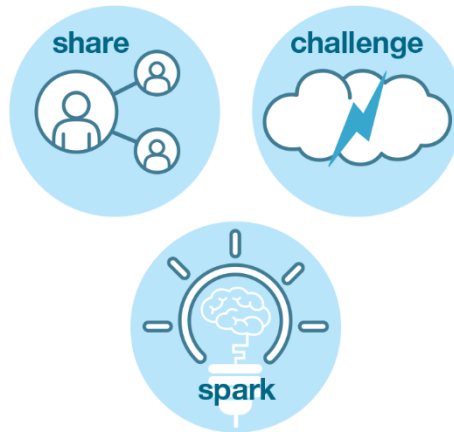


The WHO Global Learning Laboratory  
for Quality Universal Health Coverage



# **WHO Global Learning Laboratory for Quality Universal Health Coverage - Healthcare Information For All Integrated Brief**

*Enhancing the Quality of Health Services across Levels of the Health System*

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## Overview

The quality of health services is critical to achieving universal health coverage (UHC). Between 5.7 and 8.4 million deaths are attributed to poor quality care each year in low- and middle-income countries, which accounts for up to 15% of overall deaths in these countries. Hence, improving access to health services must go hand in hand with improving the quality of these services. Further, poor quality health services can decrease people's trust in the health system. And indeed, there is an urgent need to place quality at the centre of national, district and facility-level actions in order to progress towards UHC.

The purpose of the first World Health Organization (WHO) Global Learning Laboratory (GLL) for Quality UHC and Healthcare Information For All (HIFA) thematic discussion on 'Enhancing the quality of health services across levels of the health system' was to learn from health professionals and experts around the world about how the delivery of quality health services is being taken forward at the national, district, and facility-level in different countries. This discussion aimed to collate and share experiences and perspectives to stimulate further thinking on the actions necessary to enhance the quality of health services delivered to populations worldwide.

## Objective of the integrated brief

This integrated brief aims to provide an overview of the thematic discussion on *Enhancing the Quality of Health Services across Levels of the Health System*. The integrated brief accompanies and complements the three specific WHO GLL Action Briefs emerging from this discussion:

1. Enhancing *National* Commitment to Quality Health Services
2. Enhancing *District* Commitment to Quality Health Services
3. Enhancing *Facility* Commitment to Quality Health Services

The integrated brief also summarises content not covered in the above briefs, including a rich discussion on the question 'What does quality of care mean to you?' and 'Perspectives on quality of care during COVID-19'.

In 2019, countries requested support from WHO on practical actions required to enhance the quality of health services across the health system. In response to this request, the *WHO Quality Health Services: a planning guide (1)* (referred to as the WHO Quality Planning Guide) was developed. This guide supports key actions required to improve the quality of health

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<sup>1</sup> *WHO Quality Health Services: a planning guide*. Geneva: World Health Organization; 2019. (Available from <https://www.who.int/publications/i/item/9789240011632>)

services for the entire population, recognizing the unique pathway for each country. The planning guide focuses on actions required at the national, district and facility levels to enhance the quality of health services, providing guidance on implementing key activities at each of these three levels. It is intended to support those working at all levels of the health system in translating intention into results, delivering an impact on the quality of services for people across the world. The planning guide was developed by a sub-group of the WHO Quality Taskforce consisting of 11 departments across WHO Headquarters. WHO Regional Offices were consulted throughout the development and over 50 individuals provided inputs during the global consultation.

Consequently, this WHO GLL-HIFA thematic discussion was built on and complemented the launch of the *WHO Quality Planning Guide*. It was conducted to learn from frontline experiences around the world and to explore ways to enhance our commitment to quality of care. By examining best practices, obstacles, challenges and barriers to quality of care, this discussion further reinforced issues raised in the planning guide, while also offering some novel solutions – from the overarching national level all the way to the smallest and isolated clinic.

## Approach

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). In collaboration with the WHO GLL, HIFA conducted a thematic discussion on learning for quality health services, supported by the WHO GLL-HIFA Working Group and Catalyst Groups. Two established groups – the Working Group, identified the scope of the thematic discussions and the Catalyst Group, stimulated and facilitated discussion on the HIFA forums. Between 28 June and 1 October 2021, 303 messages on the topic were posted 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).

The discussion was divided into four parts, each of them taking place in a two-week interval. A first discussion centred on individual views on quality of care, as well as how to make the case for quality of care. A second discussion addressed ideas on how to enhance national commitment to quality of care, while a third discussion tackled challenges for district health managers in ensuring quality of care. Finally, a fourth discussion addressed challenges for improving quality of care at the facility-level. The key questions (as well as sub-questions for guidance) posed for these discussions can be seen in Table 1.

**Table 1.** Questions posed for WHO GLL-HIFA thematic discussion.

QUALITY OF CARE	Key questions posed	Sub-questions used to facilitate the discussion
<p><b>General</b> (Jun 28 – Jul 9, 2021)</p>	<ul style="list-style-type: none"> <li>• <i>What does quality of care mean to you, in your particular context?</i></li> <li>• <i>Why is it important to make the case for quality of care?</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>From your experience, what could prevent you from making the case for quality of care?</i></li> <li>• <i>What has worked well to make the case for quality in your context?</i></li> <li>• <i>How can communities/families create a demand for quality of care during service delivery?</i></li> </ul>
<p><b>National-level</b> (Jul 12 – Jul 23, 2021)</p>	<ul style="list-style-type: none"> <li>• <i>From your experience, what might work best to enhance national commitment to quality of care?</i></li> <li>• <i>Have you seen any practical solutions that should be shared wider?</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>What are the biggest challenges to enhance national commitment to quality of care in your setting?</i></li> <li>• <i>How can these challenges be overcome?</i></li> <li>• <i>How can leadership and national commitment to quality of care be sustained?</i></li> <li>• <i>How can we continuously engage with health systems leaders on quality of care?</i></li> <li>• <i>In your context, what is needed from health systems leaders to maintain quality essential health services during public health emergencies (for example, the current COVID-19 pandemic)?</i></li> </ul>
<p><b>District-level</b> (Jul 26 – Aug 6, 2021)</p>	<ul style="list-style-type: none"> <li>• <i>From your experience, what are the biggest challenges for district health managers in tackling quality of care issues?</i></li> <li>• <i>Have you seen any practical solutions that should be shared wider?</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Do you have an example of district teams leading change for quality health services across health facilities in their district?</i></li> <li>• <i>What actions were taken?</i></li> <li>• <i>How can we continuously engage with district leaders on quality of care?</i></li> <li>• <i>In your context, what is needed from the district-level to maintain quality essential health services during public health emergencies (for example the current COVID-19 pandemic)?</i></li> </ul>
<p><b>Facility-level</b> (Aug 9 – Aug 20, 2021)</p>	<ul style="list-style-type: none"> <li>• <i>From your experience, what are the biggest challenges for improving quality of care at the facility level?</i></li> <li>• <i>Have you seen any practical solutions that should be shared wider?</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>What quality improvement tools have been most useful as you improve care at the facility-level?</i></li> <li>• <i>What could be the role of communities/families in improving quality of care at the facility level?</i></li> <li>• <i>How has the COVID-19 pandemic challenged facility level quality improvement teams in improving quality of care?</i></li> </ul>

Although these two-week timelines captured most of the discussion on different levels of care, the discussion was extended until October 1, 2021 as a result of contributors' interest. 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 three action briefs on

enhancing national, district and facility commitment to quality health services. 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 strategic meetings.

## Key emergent themes across the three WHO GLL action briefs

The discussion on “What does quality mean to you?” generated 48 messages (16% of overall responses to the discussion), mostly around health outcomes and/or patient experience. There were 36 messages (12% of the overall responses to the discussion) specifically on national commitment to quality of care. At the national-level, thematic areas centred on empowering policymakers. Areas for empowerment included finance, coordination and cooperation, legislation, and training. There were 24 (8% of overall responses to the discussion) contributions on district level management. Areas that emerged at the district-level included the need for capacity-building of district level staff and stakeholder engagement with patients, public and the private sector. There were 40 messages (13% of the overall responses to the discussion) specifically on quality at the facility level, of which 11 related to patient empowerment, 10 on basic needs of health workers (water sanitation and hygiene(WASH), training, information, medicines, equipment, salary), and 9 related to facility management, quality measurement and quality improvement.

More than half of all comments related to cross-cutting issues. In all three briefs there was a common theme on **meeting the needs of health workers** in terms of resources, manpower and continued professional education; **empowering managers** in all three levels of healthcare (i.e., national, district and facility) to adequately tackle quality of care issues; and **empowering healthcare consumers/patients** in terms of disease self-management and their increased representation. All three briefs also emphasized an overarching need for support from national and local government, emphasizing the need to sustain national commitment to quality, with onsite support from the district-level to advance quality of care in facilities, and set standards of care.

**Sustainability issues** are addressed by all three briefs, primarily in terms of financial sustainability, although the national-level action brief also highlighted the environmental sustainability of health services as a salient domain of quality in healthcare. In addition, the **application of quality metrics and measuring the impact** of certain measures towards improvement was highlighted throughout the entire discussion, with emphasis on measuring patient satisfaction and outcomes, which was primarily captured in the district-level and facility-level action briefs.

Recurring practical solutions that emerged from the discussion were specific examples on how to lead change through national and sub-national policy development and implementation, as well by prescribing minimum standards and creating a culture of quality.

Other common themes recognized the need to invest in public-private partnerships, as well as novel ways of healthcare staff and patient engagement. Differences in the utilization of technology is also a common theme in many practical comments in this issue.

## Perspectives

### What does the discussion content reveal regarding quality of care?

One of the five principles of quality health services, as described in the *WHO Quality Health Services: a Planning Guide*, is to support health workers. The overall discussion and the complementary action briefs (national, district, facility) also identified this as a critical aspect of quality of care, especially at a time when health workers are stretched as a result of the coronavirus disease (COVID-19) pandemic. There is a need to tackle the widespread issue of health workforce shortages, in order to afford clinicians sufficient time to develop mutual promotion, prevention and treatment goals with patients and to address their informational needs.

However, the contributors were cognizant of the need to empower and include community representatives and patients in conversations on quality, an issue also highlighted in the WHO Quality Planning Guide. Educating patients about the significance of seeking support in order to gain more knowledge and obtain a sense of control may indeed enhance their empowerment. The discussion has revealed that trust in the government, health system and public health messaging is critical in all areas of healthcare, including health decision making and self-care. All three briefs have clearly shown how a holistic approach is necessary to adequately build quality of care, primarily by engaging key stakeholders meaningfully and visibly in this process.

The selection of the best approach to achieve provision of sustainable financial resources for healthcare represents one of the most pressing challenges in front of policymakers and health system planners – an issue also noted in this discussion. Moreover, this challenge is further complicated by the increasing demand for public services in a climate where citizen healthcare costs have expanded considerably, which in turn places additional pressure on policymakers and public finances. This discussion has featured both theoretical and practical examples that outline the ways in which identification of sustainable resources is essential for improving the quality of healthcare.

A novel perspective was also introduced: environmental sustainability and the impact of health services on the environment (particularly CO<sub>2</sub> emissions) and on the health of future generations.

Finally, the discussion pointed to the need for more systematic ways of measuring and benchmarking quality of care across different healthcare systems and providers. Although there were several reflections in the discussion on various potential indicators that can be

used, different perspectives on patient satisfaction and patient outcomes were considered by several contributors. It was noted that patient experience can capture an essential dimension of care, irrespective of the correlation between patient experiences and other measures of healthcare quality. Therefore, the proposed quality strategies must go beyond promoting and measuring compliance with standards to address the human dynamic between providers and patients (i.e., communication, empathy, behavioural incentives), and also engage a broader community of stakeholders in improving the overall quality of care.

While health workers at the frontline have a primary responsibility for delivering quality services (as clearly stated by many of our contributors), decisions at a health systems level (i.e., facility, district, regional, national) have a huge bearing on enabling or hampering such efforts. Therefore, delivery of quality of care also requires a mind-set of leadership and decision-making which challenges the status quo in a constructive way and continuously strives to improve and to better respond to the needs of patients and health workers – so their interactions can be of quality.

### What does quality healthcare mean to you?

“In my experience, the definition of quality of care depends on how close to patients our perspective is. Fundamentally, it is about providing the most appropriate and evidence-based care in a respectful way to meet patients' needs, and respecting their preferences, their autonomy and their dignity.”

- *Health Adviser, United Kingdom*

In the context of the general question "*What does quality of care mean to you?*", several different themes emerged from the comments of contributors – primarily addressing health outcomes, patient experiences, patient safety, as well as environmental sustainability. Alongside growing acknowledgment that quality health services should be effective, safe, people-centred, timely, equitable, integrated and efficient (as postulated by the planning guide), the discussion suggested further elements such as affordability, cost-effectiveness, dynamic improvement and resilience.

In the context of the second question "*What is needed to ensure quality of care?*", key emergent themes included a better understanding of the links between quality of care and health outcomes, empowering health workers (most notably by providing an enabling environment including WASH, medicines, access to reliable information, and learning and professional development), empowering patients (engaging them in health promotion and self-management, as well as in clinical-decision making), patient safety, strengthening leadership and management (with an emphasis on compassion), improving financial management and embracing digital health.



An expanded narrative on *what does quality healthcare mean to you?* is captured in Annex 1.

## Quality of Care During COVID-19

*“Modular and removable epidemic treatment centres should be able to address the surge during public health emergencies in order to avoid congestion in traditional healthcare structures. A high surge of patients in traditional healthcare structures could undermine any quality in the clinical management of COVID-19, especially in a country with limited resources.”*

*-Consultant Surgeon, Senegal*

HIFA members made reference to COVID-19 in relation to question: *In your context, what is needed from health systems leaders to maintain quality essential health services during public health emergencies (for example the current COVID-19 pandemic)?*

From the perspective of different levels of healthcare, it was clear from the discussion that the biggest challenges from the COVID-19 pandemic were at the facility level in terms of responding to the pandemic and maintaining quality health services. Some contributors noted how the COVID-19 pandemic has drawn stakeholders’ attention to strategies highlighting the potential roles and responsibilities of patients in improving healthcare outcomes. The threat of misinformation and infodemic was also highlighted by the contributors.

## Unanswered questions for further investigation

The authors of this brief propose further work be conducted to explore the below unanswered questions.

1. How can we empower health workers and patients in low- and middle-income countries to have a greater voice in driving quality improvement?
2. How can policymakers be better supported to develop and implement policy?
3. How can we further explore the interface between financial investment and quality of care?
4. Considering the critical role of districts in managing quality health services, how can national leadership better engage district leadership in the planning and implementation of national quality policies and strategies?
5. What are the drivers and barriers to successful partnerships between district health teams and primary care centres?
6. To what extent can a culture of quality be facilitated in a specific district? Are there other practical ways forward, and how can they be prioritized and supported?
7. If a health facility lacks access to water, adequate sanitation, or any of the basic requirements for delivery of care, then how can the facility be supported to improve quality of care?

## Resources

The three action briefs on enhancing national, district and facility commitment to quality health services can be found on the [WHO Global Learning Laboratory for Quality UHC](#).

For the full discussion:

- Full raw-text compilation of all comments:  
[[https://www.hifa.org/sites/default/files/publications\\_pdf/HIFA-GLL-Quality-Full-Compilation\\_3Jan2022\\_0.pdf](https://www.hifa.org/sites/default/files/publications_pdf/HIFA-GLL-Quality-Full-Compilation_3Jan2022_0.pdf)]
- Structured highlights including a list of more than 100 references cited during the discussion.  
[[https://www.hifa.org/sites/default/files/publications\\_pdf/Learning\\_for\\_Quality\\_Health\\_Services\\_Edited\\_Discussion.pdf](https://www.hifa.org/sites/default/files/publications_pdf/Learning_for_Quality_Health_Services_Edited_Discussion.pdf)] on the HIFA website.

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## Annex 1: Expanded narrative - What does quality of care mean to you? What is needed to ensure quality of care?

Perspective compiled by the HIFA moderator (Neil Pakenham-Walsh)

### **What does quality mean to you?**

Some HIFA members see health outcomes as the most important indicator of quality, while others prioritise patient experience. There was wide agreement that the two are interdependent. For example, patient-reported health outcomes are an important aspect of health outcomes, and positive patient experience correlates with improved health outcomes.

A third perspective on quality was proposed, namely environmental sustainability. Quality health services should not impact negatively on the health of future generations, for example through climate change.

HIFA members highlighted a wide range of attributes of quality care, many of which align with the growing acknowledgement of what quality of care should be:

- evidence-based, safe, compliant with standards
- cost-effective, affordable, equitable
- timely, coordinated, consistent
- informed and empowered patients (personal health, personal medical records, clinical decision making)
- patient-centred care (respectful to patients' values, preferences, expressed needs, patient autonomy, compassion)
- patient voice in research, policy and practice (working in solidarity with patients for better health services)
- commitment to learn and improve

### **What is needed to ensure quality of care?**

HIFA members noted that the first prerequisite for quality care is to provide an enabling environment for those delivering care, whether in the home, community or health facility. This includes water and sanitation; equipment; medicines; access to reliable healthcare information; and incentives including a decent salary. An unanswered question was: What is the role of quality improvement approaches in low-resource settings where the basic needs of health workers are not being met?

There are also gaps in our understanding of determinants of quality. We noted the Lancet paper by Kruk et al (2) which reported that between 5.7 and 8.4 million deaths are attributed to poor quality care each year in low- and middle-income countries, which represents up to 15% of overall deaths in these countries. However we still know relatively little about what aspects of poor care are contributing to these deaths, and how these might be addressed.

HIFA members did highlight one specific contributing factor that has previously been under-recognized: disempowerment of junior health professionals due to (a) lack of access to reliable healthcare information and (b) top-down team structures, contributing to professional team dysfunction and patient safety concerns.

### **Illustrative quotes from the discussion**

*"To me quality of care as described by the WHO definition, 'quality of care is "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with evidence-based professional knowledge" is the most appropriate, but it needs to be adjusted to the context of where in the world it is to be used, because the availability and functionality of the basic fundamentals on which quality care relies are mostly lacking in LMICs." - Public health professional, Nigeria.*

*"Quality is not just the number of successful cases/patients treated. Quality is multi-dimensional with expanded arms towards clinical skills, knowledge, sharing among health providers, infrastructure availability, application of best practices, soft skills of providers (provider – patient interaction), confidentiality and privacy, informed choice of the client/ patient, and many others." - Public health professional, India.*

*"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. A sustainable approach therefore expands the WHO definition of value to measure health outcomes against environmental and social impacts alongside financial costs."- Public health professional, UK.*

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<sup>2</sup> Kruk ME, Gage AD, Arsenault C, Jordan K, Leslie HH, Roder-DeWan S et al. High-quality health systems in the sustainable development goals era: time for a revolution. *Lancet Glob Health*. 2018; 6(11):e1196–252. doi:10.1016/S2214–109X(18)30386–3.