People's Voice Survey:

Measuring population perspective on health system performance

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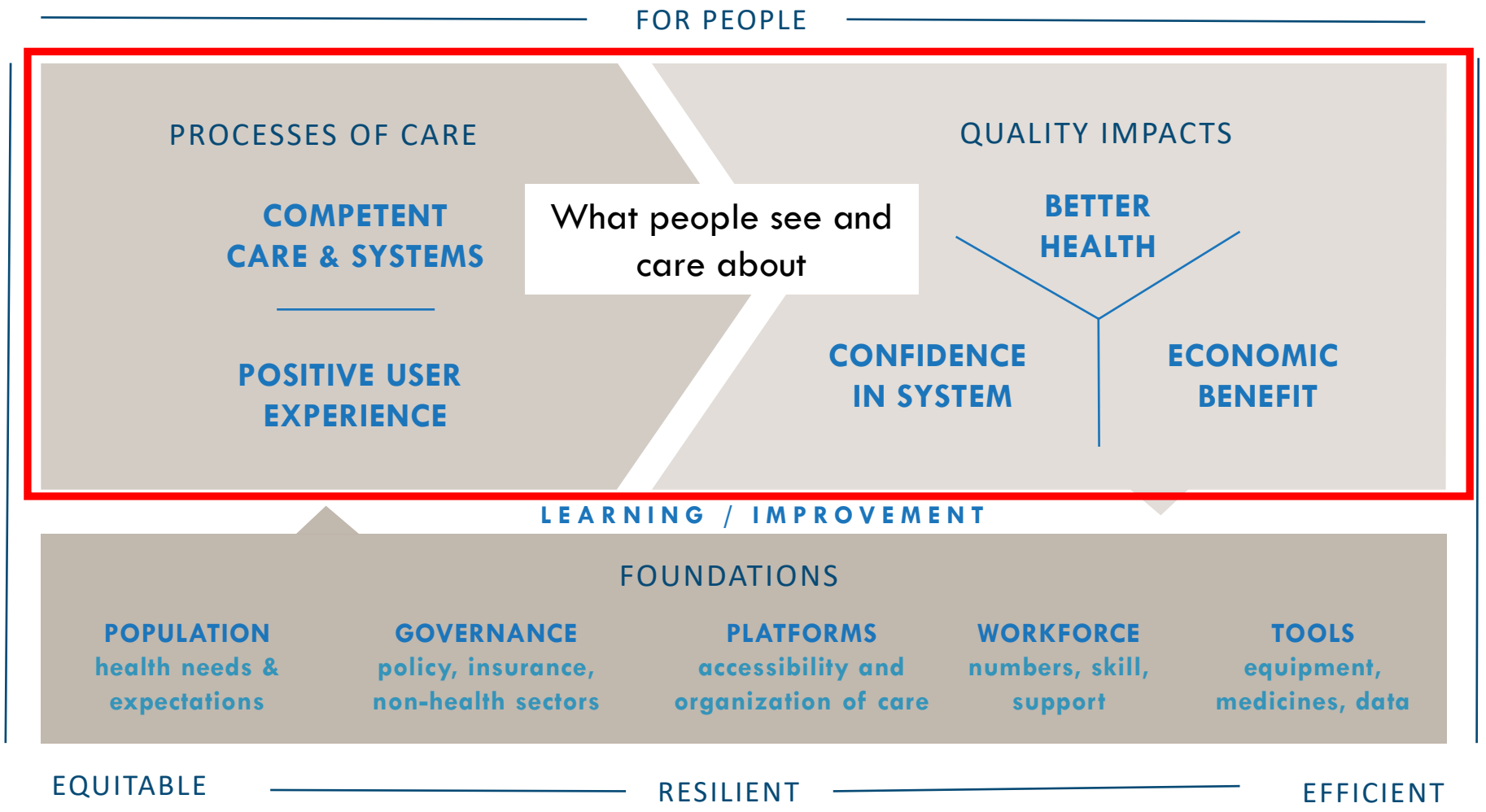
Quality Evidence for Health System Transformation

HIGH QUALITY HEALTH SYSTEM FRAMEWORK



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How do we currently measure health system performance?

Health system perspective (supply side)

- Workforce (e.g., doctors per capita)
- Infrastructure (e.g., facility numbers)
- Health spending (e.g., % GDP on health)
- Health and risks (e.g., smoking, hypertension, cancer incidence and survival)
- Utilization and efficiency (e.g., hospital occupancy, clinic visits)

Population perspective (demand side)

How well do health systems work for the user?

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Why do population perspectives matter?

1. They can guide improvement of health care and therefore health outcomes
2. Population pays for the health system and for UHC
3. All countries aspire to people-centered health systems

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People's Voice Survey: A novel instrument

What

Rapid assessment of health system performance from the population perspective applicable across countries with local adaptation, using latest theory and methods

Why

No truly global tools exist to measure people's (vs. users') views and experiences on health systems

Users can provide data not available elsewhere, e.g. care sources, user experience, confidence, trust, expectations

Need light, real-time instrument that can be repeated

Enables proactivity, not only reactivity, from the health system

Systematizes receipt of feedback from the population

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Survey aims

1. **Promote accountability:** capture population views on health system use, experiences, confidence, endorsement

2. **Inform improvement:** integrate population perspectives into health system planning

3. **Evaluate improvement:** track effects of reforms, compare performance across countries, regions

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Survey domains and content

Demographics and health

- Basic demographics
- Health status
- Patient activation

Care experience

- User experience and care competence
- Respondent endorsement of clinic

Utilization and system competence

- Usual source of healthcare
- Health service utilization patterns
- Health system competence in population health
- Non-use of healthcare

Health system confidence

- Health system assessment: public health system
- Overall health system assessment
- Expectations for health system quality

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Survey methodology in brief

People's Voice Survey	
Survey mode(s)	1. Phone survey with live interviewer (modal approach) 2. Face-to-Face household surveys in low-phone areas 3. Web-based surveys where required
Sample and approach	• Nationally-representative sample of adults (users and non-users) • Random digit dial in most countries • Known-list sampling where required
Sample size	• N=1000-2000 per country (more required for regional disaggregation)
Languages	• Delivered in 30 languages • Up to 9 local languages (India)
Data collection	• Firms: Ipsos and SSRS • Costs: ~$80,000 - $100,000 for N=2000 sample

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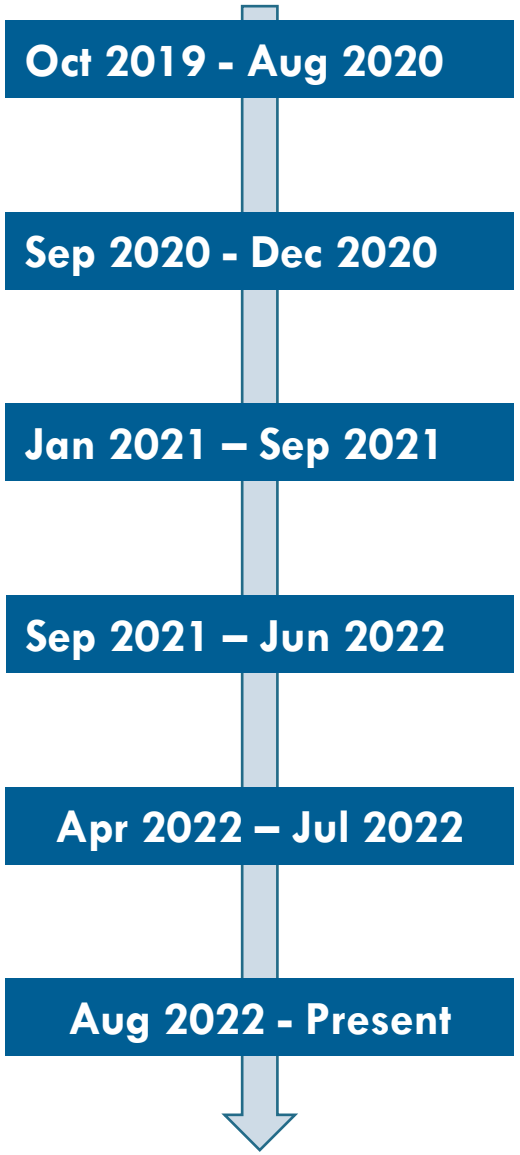
Development and testing



Review of survey literature
Broad scoping review of relevant survey and content literature

Development of Draft Zero
Establishing domains, questions, and responses of survey

External consultations
Peer review by experts from U of Michigan, WHO, World Bank

Adaptation and translation for initial wave 1 countries
Adaptation for local contexts; translation into local languages

Cognitive interviewing
80+ cognitive interviews to ensure local interpretability

Pre-tests and pilots
Online pre-test in the US and pilots in every country

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Data collection in 21 countries

Time for conducting the survey

3 months

- Prepare study procedures
- Questionnaire translations and review (back-translations)
- Ethical approvals

2 months

- Access phone numbers
- Build call management software/logs
- Hire and train enumerators
- Cognitive interviews

3.5 – 4.5 months

- Pilot (100 calls) to test study procedures, review answers, survey completion time
- Finalize study procedures, questionnaire(s)
- Launch

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Accessing mobile numbers and sampling method

Ethical committees in Nepal and Laos had different views in accessing mobile numbers

LAOS

- *National Ethics Committee for Health Research* allowed purchasing of mobile numbers from a market research firm
- Purchased 30,000 «active» mobile phone
- Used **Simple random sampling**
- Called 11,835 numbers (**9% inactive**)
- Completed 2007 interviews
- 5 enumerators, 3.5 months (17.5 person-months)

NEPAL

- *Nepal Health Research Council* did not allow purchasing of mobile phone numbers from a firm based outside the country
- Used **Random Digit Dialing** method based on published prefixes
  - +977 980 XYZ ----
  - +977 980 ABC ----
  - +977 981 ABD ----
- Called 44,294 numbers (**77% inactive**)
- Completed 2010 interviews
- 10 enumerators 4.5 months (45 person-months)

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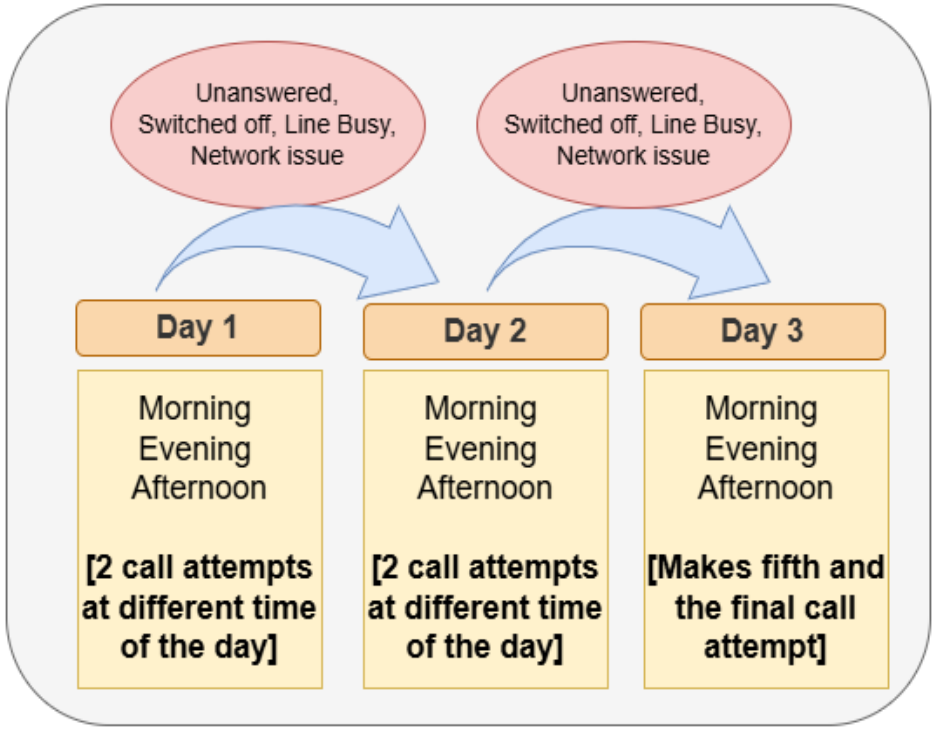
Steps taken to minimize bias

Structured callback protocols to reduce non-response errors



Post-stratification weights to reduce non-coverage errors

- Created targets for age and sex by region based on available data and attempted to reach 80% for each cell

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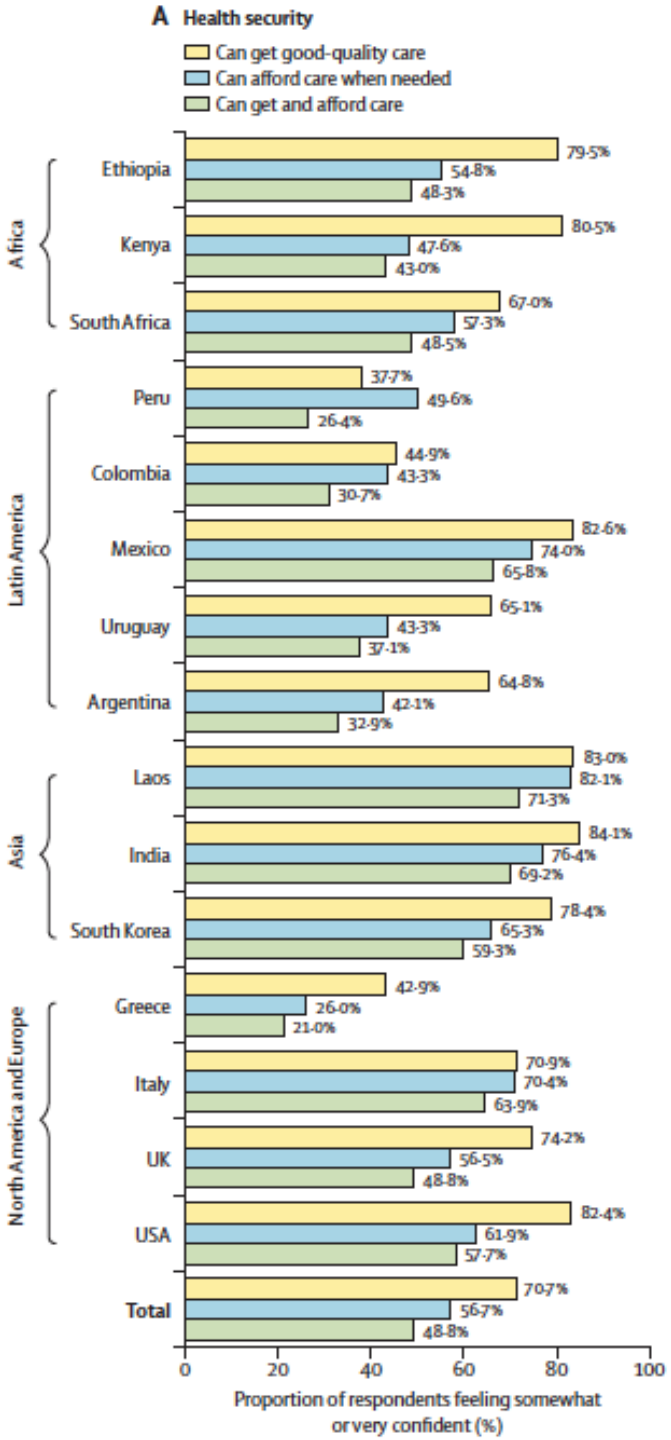

Health security (UHC)

- Half of respondents in 15 countries can get AND afford good care if very sick tomorrow
- Affordability rated worse than finding good care
- Ratings influenced by local context and expectations

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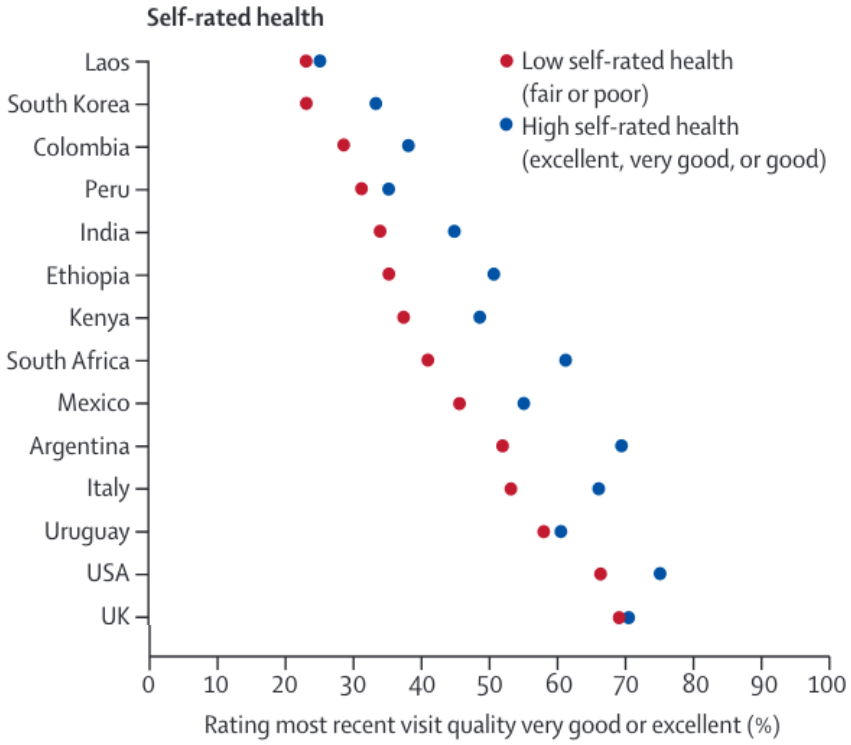
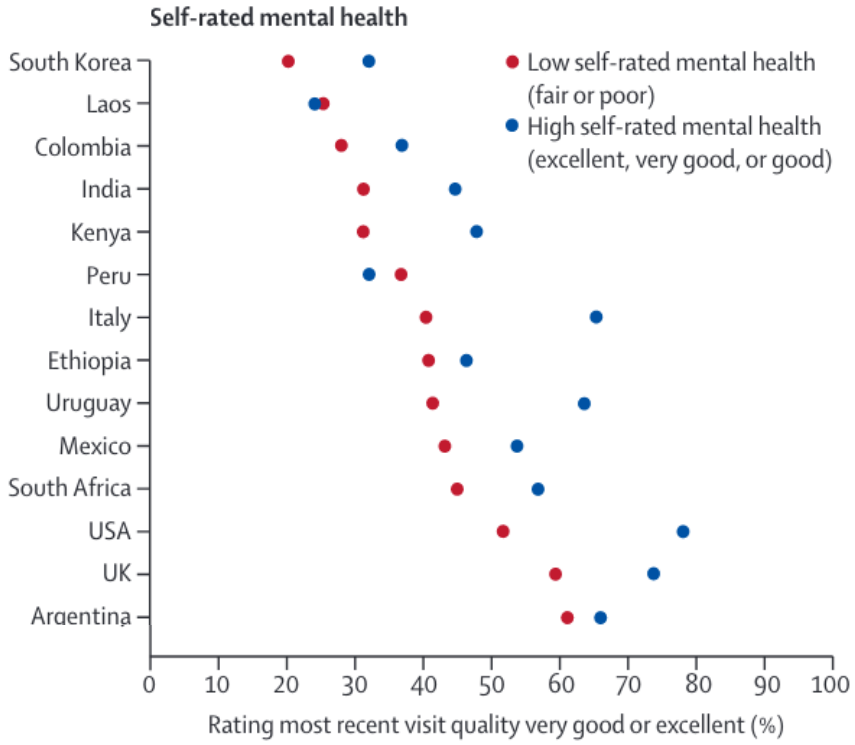
Quality is worse for the sickest users





- Large gaps in quality by high vs low self-rated health
  - South Africa (20 %pt)
  - Argentina (18 %pt)
- Similar gaps in high vs low self-rated mental health
  - USA (27 %pt)
  - Italy (25 %pt)
  - Uruguay (22 %pt)

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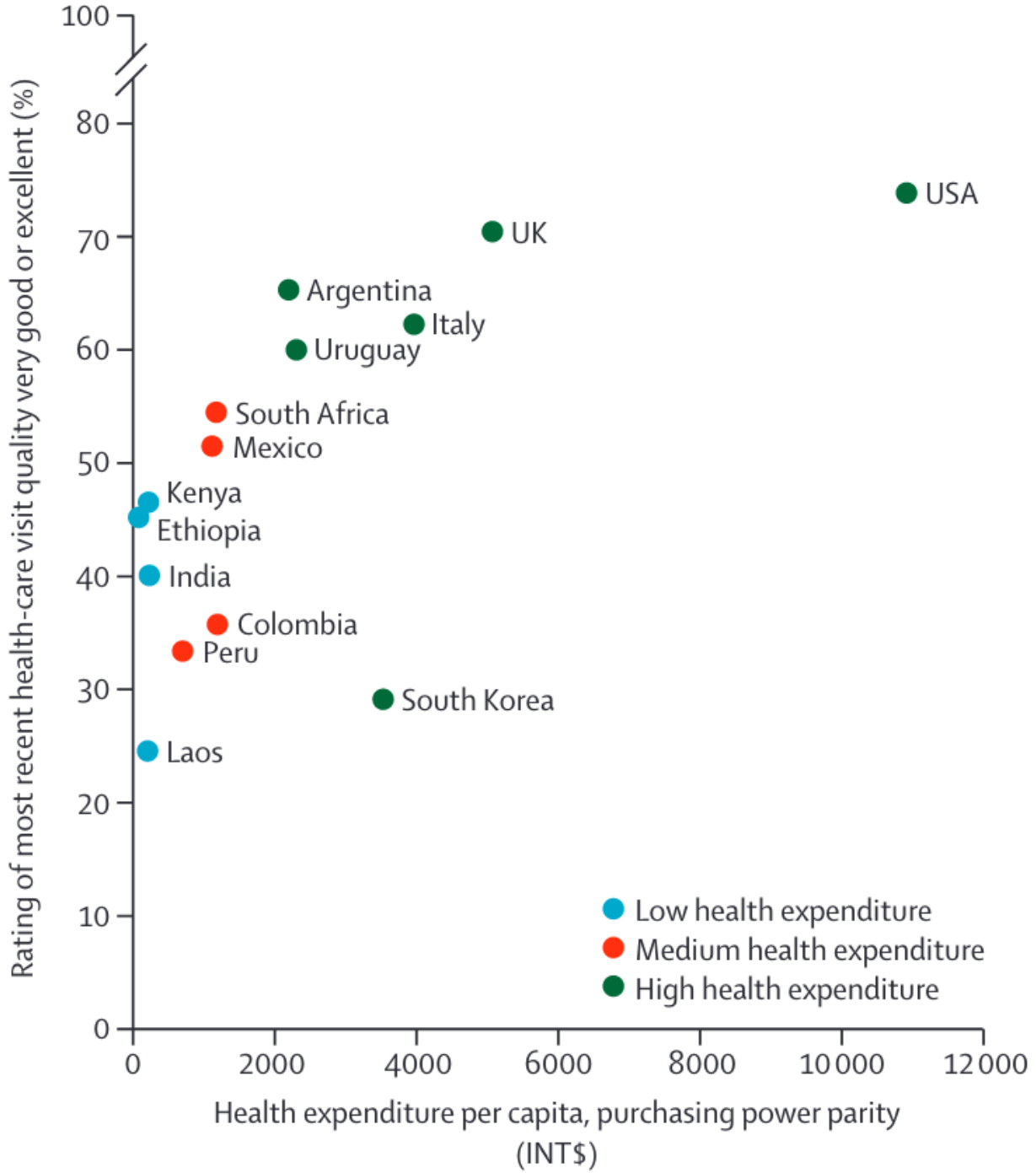
Does greater investment mean better quality?



How to use PVS to improve health systems

- PVS was designed to be repeated every two years; should repeat post Covid
- Important to establish trajectory of performance from point of view of population
- Complements other sources of information
- Should be used in annual MoH reviews and strategic planning
- Can be used to evaluate reforms
- QuEST will serve as hub for future surveys (e.g., QuEST fellows, new affiliates)

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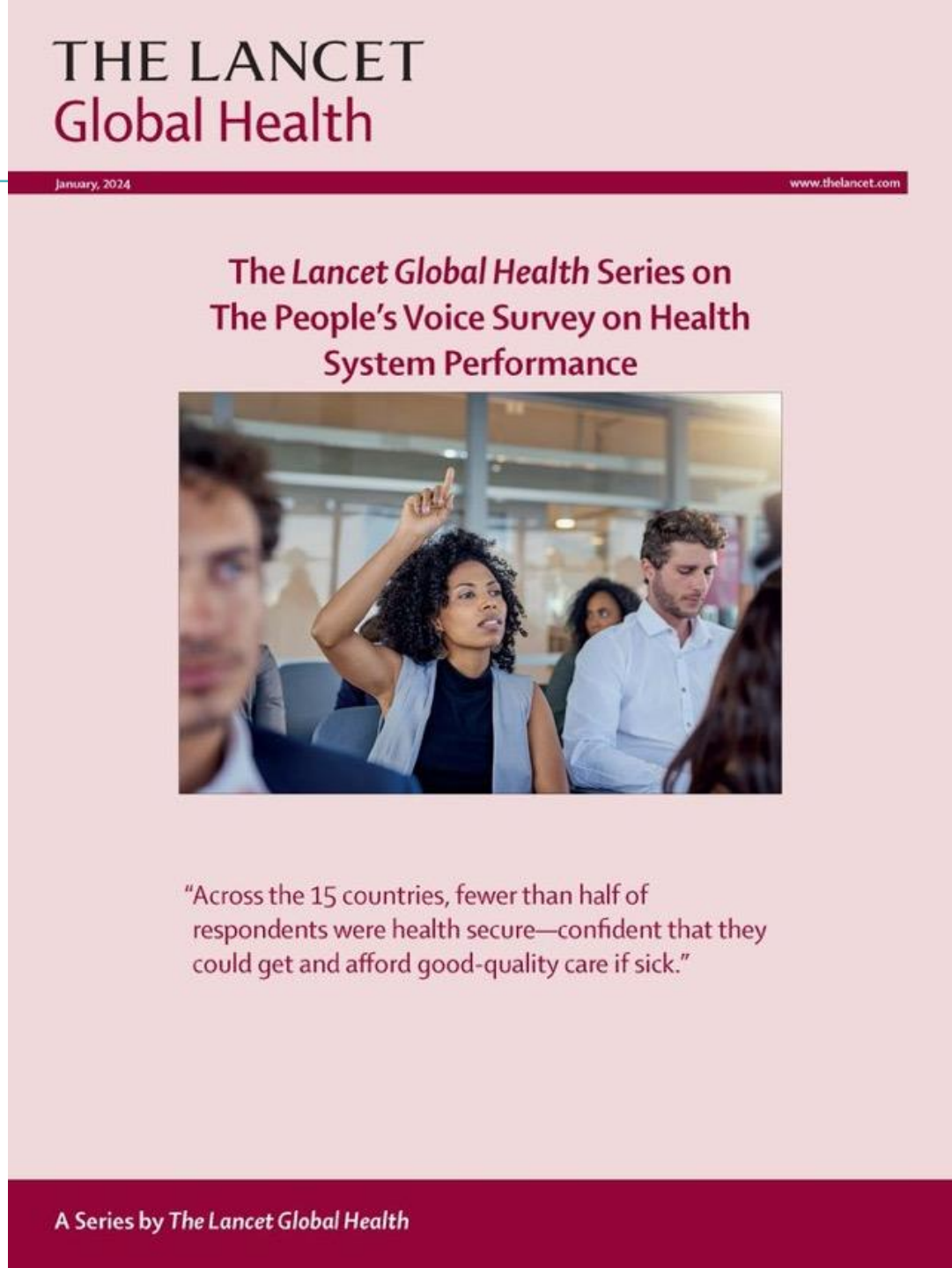
PVS use and next steps

- Publications (*Lancet Global Health, PLOS Medicine*), several ongoing
- Policy briefs and technical reports
- Instrument and data publicly available
- Wave 2 data collection ongoing
- Expansion to new countries
- Policy discussions in each country



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Thank you