

Health Systems Responsiveness within CHORUS consortium

CHORUS webinar

21 March 2022

Professor Tolib Mirzoev, LSHTM

Plan for today

Objectives are to...

... move towards a common understanding of health systems responsiveness

... reflect on how HS responsiveness can be covered within CHORUS



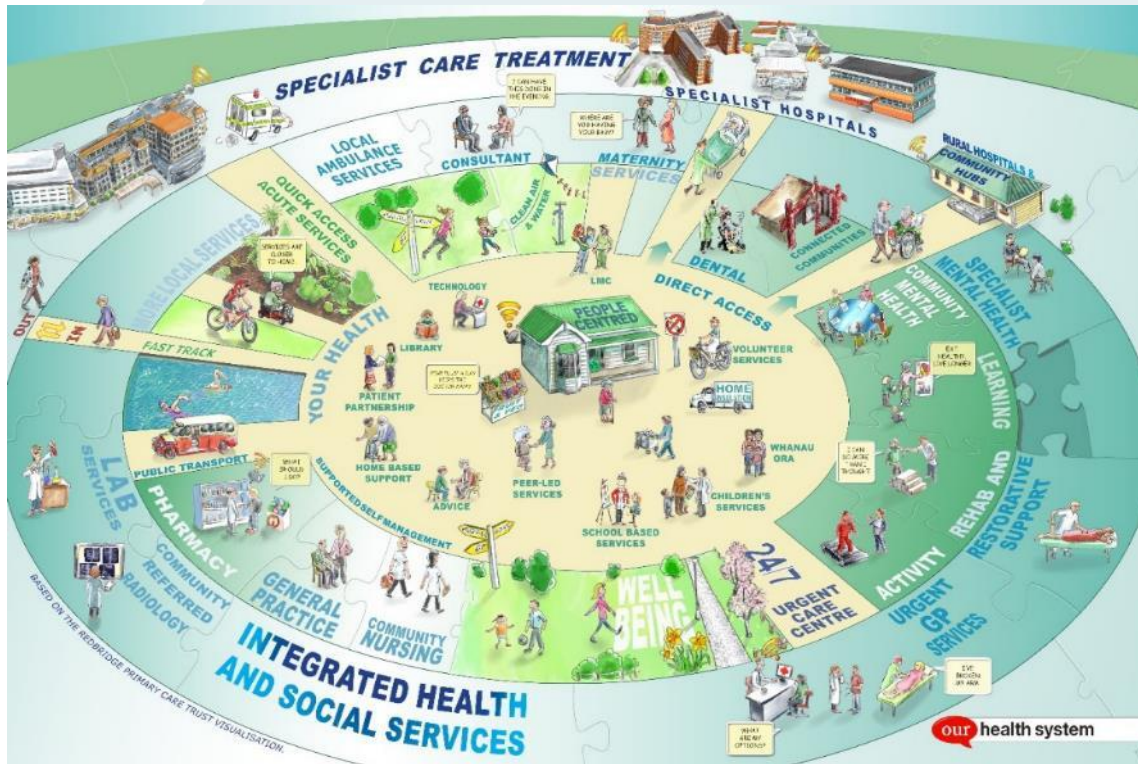
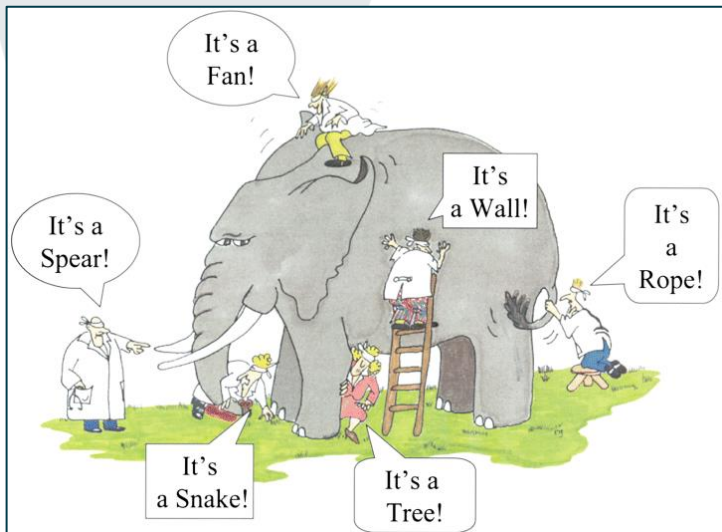
Structure (total 1.5 hrs)

Presentation, mini-exercises, Q&A (~45 mins)

Breakout groups → 2-3 mins feedback (~45 mins)

What does Health Systems Responsiveness mean to you?

What is a Health System?



Understanding Health System

THE WHO HEALTH SYSTEM FRAMEWORK

SYSTEM BUILDING BLOCKS



ACCESS
COVERAGE
QUALITY
SAFETY



OVERALL GOALS / OUTCOMES



WHO (2007).

Complex Adaptive Health Systems

'It is the multiple relationships and interactions among the building blocks ... that convert these blocks into a system'

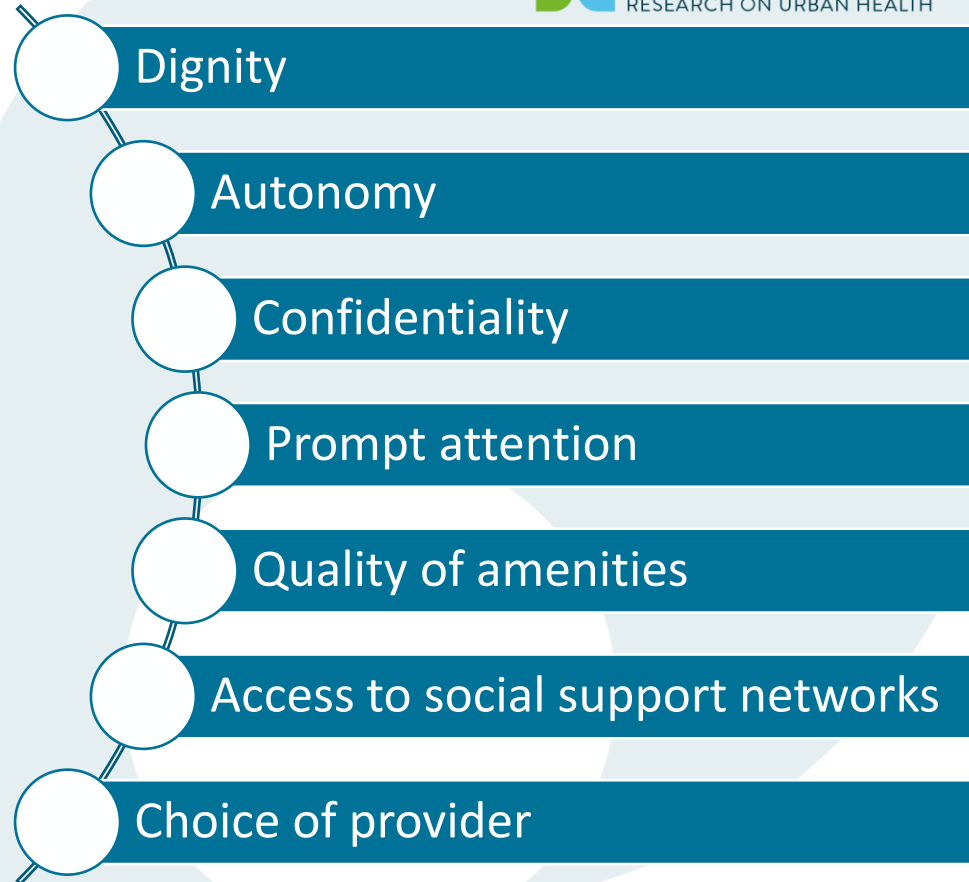
De Savigny & Adams, 2009, p.31



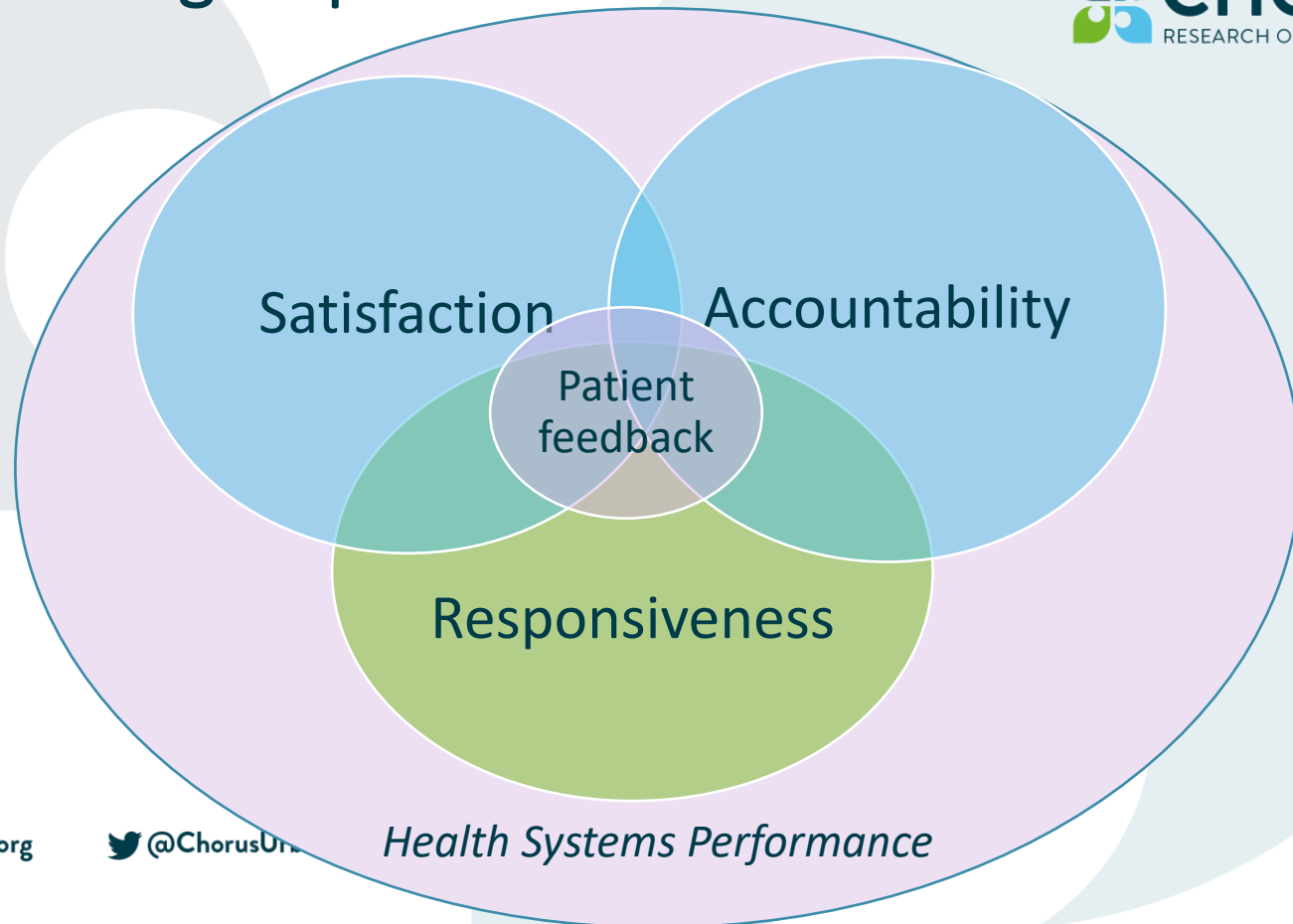
Responsiveness – WHO framework

Responsiveness ...when institutions and... relationships are designed in such a way that they are cognisant and respond appropriately to the universally legitimate expectations of individuals... safeguarding of rights of patients to adequate and timely care

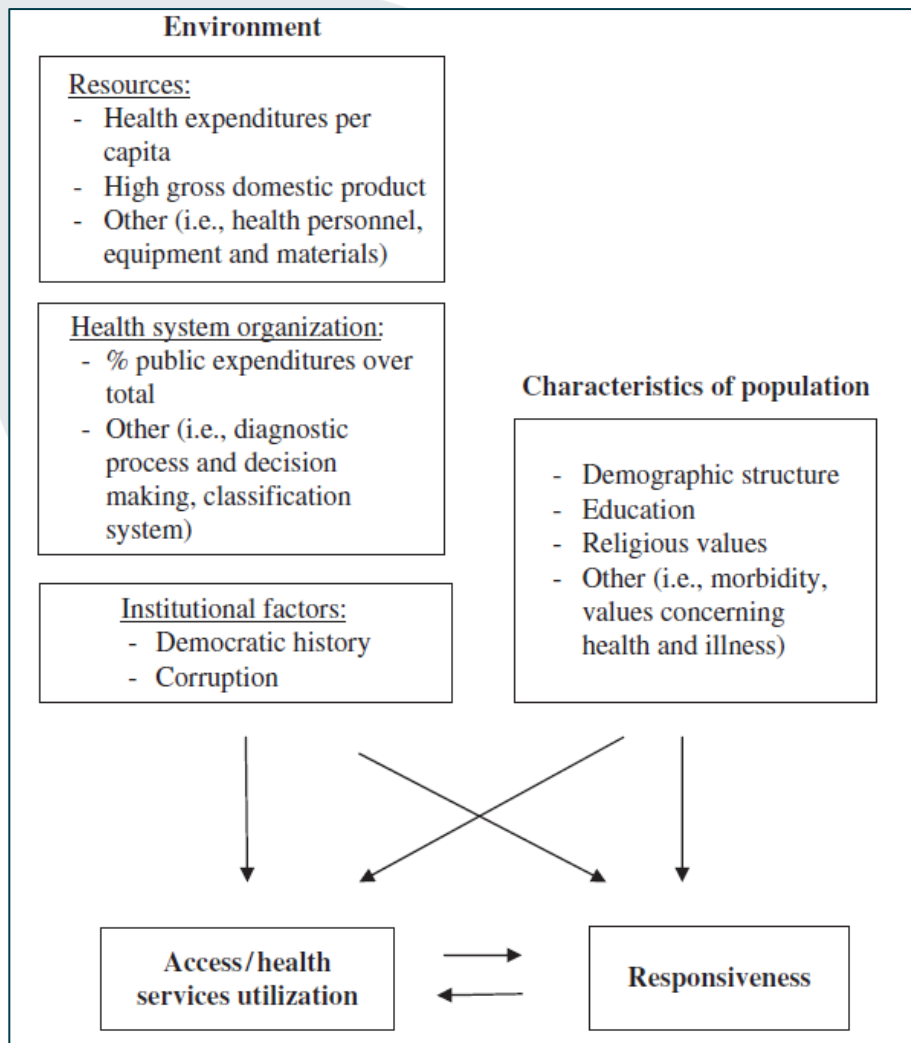
WHO, 2000



Conceptualising responsiveness



Framework for Health Systems Responsiveness



Robone et al, 2011 Health Services Research 46:6,

Three dominant categorisations of HS responsiveness

Unidirectional service-user interface

- WHO influence
- Service performance & quality

Feedback between users and the system

- Patient feedback
- Use for service improvement

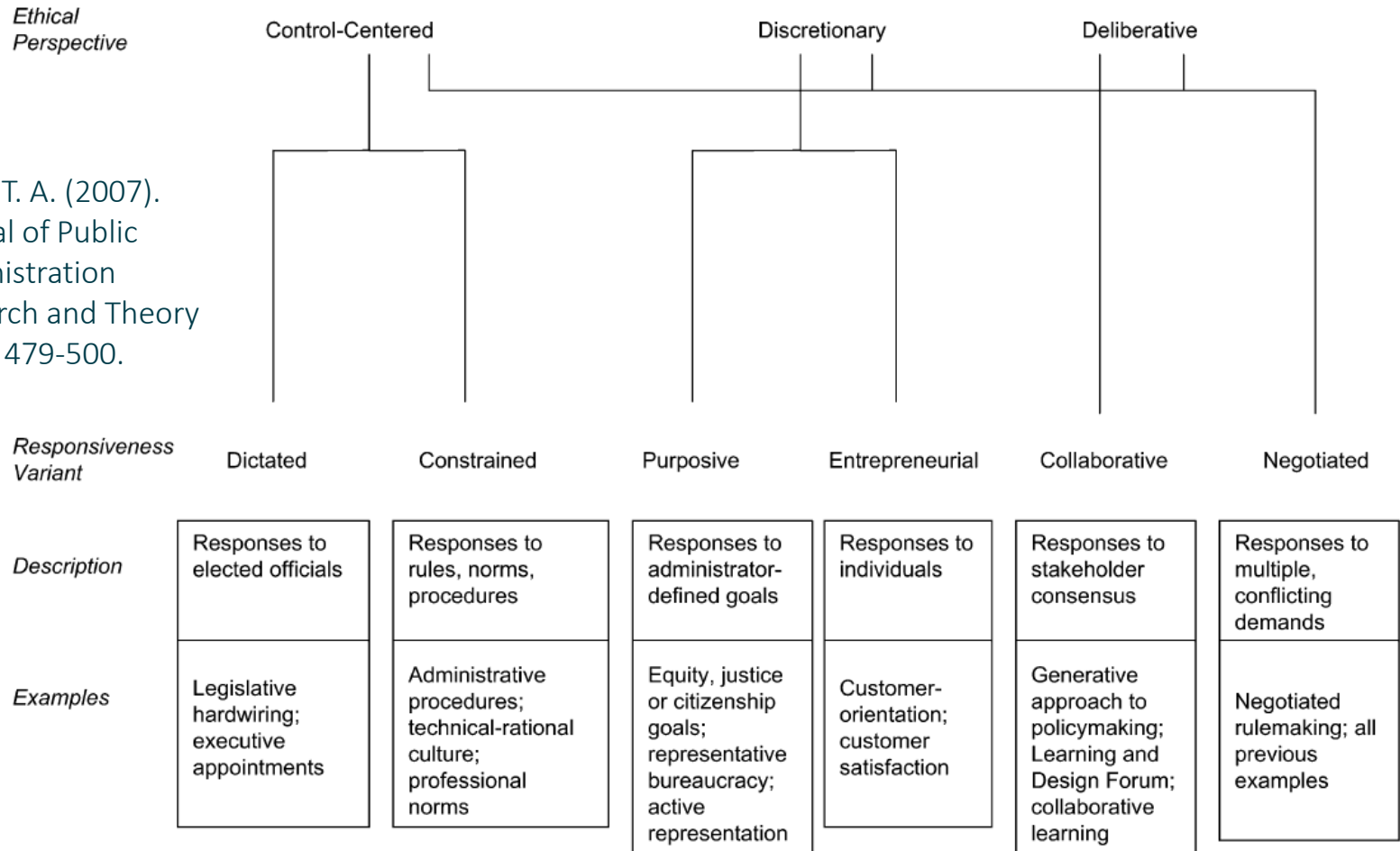
Accountability

- Processes and structures
- Focus on broader communities

Gadija Khan et al. Health system responsiveness: a systematic evidence mapping review of the global literature. *International Journal for Equity in Health* (2021) 20:112

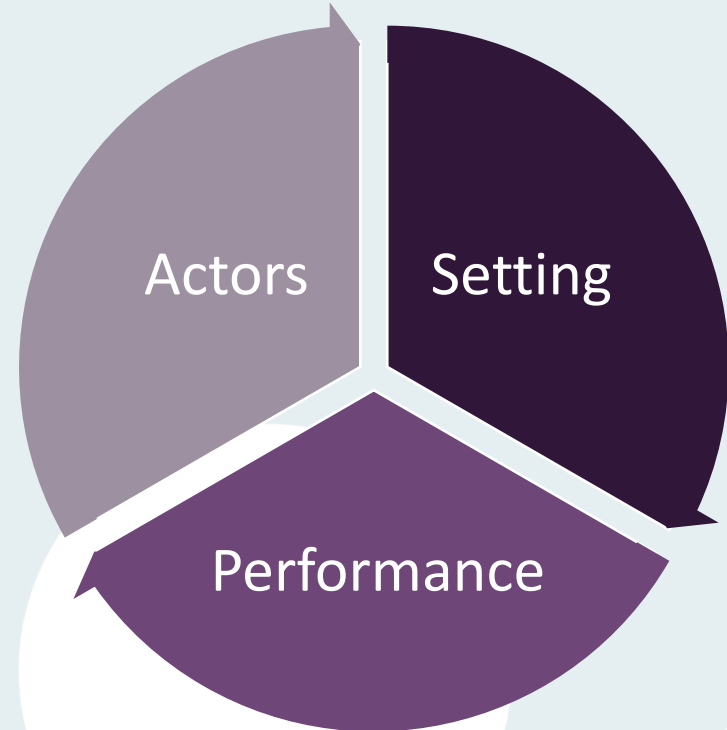
Responsiveness outside the health literature

Bryer, T. A. (2007).
Journal of Public
Administration
Research and Theory
17(3): 479-500.



Responsiveness reflects a 'theatre performance'

The tactics and strategies employed by people to create and sustain desirable impressions before an audience (p.455)

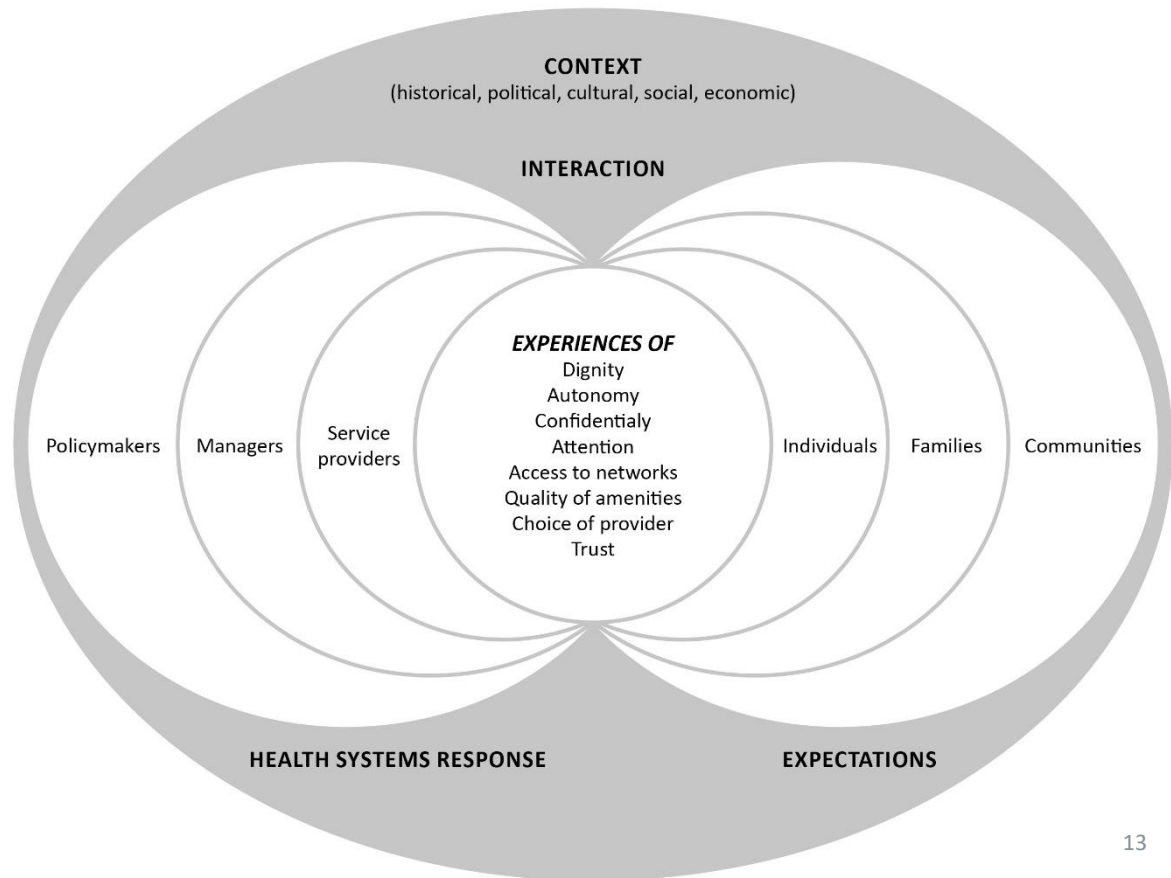


'Our' framework for responsiveness

Experiences of interaction

Shaped by initial expectations

- Active vs passive (Oliver R & Winer R. *J Econ Psychol*, 1987;8:469–99)



Mirzoev and Kane (2017) BMJ Global Health: 2:4

4 Polls –
assessing health
systems
responsiveness



Research on HS responsiveness



WHO Multi-country Survey Study on Health and Responsiveness 2000-2001

*T. Bedirhan Üstün, Somnath Chatterji,
Maria Villanueva, Lydia Bendib
Can Çelik, Ritu Sadana,
Nicole Valentine, Juan Ortiz,
Ajay Tandon, Joshua Salomon,
Yang Cao, Xie Wan Jun,
Emre Ozaltin, Colin Mathers
and Christopher J.L. Murray*

GPE Discussion Paper 37

30 November 2001

Household survey

- In person (5-10k/country)
- Postal (2-3k/country)

Facility survey (300/country)

Key informant survey (100/country)

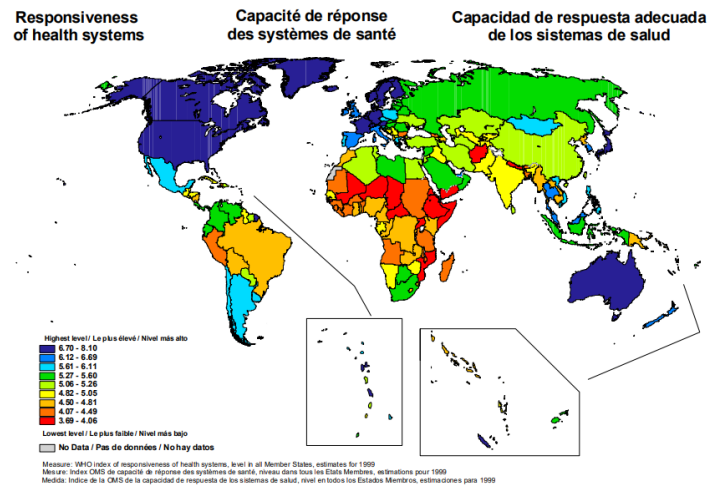
Estimating Responsiveness Level and Distribution for 191 Countries: Methods and Results

Nicole B. Valentine
Amala de Silva
Christopher J.L. Murray

GPE Discussion Paper Series: No. 22

EIP/GPE/FAR
World Health Organization

Figure 2: Map of the Level of Responsiveness in Different Countries



WHO survey on Responsiveness

Dignity

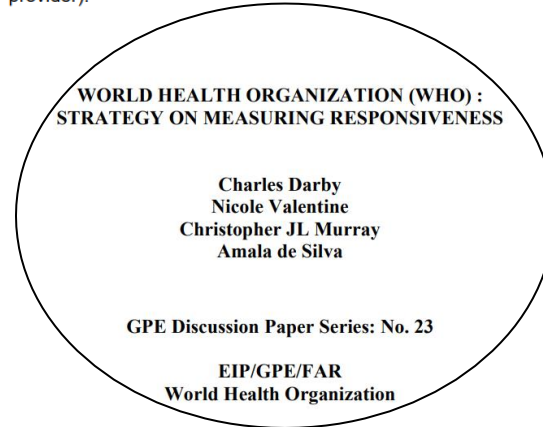
- ◆ Individuals should be treated with respect: welcomed at the health care unit, addressed respectfully at all times, not shouted at or abused.
- ◆ Individuals should be treated with concern
- ◆ Individuals should be examined and treated in a manner that respects their privacy.
- ◆ The rights of Individuals with communicable diseases such as HIV+ and leprosy or any other type of diseases should be safeguarded and not violated

Prompt Attention

- ◆ Health care facilities should be geographically accessible – taking account of distance, transport, and terrain.
- ◆ Patients should be able to get care fast in emergencies.
- ◆ Waiting times for consultation and treatment should be short.
- ◆ Waiting lists for consultation and treatment should be short.
- ◆ Waiting times for appointments should be reasonable.

Confidentiality (of information)

- ◆ Consultations with patients should be carried out in a manner that protects their privacy.
- ◆ Health care providers should maintain the confidentiality of any information that is provided by the patient (except if the information is needed for treatment by other health care providers).
- ▶ Health care providers should keep information in patient medical records confidential (except where such information needs to be given to another health care provider).



Autonomy

- ◆ Individuals should be told about alternative treatment options
- ◆ Individuals should be allowed to make decisions regarding the type of treatment, after discussion with the health care provider
- ◆ Individuals should be encouraged to question
- ◆ Patients of sound mind should have the right to refuse treatment.

Basic Amenities

Environment in which health care is provided should include:

- ◆ Clean surroundings
- ◆ Adequate furniture
- ◆ Healthy and edible food
- ◆ Sufficient ventilation
- ◆ Clean Water
- ◆ Clean toilets
- ◆ Clean linen
- ◆ Regular procedures for cleaning and maintaining hospital buildings and premises

Provision of Social Needs

Procedures within in-patient health care units should allow

- ◆ Visits by relatives and friends
- ◆ Provision of food and other consumables by relatives and friends, if not provided by the hospital
- ◆ Religious practices that do not prove to be a hindrance to hospital activities or hurt the sensibilities of other individuals
- ◆ Access to radios, newspapers or some reading materials
- ◆ Some type of support for patients suffering from on-going illness or illnesses from which they will die
- ◆ Post-hospital support.

Choice of Provider Doctor/Nurse/Care Provider or Facility

- ◆ Patients should be able to reach health services of choice without to much difficulty
- ◆ Within a health care unit individuals should be able to choose their health care provider
- ◆ Individuals should be able to get a second opinion in cases of severe or chronic illness or surgery
- ◆ Individuals should be able to get general and specialist care as appropriate

Recent work on responsiveness

Patient Education and Counseling 102 (2019) 162-171

Contents lists available at ScienceDirect



ELSEVIER

Patient Education and Counseling

journal homepage: www.elsevier.com/locate/pateducou



Patients' perceptions of health system responsiveness in ambulatory care in Germany



Florian Tille^{a,b,*}, Julia Röttger^c, Bernhard Gibis^b, Reinhard Busse^c, Adelheid Kuhlme^y^a, Susanne Schnitzer^a

BMC Health Services Research


BioMed Central

Research article

Open Access

A critical assessment of the WHO responsiveness tool: lessons from voluntary HIV testing and counselling services in Kenya

Mercy K Njeru^{*1,2}, Astrid Blystad^{4,2}, Isaac K Nyamongo³ and Knut Fylkesnes²

To cite this article: Ameneh S. Forouzan, Hassan Rafiey, Mojgan Padyab, Mehdi Ghazinour, Masoumeh Dejman & Miguel S. Sebastian (2014) Reliability and validity of a Mental Health System Responsiveness Questionnaire in Iran, Global Health Action, 7:1, 24748, DOI: [10.3402/gha.v7.24748](https://doi.org/10.3402/gha.v7.24748)



RESPONSE study



Improving health systems
responsiveness to neglected health
needs in Ghana and Vietnam

Focus on health systems responsiveness

- *internal vs external interactions*

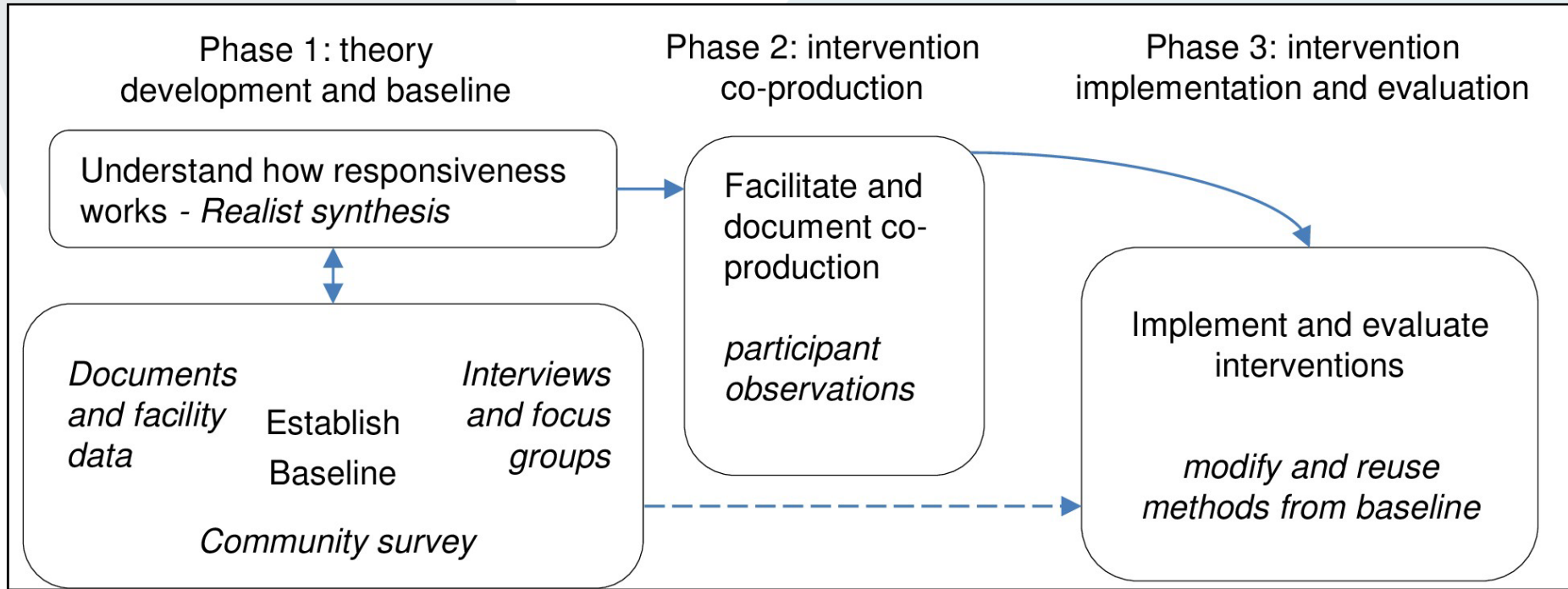
Mixed methods realist evaluation

42 months with 3 phases (theory dev-t & baseline
→ intervention co-production → evaluation)

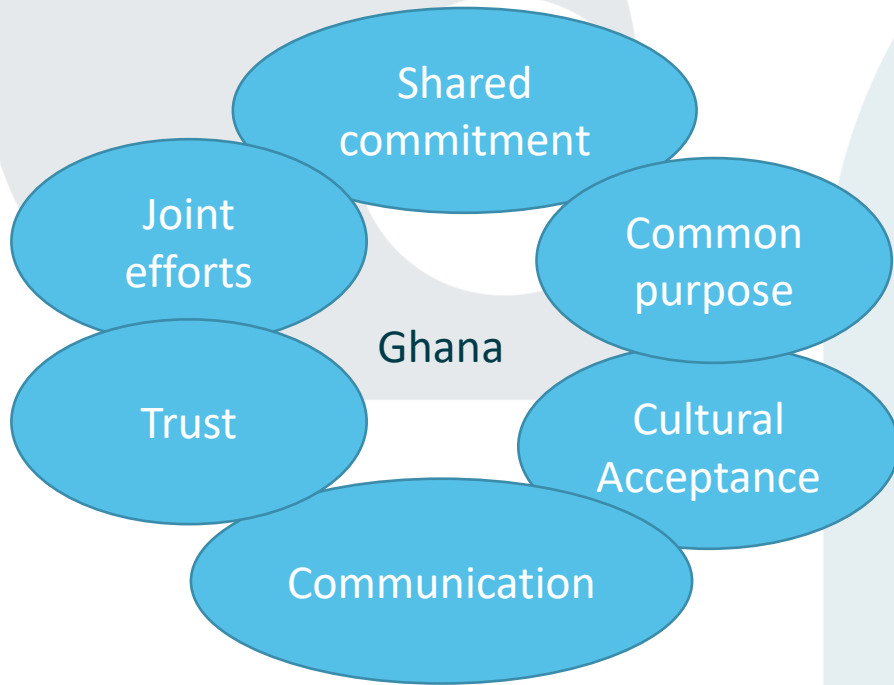


<https://www.lshtm.ac.uk/research/centres-projects-groups/response#welcome>

RESPONSE methods




RESPONSE programme theories on how HS responsiveness works



Responsiveness in the HPSR

Original Research

Village health worker motivation for better performance in a maternal and child health programme in Nigeria: A realist evaluation

Journal of Health Services Research & Policy
2022, Vol. 0(0) 1–10
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sagepub.com/journals-permissions
DOI: 10.1177/13558196211055323
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Chinyere Mbachui^{1,2}, Enyi Etiaba^{1,3}, Bassey Ebenso⁴, Udochukwu Ogu¹,
Obinna Onwujekwe^{1,3}, Benjamin Uzochukwu^{1,2}, Ana Manzano⁴ and Tolib Mirzoev^{5,6}

Etiaba et al. BMC Health Services Research (2020) 20:903
<https://doi.org/10.1186/s12913-020-05747-9>

BMC Health Services Research

RESEARCH ARTICLE

Open Access

“If you are on duty, you may be afraid to come out to attend to a person”: fear of crime and security challenges in maternal acute care in Nigeria from a realist perspective

Enyi Etiaba^{1,2*}, Ana Manzano³, Uju Agbawodikeizu^{2,4}, Udochukwu Ogu², Bassey Ebenso⁵, Benjamin Uzochukwu^{2,6}, Obinna Onwujekwe^{1,2}, Nkoli Ezumah² and Tolib Mirzoev⁵



Original research

BMJ Global Health

Which mechanisms explain the motivation of primary health workers? Insights from the realist evaluation of a maternal and child health programme in Nigeria

Bassey Ebenso¹, Chinyere Mbachui², Enyi Etiaba², Reinhard Huss³, Ana Manzano⁴, Obinna Onwujekwe², Benjamin Uzochukwu², Nkoli Ezumah⁵, Timothy Ensor¹, Joseph Paul Hicks¹, Tolib Mirzoev¹

To cite: Ebenso B, Mbachui C, Etiaba E, et al. Which mechanisms explain the motivation of primary health workers? Insights from the realist evaluation of a maternal and child health programme in Nigeria. *BMJ Global Health* 2020;5:e002408. doi:10.1136/bmjgh-2020-002408

ABSTRACT

Introduction Well-trained, adequately skilled and motivated primary healthcare (PHC) workers are essential for attaining universal health coverage (UHC). While there is abundant literature on the drivers of workforce motivation, published knowledge on the mechanisms of motivation within different contexts is limited, particularly in resource-limited countries. This paper contributes to health workforce literature by reporting on how motivation works among PHC workers in a maternal and child health

Key questions

What is already known?

- It is widely recognised that the determinants of health worker motivation such as availability of material resources, salaries, training, supportive supervision are strongly context dependent.
- There is poor understanding of how motivation influences the behaviour of primary healthcare (PHC)

Social Science & Medicine 293 (2022) 114644

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



ELSEVIER



Role of trust in sustaining provision and uptake of maternal and child healthcare: Evidence from a national programme in Nigeria

Nkoli Ezumah^{a,*}, Ana Manzano^b, Uchenna Ezenwaka^a, Uche Obi^a, Tim Ensor^b, Enyi Etiaba^a, Obinna Onwujekwe^a, Bassey Ebenso^b, Benjamin Uzochukwu^a, Reinhard Huss^b, Tolib Mirzoev^{b,c}

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^c Department of Global Health and Development, London School of Hygiene and Tropical Medicine

Approaching HS responsiveness in CHORUS

Phase 1

- Health facility assessments
- Qualitative work
- ? survey

Phase 2

- One or more elements in the interventions co-production

Phase 3

- Follow-on from co-production....



Issues to consider...



HS responsiveness as an 'additional component' vs overarching health systems goal



Beware of conflating responsiveness with other concepts (e.g. satisfaction with healthcare)

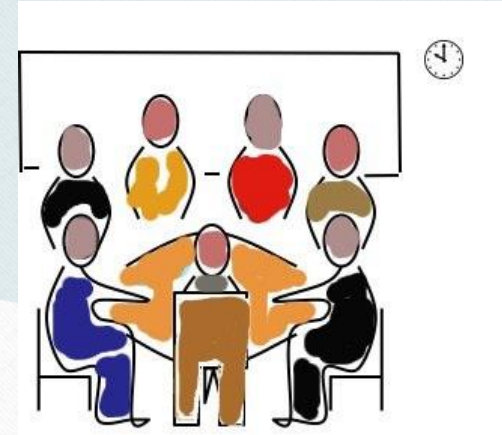
Questions, then groupwork

In country-specific groups, please discuss :

1. Which elements of responsiveness you are already covering, and how?
2. Which further elements you'd like to add, and how?
 - *What support will you need?*

You can utilise the original WHO framework
<https://www.who.int/healthinfo/paper23.pdf> (see p.19)

and/or RESPONSE conceptual framework
<https://www.lshtm.ac.uk/research/centres-projects-groups/response#about>





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