



## GOOD GOVERNANCE IN THE HEALTH SYSTEM: A QUALITATIVE STUDY

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### ABSTRACT

Good governance, a key concept of public management, integrates and coordinates governmental and managerial sets and all relevant stakeholders so that it can provide reforms to improve the living conditions of all citizens. This concept has been raised frequently in modern public management, but it has been neglected in the health system. This study aimed to explain good governance in Iran's health system. This qualitative study used inductive content analysis. Participants were 10 experts in the field of health. The study method was purposive. Semi-structured interviews were conducted to collect qualitative data. The findings were analyzed using MAXQDA®11 software. This research, 10 components (dimensions) and 55 sub-components (factors) of good governance in the health system were explained. The dimensions were: participation, rule of law, transparency, accountability, equity, efficiency and effectiveness, responsiveness, consensus orientation, health orientation, and decentralization. Iran's health system has undergone profound changes over the past decades, but it is faced with many challenges regarding good health governance. The lack of decentralization and consensus between intrasectoral and intersectoral institutions, lack of stakeholder participation in policy and decision making, lack of transparency and responsiveness, lack of equality of stakeholders against the law, and treatment-orientation instead of health-orientation have been the most important challenges. Despite the 2014 Iran's promotion of health system, there is still a long way before the components of good health governance are realized.

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## 1. INTRODUCTION

Today, the issue of development is of interest to many countries. In plain language, development is just about making the living conditions of the people satisfiable [1]. As has been pointed out by some writers and in the United Nations Development Program

document, the issue of good governance is aimed at achieving sustainable human development, which addresses poverty reduction, job creation and sustainable welfare, environmental regeneration, and the growth and development of women. In fact, it is assumed that all these things will be achieved through good governance [2].

Good governance is defined as a system of values, policies, and institutions through which the community manages its economy, politics and social issues through governmental, private, and civil sectors [3]. Health governance and the welfare of the community are of the most important components of good governance, which is considered in a value framework that includes health as a human right, a universal public commodity, and one of the main dimensions of social welfare and justice [4]. However, many health systems in the world are still badly managed, and many countries in the world are still facing a lot of problems in decision making for their health system.

The governance of the health system is committed to protecting and promoting human health. In this sense, governance includes: (1) determining the strategic direction and goals, (2) making policies, rules, regulations, or decisions and providing and establishing resources for strategic goals, (3) monitoring and ensuring the realization of strategic goals (3).

Good health governance involves interaction among the three groups of actors:

- a) Citizens/Service users (individuals and communities)
- b) Service providers (private and public facilities, educational institutions, pharmaceutical companies, and insurance companies)
- c) Government actors (authorities, policymakers, managers and staff of the relevant ministry and other pertinent government sectors)

Perspectives and approaches toward paying attention to the governance of the health system, strengthening it, and the need for cooperation between the health and other sectors (private, governmental, and citizens) are changing [5-8].

Health governance requires a set of interactive and synergistic policies, most of which are addressed in sectors other than the health sector and outside the government, and they need to be supported by structures and mechanisms that facilitate collaboration. With these policies, the participation of the people is one of the most important factors [1,2]. The main stakeholders of the community, including businesses, employees, universities, media, and civil society, have a significant impact on health, and strengthening the energy of these sectors and coordinating their activities are essential for the health of the community [6].

It has been accepted that good health governance requires accountability and responsiveness, the existence of clear and transparent processes in the health sector policies, citizen participation, and the government's operational capacity to design, manage, and regulate policies and provide services [7]. In general, strengthening the governance of a health system has not been highly considered. As a result, only a few examples of governments' contributions to the promotion of health are available for decision-makers and international advisory agencies [8]. Until today, most health topics have started with the health approach, while most of the significant variables are in fields other than health [9].

The main responsibility for public health belongs to the government and is applied

through various ministries and departments, such as the Ministries of Health, roads and urban development, transportation, energy, and the like. Thus, effective governance in the field of community health requires the consideration of health in all policies. The government must consider the health and well-being of the community in all its policies and measures [10, 11]. This approach is based on the fact that the health sector is concerned with several factors such as education, income, and individual living conditions that are beyond the direct control of the health sector. Other sectors can also affect the health of individuals and the formation of different related patterns [12]

The realization of good health governance requires top-down control, which itself requires an adequate institutional capacity. Political will is taken into account because it will realize the issue of decentralization as one of the main foundations of good health governance [13].

Studies have shown that it is necessary to have more focus on civil society than on the managers and employees of the public sector[14-21] The financial and technical assistance along with a decentralization program in Rwanda provided by the United States Agency for International Development is a significant case of health governance reform Dussault et al 2008. The main dimensions of the program included a decentralization policy, planning, management and district-level planning, budgeting, and management which can have significant political implications for other countries as well [13].

Institutions such as the Mo Ibrahim Foundation, the World Bank Institute, the Overseas Development Institute and the United Nations, which have developed good governance factors [22], have also listed tools for assessing good governance (Table 1).

**Table 1.** Dimensions of governance according to various institutions (after Baez-Camargo and Jacobs (2011))

World Bank Institute (Worldwide Governance Indicators, WGIs)	Voice and Accountability	Regulatory Quality
	Political Stability and Absence of Violence	Rule of Law
	Government Effectiveness	Control of Corruption
United Nations	Participation	Equity
	Rule of Law	Effectiveness and Efficiency
	Transparency	Accountability
	Responsiveness	Strategic Vision
	Consensus Orientation	
Overseas Development Institute/World Governance Assessment	Participation	Accountability
	Fairness	Transparency
	Decency	Efficiency
Mo Ibrahim Foundation/Ibrahim Index of African Governance	Safety and Rule of Law	Sustainable Economic Opportunity
	Participation and Human Rights	Human Development

For example, with the global governance indicators published annually, the World Bank gives points to countries based on six dimensions (control of corruption; rule of law; government effectiveness; regulatory quality, voice, and accountability; political stability;

and the absence of violence) and collects them in an index [23].

The Economic and Social Commission for Asia and the Pacific (ESCAP) and the United Nations Development Program (UNDP) [24] provided the key principles of good governance consisting of eight main components: participation, rule of law, transparency, accountability, equity, efficiency and effectiveness, responsiveness, and consensus orientation in the context of good public governance [25].

The complexity of the health system and the effect of appropriate governance and policy making in promoting health and reducing healthcare costs has brought increasing focus to the concept of good governance in the health system on an international level, but conceptualizing it is still in its primary stages and needs to be investigated [10] Therefore, the current study aimed to explain good governance in Iran's health system.

## 2. METHODS

This qualitative study was done using the inductive content analysis method. Participants in the research were experts in the field of health policy making. The sampling method was completely purposive and non-random. According to Teddli and Tashakhori (2010) [26], cases are chosen non-randomly and completely purposively with this sampling method. The criteria for experts to enter the study included having at least a doctoral degree in health sciences or health management, a minimum of ten years of work experience in the Ministry of Health and Medical Education, and administrative experience in areas related to the health system. All interviews were conducted in previously arranged appointments and at the workplace of the participants. All moral conditions such as voluntary participation, voluntary withdrawal at any stage of the study, confidentiality, the principle of the protection of findings, and the taping of conversations were observed.

This study asked two fundamental questions about good health governance.

- 1) What are good governance factors in the health system?
- 2) What are the most important problems of health systems?

Interviews were conducted between late November and late January. The average interview time was 64 minutes. The recorded interviews were transcribed, and codes were extracted. A copy of the extracted code was sent to the interviewees and confirmed by them. Data from the interviews was analyzed using the directed content analysis method. For data saturation, the data was read several times. The initial identification codes and similar initial codes were placed in identical categories and the initial categories were formed. These categories merged with each other and formed the components. To ensure the accuracy of the collected data, two other researchers (in addition to the main researchers) participated in data analysis.

The researchers read the manuscripts to validate the coding and categories. Referring to the participants, ensuring maximum variety in sampling, and long visits were used to increase the validity. From the initial interviews, codes and subcategories were formed, and then data cuts continued through the analysis units (codes) until the components were

identified. The interviews continued until data saturation was reached and, finally, qualitative content analysis was performed using the MAXQDA11 software. In this study, obtaining informed consent, maintaining identity information and trusteeship in the implementation of the contents of the interviews were considered as ethical considerations.

### 3. RESULT

Ten experts have participated in this study (Table 1). To determine the good governance factors in the health system, 175 initial codes were extracted. After several reviews, the codes were merged based on similarities in several stages, and ten main components and sub-components (factors) were finally extracted (Table 2).

**Table 1:** (Participant Information)

Gender	8 men - 2 women
Average Age	49.4
Work experience	Average 20.8 years
Duration of the interview	45 to 80 minutes (average 64 minutes)
Type of job responsibility	- Six experts from the Ministry of Health - two members of Parliament - one Senior Manager of Health Insurance - one Senior Manager of the Social Security Organization

#### 3.1 COMPONENTS OF GOOD GOVERNANCE IN THE HEALTH SYSTEM

##### **Participation:**

One of the dimensions of good governance in the health system is participation. Participants in this section emphasized the Ministry of Health's involvement in attracting stakeholder participation for policymaking, decision making, and provision of services. For example, one participant said: "The existence of motivational guidelines and mechanisms for the participation of an internal stakeholder of the health system in the formulation and implementation of health policies can lead to the development of programs and policies of the Ministry of Health." Another participant stated: "The policies and decisions of the Ministry of Health are made by doctors in policymaking and decision-making councils. It is clear that they only decide in favor of themselves. Where are the representatives of the people and NGO groups who are the main stakeholders?"

##### **Transparency:**

Participants emphasized the existence of a continuous electronic health system. For example, one participant said: "Access to health information can lead to discovering abuses of service providers and the unpredictable side effects of healthcare. The informed choice of health is the absolute right of the people and their representatives."

##### **Rule of Law:**

The rule of law is considered one of the main components of good governance in the health system. Participants emphasized the impartiality and non-discrimination of health legislators regarding stakeholder groups. One participant said in this regard: "Health sector policymakers should be neutral regarding stakeholder groups. It is unacceptable for authorities in the health system to be shareholders, legislators, and policymakers at the same time."

**Table 2: Dimensions of Good Governance Factors in the Health System from the Experts' Perspective**

No	Factors (categories)	Sub-factors (sub-categories)
1	Consensus orientation	Encouragement and ranking of other health-oriented government sectors by the Ministry of Health
		Attracting participation of other government sectors to policy making of the health system
		Determining the role of different departments of the government towards improvement of health in the society by the ministry of health.
2	Participation	Attracting participation of people, offices, and institutions to providing health services for provinces
		Attracting participation of stakeholders in the health sector to policy making and decision making of the Ministry of Health
		Convincing other departments of the government to participate in policy making by the ministry of health.
		Outsourcing public services provided by the departments of the ministry of health to the private sector.
		Combining public and private sectors services in health field.
		Assigning state subsidy to suppliers of health and medical services in private sector.
		Creating incentivizing platforms for participation of stakeholders of health sectors in provision of health and treatment services.
		Convincing stakeholders of health sector to participate in decision making by the ministry of health services.
		Informing the stakeholders of health sector about advances in the projects of the ministry of health.
3	Transparency	Establishing a compliant system to report errors by the providers or health and medical services to the ministry of health
		Providing access for the public to audit reports of health and medical centers published by the ministry of health
		Providing access for the public to accreditation indices of public and private-run health and medical centers
4	Equity	Paying governmental subsidies as healthcare to low income groups
		Equal access to health services for all groups of the community
		Assigning health and treatment resources based on the needs of different health region of the country.
		Commitment of the ministry of health to promote justice in prevention and treatment fields.
		Avoiding discrimination in preparing the ground for participation of different groups of stakeholders in codification of laws and regulations in health sector.
		Extending support of the ministry of health to stakeholders of health sector by the ministry of health.
		Fair distribution of human forces in the country.
		Increasing the share of government in medical services costs.
Providing social services to the elderly.		
5	Rule of law	The equity of all beneficiary groups in the laws of the Ministry of Health
		Compliance of the Ministry of Health with the enforcement of laws
6	Quality and effectiveness	Establishing quality improvement committees in the health care system
		Monitoring the provision of standard services at different levels of treatment
		Monitoring quality of health, medical, and social services by the ministry of health.
		Monitoring budget spending in health sector.
		Improvement of the referral system at different levels of health and medical cares.
		Development and improvement of health information technology system.
		Employing family physicians at the first line of cares to the society.
		Assigning a chair to a representative of public interests in clinical governance committees.
		Public release of financial reports of the ministry of health.
Establishment and development of creativity and innovation units at different areas of health services.		
Using sustainable sources for financing health system		
7	Responsiveness	Establishing a clinical governance system for the providers of health services
		Monitoring the observance of patients' rights in the provision of health services
		Emphasizing on the commitment of the ministry of health to fight corruption in health system
8	Accountability	Ministry of Health commitment on assessing and evaluating the health status of the community
		Monitoring the observance of patients' rights in the provision of health services
		Emphasizing on the commitment of the ministry of health to fight corruption in health system
		Ministry of health commitment on health to development of policy making and decision making centers.
9	Health orientation	Supervising provision of standard health and medical services to the society.
		Increasing the health system budget at the levels of prevention and promotion services
		Improvement of health system budget at service levels
10	Decentralization	Providing high quality prevention and promotion services for different classes of community
		Integration of private and public sectors of health system
		Delegation of responsibilities and authorities of the Ministry of Health to local units while maintaining regulatory controls
		Delegation of responsibilities and authorities of the Ministry of Health to local units while maintaining regulatory controls

### **Consensus orientation:**

Providing the basis for the emergence of different views in various political, social, and economic contexts is one of the principles of good governance. One participant stated: "If all government agencies do not work together, the health problems of the country will not be resolved. The factor of many non-communicable diseases that are currently on the rise and cost a lot for health systems, such as cancer, should be sought outside the health sector. Air pollution, food contaminated with chemicals, and the like are the result of a lack of cooperation between different government sectors in matters relating to the health of the people."

### **Accountability:**

Participants emphasized the Ministry of Health's supervision and commitment to providing quality service, the rule of law, promoting health in the community, implementing international policies, preventing corruption, and realizing fairness in providing prevention and treatment for the community.

### **One participant stated:**

"The Ministry of Health is responsible for the health and well-being of the community and should identify all those involved in community health services, develop intersectoral collaboration, and monitor citizens and all actors in the health sector in the process of formulating and implementing health policies."

### **Efficiency and effectiveness:**

Considering the importance of this component in good health governance, participants emphasized that the Ministry of Health should promote health information technology and health knowledge, establish quality improvement committees in service provision systems, strengthen the referral and family physician system, and establish a commission for quality and the innovation of services.

### **One participant believed:**

"Poor quality of programs of the health system has no results apart from the waste of limited resources. The Ministry of Health should consider the accreditation of outpatient units providing health services, the assessment of the ethical health of doctors, and innovation at all levels of service provision."

### **Responsiveness:**

From other dimensions, good governance of the health system is being responsive to the expectations of people in non-clinical dimensions. In this regard, participants emphasized the role of the Ministry of Health in publishing health care problems, reporting financial accounts, and reporting the progress of programs to various groups in the community. Moreover, the Ministry should be responsible for monitoring the observance of patients' rights, the presence of people's representatives in the committee for improving the quality of hospitals, establishing an ethical health assessment system for the staff of the health system, and providing clinical care guidelines in service provision systems.

**One participant stated:**

"The system of clinical governance in service provision systems should be strengthened. The monitoring of patient rights should be placed on the agenda of the Ministry of Health as a priority. The government health sector must be responsive to the people for all its actions."

**Equity:**

The view of the majority of participants was that various inequalities at the levels of service providers, citizens, stakeholders, etc. have reduced the quality of services and increased health costs.

**One participant stated:**

"In all countries that have ideal healthcare systems, their Ministries of Health have been trying to provide high quality and free services to the vulnerable and deprived people of the community. This is in the interest of the rich people, because health has no borders."

**Health orientation:**

All participants agreed that primary healthcare has taken a pivotal step in the development of the health of the world's people. One participant stated: "Our experience as well as that of many other countries over the past decades have shown that the actions of governments in expanding health and changing people's lifestyle, preventing disease, and making hospitals health-oriented are considered investments in the health sector, and its utility will be evident in all parts of the country. We have been very successful at the initial level of primary healthcare. We have reduced infectious diseases by the right strategies, made people participate in our health process, and controlled well the population's health education. Now, in face of the challenge of population decline, despite all the approaches that we have proposed, people don't want children anymore."

**Decentralization:**

Decentralization is recognized as an integral part of widespread reform to promote equity, efficiency, quality, and economic justification. In this regard, one participant stated: "The experience of delegating authority of health organizations to provinces and regions while keeping managerial control at the Ministry of Health in many developed countries and the high ranking they have received in dimensions of health governance have shown that decentralization has acted successfully."

## 4. DISCUSSION

This study has explained good governance in the health system. The results indicated that good governance of the health system is in disorder. This research defined 10 components (categories) and 80 sub-components (sub-categories) of good governance in the health system. The components were: participation, rule of law, transparency, responsiveness, equity, efficiency and effectiveness, accountability, consensus-orientation, health-orientation, and decentralization.

**Decentralization** was a new component that was achieved in this study. According to



the experts and considering the experience of countries with highly ranked health systems, decentralization is an important factor in the good governance of a health system(27) The experience of many countries has shown that the Ministry of Health has been successful in delegating the authority of health organizations to provinces and local units while keeping its managerial control. "Formation of health boards, county councils, and hospital clusters in the UK, the formation of county health associations and a federation of county councils in Sweden, the delegation of authority of accreditation to the Royal British Foundation, and the delegation of administrative authority to provincial health facilities in Turkey are all examples of decentralization [28].

According to [29], the decentralization system should not be expected to immediately help the system economically, because it would take a long time to determine the correct allocation of resources. According to Gomez et al. (2008), acceleration in the decentralization system in Brazil, due to the lack of sufficient financial and technical resources, has limited the benefits of this method in the health sector(30).

**Rule of law** was also described in this study as a main component in the good governance of a health system.

Kumssa et al. (2004) (31)studied the role of institutions in the development process of African countries. They concluded that poor enforcement of the rule of law, corruption, poor governance, the absence of a strong civil society, and political interference have been the most important inhibitor of development in these countries.

**Participation** was also named as a main factor in this study. In relation to the impact of participation in promoting health fairness, Damari et al. (2010) (32) collected the opinions of experts and stakeholders, global evidence, national experiences, and legal citations and presented a conceptual framework for designing the Center for Urban Health Management. They presented a model for the provision of services and relevant memberships that could address current challenges to the city's healthcare network utilizing the participation of the municipality as a social institution as well as other organizations. This model had five important features: intersectoral collaboration against the public health sector's individual measures, the definition and provision of social health services affecting the social components of health, active services against passive services, decentralization through the formation of a board of trustees or a coordinating council, and people's participation from the level of decision making (through membership in the coordinating council).

**Consensus orientation** was another main component of this research. Recent research has shown that many factors outside healthcare have a great impact on health.( 24,31,32,33) From the agricultural policies that affect the food on dinner tables to national environmental decisions that put people at risk, all of them directly or indirectly affect the lifestyle people choose, whether healthy or unhealthy. Therefore, it is imperative that the impact of each policy and decision on health, whether large and small, personal or political, be considered. Without any compromise, the trail of every policy on health should be discovered through analysis. From the policies of transportation and education systems to energy and trade

policies, all undoubtedly affect the health of the community (24).

**Transparency** was introduced as a main factor in this research. Various studies have highlighted the role of transparency in the good governance of a health system(34,35). In some developed countries, self-disclosure is a way of increasing transparency. In 2001, in the United States, the Public Health Accreditation Board implemented the program of disclosure of unpredictable results as a sort of accreditation criterion (33,34,35). Two years later in the UK, the National Health Services introduced a plan for physicians and managers to inform patients of the inconvenience or neglect of the causes of injury and designed a program to compensate for damage caused by providing healthcare, apologies, and financial compensation. In 2003, the Australian Commission on Safety and Quality in Health Care considered the criteria for open communication in public and private hospitals at the national level (33).

**Equity** was another component which was confirmed in good health governance. Equity or fairness means all individuals having the same access to services or possibility of using health services when they need them. Fairness in distribution, payment, access, and financing are important indicators in the evaluation of fairness in health (36). The findings of a study conducted in Belgium in 2002 showed injustice and inequality in the use of general practitioner services for poor people and injustice in receiving services such as vaccination against the flu, blood cholesterol test, mammography, and pap smear test for rich and upper-class people. According to the study, since healthcare services are associated with injustice, encouraging screening tests will increase the possibility of healthcare inequities. Another study in 2001 found that the lack of access to basic healthcare services in most remote and deprived parts of the United States would worsen the health of individuals (37).

The component of **responsiveness** was also confirmed as a main component of good governance. Responsiveness, as one of the main goals of a health system, is an important issue for policy makers and managers. Well-established health systems around the world are looking for ways to make service providers more responsive to patients and the community. Responsiveness in the health system includes a common set of eight dimensions: prompt attention, dignity, clarity of communication, autonomy, confidentiality, choice of provider, quality of basic amenities, and access to family and social supports [38,39].

An international comparison of health system responsiveness used similar measurements and similar analyses to show that, generally, responsiveness is lower in Iran (67% for outpatient services and 76% for hospital services) than in Brazil (80% for outpatient services and 76% for hospital services) and 14 European countries (81% higher); however, it is higher than South Africa (67% for outpatient services and 68% for hospital services) (40). Uston et al. (2003) performed an assessment of the health system of 29 EU members regarding the expectations and responsiveness. Their results showed that there was a significant change between responsiveness scores from 55.8% to 91.5% in outpatient services, because people with different expectations assess similar experiences differently(41).

**Efficiency and effectiveness** was determined to be a main component of good governance. The concept of value is connected with service or quality at a low cost; in the current care systems, the issues of quality and cost are facing serious difficulties [38,42,43]. One of the main issues is that the current health payment system encourages the provision of services in a volume-based manner and not based on value [44, 45]. Moreover, the creation of an electronic health system leads to the provision of high quality health services. In this regard, a study entitled "Investigating the relationship between tendency towards electronic government and good governance components in the public administration system of Yazd province" was carried out by Alaei Ardakani (2008). The results showed that there is a significant relationship between result-orientation, the effectiveness of roles and responsibilities, responsiveness, transparency, promotion of values, and capacity building and good governance and electronic government [46].

**Accountability** was also named in this study as a key component of good governance in a health system. In addition to government agencies and institutions, private organizations and civil society institutions should also be accountable for their policies and actions. It should be noted that the principles of good governance are interconnected, and the implementation of each of them requires the implementation of other principles. Accountability and responsiveness greatly related to transparency and the rule of law.

**Health orientation** was found to be a main component in this study. By the beginning of the current millennium, the most important international consensus on the development of 191 countries was the United Nations Millennium Declaration (2000). According to the Declaration, the eight Millennium Development Goals require countries to work together more actively and in a more coordinated way than before to eradicate poverty, illiteracy, hunger, lack of access to education, gender inequality, mother and child mortality, disease, and environmental degradation. These goals indicate that maintaining and improving health is now a global necessity, and the plans of the World Summit on Sustainable Development focus on health. Then, in August 2002, ten years after the Rio Summit, the World Summit on Sustainable Development (WSSD) was held in Johannesburg to review the progress made by the previous Summit and to present a strategy for strengthening and operationalizing Agenda 21. This program was fundamental among other health program. This indicates that health has been recognized as a very important source for sustainable development [24].

## 5. CONCLUSION

Iran's health system has undergone profound changes over the past decades, but it is faced with many challenges in ten components of good governance in a health system, and these components were determined in this study. The lack of decentralization and consensus between intrasectoral and intersectoral institutions, lack of stakeholder participation in policy and decision making, lack of transparency and responsiveness, lack of equity of stakeholders against the law, and treatment-orientation instead of health-orientation have been the most important challenges. Despite the accountability of the government and the justice-oriented system after the 2014 health promotion plan in Iran's health system, there is

still a long way to go before the components of good health governance are realized.

### **Suggestions for future studies**

Considering that the governance of the health system is affected by the cultural, economic, and political conditions of a country, it is necessary for any country, in accordance with its indigenous conditions, to present a model for governance of the health system. It is also suggested that future studies assess the impact of each component of good governance in the health system.

## **6. ABBREVIATION LIST**

WSSD: World Summit on Sustainable Development  
ESCAPP: Economic and Social Commission for Asia and the Pacific  
UNDP: United Nations Development Program

## **7. ETHICS APPROVAL AND CONSENT TO PARTICIPATE**

The current project was approved by the Ethics Committee of the Research Deputy of Islamic Azad University.

## **8. CONSENT FOR PUBLICATION**

All authors and related universities are aware of the paper and consent to its publication in your journal.

## **9. AVAILABILITY OF DATA AND MATERIAL**

Data can be made available by contacting the corresponding authors.

## **10. COMPETING INTERESTS**

The authors declare they have no conflicts of interest with this project.

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## **12. AUTHORS' CONTRIBUTIONS**

KH, KJ, and FJ contributed to the design of the project. Data was gathered by FJ and LR and analyzed by KH, KJ, FJ, and LR. The paper was written by FJ and assessed by KH and KJ. All authors read the final version of the manuscript and confirmed that it is ready to be submitted.

## **13. ETHICS CODES**

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