Ethics approvals

Ethics approvals for this study has been granted by the University of Leeds, UK (reference number xxxx), The Ghana Health Service, Ghana (reference number xxx) and The Hanoi University of Public Health, Vietnam (reference number xxxxx)

about **REPONSE**

More details This information leaflet has been prepared to raise awareness of the RESPONSE study.

For further details please

- visit the following webpages:
- https://bit.ly/RESPONSE-project
- INSERT VIETNAMESE PAGE.
- **GHANA?**

Details of how to contact the Principal Investigators (PI) in each country are on the next page:

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



Tờ rơi này cũng có sẵn bằng tiếng Việt This leaflet is also available in Vietnamese



What is RESPONSE?

RESPONSE is a collaborative research project to inform h e a l t h s y s t e m s' improvements responsive-

ness to neglected health needs of vulnerable pregnant women in Ghana and Vietnam.

We will explore how systems responsiveness is understood and practiced by different stakeholders and how local health systems are responsive to actors' expectations.

We will co-produce, implement and evaluate context-sensitive interventions to improve health systems responsiveness in Ghana and Vietnam, and develop transferable best practices for other countries.

We will strengthen research capacity through sharing and learning between partners in Ghana,

Why is it needed?

Socio-economic growth in many Asian and African countries has resulted in more available, but though not equitably, accessible

healthcare. This growth has also increased demands from citizens for their health systems to be more responsive to their health needs.

Responsiveness, a key goal of any national health system is: "when institutions and...relationships... respond appropriately to the universally legitimate expectations of individuals...safeguarding of rights of patients to adequate...care" (de Silva, 2000, p.3)

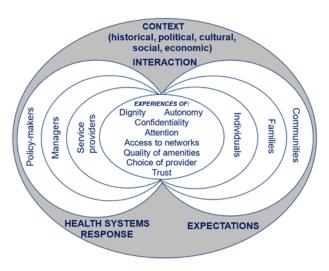


Methods Realist evaluation will be our overall methodological approach. We will develop, test and refine programme theories through analysing the complex relationships between the contexts, mechanisms and outcomes.

Understanding of health systems responsiveness is:

- •context-sensitive e.g. expectations of dignity, reflecting political, democratic and policy climate
- •varies across patients, providers and other actors and across public and private health facilities.

We will approach responsiveness as a combination of external and internal interactions as illustrated:



Mirzoev and Kane, BMJ Glob Health 2017;2:e000486 Fig 1

Social sciences will guide interviews, focus groups and other qualitative methods.

Participatory approaches will be used to engage with key stakeholders in co-designing and evaluating the interventions.

Quantitative methods will be used in surveys and secondary data analysis from health facilities

Our workplan

This study covers the period of April 2020 -

September 2023 and includes 3 Phases:

Phase I: we will understand what responsive health system means to different stakeholders (patients, health professionals, managers and policy makers) internationally and in Ghana and Vietnam. We will:

- (a) review published and unpublished evidence on this topic using realist synthesis and
- (b) construct a baseline through policy reviews, community survey and interviews and focus group discussions in Vietnam and Ghana.

Phase 2: we will co-produce - together with key stakeholders - interventions to improve health systems responsiveness in each context. The interventions will seek to improve internal (within health systems) and external (peoplesystems) interactions through participatory workshops with health workers and communities.

Phase 3: we will implement the co-produced interventions through existing health systems structures and processes in each country. We will evaluate these interventions through comparing the intended design to the interventions' actual performance against the baseline and assessing the interventions' feasibility, acceptability and processes.

RESPONSE outputs

The main outputs will be the co-designed interventions to improve health service responsiveness. We will also develop transferable lessons for other contexts.

We will develop policy briefs, journal articles, conference presentations and will provide regular updates on social media.