

Supplementary File 2: Illustrative Qualitative Framework Analysis Matrix

This matrix presents representative, non-exhaustive, anonymized selection of qualitative data extracts across Phase 1 (Key Informant Interviews) and Phase 2 (Policy Delphi Workshops). It illustrates the five-stage Framework Analysis process (familiarization, thematic framework identification, indexing, charting, and mapping) used to translate raw participant discourse into the seven final system domains.

Table 1 Illustrative qualitative analysis matrix tracking data extracts to initial codes, sub-themes, and final system domains

Research Stream & Source	Final Main Domain	Sub-Theme	Initial Open Codes (Indexing)	Anonymized Representative Quote Extract
Phase 1: Key Informant Interviews	1. Governance Model	Institutional Stewardship & Accountability	• MOH leadership • Clear stewardship • Avoiding blame-shifting	"MOH must take responsibility for this... if something goes wrong, we cannot blame industry or patient groups. Clear accountability structures are essential." — [Key Informant, Policy E]
Phase 1: Key Informant Interviews	2. Financing Architecture	Fiscal Limits & Price Regulation	• Tax-OOP mix limits • Dedicated financing • Price transparency	"If you don't have a dedicated financing system, it's very difficult to sustain a benefit package... 90% of the fee in private hospitals is non-professional. We need price regulation and cost transparency." — [Key Informant, Health N & Econ 1]
Phase 2: Policy Delphi (Arm 2)	3. Role of HTA	Technocratic Gatekeeping vs. Social Values	• HTA institutionalization	"Try telling a patient that a certain cancer drug isn't in the package because it's not cost-effective.....if it's your loved one, you don't care about cost per QALY. We need HTA,

			• QALY threshold limits • Ethical trade-offs	<i>but we must balance technical value with social equity."</i> — [Delphi Participant, Arm 2]
Phase 2: Policy Delphi (Arm 1 & Arm 2)	4. Implementation Pace	Rollout Velocity vs. Delivery Capacity	• Political windows • Safety net protection • Infrastructure deficits	<i>"Having something in the benefits package on paper doesn't mean people actually get it. Without trained staff and equipped clinics in place, an explicit package is just a document that risks destabilizing existing care."</i> — [Delphi Participant, Arm 2]
Phase 2: Policy Delphi (Arm 1)	5. Equity Approach	Target Access for Vulnerable Populations	• B40 targeting • Lower-income priority • Reducing disparities	<i>"The package needs to focus on B40.....the bottom 40% income group. If the national scheme doesn't help the poorest families who face financial hardship, then what is the point of establishing it?"</i> — [Delphi Participant, Arm 1]
Phase 2: Policy Delphi (Arm 2)	6. System Scope	Geographic Barriers & Whole-of-System Reach	• Rural access barriers • Service availability • Public-private facilities	<i>"You can announce all these free services, but if I live in a rural area where the nearest clinic is two hours away, how am I supposed to actually get those services? The package must integrate facilities across regions as well as across sectors between public and private."</i> — [Delphi Participant, Arm 2]
Phase 2: Policy Delphi (Arm 2)	7. Transparency & Legal Anchoring	Public Trust & Explicit Rationale	• Decision transparency	<i>"There's an issue of trust. If we don't explain the choices, the public might think we're hiding treatments. As long as we clearly explain the basis for including primary care and</i>

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- Managing expectations
 - Building trust
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excluding very high-cost interventions, people will accept it." — **[Delphi Participant, Arm 2]**