

Why responsiveness is important?

The WHO's work on health system responsiveness has built on established research in the fields of patient satisfaction and patient reports of their experiences with health systems. By providing information on inter-personal processes at health services, responsiveness reflects both non-technical quality and people's perceptions of health service quality. This knowledge is useful to governments, who need to monitor public support for health system institutions. Shorter waiting times in the private sector may generate preferences for the private sector over the public sector, potentially undermining the long-term viability of public health services. Inter-personal aspects of service quality can also affect utilization and the effectiveness of interventions, in particular for certain health states, which give patients greater control over their health (e.g. tuberculosis). Finally, the work on responsiveness plays a critical advocacy role for the population's voice in the political arena. By obtaining feedback from users and non-users alike, it advocates for greater government and private sector accountability.

Beginnings

The responsiveness concept was developed as part of a framework for measuring health system performance. This framework identified the main goal of any health system to be the maintenance and improvement of health (for all). A second goal, termed "responsiveness", was to have a health system that respected human dignity and responded to people's non-medical needs. The third goal was to have the cost of health care fairly financed.

The logic behind the inclusion of responsiveness as a health system goal is best explained by an example. Compare a health service that keeps a patient waiting for three hours for a simple test, with another that sees a patient within an hour;

and let us accept that these experiences have no effect on the patient's health state or their perceived health. Could we say that both health services have performed equally well? No, because people value how they spend their time.

Further to this intrinsic goal, responsiveness may also improve patterns of utilization of health services. For example, when information is clearly communicated, people are better equipped to use services.

Methods

In line with its function as a leading international health organization, the WHO has added a necessary and useful feature to existing work on patient experience surveys. It has developed a mechanism to make results comparable across countries by adjusting for differences in expectations and different uses of response categories (e.g. some people don't like using responses evoking extreme praise or criticism). Furthermore, WHO has supported the development of patient surveys in previously neglected, low-income and middle-income countries with the goal of providing these countries with useful information for improving their health services.

Domains

The first step in measuring responsiveness was to decide on a set of domains that were universally important. These domains were selected on the basis of expert consultations and an extensive literature review covering existing survey instruments, international law, and patient satisfaction literature. A constraint on the selection process was to select the minimum set of responsiveness domains that would be relevant in a wide range of settings (the inclusion of more domains have implications for higher costs). Furthermore, the set of domains needed to cover the most important aspects of the concept of responsiveness, as described in the

literature. The final set consisted of eight domains:

1. autonomy (involvement in decision making)
2. choice of health care provider
3. communication (clarity of)
4. confidentiality
5. dignity
6. prompt attention
7. quality of basic amenities
8. support from family and community

The next step was to develop and assess the reliability and validity of the way the domains were operationalized in questionnaires (see *forthcoming publications 2003*).

Responsiveness questionnaires

WHO has undertaken two large international pieces of work on responsiveness: the Multi-Country Survey Study (2000-2001) covering 60 countries; and the World Health Survey (2002-2003) covering 73 countries. Both of these surveys included a responsiveness module (questionnaire). To find out which countries are covered in these surveys, go to <http://www.who.int/evidence/hhsr-survey/> and <http://www3.who.int/whs/>

Other tools

There is ongoing work to improve responsiveness measurement and its interpretation. While the responsiveness module in the World Health Survey offers a means to obtain a population-based measure of responsiveness, other techniques, with different advantages, are also being investigated. These include facility-based surveys, which cover health care provider interviews and observation studies, and key informant surveys.

What can responsiveness do for you?

1. Information collected in the household surveys can answer the following types of questions about your country's health services:

- Are patients attended to promptly?
- Do staff treat patients respectfully?
- Do patients have sufficient privacy?
- Do health care providers explain diagnoses and treatments clearly?
- Are patients treated equally?
- Do health care providers involve patients in making decisions?

2. The responsiveness module is designed to make the above information available for:

- public versus private sector health care facilities;
- different facilities;
- people with different health conditions.

3. Finally, the responsiveness module can also assess:

- self-reported reasons for non-use;
- how responsiveness explains low coverage, utilization and reasons for non-use.

All of this information can be disaggregated by sex, income, education, insurance status, geographic region of the country and other socio-demographic variables, which are commonly utilized in population surveys.

Linkages to other WHO work

- survey quality assessments, country

technical assistance;

- human rights, civil society participation and discrimination;
- acceptability of the HIV vaccine;
- cross-country analysis of adolescent friendly services.

Institutional linkages

- the Picker Institute (Europe):** for facility survey questionnaire development;
- the United States Agency for Healthcare Research and Quality and CAHPS:** for assistance with methodological development and analysis;
- the Australian Department of Health and Ageing:** for development of guidelines for countries to analyse the responsiveness module.

For more information

email: responsive@who.int

internet site:

<http://www3.who.int/whosis/menu.cfm?path=hsr>

Forthcoming publications 2003

Health Systems Performance Assessment: debates, methods and empiricism

Country guidelines for analyzing the responsiveness module in the Multi-Country Survey Study and the World Health Survey

Country reports on the Key Informant Survey

Studying responsiveness in facilities: methods and findings for Egypt and China

World Health Organization

World Health Organization



Evidence and Information for Policy

Global Programme on Evidence for Health Policy

RESPONSIVENESS
R