

S1 Table Knowledge of health financing schemes (N=296) This table contains the various questionnaires and the responses for each as according to the 5-point Likert scale.

| No | Item | n (%) | | | | |
|----|---|-------------------|-----------|------------|------------|----------------|
| | | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| 1 | Tax-based finance refers to finance resources derived from government revenues | 6 (2.0) | 11 (3.7) | 93 (31.4) | 106 (35.8) | 80 (27.0) |
| 2 | Income tax is one revenue source for tax-based finance | 2 (0.7) | 4 (1.4) | 55 (18.6) | 123 (41.6) | 112 (37.8) |
| 3 | Tax-based finance allows risk-sharing between the rich and the poor | 7 (2.4) | 21 (7.1) | 93 (31.4) | 102 (34.5) | 73 (24.7) |
| 4 | Tax-based finance allows healthcare access to each and every citizen | 7 (2.4) | 22 (7.4) | 72 (24.3) | 112 (37.8) | 83 (28.0) |
| 5 | Tax-based finance may lead to underfunding | 11 (3.7) | 30 (10.1) | 129 (43.6) | 74 (25.0) | 52 (17.6) |
| 6 | Progressive taxation is an equitable form of direct taxation in tax-based finance. | 3 (1.0) | 8 (2.7) | 158 (53.4) | 87 (29.4) | 40 (13.5) |
| 7 | The financial resources in Social Health Insurance (SHI) is derived from compulsory contributions from a particular sector. | 14 (4.7) | 13 (4.4) | 87 (29.4) | 133 (44.9) | 49 (16.6) |
| 8 | SHI systems are heavily dependent on payroll contributions | 1 (0.3) | 10 (3.4) | 97 (32.8) | 132 (44.6) | 56 (18.9) |
| 9 | In SHI, payment models can be either single or multi-payor systems | 2 (0.7) | 5 (1.7) | 99 (33.4) | 132 (44.6) | 58 (19.6) |
| 10 | Supervisory institutions are essential in a SHI system to monitor the funding bodies. | 1 (0.3) | 1 (0.3) | 68 (23.0) | 136 (45.9) | 90 (30.4) |
| 11 | SHI systems can ensure equity of access to healthcare. | 8 (2.7) | 12 (4.1) | 91 (30.7) | 115 (38.9) | 70 (23.6) |
| 12 | The ICARE system proposed by the Ministry of Health in 2010 included SHI as a component. | 6 (2.0) | 8 (2.7) | 146 (49.3) | 97 (32.8) | 39 (13.2) |
| 13 | SHI systems are more costly than tax-based systems to manage | 3 (1.0) | 23 (7.8) | 172 (58.1) | 67 (22.6) | 31 (10.5) |
| 14 | The revenue base in SHI is usually smaller than tax-based finance | 5 (1.7) | 25 (8.4) | 190 (64.2) | 46 (15.5) | 30 (10.1) |
| 15 | SHI is not appropriate in a large informal sector | 8 (2.7) | 31 (10.5) | 167 (56.4) | 57 (19.3) | 33 (11.1) |
| 16 | Contributions to SHI are compulsory. | 7 (2.4) | 25 (8.4) | 111 (37.5) | 93 (31.4) | 60 (20.3) |
| 17 | Private insurance refers to insurance plans from the private sector as | 2 (0.7) | 12 (4.1) | 65 (22.0) | 126 (42.6) | 91 (30.7) |

| No | Item | n (%) | | | | |
|----|--|-------------------|----------|-----------|------------|----------------|
| | | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| | opposed to government-funded health finances. | | | | | |
| 18 | Private insurance is classified as complementary if the coverage is for services excluded by the state | 7 (2.4) | 8 (2.7) | 94 (31.8) | 115 (38.9) | 72 (24.3) |
| 19 | 19. Private insurance is classified as supplementary if the coverage is for faster access to healthcare. | 5 (1.7) | 10 (3.4) | 73 (24.7) | 127 (42.9) | 81 (27.4) |
| 20 | Unregulated private insurance can lead to unethical practices such as profiteering. | 1 (0.3) | 8 (2.7) | 43 (14.5) | 82 (27.7) | 162 (54.7) |
| 21 | The existence of a private supplemental insurance can lead to unwarranted referrals. | 5 (1.7) | 24 (8.1) | 57 (19.3) | 125 (42.2) | 85 (28.7) |
| 22 | Private insurance may have a biased preference for clients with good risks known as “cream-skimming” . | 0 | 9 (3.0) | 74 (25.0) | 113 (38.2) | 100 (33.8) |
| 23 | Private insurance is based on ability to pay | 2 (0.7) | 7 (2.4) | 35 (11.8) | 115 (38.9) | 137 (46.3) |
| 24 | Private insurance is not the preferred choice for Universal Health Coverage | 5 (1.7) | 24 (8.1) | 96 (32.4) | 86 (29.1) | 85 (28.7) |