INTERNATIONAL JOURNALS OF ACADEMICS & RESEARCH
(IJARKE Humanities & Social Sciences Journal)

Effects of Public Participation on Implementation of Primary Healthcare Project among County Governments in Kenya: A Case of Homa Bay County

Collins Okeyo Okello, Kenyatta University, Kenya
Motieri Stanely Ontiri, Kenyatta University, Kenya

Abstract

The implementation of primary healthcare projects in Homa Bay County faces numerous challenges. Limited financial resources, bureaucratic hurdles, and infrastructure constraints impede the timely and efficient implementation of healthcare initiatives. The research aimed to determine the influence of public participation on the implementation of the primary healthcare project in Homa Bay County, Kenya. Specifically, the study aimed to examine the effects of public hearing on the implementation of the primary healthcare project in Homa Bay County, Kenya. The study was based on two theories: The Diffusion of Innovation Theory and stakeholder theory. The study used a descriptive research approach that incorporated quantitative data. The research included a target group of 292 stakeholders who were directly engaged in basic healthcare programs in Homa Bay County. A total of 169 participants were chosen for the sample using simple random sampling technique. The researcher enlisted the services of five research assistants to aid in the process of gathering data. The gathered data was examined using statistical tools like SPSS. The data was summarized using descriptive statistics, including means and standard deviations. Statistical inference techniques, such as correlation and regression analysis, were used to investigate the connections between public engagement and the execution of the primary healthcare initiative. The findings were presented in tables, graphs, and charts to enhance comprehension and analysis. The study found that public hearings significantly impacted primary healthcare project implementation, with a regression coefficient of 0.580 ($p = 0.000$). The study concluded that public hearings are vital for effective primary healthcare project implementation, enhancing transparency and community buy-in. The study recommended that county governments should establish formal mechanisms for continuous public participation, incorporating diverse strategies such as public hearings. Project managers should ensure regular and accessible public hearings, and local authorities should develop frameworks for managing such gatherings.

Key words: *Public Participation, Healthcare, County Governments*

1. Introduction

The execution of the primary healthcare initiative encounters significant obstacles, leading to a continual disparity between policy objectives and concrete results (Kanyinga, 2016). This gap is symptomatic of broader systemic issues such as inadequate public participation, bureaucratic inefficiencies, corruption, insufficient funding, and a lack of accountability. These factors collectively undermine the successful execution of healthcare initiatives, particularly in rural areas where healthcare disparities are most pronounced (Bobbio, 2019).

The absence of strong public participation mechanisms is one of the main barriers to the successful implementation of primary health projects, according to Hone et al. (2018). In order for policies and programs to be responsive to the needs and preferences of the people they are intended to serve, public involvement is an essential component of efficient government. In the face of conflicting agendas, governments frequently find it difficult to devote enough funds to the healthcare sector, which leads to underinvestment in vital infrastructure, medical supplies, and human resources (Kumar, 2019). The needs and objectives of the communities' primary healthcare programs provide act as a guide for their execution.

A research study conducted by the World Health Organization (WHO) in 2014 aimed to assess the global perception of primary healthcare (PHC) implementation. The study employed the observation method and gathered data from key PHC stakeholders, including health facility leaders and relevant organizations responsible for PHC across various regions worldwide. The findings of the study revealed several notable achievements in global health service delivery, such as a reduction in infant mortality rates and the promotion of quality self-care through patient education on optimal health maintenance practices. However, the study also identified significant challenges persisting globally, including a lack of consensus on whether PHC should prioritize vertical disease programs, which offer the greatest potential for successful intervention. Furthermore, the report emphasized the role of the community not only as recipients of healthcare but also as a crucial decision-making body regarding their health. It highlighted that the utilization of health services depends on public ownership, which is fostered through public participation.

The 2023 African Health Report by WHO investigated the state of PHC in the continent, revealing significant advancements in both the response to communicable and non-communicable diseases. This research employed a quantitative research method, analyzing numerical data representing recent trends in the adoption and sustainability of PHC implementation in Africa. The report indicated that Africa has made strides in adopting PHC and has actively engaged in public-private partnerships by involving all community stakeholders in decision-making processes. Consequently, the report concluded that prioritizing and strengthening primary healthcare services in Africa facilitates easier adoption and response to the challenges of a complex and rapidly changing world.

Regionally, initiatives such as the East African Community's Health Policy Framework prioritize PHC as a cornerstone of healthcare systems. The administration of Homa Bay County is responsible for executing community-specific primary healthcare (PHC) plans at the local level. The objective is to enhance the availability of high-quality healthcare services and minimize disparities in health outcomes (Odhiambo, 2023). However, there are still considerable gaps that remain, emphasizing the need for more investment, community involvement, and efficient administration to guarantee the successful execution of primary healthcare programmes in Homa Bay County and across Kenya.

The introduction PHC in Kenya has encountered several obstacles, including as limited money, poor infrastructure, and a scarcity of competent healthcare professionals (Shikuri, 2023). These issues have hindered the delivery of essential health services to rural and marginalized communities. Homa Bay County, situated in western Kenya, reflects these challenges, with high disease burdens and limited access to healthcare facilities. On a global scale, the WHO advocates for universal healthcare coverage, emphasizing the importance of PHC in achieving this goal.

County Governments in Kenya have taken proactive steps in implementing primary healthcare, including the direct transfer of cash to primary health facilities (World Bank, 2010). Olago et al. (2023) contend that the Kenyan government has created an enabling environment for primary healthcare implementation through regulations, laws, policies, and strategies that support effective planning and development. These efforts encompass various components such as nutritional promotion, health education, immunization, maternal and child healthcare, and sanitation, alongside the provision of adequate safe water.

2. Statement of the Problem

Despite the decentralized governance structure, public participation in healthcare decision-making processes remains suboptimal in Homa Bay County. Communities often feel marginalized and inadequately consulted in matters pertaining to healthcare planning and implementation (Mogeni, 2022). This lack of effective public engagement undermines the legitimacy and sustainability of healthcare projects, leading to disconnect between policymakers and the grassroots.

Moreover, the implementation of primary healthcare projects in Homa Bay County faces numerous challenges. Limited financial resources, bureaucratic hurdles, and infrastructure constraints impede the timely and efficient execution of healthcare initiatives. One study by Ochieng et al. (2019) showed that health facilities across the country lack basic medical goods and tools, which makes it harder to provide care and services to patients. Delays and less-than-ideal results in project execution are also caused by inefficient administration and holes in the healthcare system's capability.

These challenges have tangible repercussions on healthcare outcomes in Homa Bay County. Maternal and child mortality rates remain unacceptably high, and preventable diseases continue to ravage communities. The disconnect between policy formulation and implementation exacerbates health inequalities and perpetuates cycles of poverty and ill-health. Therefore, it is crucial to investigate the impact of public participation on the implementation of primary healthcare programs in Homa Bay County.

3. Literature Review

3.1 Theoretical Review

3.1.1 Diffusion Theory

Diffusion of Innovation Theory, introduced by Everett Rogers in 1962, serves as a foundational model for examining how new ideas, behaviors, or technologies are adopted within a community (Min et al., 2021). This theory posits that the adoption of innovations occurs through a systematic process that includes several stages: awareness, interest, evaluation, trial, adoption, and implementation. This model is particularly relevant for understanding the impact of public participation on healthcare initiatives. Public hearings are integral to this process, acting as forums for disseminating information and gathering community feedback (Yuen et al., 2021). These gatherings allow stakeholders to voice their concerns and suggestions, creating an environment conducive to informed decision-making. By fostering awareness and generating interest, public hearings play a critical role in enhancing community engagement and acceptance of new healthcare projects.

The theory also emphasizes the importance of effective communication channels and social networks in the diffusion process. According to Rogers, the rate of innovation adoption is significantly influenced by how effectively information spreads through

these channels. Public hearings serve as formal communication platforms that facilitate dialogue among stakeholders (Hossain, 2020). Such interactions not only deepen the understanding of proposed healthcare initiatives but also increase the likelihood of community support. The theory argues that when community members actively participate in these discussions, they develop a sense of ownership over the healthcare initiatives, which reinforces the necessity of effective communication and social interaction for the successful implementation of new programs (Anthony et al., 2022).

3.1.2 Stakeholder Theory

Stakeholder Theory provides critical insights into the complexities of healthcare project implementation. This theory posits that the success of healthcare initiatives hinges on the active involvement of diverse stakeholders, including government agencies, healthcare providers, community members, and non-governmental organizations. Engaging a broad array of stakeholders ensures that multiple perspectives are considered in the planning and execution of healthcare programs, ultimately leading to more sustainable and widely accepted solutions. The theory argues that understanding the interests and concerns of all stakeholders is vital for fostering collaboration and commitment, which are essential for the success of healthcare initiatives.

Stakeholder Theory offers a comprehensive framework for understanding the factors influencing public participation and the implementation of primary healthcare programs in Homa Bay County. By examining public participation more especially focusing on public hearings, through these theoretical lenses, this study seeks to illuminate the processes that drive successful healthcare initiatives. These insights are not only valuable for informing research methodology but also for developing practical strategies aimed at enhancing the effectiveness and sustainability of healthcare programs in the region (Loorbach et al., 2020).

3.2 Empirical Review on Public Hearing and Implementation of Primary Healthcare

The examination of public hearings in the context of primary healthcare implementation can be approached systematically, starting from global perspectives, moving to regional insights, and finally focusing on local dynamics in Homa Bay County. Each section highlights relevant research gaps, emphasizing the need for this study. Globally, public hearings are recognized as critical mechanisms for promoting community engagement in health-related decision-making. For instance, Shin et al. (2022) in South Korea found that public hearings enhance democratic governance by encouraging citizen participation and ensuring accountability. However, their study identified a research gap concerning the influence of procedural complexities and power differentials on the effectiveness of public hearings. Understanding these dynamics is essential for improving public participation in healthcare governance on a broader scale. Limited understanding of how procedural complexities and power differentials affect the effectiveness of public hearings in health governance.

In a comparative study by Yuan et al. (2019) in China, the effectiveness of public hearings in fostering community input and transparency in primary healthcare projects was highlighted. While the findings were positive, the study pointed to a gap in the literature regarding the long-term impacts of public hearings on sustainability and quality improvement in healthcare projects. This indicates a need for further exploration to understand how public hearings can contribute to enduring improvements in health service delivery. Insufficient research on the long-term impacts of public hearings on sustainability and quality improvement in healthcare projects.

Similarly, Mensah (2021) in Ghana explored the role of public hearings in enhancing transparency and accountability in healthcare projects. His findings revealed significant benefits from community involvement, yet the study also highlighted challenges, such as limited participation from marginalized groups, which led to an underrepresentation of specific health needs. This gap suggests the necessity for research that addresses barriers to inclusive participation, ensuring that public hearings truly reflect the diverse needs of the community.

Focusing on Homa Bay County, the research aims to fill existing gaps in understanding public participation dynamics specific to this locale. Ngigi and Busolo (2019) emphasized the role of devolution in facilitating public hearings in primary healthcare but identified a contextual gap regarding how effectively these hearings respond to local health needs. This study seeks to address that gap by investigating the impact of public hearings on primary healthcare project implementation in Homa Bay, thereby contributing to localized literature on health governance. Lack of focused studies on how public hearings specifically influence the implementation of primary healthcare programs and their responsiveness to local health needs.

Building on Joarder et al. (2019), who found that public hearings facilitate collaboration among healthcare providers, policymakers, and community members, this study will also consider the challenges of power dynamics and accessibility that may hinder effective participation. The gaps highlighted in previous research underscore the importance of understanding how local contexts influence public hearing outcomes in Homa Bay. Insufficient research on the long-term effects of public hearings on sustainability and quality improvement in healthcare projects.

4. Research Methodology

The research utilized a descriptive research design because it made it easier for the researcher to describe the characteristics of the target population and assess how public participation affected the primary healthcare project's implementation. The target population for this study consists of 292 stakeholders; County Government Officials, Healthcare Professionals, Community Leaders, and Non-Governmental Organizations (NGOs). Stratified and simple random sampling methods were utilized to select a sample size of 169 participants for the survey. Quantitative data was selected using close-ended questionnaires. Analyzed data were presented using tables, graphs and charts.

5. Research Findings

5.1 Descriptive Statistics

Table 1: Public Hearing on the Implementation of Primary Healthcare Project

	Mean	Std. Dev.
Public hearings were organized before implementing primary healthcare project in my area.	3.66	.949
The opinions raised during public hearings influenced the decision-making process for primary healthcare project.	3.86	.893
Local communities were adequately informed about the purpose of public hearings regarding healthcare projects.	4.07	.833
The timing of public hearings allowed for sufficient participation from community members.	4.20	.734
Public hearings improved the transparency of primary healthcare project implementation.	4.06	.800
The feedback provided during public hearings was effectively used to address community concerns in healthcare project.	4.23	.654
Public hearing platforms were accessible to all members of the community, including marginalized groups	4.07	.792

The findings revealed that the most participants strongly agreed that public hearings were organized before implementing primary healthcare project in their area (mean = 3.66; Std. Dev = 0.949). This finding aligns with a study by World Health Organization. (2020), which also found that public hearings are essential in ensuring community involvement in healthcare projects. The study also uncovered that the most participants strongly agreed that the opinions raised during public hearings influenced the decision-making process for primary healthcare project (mean = 3.86; Std. Dev = 0.893). This result is in line with the findings of Al Khashan et al. (2021), who demonstrated that community involvement is crucial in determining the direction of public health initiatives.

The research revealed that a significant number of participants strongly believed that local communities were sufficiently informed about the purpose of public hearings related to primary healthcare project (mean = 4.07; Std. Dev = 0.833). This finding is consistent with Lahariya (2020), who emphasized the critical role of effective communication in public participation processes. Additionally, the study indicated that a majority of respondents strongly agreed that the scheduling of public hearings facilitated adequate participation from community members (mean = 4.20; Std. Dev = 0.734). This supports the assertion made by the World Health Organization (2021), which emphasizes the importance of timely engagement to ensure meaningful participation. Furthermore, the research showed that most participants believed that public hearings contributed to the transparency of primary healthcare project implementation (mean = 4.06; Std. Dev = 0.800). This finding is corroborated by Fisher et al. (2022), who noted that public hearings play a vital role in enhancing transparency in the implementation of project.

The findings also indicated that most respondents agreed that the feedback provided during public hearings was effectively used to address community concerns in primary healthcare project (mean = 4.23; Std. Dev = 0.654). This result is consistent with Abayneh et al. (2020), who revealed that incorporating community feedback leads to better project outcomes. Lastly, the research uncovered that the most participants strongly agreed that public hearing platforms were accessible to all members of the community, including marginalized group (mean = 4.07; Std. Dev = 0.792. This aligns with Ekenna et al. (2020), who emphasized the importance of inclusivity in public hearings.

Implementation of Primary Healthcare Project

	Mean	Std. Dev.
The primary healthcare project in my area has been successfully implemented.	3.74	1.297
The healthcare project has improved access to essential healthcare services.	3.81	1.130
The healthcare project was implemented within the planned timeframe.	4.15	.726
The community has benefited from the healthcare project in terms of improved health outcomes.	3.94	.747
Healthcare workers were adequately trained to support the healthcare project.	4.05	.941
There was effective monitoring and evaluation of the healthcare project.	3.94	.896
The healthcare project has addressed the specific health needs of the community.	4.04	.769

The results indicated that most participants strongly agreed that the primary healthcare project in their area had been effectively implemented (mean = 3.74; Std. Dev = 1.297). The finding aligns with the research conducted by Joudyian *et al.* (2021), which found that community engagement and structured planning are key to successful healthcare project implementation in rural Kenya. Additionally, the study revealed that the healthcare project had enhanced access to essential healthcare services (mean = 3.81; Std. Dev = 1.130). This is consistent with findings from Tabrizi et al. (2020), whose research highlighted that well-executed projects significantly improve service delivery in underserved areas.

Furthermore, the study found that the healthcare project was completed within the planned timeline (mean = 4.15; Std. Dev = 0.726). This outcome aligns with the work of Lahti et al. (2020), which emphasized that adhering to timelines is critical for the success and efficient delivery of healthcare services. The study also indicated that the community experienced improved health outcomes as a result of the healthcare project (mean = 3.94; Std. Dev 0.747). This finding is corroborated by a study by Croke (2020), which underscored the positive impacts of community-focused healthcare programs on public health results.

Moreover, most participants strongly agreed that healthcare workers received adequate training to support the project (mean = 4.05; Std. Dev = 0.941). This supports the conclusions of Kamau (2018), who highlighted the significance of workforce training for the successful implementation of healthcare initiatives. The study further indicated that respondents recognized effective monitoring and evaluation of the healthcare project (mean = 3.94; Std. Dev = 0.896). This finding is in line with Hammersley et al. (2020), who demonstrated that ongoing monitoring and evaluation contribute to the sustainability and success of healthcare initiatives. Finally, the study found that the healthcare project effectively addressed the specific health needs of the community (mean = 4.04; Std. Dev = 0.769). This result is supported by research from Siedner et al. (2020), which showed that healthcare programs tailored to the needs of the community are linked to higher success rates and improved health outcomes.

5.2 Inferential Statistics

Based on the correlation analysis, the hypothesis that public participation positively impacts the implementation of primary healthcare programs was accepted. The study established a strong positive correlation between public hearings and the implementation of primary healthcare projects ($r = 0.871$, $p < 0.01$). This suggests that effective public hearings significantly enhance project implementation, allowing community voices to shape healthcare initiatives.

The correlation coefficient (R) of 0.8123 reflects a strong positive relationship between public participation factors and the successful implementation of healthcare programs. The R-Square value of 0.7081 suggests that approximately 70.81% of the variation in the implementation of primary healthcare programs can be explained by the combined effects of the predictor variables. This indicates that the model accounts for a substantial portion of the variability in the dependent variable. The adjusted R-Square of 0.677 refines this estimate by adjusting for the number of predictors, implying that around 67.7% of the variability in program implementation is explained by the predictors. The standard error of the estimate is 0.1243, which suggests that the model provides a good fit to the data, as it shows relatively low deviation between the predicted and actual values. This finding aligns with Ocloo et al. (2021) found that high levels of public engagement significantly improved the effectiveness of health programs, supporting the notion that public participation is critical for successful healthcare implementation.

Public hearing has a positive effect on the implementation of primary healthcare programs, with a coefficient of 0.580 ($p = 0.000$). This indicates that as public hearing increases, the implementation of healthcare programs improves significantly. This is in line with the findings of Faasse and Newby (2020), who emphasized the role of community input in enhancing program outcomes.

6. Conclusions

The study found that public hearings played a crucial role in the implementation of primary healthcare project. Respondents strongly agreed that public hearings were organized prior to the implementation of healthcare programs and that the opinions raised during these hearings influenced decision-making processes These findings align with regression analysis, which identified

public hearings as the strongest predictor of successful implementation. This suggests that public hearings serve as an effective mechanism for community engagement, enhancing transparency and ensuring that healthcare projects are responsive to local needs and priorities.

The study concludes that public hearings are essential component of successful primary healthcare project implementation. They serve as an effective platform for community engagement, allowing for the exchange of ideas and concerns between project implementers and beneficiaries. The strong influence of public hearings on decision-making processes and their role in addressing community concerns highlight their importance in tailoring healthcare projects to local needs. The study recommended that county governments should establish formal mechanisms for continuous public participation throughout the lifecycle of primary healthcare projects. Policymakers should incorporate public participation indicators into project evaluation criteria to ensure its consistent implementation.

The project managers should conduct regular and well-timed public hearings at key stages of healthcare project implementation to ensure ongoing community input. Local authorities should establish a formal feedback mechanism to demonstrate how public hearing inputs are incorporated into project decisions. Organizers should ensure accessibility of public hearings to all community members, including marginalized groups, by varying locations and timings. Facilitators should employ skilled moderators for public hearings to ensure productive discussions and meaningful community engagement.

References

1. Abayneh, S., Lempp, H., & Hanlon, C. (2020). Participatory action research to pilot a model of mental health service user involvement in an Ethiopian rural primary healthcare setting: study protocol. Research involvement and engagement, 6, 1-14.
2. Anthony, B., Kamaludin, A., Romli, A., Raffei, A. F. M., Phon, D. N. A. E., Abdullah, A., & Ming, G. L. (2022). Blended learning adoption and implementation in higher education: A theoretical and systematic review. Technology, Knowledge and Learning, 1-48.
3. Bobbio, L. (2019). Designing effective public participation. Policy and Society, 38(1), 41-57.
4. Britteon, P., Fatimah, A., Lau, Y.-S., Anselmi, L., Turner, A. J., Gillibrand, S., Wilson, P., Checkland, K., & Sutton, M. (2022). The effect of devolution on health: A generalized synthetic control analysis of Greater Manchester, England. The Lancet Public Health, 7(10), e844–e852. https://doi.org/10.1016/s2468-2667(22)00198-0
5. Croke, K. (2020). The origins of Ethiopia's primary health care expansion: the politics of state building and health system strengthening. Health Policy and Planning, 35(10), 1318-1327.
6. Ekenna, A., Itanyi, I. U., Nwokoro, U., Hirschhorn, L. R., & Uzochukwu, B. (2020). How ready is the system to deliver primary healthcare? Results of a primary health facility assessment in Enugu State, Nigeria. Health policy and planning, 35(Supplement_1), i97-i106.
7. Fisher, M., Freeman, T., Mackean, T., Friel, S., & Baum, F. (2022). Universal health coverage for non-communicable diseases and health equity: lessons from Australian primary healthcare. International Journal of Health Policy and Management, 11(5), 690.
8. Hammersley, V., Parker, R., Paterson, M., Hanley, J., Pinnock, H., Padfield, P. & McKinstry, B. (2020). Telemonitoring at scale for hypertension in primary care: an implementation study. PLoS medicine, 17(6), e1003124.
9. Hone, T., Macinko, J., & Millett, C. (2018). Revisiting Alma-Ata: what is the role of primary health care in achieving the Sustainable Development Goals?. The Lancet, 392(10156), 1461-1472.
10. Hossain, M. (2020). Frugal innovation: Conception, development, diffusion, and outcome. Journal of Cleaner Production, 262, 121456.
11. Joarder, T., Chaudhury, T. Z., & Mannan, I. (2019). Universal health coverage in Bangladesh: activities, challenges, and suggestions. Advances in Public Health, 2019.
12. Joudyian, N., Doshmangir, L., Mahdavi, M., Tabrizi, J. S., & Gordeev, V. S. (2021). Public-private partnerships in primary health care: a scoping review. BMC health services research, 21, 1-18.
13. Kanyinga, K. (2016). Devolution and the New Politics of Development in Kenya. African Studies Review, 59(3), 155–167. https://www.jstor.org/stable/26410250
14. Kumar, R. (2019). Public–private partnerships for universal health coverage? The future of “free health” in Sri Lanka. Globalization and health, 15(1), 1-10.
15. Lahariya, C. (2020). Health & wellness centers to strengthen primary health care in India: Concept, progress and ways forward. The Indian Journal of Pediatrics, 87(11), 916-929.
16. Lahti, M., Groen, G., Mwape, L., Korhonen, J., Breet, E., Chapima, F. & Grobler, G. (2020). Design and development process of a youth depression screening m-health application for primary health care workers in South Africa and Zambia: an overview of the MEGA project. Issues in Mental Health Nursing, 41(1), 24-30.
17. Loorbach, D., Wittmayer, J., Avelino, F., Von Wirth, T., & Frantzeskaki, N. (2020). Transformative innovation and trans-local diffusion. Environmental Innovation and Societal Transitions, 35, 251-260.

18. Mogeni, D. N. (2022). Organizational factors and performance of non-governmental healthcare organizations projects in Homa Bay County, Kenya.
19. Ngigi, S., & Busolo, D. N. (2019). Devolution in Kenya: The good, the bad and the ugly. *Public Policy and Administration Research*, *9*(6), 9–19. https://doi.org/10.7176/ppar/9-6-02
20. Ochieng, O. K., Kyalo, D. N., Omulo, O. E. T., & Mulwa, A. S. (2019). Project Resource Management as a Model for Enhancing Maternal and Child Healthcare Programme in Kenya: A Case of Homa-Bay County, Kenya. *The International Journal of Business & Management*.
21. Ocloo, J., Garfield, S., Franklin, B. D., & Dawson, S. (2021). Exploring the theory, barriers and enablers for patient and public involvement across health, social care and patient safety: a systematic review of reviews. *Health research policy and systems*, *19*, 1-21.
22. Odhiambo, G. A. (2023). Strategic Reform Practices and Service Delivery by Kenya Police Service in Homa Bay County, Kenya.
23. Shikuri, R. (2023). *Leadership and the politics of nutrition for women living with HIV/AIDS in Homa Bay and Kakamega counties in Kenya* (Doctoral dissertation, King's College London).
24. Shin, D. W., Cho, J., Park, J. H., & Cho, B. (2022). National General Health Screening Program in Korea: history, current status, and future direction. *Precision and Future Medicine*, *6*(1), 9-31.
25. Siedner, M. J., Kraemer, J. D., Meyer, M. J., Harling, G., Mngomezulu, T., Gabela, P. & Herbst, K. (2020). Access to primary healthcare during lockdown measures for COVID-19 in rural South Africa: an interrupted time series analysis. *BMJ open*, *10*(10), e043763.
26. Tabrizi, J. S., Azami-Aghdash, S., & Gharaee, H. (2020). Public-private partnership policy in primary health care: a scoping review. *Journal of primary care & community health*, *11*, 2150132720943769.
27. World Health Organization. (2018). Integrating palliative care and symptom relief into primary health care: a WHO guide for planners, implementers and managers.
28. World Health Organization. (2020). Operational framework for primary health care: transforming vision into action.
29. World Health Organization. (2021). *Hearing screening: Considerations for implementation*. World Health Organization.
30. Yuan, B., Balabanova, D., Gao, J., Tang, S., & Guo, Y. (2019). Strengthening public health services to achieve universal health coverage in China. *bmj*, *365*.
31. Yuen, K. F., Cai, L., Qi, G., & Wang, X. (2021). Factors influencing autonomous vehicle adoption: An application of the technology acceptance model and innovation diffusion theory. *Technology Analysis & Strategic Management*, *33*(5), 505-519.