

Action Brief: Enhancing District Commitment to Quality Health Services

WHO GLL-HIFA Thematic Discussion Issue

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Authors	Tomislav Meštrović, Lani Rice Marquez, Bhupendra Kumar Rana, Neil Pakenham-Walsh, Nana Mensah Abrampah, Treasa Kelleher
Keywords	Quality of care; Health services; District commitment
Audience	Health professionals, quality improvement experts, patient representatives, policymakers
Key Messages	<p><i>“The district level of care forms the link between health facilities and national authorities. It is expected to be the level at which most of the activities to improve quality of care are planned, implemented and monitored.”</i> (Pharmacist, Zimbabwe)</p> <ol style="list-style-type: none"> 1. District health staff face a daunting challenge to align with national level goals and to support facilities on quality of care. 2. Empowerment of district health teams in terms of skills, tools, and financial resources is critical. 3. Stakeholder engagement in district policy development and implementation is key, including community, patient representatives, civil society and private sector stakeholders.
Background	<p>In accordance with the <i>“WHO Quality Health Services: a planning guide”</i>, activities at the district level influence the implementation of quality health services at the facility and community levels. The district level represents the key interface between health facilities and higher levels of the health system, and is responsible for operationalizing national strategic direction on quality. It is at this level that planning, implementation, monitoring and supervision of activities to improve quality of health services in facilities and communities are carried out.</p> <p>The planning guide also emphasizes a range of key points relevant for this level of health care, including the emphasis on district management leadership/teams, commitment to improve quality, as well as the role of district-level structures and operational plans in setting out implementation of quality health service activities. This thematic discussion was conducted to explore ways to enhance district-level commitment to quality of care, provide practical examples of how this has been achieved around the world and identify any obstacles to the attainment of commitment to quality of care at the district level that may be encountered.</p>
Process	<p>Healthcare Information For All (HIFA.org) is a global human-rights-based movement with 20,000 professional members from 180 countries interacting on six virtual discussion forums in four languages (English, French, Portuguese and Spanish).</p> <p>In collaboration with the WHO Global Learning Laboratory (GLL) for Quality Universal Health Coverage (UHC), HIFA conducted a thematic discussion on learning for quality health services. Between 28 June and 1 October 2021, 303 messages on the topic were posted to the discussion forum from 55 contributors in 28 countries (Australia, Cambodia, Cameroon, Canada, Croatia, Democratic Republic of Congo, Ethiopia, France, Iceland, India, Iraq, Ireland, Kenya, Malawi, Mexico, Mozambique, Nepal, Nigeria, Senegal, Singapore, South Africa, Sudan, Switzerland, Tanzania, The Netherlands, United Kingdom, USA, Zimbabwe). This work was supported by the WHO GLL-HIFA Working Group and Catalyst Group on Learning for Quality Health Services, which worked collaboratively to identify thematic areas of discussion with relevance to quality of care, and to facilitate the discussion on the HIFA forums.</p> <p>Members were invited to comment on the following two overarching questions: <i>From your experience, what are the biggest challenges for district health managers in tackling quality of</i></p>

	<p><i>care issues? Have you seen any practical solutions that should be shared more widely?</i></p> <p>After the discussion, a detailed thematic analysis of the contributions was conducted to identify recurring themes and emergent patterns. Messages were collated, coded in accordance with specific key words, and subsequently synthesized into this action brief. Throughout the synthesis process, the authors of this brief met regularly to discuss and agree the inductive and deductive content analysis approaches utilized. This work was further supported by weekly WHO GLL-HIFA strategy meetings.</p>
<p>Key emergent themes</p>	<p>What are the biggest challenges for district health managers in tackling quality of care issues?</p> <ol style="list-style-type: none"> 1. Onsite support from the district-level to advance quality of care in facilities: <i>“Access to quality family planning, effective antenatal care and respectful maternity care rely on the management capacity of district leaders, and the needed supportive supervision.”</i> (Quality improvement professional, USA) 2. Skills to effectively manage health at the district-level: <i>“An example of a study which sought to answer the question of the capacity of district health executives to execute their role was done in Zimbabwe by Muchekeza et al.; titled ‘District health executives in Midlands province, Zimbabwe: are they performing as expected?’ (doi: 10.1186/1472-6963-12-335)... One of the findings of the study was that: “Almost all (29/30) district health managers interviewed reported having inadequate management skills to effectively undertake their management responsibilities.”</i> (Pharmacist, Zimbabwe) 3. Empowerment of district health managers to tackle quality of care issues: <i>“I have had the privilege of working with many colleagues in East Africa and Latin America from whom I learned important lessons about how to enable and empower district health managers to tackle quality of care issues. Three insights stand out: 1) District health teams need to define specific roles and responsibilities for quality and provide tools and training to those tasked with supporting quality activities at the point of care; 2) Quality is not just about compliance with technical standards in public facilities, but must address people’s experience of care and community wants and needs; 3) Practical solutions to do this are creating district level mechanisms for regular review of performance and results across the whole sector, with community, civil society, and private sector engagement in these reviews.”</i> (Knowledge management professional, USA) 4. Sustainable financing: <i>“Regional managers suffer from underfunding and lower resources than the central level; consequently, with the risk of having to close perhaps the only hospital available for the region, it becomes a daunting task to stimulate quality of care and keep compliance with the standards.”</i> (Public health professional, Kenya) 5. Transfer of ownership from national to district: <i>“During the decentralization process in Croatia, one of the strives was the change in the ownership of hospitals and primary health care centres, which was transferred to local authorities in order to plan and manage health care at a district level – with an end-goal to address district-level needs and ensure a healthcare system that is better, more fair and more efficient.”</i> (Public health professional, Croatia) 6. Community and civil society engagement for accountability: <i>“It is critical to recognize that quality improvement requires a multisectoral approach at district level and involvement of the community, as some critical amenities such as water sanitation and hygiene (WASH) facilities may be overseen by municipalities or rural district councils, although they play a pivotal role in ensuring quality of health services.”</i> (Pharmacist, Zimbabwe) 7. Inclusion of higher education actors and professional associations in implementation and planning endeavours: <i>“Other players contribute to a health consumer’s voice for quality within the state or district component of our universal health care system such as universities and professional associations.”</i> (Patient advocate, Australia) <p>Have you seen any practical solutions that should be shared wider?</p> <ol style="list-style-type: none"> 1. Leading change through sub-national policy development and implementation: <i>“In India, different states such as Tamil Nadu and Uttar Pradesh have started developing their state level quality policy. The policies are framed within a wide consultative process</i>

	<p><i>at state headquarters, district headquarters and with technical support of World Bank and WHO. The purpose of such policy is to reflect the quality definition, quality mission, vision and strategies with a clear reflection of local issues, and resources available.</i>" (Health professional, India)</p> <ol style="list-style-type: none"> 2. Investing in public-private partnerships: <i>"Public Private Partnerships (PPP) have led to improved quality care, such as provision of dialysis services for renal patients. Leveraging PPPs may reduce the strain of resourcing health facilities for certain services; however, quality monitoring needs to remain a joint effort."</i> (Pharmacist, Zimbabwe) 3. Increasing in-service training on management: <i>"Districts actually need educational support (primarily learning-by-doing type of training) to enhance management skills and, in turn, health practices at the district level. This was pursued in Croatia. As part of the training process, district teams had managed to develop policy functions and create County Health Profiles and Strategic Framework of the County Health Plan."</i> (Public health professional, Croatia) 4. Increasing consumer representation: <i>"In Australia, the state-led government acts as a key player by providing some publicly accessible health data and making quality an explicit issue in hospitals and ambulance services, and state government health jurisdictions. It has embedded health consumer representation in a number of ways."</i> (Patient advocate, Australia) 5. Localizing tools and resources: <i>"There are mechanisms (tools) which have been localized for the Nigerian Health System and are currently being applied in both private and public owned facilities."</i> (Public health professional, Nigeria)
<p>Editors' Perspective</p>	<p>The alignment of district level approaches to tackle quality of care issues prioritized at the national level and implemented at the district and facility levels is essential, and yet strategies aimed at realizing such alignment are elusive. Meanwhile, financial factors and the lack of capacity of some district managers can undermine the district's role in contributing to and translating national policies and strategies on quality of care and supporting individual facilities. Stakeholder engagement, particularly that of civil society and patient advocates, featured highly in the discussion. Australia was presented as a model for such engagement; however, there are potentially major challenges to be overcome before the Australian model may be replicated in low- and middle-income countries (LMICs).</p> <p>The impact of decentralizing national health systems was recognized as important, yet this issue is seldom discussed in the medical literature. However, although decentralization can be considered as an important step towards improving quality of care, it may also aggravate problems such as overly fragmented health planning, lack of funds and inadequate provision of many health services. This means that issues such as transparency, accountability and savvy expenditure at the district level have to be addressed diligently.</p> <p>Prevention and public health programs (e.g., immunizations, maternal and prenatal services), healthcare needs and service-user empowerment may vary from county to county depending upon the local structure of the health system. Potential practical solutions to improve quality of care proposed in this discussion included: utilization of public-private health partnerships; provision of appropriate training combined with other mechanisms such as supportive supervision of health workers; as well as using various novel and bold strategies in order to develop strategic and realistic quality improvement plans for the district health system.</p> <p>Although current literature demonstrates how innovative and diverse financial support platforms for district health systems are being pervasively used in some countries, good leadership has to be emphasized as one of the critical facets of success. This involves utilizing appropriate quality metrics, while also balancing resource allocation with priority setting for enhanced performance. There should be specific district level mechanisms for regular review of performance and results across the whole sector, taking into account the community, civil society and private sector engagement – with the end-goal of identification of key gaps and development of improvement plans to address any gaps identified.</p>
<p>Unanswered questions for</p>	<ol style="list-style-type: none"> 1. Considering the critical role of districts in managing quality health services, how can

<p>further analysis/investigation</p>	<p>national leadership better engage district leadership in the planning and implementation of national quality policies and strategies?</p> <ol style="list-style-type: none"> 2. How can quality improvement approaches be even better integrated into the broader context of good management practices? 3. What are the drivers and barriers to successful partnerships between district health teams and primary care centers? 4. To what extent can a culture of quality be facilitated in a specific district? 5. Are there any examples of countries where national, district and facility levels are in harmony and even synergistic? Any examples of district teams leading change for quality health services across health facilities in their district? What actions were taken? 6. A study in Zimbabwe suggested that 29/30 district managers reported having inadequate management skills to effectively undertake their management responsibilities. What is the situation in other countries?
<p>Further information</p>	<p>The full text of the (whole) discussion is available here, with a structured, edited version here. An integrated brief developed to capture perspectives across the national, district and facility-level is available here.</p> <p>Acknowledgements: With thanks to WHO GLL-HIFA Working Group and Catalyst Group on Learning for Quality Health Services.</p>