

Exploring challenges and opportunities encountered by private health facilities in Lusaka urban, Zambia: A case study of selected private health facilities in Lusaka Urban, Zambia.

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ABSTRACT

INTRODUCTION: The role of healthcare provision has been shouldered by governments globally, primarily through public sector institutions. In Africa, health systems in both private and public health institutions encounter significant challenges and opportunities. Zambia, in its pursuit of universal healthcare, is incorporating private facilities to increase access to quality healthcare. However, there's inadequate research on challenges and opportunities encountered by these facilities. This study aimed at exploring the challenges, solutions and opportunities encountered by private health facilities in Lusaka, Zambia, with a goal of providing information for policy, decision making and future research.

METHODS: A case study involving mixed method approach was used. In-depth interviews of key informants from private health facilities and Ministry of Health officials based in Lusaka Urban, Zambia, were conducted. Data was analyzed using Microsoft Excel and Word cloud application.

RESULTS: Findings showed that private health facilities encountered operational challenges such as 21.95% regulatory fees, 19.51% equipment shortages, 19.51% low staffing, 19.51% financial constraints, and 19.51% limited infrastructure. Further, patient-related challenges such as 28% difficulties with record-keeping, 24% drug supply, 20% waiting times, 16% returning clients, and 12% specialist clinics were established. Several opportunities encountered by private health facilities include, provides major opportunities (25%), presents more choices for healthcare services (20.31%), contributes to improvement in service delivery (20.31%), generate income through health insurance schemes (20.31%), while direct payments were 14.06%.

CONCLUSION: Overall, while private health facilities encounter significant challenges, leveraging on existing opportunities could enhance healthcare quality, client satisfaction, and foster business growth.

Keywords: Healthcare, Health Facilities, Universal Healthcare

INTRODUCTION

Provision of primary health coverage is argued to be

a fundamental component of a sustainable health system essential for achieving universal health coverage (UHC) [1]. Improved coverage and access

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to quality healthcare services require participation of private health facilities. In India, 47.4% of private medical sector participation fell short of optimal standards, while 58.2% of government involvement in private medical sector was deemed insufficient [2]. In Africa, persistently low quality and inadequacy of health services offered in public institutions compelled healthcare consumers to opt for private health sector [3]. This agrees with a study conducted in Tanzania, Kenya, and Ghana, which found that private health facilities provided better quality healthcare services than the public [4]. However, a study on tuberculosis management found that healthcare quality was compromised in public health facilities and was even worse in private facilities [5]. In Zambia, the study on confidence in the health system and health insurance enrollment established that the level of trust in the healthcare system, especially within the private sector, had a significant correlation with the use of health insurance [6].

Private health facilities in Zambia have not been understood to significantly increase universal access to quality healthcare services due to challenges faced, among other reasons. The Zambian government has been pursuing National Health Insurance (NHI) to increase healthcare funding and Universal Health Coverage [7]. Despite these efforts, coverage and quality healthcare remains a problem. Researched information on the challenges and opportunities faced by private health facilities remains inadequate. Ensuring private health facilities growth could facilitate an opportunity for improved coverage as well as access to quality healthcare services. It is vital to understand the challenges and opportunities to guide policymakers and healthcare providers in developing strategies to strengthen the private health sector. Therefore, this study aims to comprehensively investigate and understand the specific challenges and opportunities encountered by private health facilities with a goal of identifying obstacles, highlighting potential areas for improvement and growth, and providing actionable insights to enhance the quality and sustainability of private healthcare services. The findings will also help guide resource allocation, improve healthcare delivery, identify best practices, encourage collaboration between private health providers and key stakeholders, support the growth and provide a basis for improved performance of private

health facilities, leading to more comprehensive healthcare solutions.

METHODS

Research Design: Mixed method using exploratory approach was utilized to gather data on the challenges and opportunities encountered by private health facilities in Lusaka, Zambia. This study utilized a questionnaire which contained both closed-ended and open-ended questions, followed by interviews for deeper exploration of key themes. The research employed a case study where 22 private health facilities (12 Hospitals/clinics, 3 dental clinics and 7 pharmacies) were conveniently selected for in-depth interviews of key informants and data was collected using a questionnaire. The interview schedule was employed to carry out semi-structured interviews with the three Ministry of Health (MOH) officials conveniently selected. The interview schedule included open-ended questions that allowed the interviewer to explore topics in depth based on the respondent's answers. Data was analyzed using Microsoft Excel and word cloud.

Sampling strategy: The research employed a case study where 32 private health facilities were conveniently selected for in-depth interviews of key informants in Lusaka urban, Zambia. However, only 22 private health facilities were willing to provide responses and only 3 Ministry of Health (MOH) officials at national, provincial and district levels took part in the study. The other private health facilities and officials did not provide responses due to their busy schedules and bureaucratic processes experienced, especially with bigger institutions. Lusaka urban district was chosen as the study location due to it having the largest share of private healthcare facilities in Zambia. The city is home to approximately 48% of all hospitals, clinics, and diagnostic centers and 66% licensed pharmacies in the country [7].

The study population were private health providers, medical officers, nurse in-charges, departmental heads, and officials from private health hospitals and clinics, and MOH officials in Lusaka Urban District, Zambia. The study was conducted between January and March 2024 using key informant interviews using semi-structured questionnaires.

Sampling procedure: Based on the active private health facilities listed in Zambia as of December 2019, the total number of private health facilities stands at 543 and of these 261 (48%) are domiciled in Lusaka [8]. Since close to half of the existing private health facilities are found in Lusaka, it follows, therefore, that implementing the research in Lusaka would provide a good general overview of the status of these institutions. This study followed the 10% sampling which was believed to provide statistically significant results. The sampling was 32 facilities out of 261 projecting a 12% sample size. Taking 10% as an acceptable threshold, 12% seemed ideal and would allow non-responses within our sampling and still maintain closeness to the 10% targeted threshold. The actual fell to 25 sites, and this was a drop to 9.6%, therefore, approximately 10% which was deemed acceptable. Inclusion criteria: All private health facilities that participated in this study were selected from the Health Professional Council of Zambia (HPCZ) and Zambia Medical Regulatory Authority (ZAMRA) accredited private health facilities and pharmacies, respectively. Only the private health facilities in Lusaka urban were included in the study.

All private health facilities who were not found on the HPCZ and ZAMRA list of accredited private health facilities were excluded from participating in this study. In addition, the facilities operating outside of Lusaka district were excluded.

Data collection: Data was gathered using semi-structured questionnaires and an interview schedule allowing for open ended and targeted responses from respondents. This was after conducting a piloted for few selected facilities and then necessary adjustments were made to both the questionnaire (for 22 selected private health facilities). Semi-structured interviews were conducted with healthcare officials, using an interview guide developed through a pilot study. The interview sessions were a combination of face-to-face conversation, and handwritten responses and other instances respondents requested for questionnaire forms which they filled in at their convenience. Typically, each interview would last between 30- 45 minutes and with their signed consent would also be written. Further, the researcher was actively involved physically to address any issues that arose during this process of data collection. Key informant interviews were conducted in English. The study utilized

confidential interviews to encourage honest and accurate responses.

Data Analysis: Data analysis involved data verification and validation to ensure data integrity and error free prior to analysis. Data collation involved compiling the data and categorizing in respective subgroups. The major subgroups for each of the facilities were placed in the thematic areas, that is, challenges and opportunities. The tools used for analysis were Microsoft Excel and Word Cloud. Graphs and charts were generated from excel to provide insights on the extent of the challenges and constraints. This was replicated in the analysis of the opportunities. Word Cloud was used to analyze the narratives of the discussions based on the frequently appearing phrases and words, to guide the perceptions from the respondents.

The study was approved by the University of Zambia Biomedical Ethics Committee, National Health Research Authority (NHRA) and MOH. Ethical considerations such as informed consent, the freedom to withdraw from study, and confidentiality were addressed, aligning with the standards for mixed studies. Participants were informed that their information would only be used for academic purposes and their identities would not be disclosed without their explicit consent.

RESULTS

Challenges encountered by private health facilities in Lusaka, Zambia: This section reports findings from data obtained from the private health facilities and MOH officials on the challenges encountered by private health facilities. Details relating to challenges encountered by private health facilities have been outlined below.

Table 1: Summary of operational challenges encountered by private health facilities.

Operational challenges	Private health facilities (%)
Regulatory challenges	21.95
Equipment	19.51
Low staffing levels	19.51
Inadequate finances	19.51
Inadequate infrastructure	19.51
Grand total	100.00

Table 2: Summary of patient- related challenges encountered by private health facilities

Patient related challenges	Percentage of private health facilities (%)
Record keeping	28.00
Drug supply	24.00
Patients waiting time	20.00
Retaining clients	16.00
Specialized clinics	12.00
Grand total	100.00

Table 3: Summary of major opportunities that exist for private health facilities

Major opportunities	Health facilities (%)
Provides business opportunities	25.00
Presents more choices for healthcare	20.31
Income through health insurance schemes	20.31
Improvement in service delivery	20.31
Direct payments from patients for services	14.06
Grand total	100.00



Figure 1: Distribution of responses on challenges encountered by private health facilities by MOH officials

In terms of operational challenges, the study found that regulatory challenges are the most significant operational challenge faced by private health facilities in Lusaka Urban, with 21.95% of facilities reporting this issue (Table 1). Additionally, 19.51% of the respondents said they encounter equipment challenges; 19.51% of respondents mentioned low staffing levels; 19.51% of the respondents said they face financial challenges, while limited infrastructure accounted for another 19.51%. One respondent said, “regulatory fees are too high making business almost impossible to run.”

In trying to find out about the patient-related challenges encountered by private health facilities (hospitals/clinics and pharmacies), table 2 indicates that 28% of respondents said they experience record keeping challenges, 24% for drug supply, 20% for patient waiting time challenges, 16% for returning clients and 12% for specialist clinics. “Records for clients not synchronized with other departments,” indicated one respondent.



Figure 2: Distribution of responses on opportunities encountered by private health facilities in Lusaka, Zambia

Respondents from MOH were asked to state challenges encountered by private health facilities in Lusaka. The results are indicated in figure 1. The concentration of the words that respondents mentioned were lack, followed by HIV, TB, facilities, guidelines, private, public, fees and high. Lack of necessary registers for HIV and TB; standard operating procedures (SOPs); clinical protocols, orientations and mentorship; financial support to expand their services; training of staff in key areas like TB or HIV; platform where both public and private can interact to share ideas and other emerging issues were some of the challenges that could lead to compromised healthcare.

Opportunities Encountered by private health facilities in Lusaka, Zambia: This section presents the results of the research that show opportunities that are encountered by private health facilities in Lusaka, Zambia. The section will show areas that respondents think provides opportunities for growth and improved service delivery. In trying to find out about the major opportunities

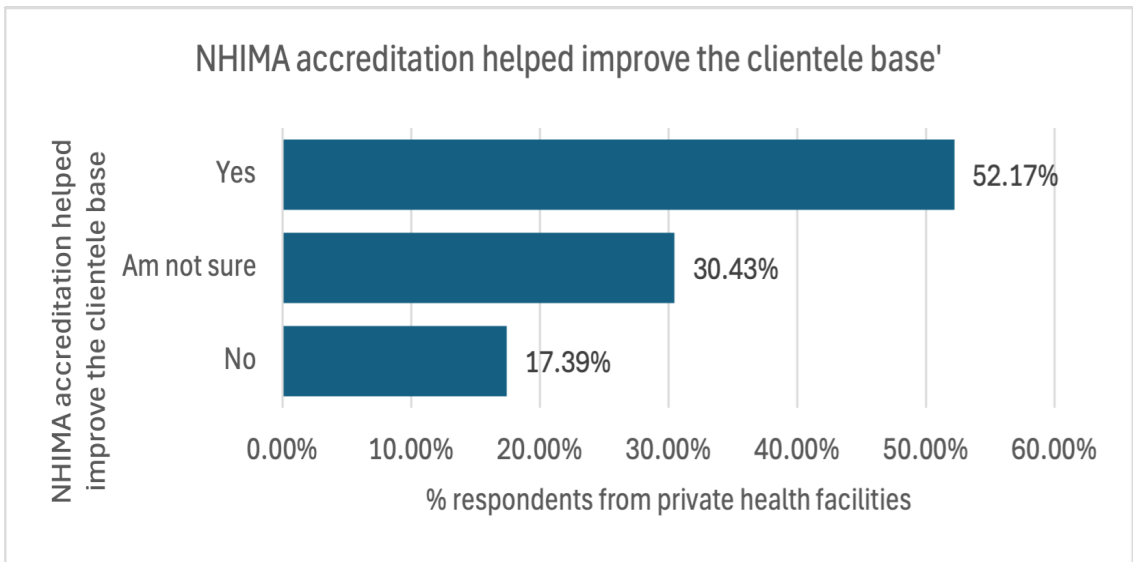


Figure 3: Distribution of responses on clientele improvement for hospitals/clinics due to NHIMA accreditation

that exist for private hospitals/clinics and pharmacies in Lusaka, table 3 indicates that 25% of the respondents mentioned that it provides major opportunities, 20.31% for presents more choices for healthcare services, same percentage for the improvement in service delivery and same percentage for income through health insurance schemes, while direct payments from patients for services were 14.06%.

Regarding the views of MOH and private health officials on opportunities encountered by private health facilities in Lusaka, Zambia, revealed prominent words such as opportunity, facilities, private, availability, use, good, health, drugs, and clients as shown in figure 2 by word cloud. NHIMA provides an opportunity for providing quality healthcare and availability of drugs. One respondent said, “there is need to open more

facilities for this hospital to bring the services as close to the people as possible.”

In trying to find out whether National Health Insurance Management Authority (NHIMA) has helped improve the clientele base for private health facilities, figure 3 indicates that 52.17% of respondents said that they have been helped by NHIMA to increase clientele base, while 30.43% of respondents said they were not sure and 17.39% indicated that they have not been helped with NHIMA accreditation to improve the clientele base for private health facilities in Lusaka.

The study set out to establish respondents’ views on what areas provided additional opportunities which could increase private health competitive edge and found that 32.76% mentioned client satisfaction tracking, 25.86% indicated use of technology, 24.14% mentioned patient feedback

Table 4: Summary of additional opportunities that increase competitive edge

Additional opportunities	Private health facilities (%)
Client satisfaction tracking	32.76
Use of technology	25.86
Patient feedback mechanisms	24.14
Appointment schedules	17.24
Grand total	100.00



Figure 4: Distribution of responses on critical Requirements Needed for a Successful Private Health Facility Business

mechanism and 17.24% indicated appointment schedules would increase competitive edge for private health facilities as illustrated in table 4.

In trying to find out the critical requirements required for a successful private health facility business, the most prominent words are satisfaction, customer, support, reduce, and adequate as seen in figure 4. Customer satisfaction remains the most important and key requirement for a successful private health sector business. Others are customer relations, adequate and financial support. One respondent said, "there is need to reduce the cost of doing business."

DISCUSSION

We explored the challenges and opportunities faced by private health facilities in Lusaka, Zambia. The main contribution of this study was to provide information on what private health facilities and MOH consider to be the main operational and patient-related challenges and opportunities encountered by private health facilities in Lusaka, Zambia.

Key challenges include financial constraints, lack of equipment, and infrastructure issues, which are negatively impacting healthcare provision. From the findings, it was established that regulatory fees were high and negatively affected private health sector business. The study conducted in Malaysia argued that the regulators' objective was to enhance service quality and safeguard patients' welfare [9]. Regulatory fees, while necessary for ensuring quality and safety, add to the operational costs of these facilities. Ensuring compliance with health standards and regulations demands substantial administrative effort and resources. Further, financial, technological and infrastructure challenges hindered access to quality healthcare. Limited infrastructure and lack of equipment can directly and indirectly affect management and satisfactory of patients. Availability of financial resources through medical insurances and direct payments can result into increased investment in modern equipment and infrastructure making private health facilities provide comprehensive services. This agrees with a study which contended that offering comprehensive healthcare services within private facilities enhances healthcare quality, leading to client satisfaction [10].

Another study found that lack of competent human resources, integration of Information and Communications Technology (ICT), service quality, and drug supply played crucial roles in determining patient satisfaction in private hospitals in Bungoma County [11]. Lack of these critical resources can negatively affect service delivery leaving patients unsatisfied with healthcare.

MOH officials indicated lack of clinical standards, protocols, orientations/trainings and mentorship, and lack of platform where both public and private could interact were some of the major challenges that has led to compromised healthcare. These findings were similar with another study conducted in Bangladesh which mentioned lack of specific guidelines and standardized procedures, lack of trained personnel, limited laboratory infrastructure, logistical and medication deficiencies, and ineffective record-keeping and reporting systems as the main challenges faced by health facilities [12].

Findings established that client satisfaction was another prominent finding in patient-related challenges. It is argued that positive feedback from satisfied clients fosters business growth [13]. Private health sector should ensure clients are satisfied with healthcare delivery by taking care of patient-related challenges.

To establish opportunities encountered by private health facilities, findings from this study established unlike public health facilities, having private health facilities offer business opportunities, increase healthcare service choices, and generate additional income for business through medical insurance and direct payments.

Medical insurance remains one of the ways to get finances critical to run the private health facilities. In Zambia, government introduced NHIMA to make healthcare more affordable and accessible by majority. Findings from this research established that 52.17% of private health facilities indicated that NHIMA helped improve the clientele base apart from being a source of financial support. However, there has been inadequate sensitization on NHIMA among private providers [7]. Therefore, more sensitizations should be done to increase usage of NHIMA. Health insurance should be boosted to ensure quality healthcare across all levels of health system [6].

The findings from this study validates other studies which argued that private health facilities

offered better quality healthcare than public health facilities due to a combination of factors [4]. Another study pointed out that patients perceived the value of services in private hospitals to be higher than expected across all the measured factors [14]. This perception could be utilized as an opportunity for growth of private health facilities. The growing demand for specialized medical services such as cardiology, oncology, and orthopedics could help private health facilities tap into these niche markets to enhance their service offerings and attract more patients.

An important aspect that was considered during the study was the additional opportunities that increases competitive edge for private health facilities. Client satisfaction tracking, use of technology, and patient feedback mechanisms were prominent in this study. These factors can enhance private health provision and grow the private health sector. Further, private hospitals and clinics must address patient complaints promptly [15]. It is argued that customer engagement has a stronger effect on firm performance compared to employee engagement [16].

The use of technology can improve efficiency in healthcare delivery. Private health facilities can leverage telemedicine to provide consultations and follow-up care, reducing the need for patients to travel long distances. A study conducted in Kenya established that the use of this eHealth technology improved efficiency [17]. Investing in modern technology could improve the quality of healthcare and make the health facility to stand out from the rest.

Findings from this research established that the cost of doing business was high due to high regulatory charges. However, oversight by regulators remains important for ensuring quality of healthcare. Market forces, such as political demands to lower medication costs and incentives for healthcare providers, have the potential to stimulate the circulation of inferior and counterfeit medication [18]. Therefore, the need for regulation to ensure provision of quality healthcare should be maintained.

From these findings it is recommended that the government should create an enabling environment for private health sector expand business while provide quality health services. This can be done through restructuring of regulatory fees to provide incentive for private health growth. Being explorative in nature, the study did not go

deeper into what makes private health facilities be competitive in a business environment. Studying competitive strategies would unlock business opportunities for private healthcare delivery. Further, conducting research on specific factors that contribute to client satisfaction would benefit private sector players. Such a study should involve the patients themselves as study participants to get their perspective.

Limitation of this study included inadequate time for the in-depth discussions considering the high traffic of clients and congestion which makes it challenging to secure adequate time for in-depth discussions at the expense of service delivery. There were elements of suspicion during this research as private health facilities are very guarded and view with suspicion the gathering of information about their operations. The letters of authorization from the ministry of health explaining the purpose of the interview helped to allay their fears to some extent. Non-disclosure of negative practices was another constraint. From observations you could notice negative practices that do not come out during the interview process. The absence of monetary benefits was another challenge faced. A good number of officers do not see the benefits of spending time answering questions that are of an academic nature which are devoid of monetary rewards. They consider it a waste of their precious time. Addressing these limitations could improve the situation.

CONCLUSION

This case study of selected private health facilities in Lusaka Urban, Zambia, reveals a complex landscape marked by significant challenges and opportunities. The major challenges identified included operational, and patient related. Regulatory and record keeping challenges emerged as the primary burdens affecting the operational efficiency and patient related challenges of these facilities, respectively. Despite these challenges, the study also highlights several growth opportunities. Private health facilities in Lusaka Urban can capitalize on the use of NHIMA and other income generating opportunities, client satisfaction tracking and use equipment to increase access to quality healthcare, enhance client satisfaction, and foster overall business growth. These opportunities are particularly

pertinent in addressing gaps in healthcare provision and improving patient outcomes. The findings suggest that targeted interventions and support from both government and private sectors are crucial to overcoming the identified challenges. By addressing regulatory barriers, private health facilities can better leverage their potential for growth. Additionally, leveraging on medical schemes, use of technology and training for healthcare professionals can further enhance the quality of care provided.

Overall, this study underscores the need for a collaborative approach to healthcare in Lusaka Urban, involving stakeholders from various sectors to foster a more robust and resilient healthcare system. Future research should continue to explore these dynamics, with a focus on implementing and evaluating interventions designed to support private health facilities in Zambia.

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