

Action Brief: Enhancing National Commitment to Quality Health Services

WHO GLL-HIFA Thematic Discussion Issue

1/20/2022

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Keywords	Quality of care; Health services; National commitment
Audience	Health professionals, quality improvement experts, patient representatives, policymakers
Key Messages	<p><i>“In every country, the case for quality of care should be made to the leaders and policy makers who may need reminding as they contend with prioritization of where to allocate and spend scarce and limited national resources”</i> (Public health professional, Nigeria)</p> <ol style="list-style-type: none"> 1. The public, health workers and policymakers all have a key role in the development and implementation of quality improvement at a national level. 2. Each stakeholder group has unmet needs that must be addressed to drive quality. 3. More financial investment is needed in national health services, together with a reduction in wasteful, ineffective and unsafe care. <p>Contributors to the discussion suggested a range of practical ways to take quality of care forward, including the uptake of WHO guidance, patient support groups, and quality of care networks.</p>
Background	<p>In order to improve health outcomes, national-level leadership, ownership and action are all necessary to guide, support and sustain improvements. National level stakeholders include the Ministry of Health team responsible for coordinating national quality improvement and patient safety efforts, senior health system and political leaders, relevant steering committees or technical working groups, and health professional, community and patient representatives.</p> <p>The <i>WHO Quality Health Services: a planning guide</i> provides a range of activities that can be considered by national stakeholders including establishing commitment to improve quality, developing or renewing a national strategic direction on quality, and selecting and prioritizing interventions for quality of care. This thematic discussion was conducted to explore ways to enhance national 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 care at the national level that may have been 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 facilitate the discussion on the HIFA forums.</p> <p>Members were invited to comment on the following two overarching questions: <i>What might</i></p>

	<p><i>work best to enhance national commitment to quality of care? 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, which was supported by weekly WHO GLL and HIFA strategy meetings.</p>
<p>Key emergent themes</p>	<p>What might work best to enhance national commitment to quality of care?</p> <ol style="list-style-type: none"> 1. Empowering the public and health workers: <i>“The power of communities and health workers can be harnessed to drive national level commitment to quality of care. I have seen some notable examples of where this has happened in response to a scandal - for instance communities demanding better infection prevention and control after an outbreak of HIV linked to re-using of needles”</i> (Public health professional, United Kingdom) 2. State of quality: <i>“There is a need to first perform an in-depth analysis of the problems related to the quality of care.”</i> (Health professional, Croatia) 3. Consumer engagement: <i>“The Australian health care system appears to make quality an explicit issue and offers opportunities for consumer engagement.”</i> (Patient activist, Australia) 4. Sustaining national commitment to quality: <i>“Perhaps we should create a ‘quality passport’, a permanent and transparent dashboard which, according to criteria, would provide the status of the quality of care and serve as a template to proportion the investments.”</i> (Consultant surgeon, Senegal) 5. Environmental sustainability: <i>“When sustainability is considered a domain of quality in healthcare, it extends the responsibility of health services to patients not just of today but of the future. This longer-term perspective highlights the impacts of our healthcare system on our environment and communities and in turn back onto population health.”</i> (Public health professional, UK) 6. Commitment to funding public health services: <i>“Absence of adequate resourcing, in any service, leads to a shift in focus from quality to... cost-cutting, task-shifting and other measures to ‘make do’ with the limited resources.”</i> (Quality improvement expert, USA) 7. Innovative financing models for quality of care: <i>“By having all partners and initiatives in an inclusive approach, public-private partnerships should be stimulated – a desirable approach in a country where financial means for quality improvement and quality evaluation are limited.”</i> (Organizational director, Kenya) 8. Develop a culture of quality grounded in patient safety: <i>“In most cases, the staff are not honest to accept their errors; instead they always try to defend themselves at the expense of patient safety.”</i> (Nurse, Cameroon) 9. Primary care as a basis for improving quality of care: <i>“One example is The Republic of Croatia, which during almost three decades of independence had to pass through a challenging political and economic transition process. The positive aspect is that Croatia always had a strong primary care base, which was how many quality improvement schemes on a national level actually started.”</i> (Health professional, Croatia) <p>Have you seen any practical solutions that should be shared widely?</p> <ol style="list-style-type: none"> 1. Policy development and implementation: <i>The national [Ministry of Health, Zambia] quality improvement approach was informed by the WHO National Quality Policy and Strategy Handbook. The eight elements from the Handbook became the foundation of the work in Zambia.”</i> (Global health professional, USA) 2. Patient empowerment: <i>“In Kenya I was involved in patient support groups for non-communicable diseases, that served to: 1) Patients sharing their (disease) experiences and thereby creating peer education; 2) Patients understanding their disease better, leading to higher levels of self-management; 3) Peer support for lifestyle changes (diet and exercises); and 4) Better treatment compliance. Overall, empowering patients to</i>

	<p><i>self-manage their disease leading to better health outcomes.” (Nursing lecturer, Netherlands)</i></p> <p>3. Quality of Care networks: <i>“Our experience in driving quality improvement across India and Southeast Asia has been mainly through the effective use of identification and networking of champions at all levels of healthcare delivery systems and utilizing technology and human factors to our advantage in sustaining the momentum of the initiative.” (Physician and public health expert, India).</i></p>
<p>Editors’ Perspective</p>	<p>Empowering public and patient advocacy has been pivotal in driving national commitment to quality of care in high-income countries, as highlighted in the example from Australia outlined above. However, advocacy may be less developed in low- and middle-income countries (LMICs). Hence, this is an area in which robust support from decision makers and policymakers is beneficial. In addition, a broader understanding of stakeholder relationships in LMICs is required if we are to achieve a more systematic approach to participatory decision making within the healthcare arena.</p> <p>Health workers should also be empowered, by providing them with adequate resources to deliver effective, safe and people-centered care, and by giving them a voice in discussions about quality at a national level. This is where evidence-based healthcare approaches should be incorporated (possibly in the shape of national guidelines). By encouraging all healthcare facilities (both public and private) within one country to strive towards the use of evidence-based methods, we can build our way towards a better health system for all.</p> <p>Contributors also noted there is sometimes a lack of relevant policy, and often, the policies in existence may not be adequately implemented. Thus, alongside patients and health workers, policymakers should also be empowered with the tools needed to develop and implement policy. However, here we face the issue of health service funding on a national level, as without adequate financial support, quality will take a back seat to 'making do'. The spending patterns of countries and their health financing systems are not static and can be influenced by a myriad of factors. Hence, when a country aims to improve health system efficiency or mobilize extra resources towards universal health coverage, the success of the venture is contingent not only on technical knowledge, but also on the adoption of pragmatic and resilient political strategies that take historical and political legacies into account.</p> <p>Finally, we have to keep in mind the environmental impact of health services on the health of future generations. Increasingly, environmental impact assessments are being undertaken at the national level of health systems and although this is an encouraging development, we are yet to see the emergence of sufficiently detailed recommendations designed to guide future decision-making – especially in LMICs. Nonetheless, the surging cost of resources and climate change mitigation policies will likely create an impetus for future research on healthcare sustainability, and will necessitate large inter-disciplinary coordination on a national (and even international) level.</p>
<p>Unanswered questions for further analysis/investigation</p>	<ol style="list-style-type: none"> 1. How can we empower patients and health workers in LMICs to have a greater voice in driving quality improvement? 2. How can we explore further the interface between financial investment and quality? Is quality improvement even possible when health workers lack basic tools for health care? 3. How can policymakers be supported better to develop and implement policy? What tools are available? 4. To what extent should health services in LMICs focus on environmental sustainability? 5. What more can be done to promote evidence-based healthcare and to reduce waste and harm from over-prescription of medicines?
<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. Acknowledgements: With thanks to WHO GLL-HIFA Working Group and Catalyst Group on Learning for Quality Health Services.</p>