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Health Insurance Penetration in Informal Sectors

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Abstract

Health insurance penetration in the informal sector remains a significant challenge in Pakistan, with a large proportion of the population in this sector lacking financial protection for health risks. The informal sector, which comprises a substantial part of the workforce, faces several barriers in accessing formal health insurance. These barriers include a lack of awareness, affordability issues, and the absence of appropriate policy frameworks. This article explores the key challenges of health insurance penetration in the informal sector and offers insights into potential solutions. Through a review of literature and empirical data, the article highlights innovative strategies such as micro-insurance and community-based insurance schemes that can potentially improve health insurance access for the informal sector.

Keywords: *Health Insurance, Informal Sector, Pakistan, Micro-insurance*

INTRODUCTION

Health insurance is a critical mechanism for protecting individuals from the high costs of medical care. While formal sector workers in Pakistan enjoy some form of health insurance coverage, a substantial proportion of the workforce, primarily in the informal sector, remains uninsured. The informal sector in Pakistan includes self-employed individuals, daily wage workers, and agricultural laborers, who often have irregular income and limited access to social protection schemes. The lack of health insurance coverage among this group exacerbates health inequalities, making it difficult for low-income populations to afford necessary healthcare services.

This article seeks to investigate the barriers to health insurance penetration in Pakistan's informal sector, evaluate existing models of health insurance that cater to this segment, and suggest policy recommendations to enhance access to health coverage for informal sector workers.

1. Challenges to Health Insurance Access in the Informal Sector

In many countries, including Pakistan, the informal sector comprises a large portion of the workforce, with workers engaged in agriculture, small-scale businesses, daily wage labor, and other non-registered employment. These workers often face significant barriers when it comes to accessing health insurance, which leaves them vulnerable to financial risks associated with health issues. Lack of awareness, affordability challenges, and exclusion from formal insurance schemes are some of the key challenges faced by informal sector workers. Addressing these challenges is essential for improving healthcare access and equity for these workers.

1. Lack of Awareness: Limited Understanding of Insurance Options and Benefits

Understanding Health Insurance

One of the primary barriers to health insurance access in the informal sector is the lack of awareness about insurance options and their benefits. Many informal sector workers are not familiar with how health insurance works, its importance, or the options available to them. This lack of understanding often stems from limited education and insufficient outreach by both public and private insurance providers.

- **Limited Information:** Informal workers typically do not have access to the same level of information as formal sector employees, who may receive health insurance details through their employers. In many cases, insurance providers fail to actively reach out to informal workers, leaving them unaware of available health coverage options.
- **Misconceptions About Insurance:** There are also prevalent misconceptions about health insurance in the informal sector. Many workers believe that insurance is a luxury or an unnecessary expense, particularly when their incomes are irregular or low. Some may also fear that insurance premiums will be too expensive or that the coverage provided will not meet their needs.
- **Lack of Trust:** Informal workers may also be distrustful of insurance companies, particularly if they have had negative experiences or heard stories of fraud or denial of claims. This skepticism can further discourage them from considering health insurance as a viable option.

Solution

To address these awareness issues, targeted educational campaigns are necessary to explain the value of health insurance. Outreach through community centers, local health workers, and mobile clinics can help disseminate information and raise awareness among informal sector workers. Simplifying the information about how insurance works and making it accessible in local languages can also help demystify the process.

2. Affordability Issues: High Premiums and Low Income Make Insurance Unaffordable

Income Constraints

One of the most significant challenges to accessing health insurance in the informal sector is the affordability of premiums. Informal sector workers typically earn irregular or low wages, making it difficult to allocate a portion of their income to health insurance. High premiums and out-of-pocket costs further exacerbate this issue.

- **Irregular Income:** Many informal workers, such as daily wage laborers, earn a variable income that can fluctuate based on factors like seasonal work, availability of employment, and economic conditions. This makes it difficult for them to commit to paying monthly insurance premiums, which are often fixed and regular.
- **High Premiums:** The cost of health insurance premiums can be prohibitively high for informal workers. Since these workers are not part of formal employer-sponsored insurance schemes, they often have to pay higher premiums when purchasing private health insurance. This is because they lack the bargaining power that larger, formal organizations have when negotiating rates.
- **Limited Benefits for High Costs:** In many cases, informal sector workers find that the benefits offered by private health insurance policies are not proportional to the premiums they are required to pay. This lack of value can discourage them from seeking insurance, even if they are aware of its importance.

Solution

To improve affordability, the government could consider introducing subsidized health insurance programs tailored specifically for informal sector workers. These programs could offer lower premiums or sliding scale payments based on income, making insurance more accessible to low-income individuals. Additionally, partnerships with NGOs and community organizations could provide a framework for collective bargaining, where informal workers can pool their resources to access group-based insurance plans.

3. Exclusion from Formal Insurance Schemes

Barriers to Accessing Formal Insurance

In many countries, including Pakistan, informal sector workers are excluded from government-sponsored health insurance programs, which are often designed for formal sector employees. These exclusionary policies limit the access of informal workers to essential health coverage.

- **Eligibility Restrictions:** Government-sponsored health insurance programs often require formal employment or registration with a recognized employer. Since informal workers are not part of the formal economy, they do not qualify for these programs. This leaves a large portion of the population without any health insurance coverage.
- **Geographical Barriers:** Even if government programs are available, they may not reach informal workers in remote or rural areas. These workers often lack access to the government

programs due to logistical challenges, such as long distances to registration offices or a lack of local knowledge about how to apply for insurance.

- **Lack of Documentation:** Many informal workers lack the documentation required to qualify for formal health insurance schemes. For example, workers in the agricultural sector or street vendors may not have proof of employment or income, which can prevent them from applying for health insurance.

Solution

To address exclusion, governments could consider extending health insurance coverage to informal sector workers through universal healthcare programs. These programs should focus on inclusivity and provide easier access to registration and benefits for informal workers. Mobile health insurance schemes or community-based insurance models could also be explored, providing a flexible and accessible way for informal workers to obtain health coverage.

Access to health insurance remains a major challenge for informal sector workers in Pakistan due to a combination of factors, including lack of awareness, affordability issues, and exclusion from formal insurance schemes. Tackling these challenges requires a multi-faceted approach that includes increasing awareness through targeted education campaigns, improving the affordability of insurance with subsidized or income-based premiums, and ensuring that informal workers are included in national health insurance programs. By addressing these barriers, Pakistan can provide better healthcare access to the informal sector, reducing the health disparities between formal and informal workers and improving overall public health.

2. Micro-Insurance Models for the Informal Sector

In countries with large informal sectors, access to healthcare is often limited due to financial constraints, lack of social security systems, and irregular income streams. Micro-health insurance schemes offer a promising solution to address these barriers by providing low-cost, community-driven insurance coverage to low-income populations. These models can play a crucial role in improving access to essential healthcare services for marginalized groups, particularly in developing countries like Pakistan. This section explores micro-insurance models, examines successful examples from countries like India and Kenya, and discusses how such models can be adapted to the Pakistani context.

1. Micro-Health Insurance Schemes: A Low-Cost, Community-Driven Insurance Model

What is Micro-Insurance?

Micro-insurance is a low-cost insurance model designed to offer basic coverage to individuals and families who are excluded from conventional insurance schemes due to their low income. These schemes are typically aimed at people working in the informal sector, including daily wage workers, farmers, and small traders, who lack access to formal health insurance options.

Micro-health insurance provides coverage for essential health services, such as hospitalization, outpatient visits, maternal care, and treatment for chronic illnesses. The premiums are small and affordable, and the coverage is often designed to meet the needs of low-income populations.

Key Features of Micro-Health Insurance Models

- **Affordability:** Micro-insurance premiums are set at low amounts that are accessible to low-income groups. This makes it possible for individuals with irregular income to participate without putting excessive strain on their finances.
- **Community-Based:** Many micro-insurance models are community-driven, with local cooperatives or community organizations helping to manage and administer the insurance. This fosters trust among participants and ensures that the insurance plan meets the specific needs of the community.
- **Risk Pooling:** By pooling small premiums from a large number of participants, micro-insurance schemes can spread financial risk and provide coverage to those who would otherwise not have access to insurance.
- **Simplified Claims Process:** To reduce administrative costs and make the system user-friendly, micro-health insurance models often have simplified claims procedures. This ensures that beneficiaries can access their coverage with minimal bureaucracy.

2. Success Stories from Other Countries

Micro-Insurance in India

India has made significant strides in micro-insurance, particularly in the area of health coverage for low-income and rural populations. Programs like **the Rashtriya Swasthya Bima Yojana (RSBY)**, which is a government-sponsored micro-health insurance scheme, have provided health insurance to millions of low-income families. The RSBY covers hospitalization expenses for poor families, with premium subsidies provided by the government.

The scheme has been successful in increasing healthcare access for underserved populations, reducing out-of-pocket expenditures, and preventing families from falling deeper into poverty due to health costs. The RSBY's approach of partnering with insurance companies and using technology for registration and claims has contributed to its success.

Micro-Insurance in Kenya

Kenya has also seen success with micro-health insurance through programs like **M-TIBA**, a mobile-based health insurance platform aimed at low-income populations. M-TIBA allows individuals to save and pay for healthcare through mobile money, making it easier for those in informal employment to access insurance. By using mobile technology, M-TIBA has improved

accessibility and convenience, ensuring that healthcare payments and reimbursements are made swiftly.

One of the key successes of the M-TIBA model is its ability to reach rural and hard-to-reach populations through mobile phones, which are widely used in Kenya. The program has helped many low-income Kenyans access essential healthcare services without incurring high out-of-pocket costs.

Lessons Learned from These Models

From the Indian and Kenyan examples, several key lessons can be applied to the design of micro-insurance models:

- **Government Involvement:** Government subsidies and regulatory support play a crucial role in making micro-insurance affordable and sustainable.
- **Technology Integration:** Mobile technology can make insurance more accessible, particularly in rural and remote areas.
- **Community Involvement:** Community-based models are more likely to succeed because they foster trust and ensure that the insurance products meet local needs.
- **Flexible Payment Systems:** Offering flexible payment options, such as mobile payments or installment plans, can make micro-insurance more accessible to low-income individuals.

3. Adapting Micro-Insurance to the Pakistani Context

The Need for Micro-Health Insurance in Pakistan

In Pakistan, the informal sector constitutes a significant portion of the workforce, with millions of people working in low-income jobs, including domestic workers, day laborers, and farmers. These individuals often lack access to formal health insurance, which exacerbates their vulnerability to health shocks. Out-of-pocket health expenses are a major financial burden for low-income families, often leading to debt and impoverishment.

There is a growing need for micro-health insurance models that can address the needs of these populations. By adapting successful models from other countries to the local context, Pakistan can improve healthcare access and reduce the financial strain of medical expenses for low-income groups.

Tailoring Micro-Insurance Products to Local Needs and Cultural Preferences

To successfully implement micro-insurance models in Pakistan, it is essential to tailor the products to local needs and cultural preferences. Some considerations for adaptation include:

- **Local Health Needs:** The micro-insurance schemes should cover the most common health issues in Pakistan, such as maternal health, infectious diseases, and chronic conditions like diabetes and hypertension. These conditions are particularly prevalent in low-income communities, and addressing them through insurance can significantly improve health outcomes.
- **Payment Flexibility:** Given the irregular income patterns of informal sector workers, micro-insurance schemes should offer flexible payment options. Mobile payments or small, periodic payments (weekly or monthly) can make it easier for individuals to participate in the program.
- **Community Engagement:** Like the successful models in India and Kenya, community engagement is crucial in Pakistan. Local cooperatives, NGOs, or community health organizations can play an important role in distributing information, managing the insurance plans, and ensuring that the insurance meets local needs.
- **Government Support:** The Pakistani government can play a key role in supporting micro-health insurance by providing subsidies, offering tax incentives for insurance providers, or establishing regulatory frameworks that make it easier for private players to offer affordable insurance products to low-income communities.

Leveraging Technology

Pakistan has widespread mobile phone usage, especially in rural areas, which can be leveraged to enhance access to micro-insurance. A mobile-based platform similar to Kenya's M-TIBA could be introduced, where low-income individuals can sign up for insurance, make payments, and access health services through their mobile phones. This model would reduce barriers to entry and make insurance more accessible.

Partnerships with NGOs and Community-Based Organizations

Partnerships with local NGOs and community-based organizations can help ensure the success of micro-insurance schemes in Pakistan. These organizations are often already involved in healthcare delivery and community outreach, and their involvement can help raise awareness and build trust in insurance programs.

Micro-health insurance offers a promising solution to address the healthcare needs of Pakistan's large informal sector. By providing affordable, low-cost health insurance to low-income individuals, micro-insurance models can help reduce the financial burden of healthcare, improve access to essential services, and protect vulnerable populations from catastrophic health expenses. Success stories from India and Kenya highlight the potential of these models, showing that they can be adapted to local contexts through government support, community involvement, and the use of mobile technology. Tailoring micro-insurance products to the specific needs and preferences of Pakistani communities can play a crucial role in enhancing healthcare access and promoting health equity.

3. Community-Based Health Insurance Models

Community-based health insurance (CBHI) models have become an increasingly popular approach to providing health coverage for underserved populations, especially in rural and low-income areas. These models leverage the power of local communities and collective resources to make health insurance affordable and accessible. In countries like Pakistan, where informal workers make up a significant portion of the population and access to formal health insurance is limited, CBHI can play a crucial role in ensuring that vulnerable groups have access to essential healthcare services. This section explores the role of community groups in health insurance, the potential of public-private partnerships (PPPs), and successful examples of community-based health insurance programs.

1. Role of Community Groups in Health Insurance

Community-Driven Insurance Models

Community groups play a critical role in managing and administering health insurance plans in low-income areas. These groups, which can include local health committees, non-governmental organizations (NGOs), cooperatives, or community-based organizations (CBOs), provide a mechanism for pooling resources and sharing health risks within a defined community.

- **Collective Contributions:** In CBHI models, community members contribute a small, regular premium that is used to cover the healthcare expenses of the group. This collective approach ensures that the financial burden is shared and helps mitigate the high individual costs of medical treatment.
- **Local Management:** The use of local community organizations to manage health insurance plans allows for greater trust and participation among community members. Local organizations are better equipped to understand the specific needs of the community, address challenges, and ensure that the insurance plans are culturally appropriate and accessible.
- **Access to Primary Care:** CBHI programs often focus on providing primary healthcare services, such as preventative care, basic treatments, and maternal and child health services. This focus helps reduce the overall healthcare burden by preventing more serious health conditions from developing.

Examples of Community-Led Insurance Initiatives

- **Pakistan's Rural Health Programs:** In rural areas of Pakistan, local CBOs have taken on the responsibility of providing health insurance to community members. These organizations manage the collection of premiums, the provision of health services, and claims management. By doing so, they ensure that low-income individuals who might otherwise be excluded from formal insurance programs have access to essential healthcare services.

2. Public-Private Partnerships (PPPs)

Collaborating for Affordable Health Insurance

Public-Private Partnerships (PPPs) are collaborative arrangements between government bodies and private insurers aimed at improving the affordability and accessibility of health insurance. By pooling resources and expertise, PPPs help address the financial and administrative challenges associated with offering health insurance to underserved populations, particularly those in the informal sector.

- **Government's Role:** In PPPs, the government typically provides financial support, regulatory oversight, and administrative infrastructure to make health insurance plans accessible to the public. This may include subsidizing premiums for low-income groups, providing tax incentives to private insurers, and establishing public healthcare systems that are integrated with insurance plans.
- **Private Sector's Role:** Private insurers bring in the expertise, innovation, and capital needed to design and deliver effective health insurance products. They may provide expertise in risk management, customer service, and claims processing, while also offering more flexible and innovative insurance options that are tailored to the needs of low-income and rural populations.

Example of Public-Private Health Insurance in Pakistan

One example of a successful PPP in Pakistan is the **Sehat Insaf Card** program, which provides health coverage to low-income individuals, particularly in rural areas. Through a partnership between the government of Pakistan and private insurance companies, the program offers subsidized health insurance to individuals and families who might otherwise be unable to afford healthcare. The Sehat Insaf Card covers a wide range of healthcare services, including hospitalization, surgery, and maternal care.

3. Example: The Community Health Insurance Program in Rural Areas of Sindh and Punjab

Community Health Insurance in Sindh and Punjab

In rural areas of Sindh and Punjab, community-based health insurance programs have been implemented with the support of local NGOs and community groups. These programs aim to provide accessible and affordable healthcare to underserved populations, especially in areas where public healthcare facilities are limited.

- **Premiums and Benefits:** The programs offer low-cost premiums that are affordable for rural households, often as low as a few hundred rupees per month. In exchange, members are provided with access to primary and secondary healthcare services, including hospitalizations, doctor visits, and essential medicines.
- **Local Support and Trust:** The success of these programs relies heavily on local involvement and trust within the community. Community members are more likely to participate in and support insurance programs that are managed by local groups they know and trust. Additionally,

these programs are often designed to be culturally relevant, taking into account local dietary habits, healthcare needs, and preferences.

- **Health Outcomes:** Initial evaluations of these community health insurance programs have shown positive outcomes, including increased access to healthcare, improved health outcomes for participants, and reduced financial barriers to care. However, challenges remain, such as ensuring sustainability and managing risk pooling.

4. Government Policy and Regulation to Enhance Health Insurance Coverage

Government policy and regulation are critical in enhancing the reach and effectiveness of health insurance programs, especially for informal sector workers and low-income populations. Policymakers must address key challenges such as the affordability of premiums, the exclusion of informal sector workers from traditional insurance schemes, and the creation of an inclusive regulatory framework that supports the growth of health insurance markets for underserved populations. This section discusses government policy measures, such as subsidizing premiums for low-income groups, incentivizing private insurers to target the informal sector, and the role of Universal Health Coverage (UHC) in improving insurance penetration.

1. Subsidizing Premiums for Low-Income Groups

Government Subsidies for Health Insurance

Subsidizing premiums for low-income groups is a key strategy to make health insurance affordable for all segments of the population. Governments can play a pivotal role in reducing the financial burden of health insurance by offering subsidies or directly financing health insurance for low-income individuals, particularly those in the informal sector.

- **Targeted Subsidies:** Governments can offer targeted subsidies based on income levels, ensuring that individuals from low-income households can access affordable healthcare coverage. These subsidies could be provided directly to individuals or through community-based health insurance schemes.
- **Cost-Sharing Arrangements:** In PPP models, the government can also partner with private insurers to reduce the cost of premiums for low-income households, with the private insurer covering the rest of the premium. Such arrangements help ensure that people who are unable to afford full premiums still have access to essential health coverage.

Example: The **Sehat Sahulat Program** in Pakistan is one such government initiative, where health insurance premiums are subsidized for low-income families, enabling them to access a wide range of healthcare services.

2. Incentivizing Private Insurers to Target the Informal Sector

Regulatory Measures to Attract Private Insurers

To encourage private insurers to offer affordable plans for the informal sector, governments can create a supportive regulatory environment. This includes providing tax incentives, offering risk-pooling mechanisms, and simplifying administrative processes for private insurers that target low-income and informal sector workers.

- **Tax Breaks and Incentives:** Governments can offer tax deductions or exemptions to private insurers that offer affordable health plans to low-income populations or participate in public-private partnerships that aim to cover informal workers.
- **Simplified Administrative Processes:** Reducing bureaucratic hurdles for private insurers can encourage them to provide health insurance products tailored to the needs of informal sector workers. This could include simplifying registration, claims processes, and reporting requirements.

3. Universal Health Coverage (UHC) and Its Link to the Informal Sector

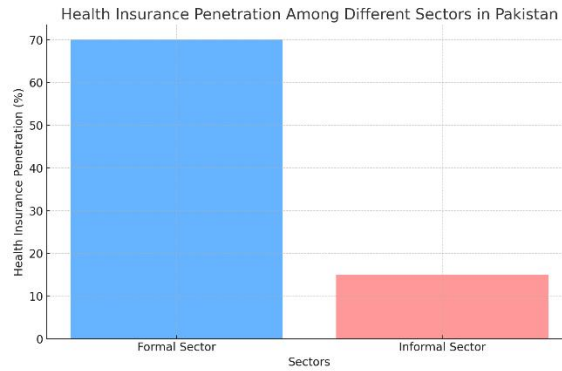
The Role of UHC in Expanding Insurance Coverage

Universal Health Coverage (UHC) is a goal set by the World Health Organization (WHO) that aims to ensure that all individuals have access to necessary health services without suffering financial hardship. In the context of Pakistan, UHC is crucial in extending health insurance coverage to informal sector workers, who are often excluded from traditional insurance schemes.

- **Policy Framework for UHC:** A comprehensive UHC policy that includes coverage for informal workers is key to addressing the health needs of underserved populations. The policy should focus on integrating informal sector workers into the formal health insurance system, either through government-subsidized plans or community-based models.
- **Linking Informal Workers to Insurance:** Governments can implement UHC by linking informal workers to health insurance through innovative models such as micro-insurance, community health insurance, or through subsidies for private insurers that target informal workers.

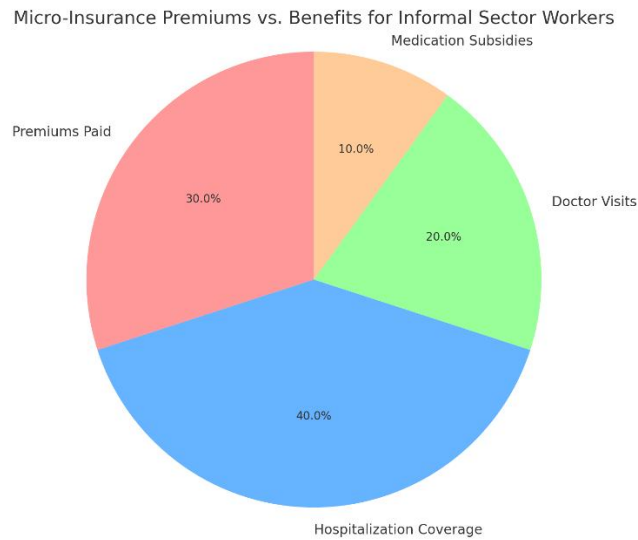
Public-Private Partnerships (PPPs) and community-based health insurance models offer effective strategies for providing healthcare coverage to underserved populations, especially informal sector workers. By involving local communities, providing financial support through subsidies, and incentivizing private insurers to target the informal sector, governments can improve access to healthcare and reduce the financial barriers to treatment. The success of such programs depends on a comprehensive policy framework, including UHC, that ensures affordable health coverage for all citizens, regardless of their employment status or income level.

Graph/Chart Examples



Graph 1: Health Insurance Penetration Among Different Sectors in Pakistan

A bar chart comparing the health insurance penetration rates across formal and informal sectors in Pakistan, highlighting the disparity in coverage rates.



Graph 2: Micro-Insurance Premiums vs. Benefits for Informal Sector Workers

A pie chart illustrating the cost-effectiveness of micro-insurance schemes, comparing the premiums paid by informal workers with the benefits received, such as hospitalization coverage, doctor visits, and medication subsidies.

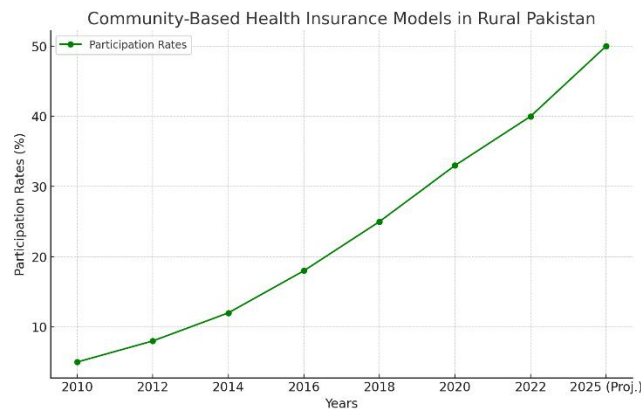


Chart 1: Community-Based Health Insurance Models in Rural Pakistan

A line graph tracking the growth in participation rates in community-based insurance schemes in rural regions over the past decade, with projections for the next 5 years.

Summary

Health insurance penetration in Pakistan's informal sector remains limited, with various economic, social, and policy-related barriers hindering widespread access. The lack of awareness about available insurance options, coupled with affordability concerns, has left a significant portion of the population without financial protection for health-related expenses. However, micro-insurance and community-based health insurance models have emerged as viable alternatives for extending coverage to informal sector workers. Successful examples from other countries and localized models in Pakistan provide valuable lessons for scaling up these efforts.

Policy recommendations include reducing the cost of insurance premiums through subsidies, enhancing public-private partnerships, and using digital platforms for wider distribution. As Pakistan moves toward achieving Universal Health Coverage, addressing the insurance needs of informal sector workers will be crucial in ensuring equitable access to healthcare for all citizens.

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