



Healthcare Professional's Perception on Sehat Card Program in Khyber Pakhtunkhwa, Pakistan

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Abstract

Sehat Card Program (SCP) is popular initiative of Khyber Pakhtunkhwa province to improve the patient care and hospitals. In this study, the author intends to explore the perceptions of healthcare professional toward the SCP. For this purpose, a well-organized self-developed was prepared and tested within the field after validating it from the experts and data has been collected through it. Reliability was tested through Cronbach's Alpha and Exploratory Factor Analysis (EFA) were carried out to extract the important latent constructs of health professionals' reading different domains of SCP. Chi-square test were used to identify association between healthcare professional's demographic characteristics and their intentions toward different domains of SCP. Finally, the logistic regression model was used and the author found that health professionals believe that different domains of SCP play a positive role in improving quality of care, service delivery, health support, administration complexities, and resources utilization. The study found that there is significant association present of quality of care, service delivery, support, administrative complexities and resource utilization with the hospitals providing the facility of SCP. Overall, this study results suggest that SCP play a positive role in both providing quality care to patients and in the improvement of hospital. This study provides important practical implications for the government of Khyber Pakhtunkhwa on enhancing the facility to a large number of hospitals resulting in a positive change in both patient care and hospitals.

Keywords: Sehat Card Program, Quality of Care, Service Delivery, Administrative Complexities, Hospital Improvements

1. Background

The United Nations adopted a set of 17 global goals in 2015 called the Sustainable Development Goals (SDGs) with the aim of promoting sustainable development on a universal scale. One of these goals is to ensure that everyone can get the medical care they need, which is closely related to the concept of universal health coverage (UN, 2015). The SDGs provide a roadmap for countries to achieve Universal Health Coverage (UHC) by setting benchmarks for health outcomes and healthcare access. In addition to campaigning for UHC, the SDGs also tackle social, economic, and environmental challenges that have an effect on people's health, quality of life, and overall happiness. UHC ensures that fairness and efficacy of care at the population and individual levels are a benchmark and expectation for the system as a whole, while still allowing private healthcare providers to play a key role (Zief et al., 2020; Ali et al., 2021).

Both the SDGs and UHC aim to ensure that all people, regardless of income or location, have access to quality healthcare that addresses the full range of factors that influence an individual's health. To prevent people from going into debt to pay for necessary medical care, the SDGs related to health aim to make it universally accessible. The establishment of mandated health insurance for people working in the private sector resulted in a rise in the consumption of healthcare services, notably outpatient visits. Access to healthcare for all must be ensured through a methodical strategy, qualified medical personnel, and persuasive policy advocacy (Hogan et al., 2018; Ashraf & Ali, 2018). The right to adequate medical care is a basic human right because medical care is a necessity for all people everywhere (Lucas, 1988). A nation's progress and its people's happiness correlate with their ability to gain entry to fundamental medical treatment (Aziz et al., 2021). Poverty and inequality continue to be major roadblocks to healthcare access in developing countries, contributing to subpar health outcomes and scarce medical resources.

Rawls (2007) developed a "A Theory of Justice" grounded in principles of fairness and equality and argued that everyone deserves equal rights and opportunities, including the right to excellent health. Rawls' ideas emphasize the importance of fairness and equality in healthcare, while Conrad's (Conrad, 2007) work sheds light on how the medicalization of various aspects of life can shape perceptions of health and influence resource allocation in healthcare. However, Systems theory, as proposed by (Bertalanffy, 1968) views the healthcare system as a complex, interconnected whole. It emphasizes the interdependence of its components, like doctors, hospitals, clinics, patients, and government regulations. This theory helps us understand how changes in one part of the system can affect others and the system as a whole. The study conducted by Jutting (2002) examined the impact of health insurance on individuals' access to medical services and financial security in isolated areas of Senegal. The investigation utilized binary probit and logit/log linear models to analyze the data, revealing the difficulties faced by rural inhabitants as a result of financial limitations and inadequate coverage. The research recommended expanding and connecting community financing schemes as a potential solution. Gerdtham and Löthgren (2001) examined the cost efficiency of healthcare systems in OECD countries over 14 years, finding a positive correlation between public healthcare expenditure as a percentage of GDP and cost effectiveness. Afriyie et al., (2022) reviewed health insurance plans in Low and Middle Income Countries (LMICs), discovering low enrollment rates among vulnerable populations, suggesting the need for improved inclusivity to achieve UHC goals. Akazili et al. (2014) studied National Health Insurance Scheme (NHIS) coverage among low-income mothers in rural Ghana, finding significant disparities in insurance enrollment based on socioeconomic status, education, marital status, and religion. Only 33.9% of the poorest women had insurance, compared to 58.3% of the wealthiest. Moreover, while 60% were registered, only 40% had valid insurance cards, leaving over 20% without coverage. Income taxes and payments to the National Health Insurance Fund (NHIF) are progressive, whereas out-of-pocket spending and contributions to the Community Health Fund (CHF) are regressive on healthcare finance and equity in Tanzania (Mtei et al., 2012). The poorest did not get their fair share of healthcare benefits.

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The Sehat Card Program, officially known as the Sehat Sahulat Program, is a government-funded healthcare initiative in Khyber Pakhtunkhwa (KP), Pakistan. The program aims to provide health insurance and financial protection to low-income families by granting them access to free medical treatment at both public and private hospitals. The World Bank estimates that only 1% of Pakistanis have medical coverage. Khyber Pakhtunkhwa's SCP is micro health insurance scheme is a step toward the province's goal of UHC. By reducing the burden of healthcare costs on low-income families in KP, the SCP initiative hopes to enhance the health of its participants and ultimately reduce poverty in the province. At most, each family can receive up to 1 million rupees annually in free services, costing the government roughly 18 billion rupees annually. In order to provide free medical services to all residents of KP, the government of KP spends 25 billion each year on the SCP. The primary objective of the SCP is to address the issue of poverty in the region of KP by reducing the financial burden of healthcare bills and enhancing the overall health conditions of the specific demographic through the provision of improved availability of exceptional healthcare services. Since the government is investing so much money into the healthcare system, a study is warranted to determine whether or not the program is meeting its primary aim.

1.1. Research Objectives

- Health professionals recognize the effects of the SCP domains quality of care, service delivery, support, administration complexities, and resource utilization.
- Quality of care, service delivery, support, administration complexities, and resource utilization of the SCP depends on the demographic characteristics of health professionals.

1.2. Hypotheses

- There are positive effects of the SCP domains such as quality of care, service delivery, support, administration complexities, and resource utilization.
- There is a significant impact of demographic characteristics of health professionals on the SCP domains.

2. Research Methodology

Primary data has been collected from the health professionals working in hospitals in Khyber Pakhtunkhwa through self-designed questionnaire. The validity has been checked through expert opinion before data collection. Data was collected from the health professionals of both types of hospitals which providing or not providing the facility of SCP. The health professionals include physicians, surgeon nurses, administrators, and others from both government and private sector hospitals. The data were collected with a sample of size 412 which provides a margin of error of $\pm 5\%$ with 95% power and a small effect size of 0.20 by G*power Cohen, J. (1988). The collected data which comprises different aspects of quality of care, service delivery, support, administration complexities, and resources utilization of the SCP in views of health professionals were analyzed through SPSS software.

In this article, both types of statistical approaches parametric and non-parametric were used to analyze the collected data. To achieve the objectives of the study at the very first we accompanied a reliability analysis of overall health professional's data and section-wise through Cronbach's Alpha (Cronbach, 1951). After assessing the reliability, we used exploratory factor analysis (EFA) on data to form the most potential latent constructs. Therefore, after extracting the most important factors, items observed from 1 to 5 Likert scale were converted to continuous variables. As rich literature is available on it that items observed from 1 to 5 Likert scale can be transformed into continuous variables by many transformation approaches (Awang et al. 2016) and (Maydeu-Olivares, 2005). Furthermore, the nonparametric Chi-Square test (McHugh, 2013), was used to determine the demographic variables of health professionals related to the different aspects of quality of care, service delivery, support, administration complexities, and resources utilization of the SCP. Finally, a logistic regression model (Jutting, 2002) was used to investigate the impact of quality of care, service delivery, support, administration complexities, and resource utilization of the SCP.

3. Health Professionals' views about the Effects of SCP

3.1. Reliability analysis

Table 1 presents the results of Cronbach's Alpha along with average square loadings for the health professional's data regarding the Effects of SCP domains. The overall reliability for the data set is noted as 0.875 and section-wise it is noted for quality of care 0.920, service delivery 0.973, support 0.994, administration complexities 0.956, and resources utilization 0.939. The average square loadings (ASL) for all five domains of the SCP noted more than 0.500 for quality of care 0.597, service delivery 0.633, health support 0.784, administration complexities 0.814, and resources utilization 0.654.

Table 1: Reliability analysis results for the health professional's data regarding SCP

Data	Cronbach's Alpha	No. of items	Average Square Loadings
Overall	0.875	45	-
Quality of care (QC)	0.920	7	0.597
Service delivery (SD)	0.973	8	0.633
Health Support (HS)	0.994	8	0.784
Administration Complexities (AC)	0.956	9	0.814
Resources Utilization (AU)	0.939	7	0.654

Table 2 provides the items loaded in five factors, which explains 80.7% cumulative variance. The exploratory factor analysis shows the excellent performance of the model with five factors quality of care explained 20.7%, service delivery 19.9%, health support 17.8%, administration complexities 13.0%, and resources utilization 9.3% variance. Further quality of care and resources utilization

in each domain loaded with 7 items and ASL 0.597 and 0.654 respectively, service delivery and support with 8 items and ASL 0.633 and 0.784, and administration complexities with 9 items and ASL 0.814.

Table 2: Exploratory factor analysis results for health professional's data about SCP domains

Item (Measurement: Likert 1–5)	SD	HS	AC	AU	QC
Sehat Card program (SCP) encourages healthcare providers to focus on preventive measures and early intervention, which can lead to better health outcomes.					0.525
SCP ensures that all citizens have equal access to high-quality healthcare services.					0.532
Access to preventive care is more readily available under a SCP system, leading to better health outcomes.					0.536
Has the implementation of SCP in your region led to increased patient satisfaction with the quality of healthcare services					0.602
In your view, does SCP promote a culture of continuous improvement in healthcare services and outcomes					0.590
SCP may lead to greater accountability and transparency in healthcare delivery, contributing to better care quality.					0.628
Do you believe that SCP has encouraged healthcare providers to adopt best practices and standards, leading to improved care quality?					0.638
Over the past years hospital service improved for assessing current patient needs and expectations.	0.634				
Over the past years, the hospital has shown steady, measurable improvements in the quality of services provided by clinical support departments such as laboratory, pharmacy, and radiology.	0.651				
Over the past years, the hospital has shown steady, measurable improvements in gaining trust of patients.	0.578				
Over the past years hospital does a good job of assessing future patient needs and expectations.	0.609				
Over the past years hospital provide equal treatment to both SCP and non-SCP patient	0.651				
Over the past years healthcare providers adopted efficient processes and practices, which can improve service delivery.	0.635				
Over the past years does SCP promote a culture of continuous improvement in healthcare service delivery	0.653				
Has the implementation of SCP in the province led to increased patient satisfaction with the delivery of healthcare services?	0.653				
The hospital has effective policies to support improving the quality of care and services.			0.795		
The hospital regularly checks equipment and supplies to make sure they meet quality requirements.			0.795		
The services that the hospital provides are thoroughly tested for quality before they are implemented.			0.739		
The hospital views quality assurance as a continuing search for ways to improve.			0.794		
SCP ensures that individuals receive the necessary support for their healthcare needs.			0.785		
SCP can alleviate financial burdens on individuals and families, providing essential financial support during medical emergencies.			0.794		
SCP promotes a patient-centered approach, which includes emotional and psychological support in addition to medical care.			0.785		
SCP can help reduce the financial stress associated with healthcare expenses, thereby enhancing overall support for individuals and families.			0.785		
In the past years enough, arrangements are made to overcome administration complexities of SCP.				0.800	
The hospital does a good job of assessing current patient needs and expectations.				0.829	
In the hospital administration sufficient people are available with the right skills.				0.715	

The hospital administration promptly resolve doctors as well as patient complaints regarding SCP.	0.877
The hospital does a good job of assessing future patient needs and expectations.	0.800
SCP can streamline financial management and reduce billing complexities for healthcare providers.	0.829
SCP promotes standardized administrative procedures, which can reduce errors and inefficiencies.	0.715
SCP can help reduce administrative costs, ensuring that resources are used more effectively.	0.877
SCP encourages healthcare providers to adopt standardized practices, simplifying the administrative processes.	0.877
Patients' complaints are studied to identify patterns and learn to prevent the same problems from recurring.	0.619
SCP helps allocate healthcare resources more efficiently, ensuring that they are used where they are needed most.	0.713
In your opinion, has SCP led to a reduction in wastage of healthcare resources in the hospital?	0.566
SCP can lead to better staff utilization and optimized workforce management.	0.713
SCP ensures that healthcare resources are distributed fairly among different regions and populations.	0.713
Has SCP resulted in the development of new healthcare facilities or the upgrading of existing ones, leading to better resource utilization?	0.542
SCP can facilitate better resource forecasting. In your view, has this led to more efficient use of resources?	0.713

Quality of care (QC), service delivery (SD), health support (S), administration complexities (AC), and resources utilization (AU)

The data collected from 412 health professionals regarding their perception of the Sehat card program in KP consists of 43% male and 57% female from different age groups and occupational categories. 10.2% of health professionals are from the age group 18-30 years, 53.4% from 31-45, 29.1% from 46-56, and 7.3% are above 57 years old. 20.4% of the health professionals are physicians, 23.3% are surgeons, 30.6% are from administration, 15.3% are nurses, and 10.4% from other allied staff. The health professionals have different years of experience with 16.3% having less than 5 years of experience, 58% having 5-10 years and 25.7% having more than 10 years of experience. Further 60.7% of health professionals are working at government hospitals and 39.3% are working at private hospitals. While 66.5% of health professionals are working in hospitals where the Sehat card program facility is available and 33.5% of the health professionals are working in hospitals where the facility is not available.

Table 3: Differences in the Latent constrains for the domains of SCP based on health professional's demographic characteristics

Latent constrains	Gender	Hospital Type	SCP Facility	Occupational Category	Experience
QC	$\chi^2 = 32.763$ P=0.109	$\chi^2 = 13.774$ P=0.952	$\chi^2 = 56.800$ P=0.000	$\chi^2 = 76.877$ P=0.924	$\chi^2 = 54.466$ P=0.242
SD	$\chi^2 = 30.311$ P=0.256	$\chi^2 = 16.983$ P=0.910	$\chi^2 = 109.531$ P=0.000	$\chi^2 = 94.414$ P=0.739	$\chi^2 = 46.906$ P=0.674
HS	$\chi^2 = 18.138$ P=0.513	$\chi^2 = 13.751$ P=0.798	$\chi^2 = 62.321$ P=0.000	$\chi^2 = 69.127$ P=0.699	$\chi^2 = 51.437$ P=0.072
AC	$\chi^2 = 13.281$ P=0.824	$\chi^2 = 11.234$ P=0.916	$\chi^2 = 58.560$ P=0.000	$\chi^2 = 78.398$ P=0.403	$\chi^2 = 32.128$ P=0.737
AU	$\chi^2 = 25.621$ P=0.219	$\chi^2 = 26.520$ P=0.277	$\chi^2 = 40.537$ P=0.013	$\chi^2 = 71.609$ P=0.943	$\chi^2 = 50.723$ P=0.293

Particularly the vital role played by the demographic characteristics of health professionals in the SCP. The differences in the five domains of SCP were measured through demographic characteristics of health professionals using the Chi-square test. Table 3 shows no significant difference in the Latent constraints for the domains of SCP based on health professionals' gender, hospital type, occupational category, and experience. A statistically highly significant difference was noted in the Latent constraints for the domains of SCP based on the SCP facility. This shows that in a hospital where the SCP facility is available significant differences are present in quality of care, service delivery, support, administration complexities, and resource utilization compared to hospitals where the SCP facility is not available.

Next table 4, and 5 shows the impact of quality of care, service delivery, support, administration complexities, and resource utilization of the SCP. Table 5 presents the estimated logistic model summary and the correctness of the model prediction. It has

been found that the overall model is correctly 89.1% while those hospitals having the facility of SCP are correctly predicted by 93.4% and those hospitals that don't have the facility of SCP are correctly predicted by 80.4%. Based on the explained variation it has been recorded 44.5% and 61.7% variations have been explained by the selected latent constraints of the five domains of SCP. Based on the Omnibus test the estimated model coefficients and add ratios the overall model was noted as statistically significant with Chi-square value = 242.486 and P = 0.000.

Table 4: Model Summary and correctness

		Cox & Snell R Square	Nagelkerke R Square	
-2 Log likelihood		.445	.617	
282.921 ^a				
Observed		Predicted		Percentage Correct
		SC Program		
		No	Yes	
SC Program	No	111	27	80.4
	Yes	18	256	93.4
Overall Percentage				89.1

*Omnibus test = Step, Block and Model Chi-square = 242.486, P = 0.00

Table 5 presents the statistical significance for each of the independent variables of the estimated model using the Wald test and P-values. From the results significant impact of all independent variables was found. From the odd ratio, it was found that in the hospitals where SCP facility is available quality of care is 1.159 times higher compared to those hospitals with no facility of SCP. Similarly, service delivery, support, and administrative complexity are found 1.221, 1.174, 1.210, and 1.144 higher compared to those hospitals with no facility of SCP. Additionally, all the estimated coefficients were found positive showing a positive role of SCP facilities.

Table 5: Impact of five domains of the Sehat Card Program

	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
QC	.147	.033	20.312	1	.000	1.159	1.087	1.236
SD	.200	.026	57.036	1	.000	1.221	1.159	1.286
HS	.160	.022	53.289	1	.000	1.174	1.124	1.225
AC	.191	.027	49.344	1	.000	1.210	1.148	1.277
RU	.134	.031	18.977	1	.000	1.144	1.077	1.215
Constant	-24.148	2.549	89.735	1	.000	.000		

4. Discussion

In this study, the authors found that, overall, SCP resulted in positive effects increased quality of care, service delivery and support. In addition to this, the SCP also increased the administrative complexities and resource utilization within the hospitals. QC has positive relationship with SCP and study is consistent with (Ali & Sentruk, 2019; Yanful, 2023) with respect to UHC that can lead to improvements in the quality of care provided by hospitals, as more people gain access to essential health services. UHC has been shown to have a positive impact on HS outcomes, including life expectancy (Brown, 2020). Reason being, under UHC, people have no concerns about how they'll pay for medical care, which means they can get better treatment sooner and deal with chronic ailments better. The results shows that AC influence the SCP and consistent with Mtei et al. (2012) Chemouni (2018) because UHC lead to AC. RU has significant effort on SCP because UHC can increase demand for health services, including hospital services, as more people gain access to care without financial hardship. This increased demand can put pressure on hospital staffing and resources, particularly in areas where there are already shortages of health workers and infrastructure. Our results show significant association of quality of care, service delivery, support, administrative complexities and resource utilization with the hospitals providing the facility of SCP. Furthermore, no significant association found of the five domains of SCP with gender of health professionals, hospital type, occupational category and with health professionals experience.

4.1. Limitation

This research study is not without limitations there are some limitations. First, the sample collected from health professionals was small in size, and less number of hospitals included was due to a limited number of hospitals currently offering the services of the SCP in remote districts of KP. In addition to this a convincing sampling approach is used, health professionals who notice the positive aspects of the SCP are more likely to participate. Another significant limitation is the only five domains of the questionnaire mostly the positive sides of the SCP in our perception the results are biased in the way that. Developing a questionnaire rich with domains and with both positive and negative sides of the SCP can limit bias and provide equal weight to both positive and negative sides. Future research is required that may address different aspects and further investigation of influential determinants for the improvement of SCP.

5. Conclusion

According to our study's conclusion, the health care providers in Khyber Pakhtunkhwa province agree that the SCP has a beneficial impact on care quality, service delivery, support, administrative complexity, and resource utilization. The results also found there is

no difference in the quality of care, service delivery, support, administration complexities, and resource utilization based on the gender of health professionals, hospital type, and occupational category and with health professional's experience. In addition to this, study shows that a significant association present of the SCP with quality of care, service delivery, health support, administration complexities, and resource utilization.

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Appendix A: Demographics of Participants

Gender	Count	Percent
Male	177	43.0
Female	235	57.0
Total	412	100.0
Age group	Count	Percent
18- 30	42	10.2
31-45	220	53.4
46-56	120	29.1
57 and above	30	7.3
Total	412	100.0
Working at	Count	Percent
Govt. Hospital	250	60.7
Private Hospital	162	39.3
Total	412	100.0
SC Program	Count	Percent
Yes	274	66.5
No	138	33.5
Total	412	100.0
Occupational Category	Count	Percent
Physician	84	20.4
Surgeon	96	23.3
Admin	126	30.6
Nurses	63	15.3
Others	43	10.4
Total	412	100.0
Years of Experience	Count	Percent
Less than 5	67	16.3
5-10 years	239	58.0
More than 10 years	106	25.7
Total	412	100.0
