



Dimensions of Health System Performance Assessment: A Scoping Review

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Abstract

Background: Performance assessment is a key approach to understanding how functions and processes are operating. The first essential step in this process is to determine what aspects should be covered in the assessment. We aimed to identify the dimensions of health system performance assessment in Iran.

Methods: A scoping review was conducted in this study from 2000 to 2024. It was carried out in both Persian and English databases. A total of 17 frameworks or models were identified. Their dimensions, components, and interrelationships were extracted and synthesized. Subsequently, a new framework was developed using the framework analysis approach.

Results: We identified 6 main dimensions and 28 sub-dimensions for health system performance assessment, adopted as a logic model comprising inputs, output, and outcomes. The major dimensions include: Governance and Leadership-vision, policy and planning, communication, monitoring and evaluation; infrastructure, knowledge; standards of care and service of delivery.

Conclusion: Despite the overlap of some of the main dimensions of the frameworks, the consolidated framework has differences from the previous ones, which emphasizes the assessment of qualitative feedback based on their experiences. Therefore, this integrated framework offers a comprehensive structure that is particularly suitable for evaluating the performance of Iran's health system, taking into account its specific environmental context.

Keywords: Health system assessment; Health; Performance management; Monitoring and evaluation

Introduction

Health systems, especially in low- and middle-income countries, are facing various challenges such as high health costs and severe lack of resources, which can affect society's health with a drop in efficiency and, as a result, effectiveness.

This prompts developmental governments to regularly and continuously monitor the dynamics, efficiency and effectiveness of the health system and to plan and implement appropriate corrective interventions at the right time by getting



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information about the current situation and the obstacles to achieving the desired situation. This action in the form of "control" is considered as one of the functions of management (1). Being aware of the inputs, processes and outputs using different methods including monitoring, assessment and measurement of performance and controlling malfunctions are considered as a necessity to improve service delivery and strengthen health systems (2). According to the WHO, in countries with similar facilities, there is a big difference in achieving the goals of the health system and the health status, and these differences are influenced by how the health systems are managed (3). Health systems management requires an accurate and strong control system as a care and awareness requirement. Control is preventive, diagnostic and corrective, through which policies are monitored from formulation to implementation, and at the same time, the power and capacity of different units, the progress of function and activities, and barriers to achieving the goals are determined. Subsequently, managers' discernment increases and health system management is becoming better and stronger (4).

In Iran, despite the improvement and growth of health indicators, including increasing life expectancy, reduction and control of infectious diseases, and reduction of child mortality in recent decades, the health system is facing challenges such as increasing premature mortality due to non-communicable diseases (4), and low efficiency in hospitals (5,6). Despite the importance of performance monitoring and assessment in ensuring the effective services delivery and improving the health system performance, its implementation faces several challenges such as lack of integrated information management systems (7), lack of monitoring and evaluation systems (8), lack of continuity of assessments and evaluations and being based on self-assessment (9), which increases the possibility of false documentation, and the weakness of health information management and the unreliability of statistics and information (10,11). Inadequate use of scientific and research-based information in deci-

sion-making (12) unprofessional supervisors, not accepting supervision, and lack of management support (13), are other challenges in this field. Several underlying causes contribute to these challenges, which can be identified and addressed through structured monitoring and evaluation processes. However, in Iran, no comprehensive assessment model or framework has been identified that encompasses the health system in its entirety—across all levels and from multiple dimensions. Existing models tend to focus on specific segments or limited aspects of the health system. For instance, the framework proposed by Gholipour et al (14) primarily identifies and categorizes key indicators for assessing the performance of Iran's health system, without addressing the various stages and dimensions of evaluation or the interrelationships among contributing factors. Similarly, the models developed already (8, 15, 16) are limited to hospitals, medical universities, and primary health care, respectively. So despite various efforts in developing performance assessment frameworks, significant research gaps remain—particularly in integrating contextual factors, recipient perspectives, and dynamic feedback mechanisms into a unified national model. National-level frameworks, address the broader system, place greater emphasis on environmental and intersectoral factors, their impact on health, and governance and management of the health system. In contrast, operational models focus on specific sectors or service delivery settings and typically lack a comprehensive, system-wide perspective (15).

An effective framework for health system performance assessment must not only arise from an inclusive development process but should also embody several essential characteristics: alignment with the health system's conceptual model, relevance to existing policies and organizational structures, and adaptability to the societal context. Such a framework should be purpose-driven, with well-defined dimensions, indicators, and an institutional infrastructure capable of promoting positive changes within the health system (17).

Therefore, we aimed to identify and analyze existing health system assessment frameworks and models, delineating the core dimensions and components required for a comprehensive and cohesive assessment system, as well as examining external factors that may influence its effectiveness.

Methods

A scoping review was performed following the five-step framework proposed by Arksey and O'Malley: 1) identifying the research question, 2) identifying relevant studies, 3) study selection, 4) charting the data, and 5) collating, summarizing, and reporting the results (18). This structured methodology enabled the authors to conduct a comprehensive exploration of existing health system performance assessment frameworks.

Overall, this study sought to address the following key questions: What frameworks currently exist to guide performance assessment in health systems? What are the main dimensions and components included in these frameworks? In addition, which external factors are identified as

influencing health system performance within these models?

To explore existing literature, search proses was conducted by two reviewers. Both reviewers separately assessed the articles under the supervision of an expert in the field of scoping review and in the health system.

Search strategy was focus on four group keywords include assessment, performance, health system and framework. These words were combined with all their possible word variations of indicator assessment synonyms. The search strategy was limited to publications published between 2000 and the end of July 2024. Then sources written in both English and Persian were included in the review article.

The data in this study included articles, books and documents in Persian and English language related to performance assessment in healthcare system from 2000-2024. The exclusion criteria were duplicate sources, titles, and unrelated topics removed after screening (Table 1). The keywords used in the study for our search strategy were as follows: 1. Performance assessment, 2. Health care System, 3. Health System, 4. Functions, 5. Process, 6. Dimensions.

Table 1: Article inclusion and exclusion criteria for the scoping review

Inclusion	Exclusion
▶ Frameworks applicable to the whole health system ▶ Language: English ▶ Publication timeframe: 2000(Considering that no particular framework had been introduced before 2000)– July 2024 (our Search timeframe)	▶ Software-based models and computer simulations ▶ Disease-specific models and framework (such as A Framework for Monitoring and Evaluating HIV Prevention) ▶ models & framework designed by technical methods of coverage analysis & fuzzy logic ▶ Models focused on a particular component of the health system rather than the system as a whole ▶ study protocols

In addition, to complete these references for the selected articles, a reference mining approach was conducted using the AI-based website Litmaps.com as a snowballing tool. Among all the identified Persian and English sources, only 17 related studies were selected that directly relat-

ed to entire health system performance assessment (Fig. 1).

During the Screening process, we performed the first screen by reviewing titles and abstracts to select articles that met our inclusion criteria. Articles that did not present clear data in the abstract

were included in the full text screen. The framework analysis approach was used for data analysis according to Ritchie and Spencer, considering: Familiarization with the data, identification of thematic framework, indexing, charting and mapping, and interpretation (19).

This approach seemed especially appropriate for this research, as it allows for the deconstruction of existing conceptual frameworks through the consolidation, integration, and reconfiguration of their dimensions and elements into a single, comprehensive framework tailored for health system performance assessment.

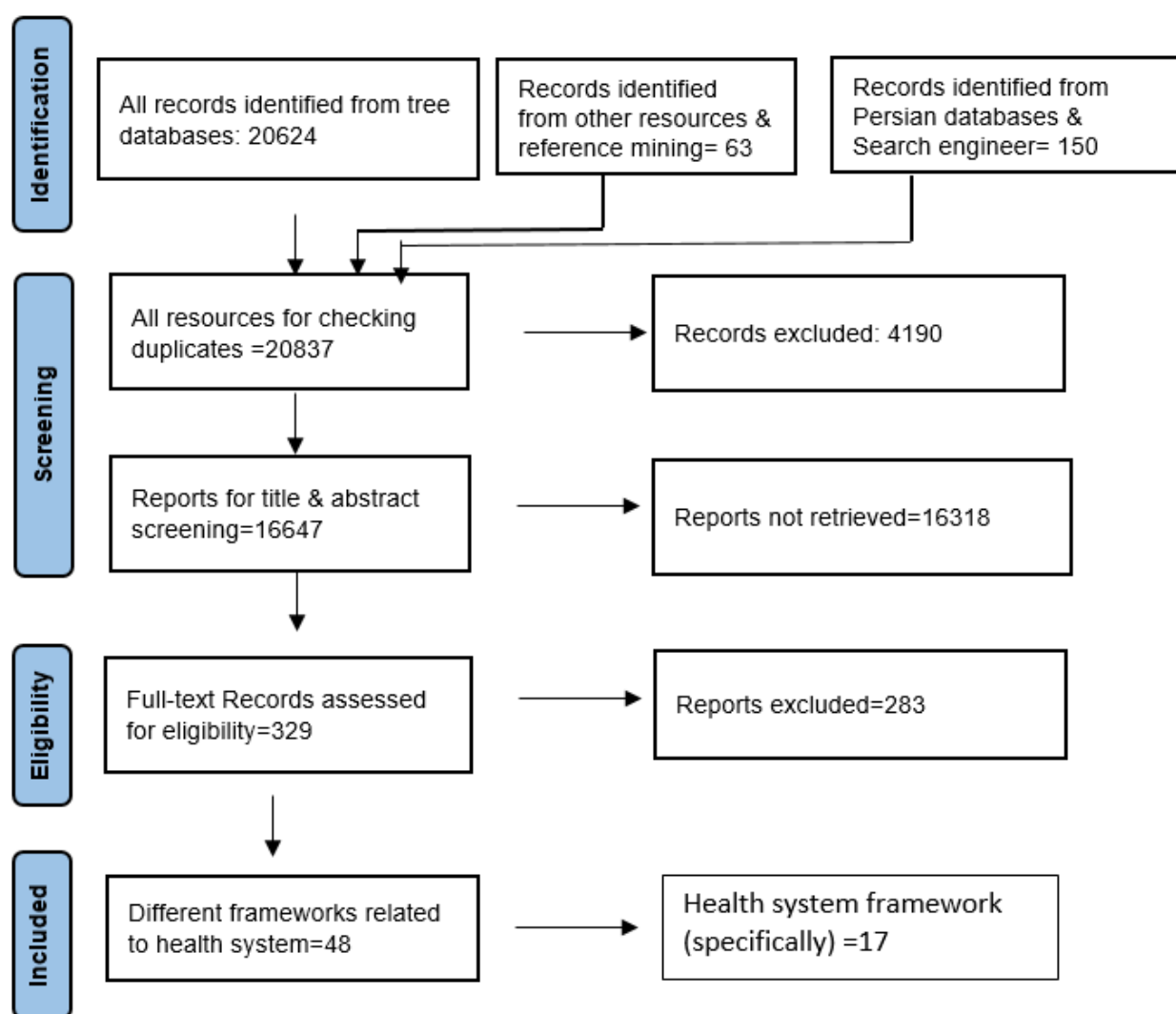


Fig. 1: PRISMA flow diagram: The process of selecting articles

Results

There are numerous health system assessment framework and models, which mostly adopted a

logic model with inputs outputs and outcomes dimensions. In this study 17 framework were identified (Table 2).

Table 2: Overview of key health system assessment frameworks

No	Title	Authors	Main dimensions and components	Country
1	Health system performance assessment model for Iran	Gholipour et al. (2018) (14)	Public health status, governance, accessibility, health expenditure, financing, equity, primary health care, aging care, quality of services, insurance system, hospital performance, research and development, privatization, efficiency, productivity, technology, health information system, health outcomes	Iran
2	Iran's health system performance assessment and management model	Mehroolhassani et al. (2017) (20)	Organizational motivation (history, mission, culture, reward system), resource management (process management, financial resources and budget management, material and equipment management, human capital management), different levels performance, stakeholders' satisfaction	Iran
3	Framework for Monitoring Health System	Kyani et al. (2023) (21)	governance and leadership (setting strategies and policies of other dimensions), population health, service delivery, finance (the status of financing resources, resource accumulation, purchase and allocation of resources, payment and strategic purchasing system), infrastructure (manpower management, knowledge and information, equipment and medicine)	Iran
4	A model for evaluating the government's performance in the field of health	Rotondo et al. (2018) (22)	Governance (laws and regulations and policies, stakeholders), resources (executive infrastructure, supply of goods and services, service demand management), service delivery and communication, performance evaluation, resource management	Iran
5	A framework for assessing the performance of health systems	Giacomelli et al. (2019) (3)	Boundaries of the health system (resources, actors and institutions related to financial services, regulations and provision of health services), goals, functions of the health system (stewardship, financing, Service delivery, resource generation)	international
6	control knobs framework	Palmer Johnson 2023 (23)	Legislation, financing, payment systems, behavior organization and monitoring, intermediate goals (quality, productivity and access) and ultimate goals (health, satisfaction and risk protection)	international
7	Health Care Quality Indicators framework	Mattke et al. 2006 (24)	Population health, non-health determinants, health system performance, health system context, health system goals (effectiveness, safety, responsiveness/patient-oriented, access and health costs)	international
8	Monitoring The Building Blocks of Health Systems	WHO (2010) (25)	Service delivery, human resources, health information systems, access to essential drugs, health system financing, leadership and governance	international
9	Health System Assessment Approach: A How-To Manual	Robin et al. (2018) (26)	Leadership and governance, financing, service delivery, human resources, medicine and medical equipment, health information systems	international
10	Assessing health care planning – A framework-	Ettelt et al. (2012) (27)	1. Vision: Alignment of planning with the health system, planning comprehensiveness and planning horizon 2. Governance: clear responsibilities and lines of accountability.	Germany and New Zealand

Table 2: Continued...

	led comparison of Germany and New Zealand		appropriate sanctions and incentives, stakeholders' participation and commitment, integration approaches and compatibility of strategic and operational planning 3.Intelligence: Availability of high quality data,availability of appropriate analytical tools,availability of sufficient analytical and administrative capacity,and contineous monitoring and evaluation.	
11	Health system rapid diagnostic tool (RDT)/ FHI 360	Pyone et al. (2017) (28)	Health information system, governance and leadership, inputs (manpower, financing, equipment and facilities), service delivery, society and health outcomes	England
12	Monitoring and Evaluation Framework	Kumah et al. (2020) (29)	Stakeholders' cooperation and accountability, timely and relevant and accurate data (how), comprehensive repository of routine and survey and research data of all stakeholders (what), timely analysis and use of information (analysis), feedback and release (reaction)	Ghana
13	A comprehensive health service evaluation and monitoring framework	Reeve, et al, (2012) (30)	structures and processes (accessibility, appropriateness, effectiveness, responsiveness, continuity and efficiency), outcomes (mortality, morbidity and morbidity, risk factors, health behaviors, health and well-being, equity), sustainability of essential services (human resources, infrastructure, financing, linking referral levels, governance) and service quality and national performance indicators (mother and child health, chronic diseases, etc.)	Australia
14	Operationalizing performance measurement dimensions for the Australasian nonprofit healthcare sector	Soysa, et al, (2016) (31)	Driver (mission), Enabler (strategy) , Resources (Financial health, people and information), Processes	Australasian
15	an integrated measurement framework	Levesque & Sutherland, (2020) (32)	Patients, society, service delivery system and organization (1. Patient needs and expectations; 2. Health care resources and structures; 3. Receiving and experiencing health care services; 4. Health care functions, processes and context; and 5. Health care outcomes)	-
16	Health system assessment framework: a framework for policy analysis	Moses et al, (2021) (33)	Governance (policy and vision, voice of stakeholders, information and intelligence, rules and regulations, transparency, fit-for-purpose institutions, accountability and representation), financing (adequate budget, sustainable budget, equitable increase in revenue, equitable pooling, administrative efficiency, efficient procurement Allocation of resources based on needs, complete coverage, high-quality public financial management), financing (availability and distribution and training of manpower, availability and distribution of infrastructure and equipment, medicine and consumables), service delivery, goals	international
17	Health System Performance Assessment	Sevim et al. (2024) (34)	Structures (health infrastructure, human resources, financing, digitization and innovation), processes (governance, integrated care, person-centeredness and health literacy), outcomes	Estonia

Framework for Estonia	(health outcomes, healthy choices, health-supportive environment, access, patient safety and quality)
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In a holistic view, the main foundations of health service delivery include the health system, society and environmental factors. The health system delivers services at the primary, curative, and rehabilitative levels to individuals and communities through policy-making entities, service providers, and purchasers—within an environmental con-

text that influences both population health and the management of the health system. This context encompasses socio-economic, political, cultural, and technological dimensions. These domains, along with the systemic relationships among their components, are summarized and presented as a conceptual framework in Fig. 2.

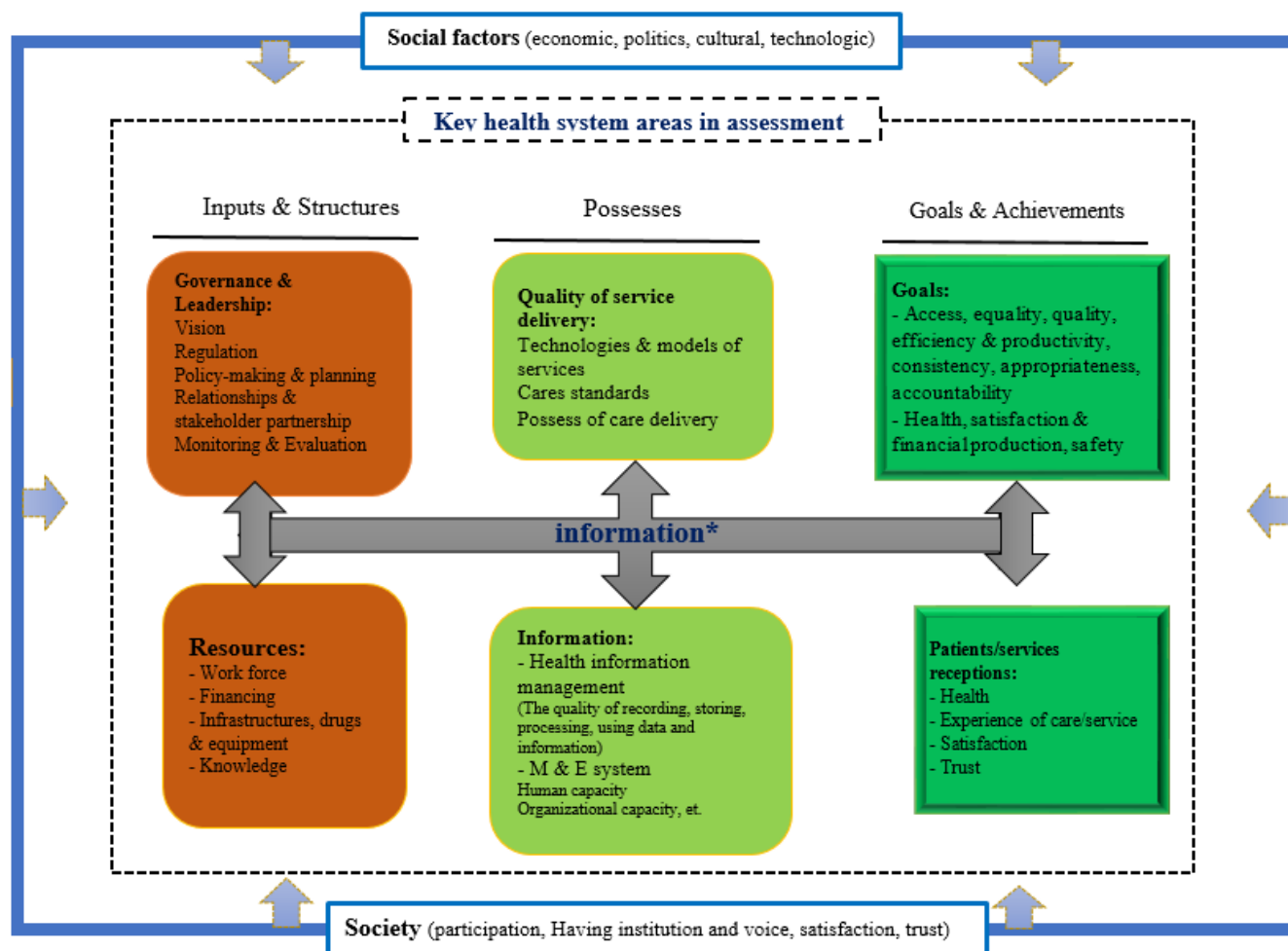


Fig. 2: Health system assessment framework

*All areas information including possesses and other areas

According to this framework, performance of health systems is assessed along four core dimensions: governance and leadership; resources; quality of service delivery and information. These dimensions and their subcomponents are assessed

within their relevant contextual settings, in relation to specified goals and considering the status of the recipients of services. In other word, evaluating the performance of the health system re-

quires an in-depth examination of all these core domains.

Usually, assessment starts with the evaluation of processes, followed by short-term objectives. However, it is preferable that these dimensions be considered and measured in relation to goals, structures, and inputs (governance, leadership, and resources). In this approach, the data obtained through assessment—the assessment results—become inputs for governance, leadership, and resource planning. This means that, in a dynamic monitoring system, the information gathered during the monitoring and assessment process feeds into policy review, program evaluation, planning processes, resource allocation, and the establishment of service delivery standards. In other words, identifying gaps and deficiencies at the service delivery level may reveal weaknesses in governance, policy-making, and other foundational inputs. In this repetitive cycle, control also becomes meaningful.

Discussion

Despite their commonalities, the examined models and frameworks were different in terms of contextual factors that affect health and the role of society and service recipients, and in general in terms of the purpose and scope of the areas and factors under supervision. For this reason, their dimensions were integrated and presented a more complete framework. The dimensions of this framework are described below.

In order to evaluate the performance of the health system, first of all, it is necessary to know the various dimensions of this system, including the existential philosophy or the main mission of the health system, goals, factors influencing the performance and the main parts of the health system (33)

The dimensions of the health system are numerous in different sources and texts. We tried to summarize the blocks that WHO presented in 2007 in the form of four main areas that also cover other areas including governance and leadership, resources, service delivery and infor-

mation. In addition, the goals of the health system and service recipients are two other dimensions of this summarized framework for evaluating the performance of the health system. In monitoring and evaluation, the extent to which health systems achieve their goals is a function of their performance in these four areas, taking into account the background and social, political, economic, and cultural factors, as well as the role and place of society in the decision-making system.

Each of these areas includes a set of activities or main tasks that have almost similar categories in different studies. For example, in the study of Khosravi et al. the dimensions of health system governance included health policy, strategic planning, organization and control. For this purpose, indices such as accountability, participation, transparency, justice, efficiency, responsibility, corruption control, effectiveness, ethics, rule of law and sustainability have been considered to evaluate the governance of the health system (35).

Furthermore, the dimensions of governance in the study of Moses et al. included policy and perspective, voice of beneficiaries, information and intelligence, rules and regulations (33). In the study of Dias et al. the dimensions of ethics and values (equality, philanthropy and public interest), balance of power (recognition of actors, acting, regulation of relations between actors), supervision (monitoring and evaluation, foresight, road map), corruption control (conflict of interest, transparency) and policy-making capacity (infrastructure, coordination, accountability, participation) (36) were considered. In the study of Tabrizi et al., the dimensions of organizational structure, communication and participation, legislation, policy making and planning, supervision and evaluation (37) are considered for the governance of the health system. Therefore, by summarizing various studies, the sub-dimensions of "governance and leadership" in this study include: vision, legislation, policy making and planning, communication management and beneficiary participation, monitoring and evaluation, and it is necessary to extract appropriate indices

for each of them to evaluate them. The governance of the health system is like the framework and foundations of a building, which largely determines the strength and fundamentality of the health system including various units, centers and programs (38).

- Resources: including human, financial, and medical resources. According to Donabedian's model for monitoring and evaluation, the organization's performance is categorized into inputs, processes and outputs; in this regard, human resources are the most important input and capital of any organization. Human resource management includes the process of hiring, training, maintaining and promoting human resources (38) and their availability and distribution (39). Manpower is an important factor in service delivery and the quality of service is tied to the quality of this department; therefore, monitoring and controlling these matters and getting information about its status is highly important. In "Financial Resources" category, the financing system, which has a direct and close relationship with human resources and includes collection, aggregation and purchase of services, is monitored and evaluated. Due to the lack of resources and the issue of the satisfaction of doctors and other service providers, adequate funding is very important (40). A major and fundamental part of the providers' satisfaction is due to its financing and being fair, which due to the correlation between satisfaction and the quality of service, and due to the severe lack of resources, the management of this sector needs more precision/delicacy. The financing system should be in line with the goals of the health system and help achieve the goals. Moreover, the monitoring and evaluation system is closely related to the reward and punishment system. The reward and punishment system should be fair and accurate in order to motivate employees to perform well. Supervision should act like a mirror so that everyone can see the reality and effect of their actions in it and try to correct it (41).

- Service delivery: services include all types of health, treatment and rehabilitation services for all groups. Turning policies into action is the key

to appropriate service delivery. All the policies and plans are to provide high-quality services. We need services that lead to maximum health and satisfaction by spending minimum resources. Such services and the process of providing them require a precise definition of the standards, a detailed description of tasks, correct selection of human resources and their continuous training, using modern technologies that minimize the possibility of errors and mistakes, continuous monitoring and regular and structured evaluation (42).

This field is not a place for trial and error; services should be provided here that have been refined through various rational and experimental filters and all kinds of verifications. At this stage, the most important concern is whether the services are running properly. Ensuring this important factor depends on an optimal and effective monitoring and evaluation system. A system that detects the smallest error at the right time and before causing irreparable damage (43).

The role of society and patients is more apparent in this section. Patients and their families directly refer to the relevant centers for their healthcare needs and communicate with the service providers. If the explicit (disease) and implicit (emotional) needs of the patients as people who are in a position of weakness are taken into consideration and a proper relationship is formed between the patient and the therapist, the satisfaction of the patients will increase (39). Nevertheless, as mentioned by Alster and Radwin, in evaluating patient and society satisfaction, a distinction should be made between needed care, requested care, and necessary care and attention should also be paid to information asymmetry between doctors and patients. In addition to the role of service recipients in giving feedback and improving service delivery, if there is an institutional context, people's representatives with the necessary expertise can also influence the policy and planning process, and social monitoring can be realized this way (44).

- Information: "Information and evaluation systems" category, as a repository of data and functional information, plays a significant role in in-

forming about the current situation, identifying gaps and planning to improve the quality of performance. Basically, it can be said that if the health information system has the necessary quality, it is possible to refer to this category to monitor and control the performance of the health system and be informed about the situation and plan based on it. Therefore, as the goal of some models has been to strengthen the health system by strengthening the health information system and linking the monitoring and evaluation system to routine data it should be kept in mind that information and evidence is one of the most important foundations in evaluation and control system and overall, in performance management (45). In this category, "health information management", including data recording, data processing and analysis and data retrieval and information use, is evaluated and monitored. Therefore, it is necessary to monitor and evaluate information systems in a comprehensive and systematic evaluation system. In other words, supervision of the supervisions and evaluation of evaluations should be carried out (46).

- Goals and recipients of the service: the goals of health systems are determined according to the needs of the society and the actual and potential resources. In every system and organization, goals represent the mission/philosophy of that system and organization. Therefore, it is necessary to be continuously monitored and evaluated in terms of nature, process, level of achievement, barriers to achievement and influencing factors. Part of the evaluation is done by examining the impact of policies, programs, and practices on the health status of service recipients (preventive, therapeutic, or rehabilitation services) and their level of satisfaction and trust. The service recipients, as a dimension that is monitored and evaluated by the health system, are a source of qualitative information and can provide a more accurate picture of the reality of the health system's performance in terms of service delivery and even in policymaking (47).

- Contextual factors: The health system is only one of the different management and service delivery systems and structures in the country, and

therefore the characteristics, conditions and culture governing the entire structures and other systems affect the management and performance of the health system. this model should not be abstract and idealistic and far from the realities of the health system and contextual factors. Of course, the requirement of such a thing is that the policies and priorities themselves are realistic and applicable (48). The importance of these factors is especially significant in developing countries. Because in these countries, different economic and political structures are usually less in line with development or far from it. Therefore, the reforms and changes of the health system should be considered in the macro dimension and at the country level. In these countries, there are often complex issues that have social, economic, political and cultural dimensions, and in the first place, it is necessary to clarify all these dimensions and their relationship with the problem in question, so that in the next steps, solutions and corrective interventions can be thought of (49).

Due to this correlation between the performance of the health system and macro-management structures at the country level, it is necessary to prioritize health as one of the basic criteria of development and even one of the tools for development in other areas, and other sectors and systems of the country. Therefore, without considering the effects of social factors, monitoring, evaluation, assessment and informing about existing situation cannot be very effective (50).

In a number of studied models, contextual factors have been mentioned in terms of their impact on the health of society (sometimes under the title of social determinants of health) and the interdisciplinary role of health systems. Of course, most of these factors have been mentioned, and the type and manner of connection of these factors to monitoring and evaluation in the health system has not been determined. Perhaps this lack of deep entry into contextual factors is because they do not consider the health system directly responsible for these factors, or the purpose of their models is only limited to the health system (51). However, contextual factors have a significant impact on both the health of

society and the management of the health system. As a result, they affect the achievement of goals. Addressing them can lead to a greater understanding of the complexities of the health system and better management, especially in the field of public health and primary health care (52). Therefore, on the one hand, it is necessary for policy makers and managers of the health system to avoid simple and linear thinking, to understand the complexity of the health system in the government system, and to show more desire for intersectoral collaboration. On the other hand, if governments are looking for development, they should focus on all sectors and put intersectoral collaboration and comprehensive monitoring and evaluation at the top of their activities (53).

- The role of society: one of the distinguishing features of the models was their attention to the role of society. Despite the fact that most models and frameworks have considered functional areas in relation to goals such as quality, effectiveness and satisfaction, which are related to patients and their families, they do not consider an active role for society. The only framework or tool that considers an active role for society and considers this dimension as one of the main dimensions of the model is the rapid diagnosis tool of the health system related to the International Family Health Organization (20). In this regard, the dimensions related to the society have been considered in two axes: "process" and "result". The process components related to community participation include community participation in the design of health systems or health services, community participation in providing services (prevention, treatment and care), participation in monitoring the performance of the health system and the possibility of their employment and employment in the health system (54). The "result" components include: voice/influence (a feeling of being heard and having influence on decisions), reflection of information related to society/people's information in official health information systems, the role of society in financing the health system and providing health services from services and social centers. As it is clear from these dimensions and components, public participation

can help improve the performance of health systems and increase the health of society (55). Furthermore, Siddiqi et al. have considered the participation of society and beneficiaries in decision-making as one of the principles of health system governance and one of the areas that should be monitored and assessed. This principle has been considered at three levels: national level (community participation in decision-making throughout the country and non-health systems), policy-making level, and policy implementation level (56). In the study of Levesque and Sutherland, "the voice of stakeholders" is considered one of the main dimensions of health system governance, and in the assessment of the health system governance performance, the extent of beneficiaries' participation in decisions should be measured (21). Moreover, the World Bank has prepared a large set of indicators related to the quality of governance, and participation of the citizens of a country in choosing their government, as well as freedom of expression, freedom of association and free media, are the main categories of these indices (57).

Conclusion

Assessment overall health system performance is a complex and challenging endeavor, but it is essential for enhancing the effectiveness and efficiency of the system. This paper conducted a comprehensive search, integration, and categorization of the key dimensions involved in health system performance assessment. One of the most critical aspects of performance evaluation—and performance management more broadly—is the adoption of a systemic perspective. Such an approach emphasizes the interconnectedness of outcomes, processes, inputs, and environmental factors, rather than viewing them in isolation. Without this systems-based perspective, the primary goal of monitoring and evaluation—namely, performance improvement—cannot be fully achieved. Moreover, performance assessment should be viewed as a cyclical and iterative process, one that continuously loops from out-

puts to inputs and back again, ensuring ongoing adaptation and improvement.

Journalism Ethics considerations

Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

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Conflict of Interest

The authors declare that there is no conflict of interests.

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