Social Protection Assessment Based National Dialogue: A Good Practices Guide: Processes and Tools Developed in East and South-East Asia from 2011 to 2013*. ILO.
- 29) Schneider, P. (2004). Why should the poor insure? Theories of decision-making in the context of health insurance. *Health policy and planning*, 19(6), 349-355.
- 30) The Central Committee of the Communist Party of Vietnam (2017). *Resolution No. 20-NQ/TW of the Sixth Conference of the 12th Party Central Committee on strengthening the protection, care and improvement of people's health in the new situation*, issued on October 25 2017.
- 31) Thi Thuy Nga, N., FitzGerald, G., & Dunne, M. (2018). Family-Based Health Insurance for Informal Sector Workers in Vietnam: Why Does Enrolment Remain Low?. *Asia Pacific Journal of Public Health*, 30(8), 699-707.



There is an Open Access article, distributed under the term of the Creative Commons Attribution – Non Commercial 4.0 International (CC BY-NC 4.0) (<https://creativecommons.org/licenses/by-nc/4.0/>), which permits remixing, adapting and building upon the work for non-commercial use, provided the original work is properly cited.