

Public Preferences and Willingness to Pay for Social Health Insurance in Iran: A Discrete Choice Experiment

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Abstract : Background: Current health insurance programs in Iran suffer from low enrolment and are not sufficient to attain the country to universal health coverage (UHC). We hypothesize that improving the enrollment rate and moving towards a more sustainable UHC can be achieved by improving the benefits package and providing new incentives. The objective of this study is to assess public preferences and willingness to pay (WTP) for social health insurance (SHI) in Iran. Methods: A discrete choice experiment (DCE) was conducted in 2021, using a self-administered questionnaire on 500 participants to estimate WTP and determine individual preferences for the SHI in Yazd, Iran. Respondents were presented with an eight-choice set and asked to select their preferred one. In each choice set, scenarios were described by eight attributes with varying levels. The conditional logit regression model was used to analyze the participants' preferences. Willingness to pay for each attribute was also calculated. Results: Most included attributes were significant predictors of the choice of a health insurance package. The maximum coverage of hospitalization costs in the private sector, ancillary services such as glasses, canes, etc., as well as coverage for hospitalization costs in the public sector and drug costs, were the most important determining factors for this choice. Coverage of preventive dental care did not significantly influence respondent choices. Estimating WTP showed that individuals are willing to pay more for higher financial protection, particularly against private sector costs; the WTP to increase the coverage of hospitalization costs in the private sector from 50% to 90% is estimated at 362,068 IR, Rials per month. Conclusion: This study identifies the key factors that the population value with regard to health insurance and the tradeoffs they are willing to make between them. Hospitalization, drugs, and ancillary services were the most important determining factors for their choice. The data suggest that additional resources coming into the Iranian health system might best be prioritized to cover hospitalization and drug costs and those associated with ancillary services.

Keywords : social health insurance, preferences, discrete choice experiment, willingness to pay

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