

Maintaining Quality Care During COVID-19: Learning from country experiences
WHO COVID-19 Health Services Learning Hub
& The WHO Global Learning Laboratory for Quality UHC
3 December 2020

The learning event focused on maintaining quality care during COVID-19. Quality was central point of discussion and references – speakers were emphasizing its importance on different levels. Introductory remarks were delivered by Shams Syed, Quality Team Lead (Integrated Health Services, WHO).

COVID-19 has impacted all aspects of our lives since its outbreak. Although it changed the way we function, it cannot longer be seen as disturbance alone. It is a great start for learning. We need to take it as opportunity to learn from each other and make sure that quality is at the core. Quality is not given; it has to be preserved and adapted to a specific context – the pandemic context in this case.

Therefore, the webinar aimed to explore strategies undertaken by countries to integrate quality into the maintenance of essential health services (EHS) in the COVID-19 context. Speakers showed their perspectives that include identifying barriers and finding solutions in maintaining quality care in the times of pandemic. The overall goal was to recognize common learning themes and technical assistance that countries need.

After the introductory remarks, Sunny Khan (Project Lead, IHS, WHO) gave an overview of HLH – WHO COVID-19 Health Services Learning Hub. HLH is a new learning architecture designed to support Member States in maintaining EHS during and after COVID-19. It is meant to focus on cross-country learning that include innovative strategies to inform global pandemic response.

Innovations and out-of-box approaches are crucial in real time learning. When being used, they can be effectively transformed into action and that is what countries need now. The HLH aims to drive activated learning to maintain EHS in context of COVID-19 pandemic – and transform health services for the future.

Nana A. Mensah Abrampah (Technical Officer, Quality HIS, WHO) gave an overview of GLL – WHO Global Learning Laboratory for Quality UHC).

GLL, like HLH, strives to create a safe space to share knowledge, experiences and ideas; challenge those ideas and approaches; and spark innovation for quality UHC. This learning event, co-organized by GLL and HLH, is a perfect example of creation of space for knowledge and experience sharing.

One of the main purposes of the webinar was to see what perspectives of certain countries are and how they responded to the pandemic. The first speaker, Lekilay Tehmeh (Clinical Coordinator for Patient Safety and Healthcare Quality Management Unit, Ministry of Health, Liberia) outlined the situation in Liberia. When referring to quality integration into COVID-19 context on national, sub-national, facility and community levels, he referred to seven dimensions of quality in maintaining EHS.

COVID-19 response in Liberia, in order to focus on and comprise of quality, had to be effective, safe, and people-centered. Moreover, it has to be implemented timely, emphasizing equity, integration, and efficiency. Guidelines provided for the pandemic response had to be adapted to specific country context. Safety had to be ensured, as well as patient flow so the health system needed to be well coordinated.

Liberia was able to adapt the guidelines to their situation and make sure that all the levels of health system are covered (especially community level). Trust and engagement of all the relevant stakeholders played a vital role in meeting the goals. When speaking of barriers and challenges, he emphasized fear among health workers (which is understandable, considering quite recent Ebola experience). What is needed? Finding best practices and transforming them into actions, sharing ideas that works with other countries, and being an active part of a worldwide learning process. Last but not least, any approach taken has to be integrated in order to be efficient.

The second perspective on maintaining EHS was presented by Mathur Arvind from Maldives.

Use of digital technologies has been a key part of response in Maldives. Digital health is no longer optional and should be harnessed and well-integrated within any health system. Maldives, as any other country, had to first adapt provided guidelines to a country specific context. In this case, we strongly relied on technology and multi-stakeholder engagement. Viber community was put in place and government has been informing people on the latest developments regarding COVID-19. Consequently, trust and confidence were established through digital channels of communication.

After Liberia's and Maldives' perspectives, the Facilitated Discussion was initiated.

What were particular challenges in integrating quality element in Liberia and Maldives?

Lekilay Tehmeh mentioned need to rely on practical approaches to make sure that patients do not suffer more from lack of essential health services than from COVID-19 in itself. Concept of quality integrated in health system has already been coined after Ebola (health system did not support situation created by Ebola because it had not been focused on quality). Lessons were learnt from previous experiences and quality has been present since.

Mathur Arvind said that quality must be intentional. It must come from all directions, including health system and government. The approach towards health of population needs to be integrated and quality-orientated from its very beginning. Trust is also crucial at this point – mutual trust. People need to have confidence in health system and its governance; any response (not only to COVID-19) should be multisectoral and involve all the stakeholders. That is why Maldives' case and use of digital technologies is so outstanding – by using practical solutions and relying on tools that have been already in wide use, it was possible to establish trust between population and governance bodies.

Maintaining invisible good is important but we also need to make sure that poor facilities do not take place – as they are visible immediately. When system does not function as it should, it comes up to a surface ad hoc. Moreover, systems cannot fight each other and overlap their efforts, especially in the pandemic situation. The approach needs to be holistic and integrated, and undertaken efforts harmonized, all focused on one common goal – quality health care for all.

After hearing from countries' perspectives, the discussion moved towards partnership and cross-country learning experiences. David Weakliam (ESTHER) highlighted three points regarding quality:

How it can be achieved? Since COVID-19 has impacted all of us, we need to make sure that quality is also present in the lives of all. The pandemic exposed weaknesses of any health system and showed us where quality was not present. Take this situation as opportunity to work on these weaknesses – focus on the most vulnerable, be compassionate, patient-centered and strive for continuous improvement.

Importance of partnerships – which is in line with SDG17, strong institutional partnerships. We must work together, be flexible and able to adapt. Partnerships are the most practical way to improve quality and enhance two-way learning.

How to maintain and continue this learning? We need to adapt contextualized approach that is adapted to local circumstances. Put scalable innovations in place, share knowledge and best practices, do things that have already worked, use existing mechanisms and tools, and practice peer-to-peer relationships.

Peter Lachmann (International Society for Quality in Health Care) emphasized trust once more, as the key element of well-functioning health care system.

Population must have trust in the system, especially nowadays, when we are about to get vaccine. Moreover, co-production needs to be at the forefront of our societies. In this way we do not overlap efforts and can come up with solutions based on people's needs and requirements.

Ernest Asiedu added a few essential points that were experienced in Ghana in terms of COVID-19 response and maintenance of EHS. Ghana quickly adopted to the situation, even though not having enough resources at first. Innovative ideas and practical approaches had to be put in place to conquer the arising challenges. Health workers feared the situation, supply chain was disrupted, and facilities were not adequately prepared for the pandemic. The response focused on capacity building and involving of local communities so the barriers could be overcome. He emphasized importance of domestic resources mobilization as well as locally contextualized attitude.

Finally, we heard from Vinay Bothra (Health Systems Advisor, WHO Country Office, Timor-Leste). Timor-Leste, even though being the youngest country in the world, managed their response to COVID-19 in a very efficient way.

Preparedness is crucial in this kind of situations. Any response must be timely and appropriate to a local context. There is no one-fits-all solution, and provided guidelines need to be adopted. Webinars and online events do not work in any settings; in Timor-Leste we needed to focus on fundamentals first, meaning water and toilets supply to ensure basic hygiene. Although COVID-19 has been an extraordinary challenge, it was taken as opportunity to improve and focus on quality in health care. The pandemic exposed lack of systematic approach and maintenance of EHS – we knew what to put our efforts into. Quality plays an essential role and needs to be achieved at first. It is better to have no health facility than one without quality element embedded. Poor quality makes more harm than poor access. Essential health services should emphasize quality and have it implemented by default. Quantity and quality, in any health system, must be on the same level.

The goal of the webinar was reached again – quality was highlighted being a fundamental part of health care. It is intentional quality, people-centered, safe, and effective; based on partnerships and co-production; involving innovative and scalable solutions, relying on existing mechanisms and accumulated knowledge. This is the quality we need for COVID-19 context and in general. The quality that ensures that essential health services are maintained; the quality that has trust as its precondition.