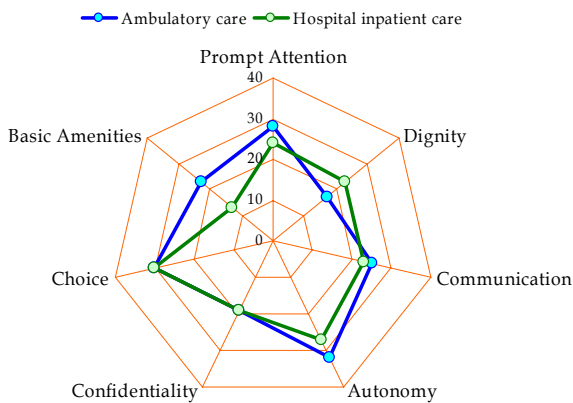


DISCLAIMER: Note that these results are descriptive results for the samples collected in the household surveys of the WHO Multi-country Survey Study of Health and Health Systems Responsiveness (Brief survey, N=803). They are not representative for the country as sampling weights were not used. The WHO World Health Survey, which contained a second iteration of the responsiveness questions, did collect information on sampling weights. Responsiveness reports for these surveys will be made available later in 2005. The aim of this descriptive report of the MCSS samples is to give a flavour of the kinds of responsiveness analyses that are feasible; and to stimulate interest ahead of the release of the World Health Survey Responsiveness reports. These reports are aimed at policy-makers -to give them an overview of health system responsiveness.

I. Perceptions of Responsiveness in Ambulatory Care and Hospital Inpatient Care

Percentage rating responsiveness as poor

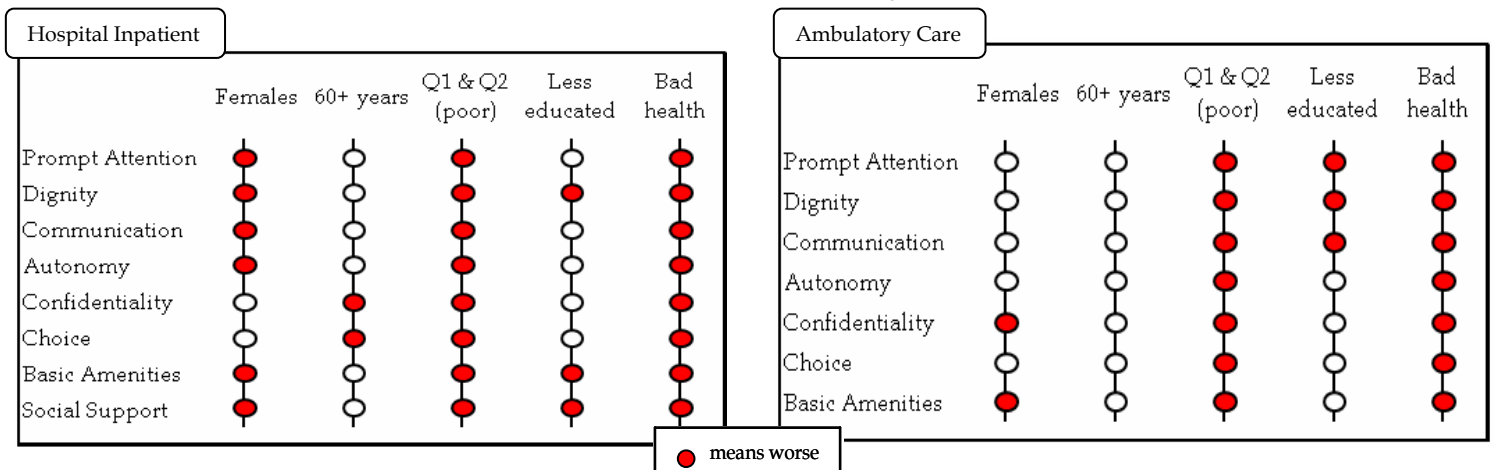


Label in Graphs	Question handles
Dignity	Respectful treatment
Autonomy	Involvement in decision making
Confidentiality	Confidentiality of personal information
Communication	Listening, enough time for questions, clear explanations
Prompt attention	Convenient travel and short waiting times
Social support	In hospital: visits, having special foods, religious practice
Quality basic amenities	Cleanliness, space, air
Choice	Seeing a provider you were happy with

HOSPITAL INPATIENT CARE (n=97): 22% of patients reported poor responsiveness in hospital inpatient care. The **best performing domains** were basic amenities (13%) and social support (14%). The **worst performing domains** were choice (30%), and autonomy (27%).
AMBULATORY CARE (n=368): 25% of patients reported poor responsiveness in ambulatory care. The **best performing domains** were dignity (17%) and confidentiality (19%). The **worst performing domains** were autonomy (32%), and choice (30%).

COMPARING RESPONSIVENESS RESULTS: From the figure (on the left), we can see that ambulatory care responsiveness was rated worse than hospital inpatient care for the domains of prompt attention, communication, autonomy and basic amenities. Responsiveness in hospital inpatient care was rated worse than that in ambulatory care for dignity. Differences were most pronounced for basic amenities (10%) which was worse in ambulatory care, and for dignity (6%), which was worse in inpatient care.

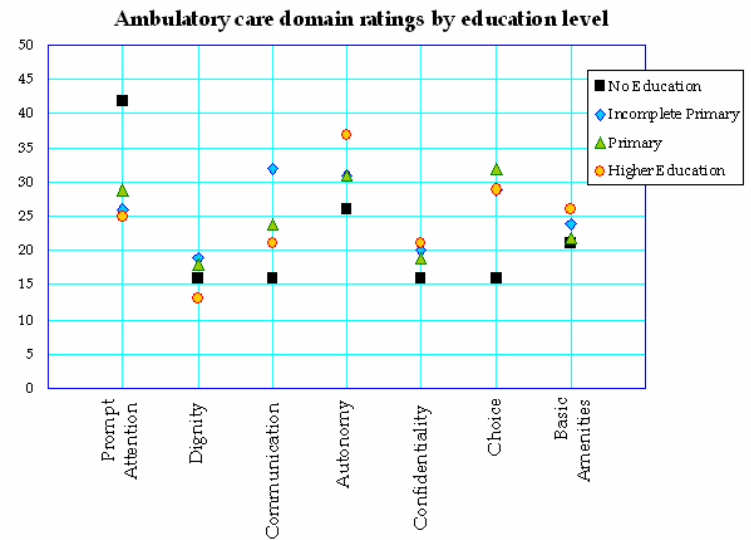
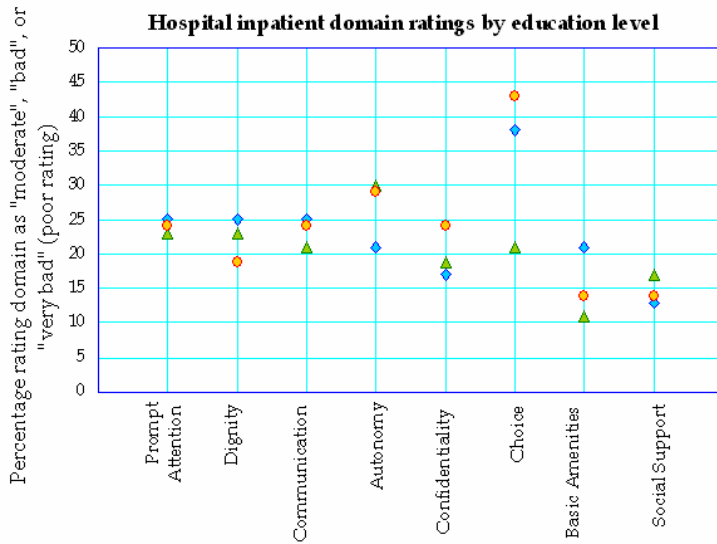
II. Perceptions of Responsiveness by Vulnerable Groups



RESPONSIVENESS TO VULNERABLE GROUPS: Without specific efforts to accommodate and gear services towards vulnerable groups, we would expect vulnerable groups, especially those forming minorities, to have worse responsiveness. **In general**, all vulnerable groups, except for the elderly, reported worse responsiveness. The literature shows that elderly populations are more positive raters, and are generally more satisfied with any given level of care compared with other groups.

In INPATIENT SETTINGS, the poor and people in bad health rated responsiveness worse on all domains. Females reported worse responsiveness on all domains except confidentiality and choice. In AMBULATORY CARE SETTINGS, the elderly reported better responsiveness on all domains.

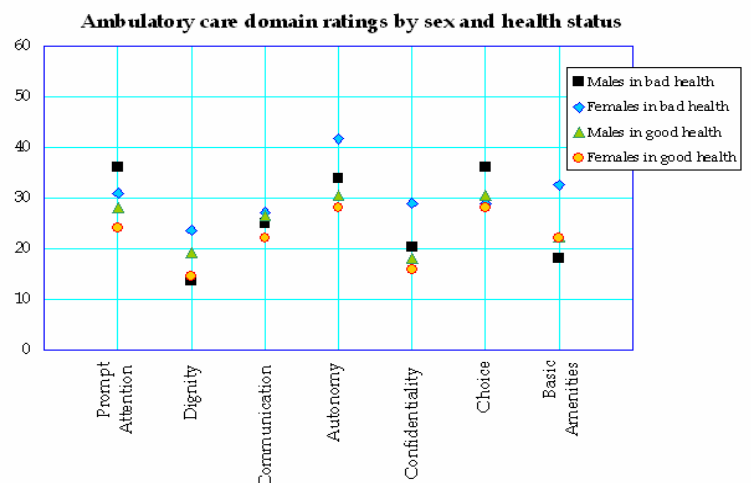
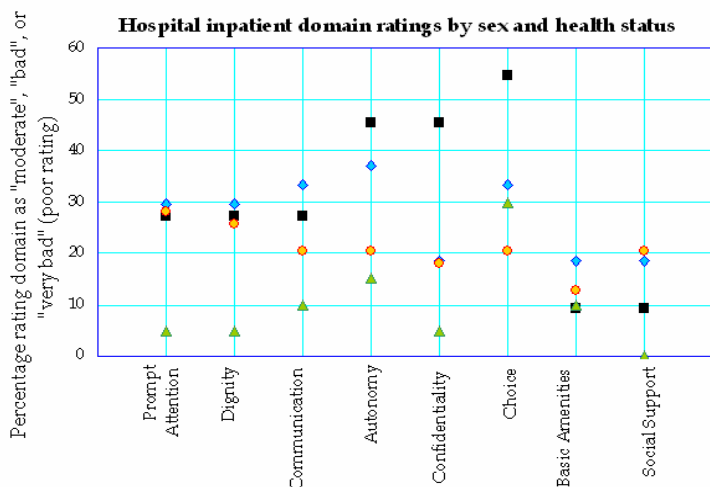
III. Differences in Perceptions of Responsiveness along the Education Gradient



These graphs look at variations in perceptions of responsiveness for people with different years of education. **In general**, along the education gradient, there are larger differences in responsiveness in ambulatory settings than in inpatient care settings.

For domains, dignity and confidentiality show the least differences across the education gradient, while choice shows the largest difference on average.

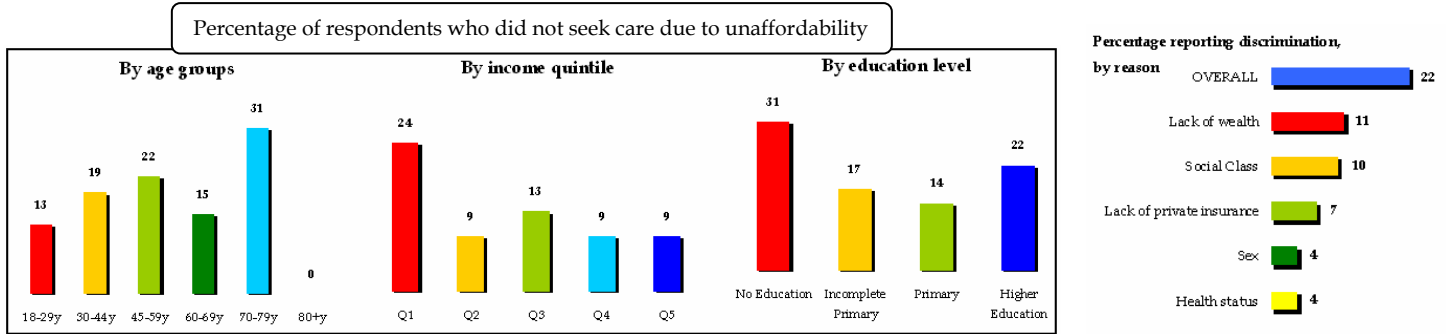
IV. Variations in Perceptions of Responsiveness by Sex and Health Status



The above graphs look at variations in perceptions of responsiveness by sex and self-reported health. **In general**, all people in bad health are more likely to rate responsiveness poorly for all domains. Related to **sex**, females in good health are in general the most positive raters of responsiveness.

For domains, the biggest difference between the sick and the healthy were for the domains of confidentiality and autonomy, while the smallest differences were for basic amenities.

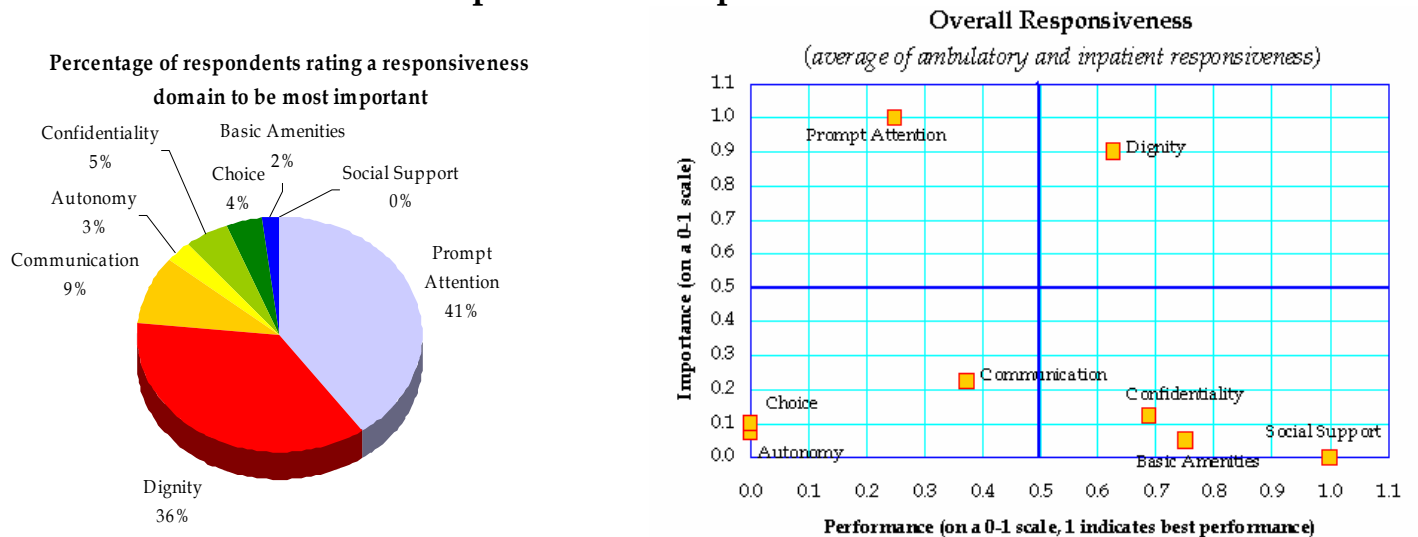
V. Perceived Financial Barriers and Discrimination



BARRIERS TO CARE: 16% of the surveyed population reported not seeking care due to unaffordability. There are also substantial differences across various population sub-groups in these results. For instance, 24% of people in the lowest income quintile (Q1) report not using health care due to unaffordability while 9% of people in the highest income quintile (Q5) report the same. Older people (60+ years) were also more likely not to seek care as they were unable to afford it.

DISCRIMINATION: Nearly 22% of surveyed respondents reported discrimination of some sort by the health system. The **most common causes of discrimination** were lack of wealth (11%), social class (10%), lack of private insurance (7%), sex (4%) and health status (4%). Relatively few people (less than 1% of those queried) reported discrimination due to ethnicity, political/other beliefs or other reasons.

VI. Importance of Responsiveness Domains



IMPORTANCE: Survey respondents considered prompt attention to be the most important responsiveness domain (41%) followed by dignity (36%). However, dignity was rated more important than prompt attention by older people (60+ years) and people in the middle income quintile (Q3).

IMPORTANCE AND PERFORMANCE: We can compare the health systems performance in the different domains of responsiveness with the importance of these domains to the population. In the figure on the right (above), the percentage of respondents rating a domain as most important has been rescaled to a 0-1 interval with "1" representing the relatively most important domain and "0" the relatively least important one.

Prompt attention and communication were regarded as important domains but can be seen to be relatively poor performing. Although autonomy and choice were the worst performing domains on the whole, they were not considered to be important by the people. Dignity, the second most important domain, is seen to be performing relatively well.