RESPONSIVENESS

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Key Informant Opinion Survey

Health system responsiveness survey results: equitable, humane, patient-centred treatment by health systems, or not?

SAMPLE REPORT

Country Profile
November 2003

Health system responsiveness survey results: equitable, humane, patient-centred treatment by health systems, or not?

Background

As part of an on-going programme to assess the responsiveness of health systems to the population, WHO undertook a Key Informants Survey of Health and Responsiveness in 2001. The main purpose of the survey was to find out what key players thought of their health system in terms of it having a culture of respecting users and being people-oriented (i.e. responsiveness). The key informants included health professionals, members of civil society groups and academics, amongst others. This short report, prepared for 41 countries (see Annex 1), presents the major findings from the survey of key informants' opinions on health system responsiveness in their country. Further detailed results for each country are available on request.

Questionnaire

Key informants were interviewed using a structured questionnaire. The key informant questionnaire is one instrument from a questionnaire portfolio developed by WHO for measuring health system responsiveness. The 2001 key informant instrument was refined following feedback from the 1999 key informant survey carried out in 35 countries, and was tested prior to being fielded on 30-40 respondents inside WHO and collaborating centers. It consisted of 12 sections and took approximately 1.5 hours to administer.

Implementation

Most of the KIS surveys were administered through WHO country representatives (WRs) and liaison officers, accounting for roughly 87% of total responses. In several cases, WRs personally conducted face-to-face interviews. Other responses obtained were from individuals who responded to the questionnaire posted on the WHO Internet. The web posting was publicised through electronic mailing lists and site links. As the purpose of the survey was to obtain the views of diverse people formally involved in the health system, the people running the surveys in the countries (focal points) were instructed to select key informants from many different affiliations, including Ministries of Health, public and private health services, expert advisory panels, universities, and non-governmental organizations.

The results presented below summarize the main views of key informants on their health system's responsiveness. While the recommended gold standard for measuring responsiveness remains the patient or household interview, key informant surveys can also provide useful information regarding the opinions of health providers and other key players. The selection and knowledge of the key informants is key to interpreting the results well. Key informants in these surveys were selected by WHO representatives working in the countries. This approach had a built-in quality check in the sense that WHO representatives, by virtue of their work, are familiar with the different players in the health system. Given their close association with ministries of health, it is inevitable that WHO representatives interviewed a large number of government civil servants. This being said, following the instructions to canvas as wide an audience as possible, WRs made a special effort also to reach the private sector, academics and other players in the health system. Given that the background of the key informants is important for understanding the results, this information is presented as one of the key results of the survey alongside the main results on responsiveness.

Responsiveness themes

Responsiveness has built on components of patient satisfaction, quality of care and patient experience literature by providing a structured framework for discussing and measuring patient issues thereby complimenting the enormous range of bio-medical metrics for measuring health outcomes. Questions used in the key informant survey questionnaire built on the themes outlined in Table 1. Generically, the responsiveness questionnaire are tools for monitoring how health systems treat people in its aims to promote health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO's 1948 constitution). The areas, or domains, of responsiveness can be grouped according to service aspects related to human dignity (respect for persons), and domains related to the system having a client orientated approach (see Table 1).

Table 1: Main themes of the responsiveness domains used as a basis for developing questions in the key informant questionnaire

	Domain Label	Short Description	Themes for survey questions
Respect for persons domains	Auto-nomy	Involvement in decisions	♦ consulting patients about preferred treatments ♦ obtaining patient consent
	Communica-tion	Clarity of Communication	♦ patients are given information on alternative treatment options ♦ health care providers explain diagnoses and treatments clearly ♦ patients encouraged to ask questions ♦ health systems provide information about how to avoid getting ill ♦ health insurance systems provider clear information about payments and benefits
	Confiden -tiality	Confidentiality of personal information	♦ consultations carried out so they protect patient confidentiality ♦ confidentiality of patient information and formal records is ensured
	Dignity	Respectful treatment	♦ patients are treated with respect by health system staff ♦ in particular, the dignity of patients with diseases with stigma's e.g. AIDS or leprosy is safeguarded ♦ patient privacy during physical examinations is respected
Client orientation domains	Choice	Choice of health care provider	♦ patients are given a choice of health care providers ♦ patients are given a choice of health care facilities
	Quality basic amenities	Surroundings	♦ the quality of basic health service infrastructure is adequate, e.g. space, seating and fresh air ♦ basic facilities at health clinics are clean (e.g. rooms, toilets)
	Prompt attention	Convenient travel and short waiting times	♦ reasonable waiting time for tests and results ♦ reasonable length waiting lists for non-emergency surgery ♦ reasonable waiting times at health services for a consultation ♦ convenient travel and reasonable travel times to health facilities
	Access to family and community (social) support	Contact with outside world and maintenance of regular activities	♦ patients may be accompanied by friends or relatives during consultations ♦ patients have the opportunity to have personal needs taken care of by friends and family while receiving care

Results for Sample Country

Respondents

A total of 142 individuals responded to the key informant survey in Sample Country. More than half were female (60 %) and a third were working in a rural setting. Clinicians formed a small proportion of respondents (about 10%). More than 60% of respondents had insurance for their own personal health. Most respondents (80%) had university or college education which reflects that higher-level health personnel and academics were targeted in this survey. Figure 1 shows the key informant's self-reported main place of work.

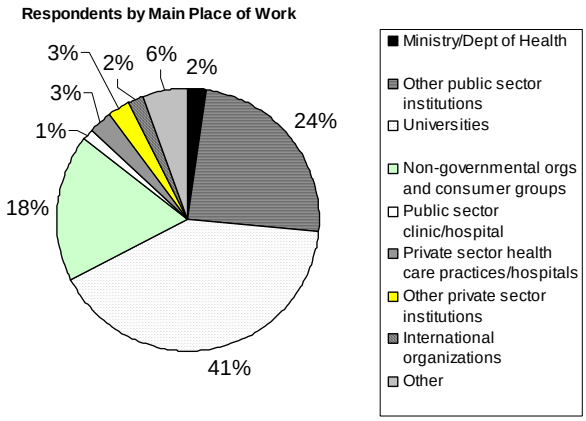

Figure 1: Percentage of key informants and main place of work (n=142)

Health system responsiveness level

Respondents were asked their opinion on the responsiveness of the public and private health sectors to the population in their country using 39 questions for eight domains listed in Table 1. The results are summarized in Figure 2. Across all domains, key informants were of the opinion that public health sector responsiveness was worse than private sector responsiveness. In the public sector, the weakest domains were dignity, prompt attention and autonomy. In the private sector, confidentiality was the weakest domain.

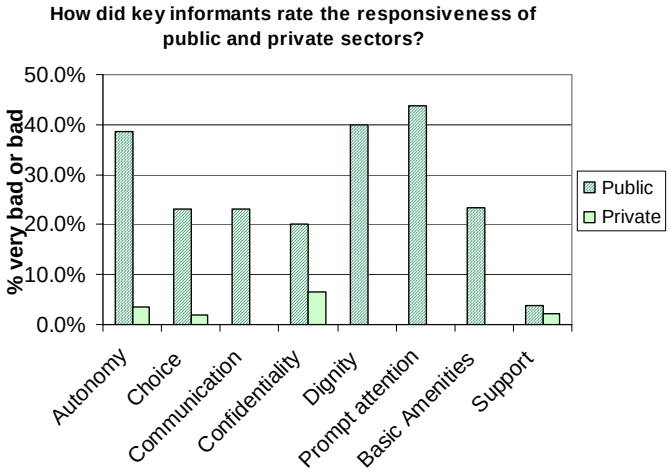

Figure 2: Percentage of key informants rating the responsiveness domains as "very bad" or "bad" (n>=35, four rotations of this section)

Discrimination

When asked to appraise discrimination in the health system, key informants reported that the main problems were social class and a lack of wealth. Figure 3 shows the percentage of key informants who thought there was discrimination in the health system for a particular reason.

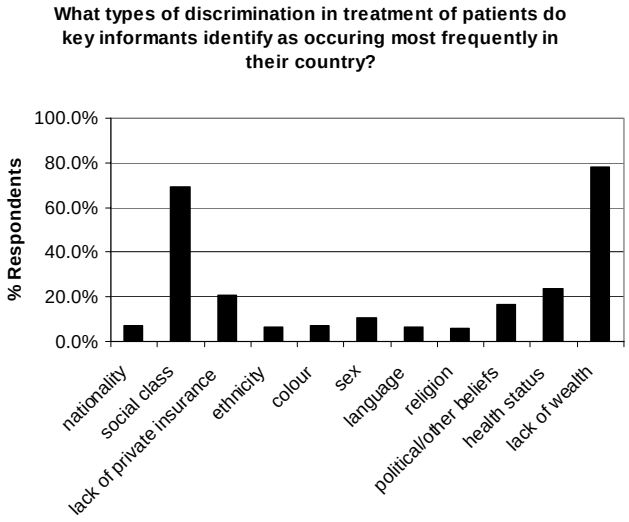

Figure 3: Percentage of key informants who indicated there was discrimination in the health system, attributed to a particular reason (n=142)

Responsiveness levels in groups of the population

Key informants were asked to rate the responsiveness of the health system with regard to four respect for persons domains and four client orientation domains, for different sub-populations, on a scale from 0 (worst) to 10 (best). The sub-populations identified for each of the following categories were:

- ethnicity: indigenous or other ethnic minorities and the rest of the population;
- geography: urban and rural;
- education: more educated and less educated;
- wealth: more wealthy and less wealthy;
- age: older than 65 and younger than 65; and
- sex: male and female.

On a scale from 0 to 10, key informants rated the respect for persons domains in Sample Country's health system as 4.95, higher than client orientation domains (4.63). Figure 4 shows the scores for each of the sub-populations. Patterns for the two different groups of domains are similar. Most of the expected trends are observed, with key informants observing that wealthier, more educated, urban people have more responsive health care. Wealth, followed by education and geographic location, is reported to be the dominant factor leading to inequality in responsiveness. A larger difference between the responsiveness of health services to the rich and the poor was reported for respect for persons' domains than client orientation domains. People over 65 were reported as receiving the same or slightly better care. People from minorities were reported as receiving slightly better treatment.

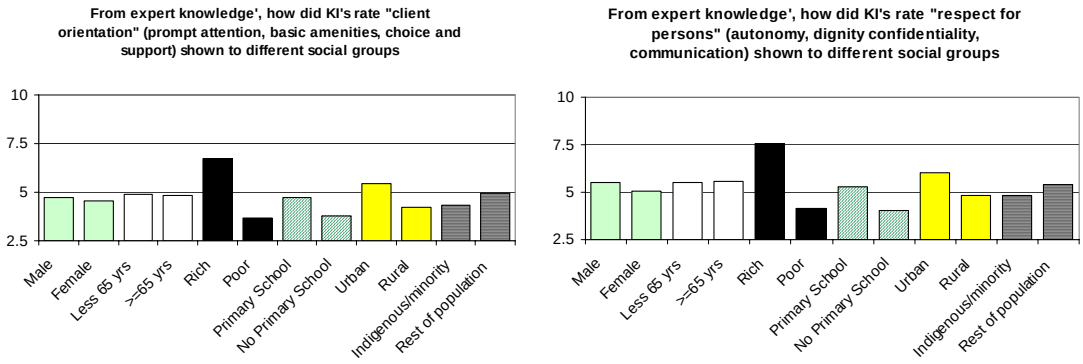

Figure 4: Average responsiveness score from 0 (worst) to 10 (best) for different population sub-groups for "respect for persons" and "client orientation" domains (n=142)

The importance of responsiveness domains

Key informants were asked to rank the domains for their importance. Figure 5 (a) shows the key informant's ranking of the importance of the domains, with the first bar on the left, labelled 1, showing the percentage of respondents rating any of the eight domains in first position. The domains of prompt attention, dignity and confidentiality were considered more important than the rest. In a single indicator of responsiveness, 64 % informants favoured a weighting system that gave equal emphasis to respect for persons and client orientation domains (Figure 5 (b)).

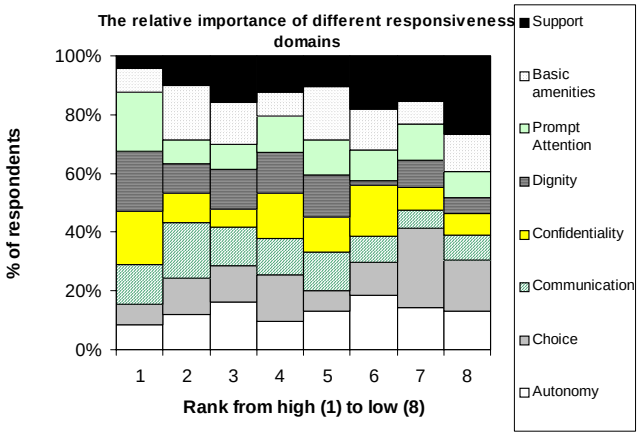

Figure 5(a): Key informants ranking of domains from 1(best) to 8 (worst)(n=142)

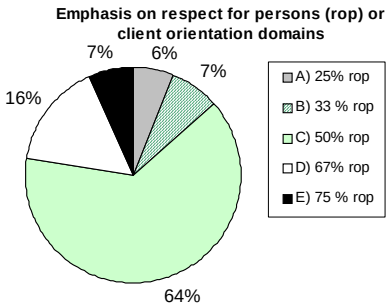

Figure 5(b): Emphases for indicators of responsiveness (n=142)

5 key findings on health system responsiveness in Sample Country

According to key informants....

1. Dignity, prompt attention and autonomy are the weakest areas of responsiveness in the public sector.

2. Confidentiality, autonomy and access to family and community support are the weakest areas of responsiveness in the private sector.

3. Overall, private sector responsiveness is much better than public sector responsiveness.

4. Socio-economic and urban-rural discrepancies are the main equity and discrimination concerns. Discrimination on the basis of health status is also prevalent, but of secondary importance.

5. When thinking of the relative importance of the eight aspects of the health system evaluated in this study, prompt attention, dignity and confidentiality are the most important domains, while access to family and community support is the least important.

Further Information

The responsiveness pamphlet, questionnaires and other materials found at URL:http://www.who.int/whosis/responsiveness.

Annex 1: List of countries with country reports and the type of survey response mode

ISO3 country code (*internet survey)	Country Names	Percentage of survey respondents using a paper, as opposed to an internet, questionnaire (%)
WHO Region for Africa		
BWA	Botswana	99
BFA	Burkina Faso	100
CMR	Cameroon	98
CPV	Cape Verde	100
CAF	Central African Republic	99
COD	Democratic Republic of Congo (later completion)	100
GNQ	Equatorial Guinea	100
GMB	Gambia	99
MDG	Madagascar	98
MWI	Malawi	100
MDV	Maldives[1]	--
MOZ	Mozambique	99
NGA	Nigeria[1]	--
RWA	Rwanda	99
ZAR	South Africa[1] (later completion)	100
TGO	Togo[1]	97
UGA	Uganda	92
ZMB	Zambia	99
ZWE	Zimbabwe	99
WHO Region for the Americas		
CAN*	Canada	0
USA*	United states of America	0
WHO Region for the Mediteranean		
DZA	Algeria	97
EGY	Egypt	95
LBN	Lebanon	94
SYR	Syrian Arab Republic	99
YEM	Yemen	99
WHO Region for Europe		
BGR	Bulgaria	98
GEO	Georgia	99
KAZ	Kazakhstan	100
SVK	Slovakia	97
SVN	Slovenia	99
TUR	Turkey	57
GBR*	United Kingdom	1
WHO Region for South-east Asia		
LVA	Sri Lanka	--
THA	Thailand	92
WHO Region for the Western Pacific		
AUS*	Australia	0
CHN	China	99
MYS	Malaysia	98
MNG	Mongolia	100
PNG	Papua New Guinea	99
KOR	Republic of Korea	95

[1] Only one rotation was answered so the section on the evaluation of responsiveness performance only covers 2 domains.