

# NATIONAL QUALITY POLICY AND STRATEGY WHO MEETING REPORT

## CO-DEFINING A PATHWAY FOR IMPACT

WHO Global Learning Laboratory for Quality UHC  
14-16 June 2017  
WHO headquarters, Geneva



World Health  
Organization



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# EXECUTIVE SUMMARY

The WHO National Quality Policy and Strategy (NQPS) meeting was an important milestone in taking forward the quality agenda at the global, regional and national levels. Quality leaders from eight national ministries of health, four WHO regional offices and one WHO country office attended the meeting at WHO headquarters, to forge relationships, share knowledge on best practices for NQPS development and implementation, and provide guidance on how to strengthen the collective NQPS agenda. The meeting was strategically organized in a learning laboratory style, whereby participants shared experiences within a safe setting on past and current pathways to NQPS; discussed strategies for enhancing capacity; and together created a guided action plan for WHO technical cooperation moving forward. Key WHO staff were invited to provide technical briefings on specific topics prioritized by meeting participants, including people-centred health services; health workforce; maternal, newborn and child health; quality measurement; health governance and finance; community engagement; patient safety; infection prevention and control; water sanitation and hygiene (WASH); health security planning; and HIV treatment and care.

The meeting began with presentations from country participants on their experiences and lessons learned regarding NQPS. This set the scene for discussions on the current NQPS landscape, including challenges and further needs to strengthen NQPS efforts. WHO regional and country colleagues provided reflections on NQPS and identified key needs, including facilitating dialogue to ensure that resources are mobilized for capacity-building, so as to encourage an integrated approach to quality at the national level. Focusing on specific actions to improve NQPS technical capacity, a draft copy of the NQPS Handbook was shared with meeting participants and session discussions provided an opportunity to co-develop and refine the NQPS Handbook. There was clear validation from all participants of the importance and general structure of the NQPS Handbook as a resource for action. Focused discussions on tools and resources allowed prioritization of the technical resources required to support NQPS. A consensus was reached about using the WHO Global Learning Laboratory (GLL) for Quality Universal Health Coverage for enabling further knowledge exchange on the NQPS Handbook, other tools and resources, as well as simultaneously providing a platform for co-developing knowledge on NQPS.

A key moment in the meeting occurred on the final day of discussions, when each participant was asked to provide guidance on the most valuable role for WHO in supporting countries working on designing and implementing NQPS. It was agreed that mobilization towards NQPS needed to be catalyzed by WHO, given the unique role the Organization occupies in supporting ministries of health. However, participants highlighted that country-led approaches were critical to drive the process, to ensure national ownership and sustainability. The important role of a range of technical partners was highlighted.

This was the first Learning Laboratory meeting on NQPS. The openness with which meeting participants shared their experiences and expressed humility regarding the challenges on contextual NQPS efforts was remarkable. Participants were fully engaged, expressing commitment for the key principles recognized as essential to facilitate next steps in the global, regional and national work on NQPS. This included the need to create a path forward, together, to strengthen national policy development alongside strategy implementation for quality. Despite recognition of the challenges being faced in moving forward with NQPS from the national to community level, there was group consensus that this global dialogue provided a valuable and critical opportunity to co-create a coalition around the subject. Prioritizing quality in the national dialogue on health service delivery and using NQPS as a specific way of achieving quality universal health coverage was highlighted as critical.



“There is power in unity” - Andrew Likaka

Left to right. Standing: Dr Germán Escobar Morales, Dr Lopa Basu, Dr Niño Dal Dayanghirang, Mr Benjamin Nyakutsey, Ms Lauren Hoisl, Ms Nana Mensah-Abrampah, Mr Philip Kerkula Bemah, Dr Mondher Letaief, Dr Shams Syed, Dr Daniel Gebremichael Burssa, Dr Sebastian Garcia Saisó, Professor Sheila Leatherman, Ms Melissa Bingham, Ms Zandile Zibwowa, Ms Heather Anne Harmon. Seated: Dr Hind Babekir Hassan Abdallatif, Dr Eka Viora, Dr Andrew Likaka, Dr Ed Kelley, Dr Salma Burton, Dr Matthew Neilson, Dr Jonas Gonseth-Garcia.

# BACKGROUND

Quality of health services is critical to achieving universal health coverage (UHC) and meeting the health-related Sustainable Development Goals (SDGs). The success and value of UHC depends on its ability to provide quality services to all people, everywhere. Furthermore, resilient health services require quality as a foundation for effective service delivery. There is an urgent need to place quality at the centre of country, regional and global action, in order to progress towards UHC.

Efforts to improve quality of care and institutionalize a culture of quality across a health system need to be supported by strong national quality policy and strategy (NQPS), developed by countries to address quality in their specific context, while remaining linked to wider national health policy and planning.

Informed by the Framework on Integrated People-Centred Health Services, and working closely with colleagues across WHO and Member States, the WHO Department of Service Delivery and Safety (SDS) is working with countries to institutionalize quality and catalyse global learning and action. SDS is working to co-develop approaches and tools for NQPS grounded in country experience, which may be used by all countries moving forward.

In an effort to respond to country-level needs, an NQPS Handbook has been jointly developed to outline the rationale for developing national quality policy and strategy and to propose an approach to achieving this. This resource supports the process of developing a national quality policy and strategy.

The NQPS Handbook, currently in draft form, outlines a process of implementation-based policy-making, promoting the value of informing the policy and strategy process with real experience on how such initiatives are put into action within countries. In this spirit, it is important that this document itself is grounded in the reality of the policy and strategy-making environment in which countries are operating. A number of countries have recently begun the process of reviewing, developing and implementing national quality policies and strategies, which has generated a body of experience on how best to approach this challenging but important work. Technical partners have played a key role in the progress of this work in various countries at differing stages of NQPS development and will provide critical input on further development on the global dialogue on NQPS.

To achieve global consensus on lessons learned and the way forward in this work, it was essential to start with a focused meeting with national quality leads, to create a safe space for open dialogue, to share what has been done so far and shape future NQPS work. WHO recognizes the significant value of informing global initiatives with local expertise, and is currently developing this first version of a support document, jointly with partners, to be used by policy-makers, staff in ministries of health, and other partners, as they develop strong and sustainable policies and strategies to address quality of care.



This report summarizes the NQPS Learning Laboratory meeting that took place on 14-16 June 2017 at WHO headquarters in Geneva, Switzerland. Quality leads from Colombia, Ethiopia, Ghana, Indonesia, Liberia, Malawi, Mexico and Sudan, along with WHO regional office representatives from the African, Eastern Mediterranean, European and American regions, as well as a WHO Country Office representative from the South-East Asian Region were all essential in the process of knowledge sharing, co-development of products, and content that is relevant to country efforts, which this meeting was designed to facilitate.

Representation from WHO technical colleagues provided technical injections on a number of specific topics, including integrated people-centred health services, health workforce, maternal, newborn and child health, quality of care measurement, health governance and finance, community engagement, patient safety, infection prevention and control, water sanitation and hygiene (WASH), health security planning and HIV.

This meeting served as a useful platform to convene key national level quality champions, to jointly develop a path to achieve further progress in NQPS. As requests for technical cooperation continue to emerge from Member States, a clear process is required to respond effectively to country demands. This meeting provided an opportunity to pause together with countries that have requested support in NQPS and craft consensus on the needs moving forward. As part of the SDG 2030 Agenda and beyond, prioritizing quality in national health policy and strategy development will be critical in the global dialogue on how to stimulate health systems strengthening. The time is therefore ripe for this type of concrete work.

“What good does it do to offer free maternal care and have a high proportion of babies delivered in health facilities if the quality of care is sub-standard or even dangerous?”

Dr Margaret Chan, WHO Director-General, during the World Health Assembly in May 2012

### Meeting objectives

1. Develop a shared understanding of current pathways to NQPS in a number of countries.
2. Enhance the capacity of country teams in key technical areas related to NQPS.
3. Review and refine a draft NQPS Handbook to co-develop a resource for action.
4. Explore potential key tools and resources to support NQPS.
5. Jointly define pathways for action on NQPS and WHO technical cooperation.

# PRE-MEETING SYNTHESIS

Brief 45-minute phone interviews were conducted with country participants before the meeting to gather personal reflections and perspectives on how to define NQPS, better understand the key challenges faced in their efforts, and distil expectations for the meeting (Annex 3). The objective of these interviews was to capture key themes, set the scene for the in-person meeting, build relationships with country participants and create momentum for the upcoming meeting.

Responses from the interviews captured several key themes, including a desire to unify language around quality and national quality policy and strategy, share best practices on policy development and strategy implementation, and explore opportunities to continue engaging on NQPS country experiences. Stakeholder engagement and political will were emphasized as key components required for developing the behaviour change needed to deliver safe patient-centred services in a timely manner. A brief summary of responses from the phone interviews is outlined below.

| Country   | How do you define NQPS?   |
|-----------|---|
| Colombia  | We need the support of every stakeholder and people themselves, in an effort to obtain results and a change of mindset on the importance of quality.  |
| Ethiopia  | Consultation of different stakeholders is the key for creating NQPS that focuses on patient-centred care and affordable services.   |
| Ghana     | Policy is the “big picture” direction for quality within a country, and strategy is how you make that policy actionable. The definition of quality should not come from the Ministry of Health, but from the citizens.              |
| Indonesia | The need for a comprehensive, integrated strategy is essential when it comes to national level quality improvement.   |
| Liberia   | Strategy is how to transmit a policy into real action.  |
| Malawi    | Developing policy requires proper situational analysis to define the specific issue and identify the key stakeholders.  |
| Mexico    | Quality of care in any establishment must take into consideration the local context and heterogeneity of the communities they serve. There also must be a balance between top down and bottom up approaches to quality improvement. |
| Sudan     | What is unique about NQPS is that it has the ability to influence decision-making, planning and implementation, by way of collaborating with all actors, to develop a shared understanding of country needs.                        |

# SYNOPSIS OF PROCEEDINGS

Due to the Learning Laboratory approach adopted for this meeting, the objectives and agenda jointly set before the representatives arrived in Geneva, were used to guide the direction of conversation in the interest of moving forward as a team. Rich discussion followed presentations of country experiences, allowing a spirit of collaboration to develop among meeting participants. Reflections initially planned for small group sessions took place in the larger group (at the request of participants) to facilitate a more cohesive teamwork approach to identifying gaps in NQPS; to jointly develop thinking on practical uses and next steps for the Handbook's development; to create a list of essential tools and resources; and to assess use of the WHO Global Learning Laboratory to allow continued learning within the wider community. The very nature of this meeting facilitated knowledge sharing and to develop knowledge products on best practices, which will then be shared among all Member States and across WHO. For this reason, the size of the group was intentionally kept small, in an effort to encourage an open exchange of ideas in a safe environment.

## CURRENT PATHWAYS TO NATIONAL QUALITY POLICY AND STRATEGY

The NQPS meeting kicked off with the launch of the June edition of the WHO Bulletin, which was a special theme issue on 'Measuring quality of care'. A first panel of authors from the issue shared key findings from the publication, as well as perspectives on current challenges around quality measurement. A second panel of country representatives shared national quality experiences on behalf of Liberia, Mexico and Indonesia. The former Minister of Health of Ethiopia provided his sharp insights into the links between evidence generation and policy-making.

Participants then convened for the introductory session of the NQPS meeting, where the welcome and introduction were provided by Drs Ed Kelley, Shams Syed and Sheila Leatherman. Day 1 consisted of short country and WHO region presentations, as well as expectation setting for the meeting.

## LESSONS LEARNED FROM COUNTRY EXPERIENCES

### **Sudan – Dr Hind Abdallatif**

Since the release of the 2008 WHO Commission on Social Determinants of Health report, Sudan has turned towards the prioritization of quality in their health care system, in addition to overall health system strengthening.

## **ALIGNING STRATEGY AND POLICY**

“Strategy and policy should be aligned with the national health sector plan in a single document so to link decision-making with implementation.”

Dr Hind Babekir Hassan Abdallatif

At present, Sudan is experiencing the unique burden of addressing the health of refugees and conflict survivors, and managing both communicable and non-communicable diseases in the population at large. Sudan currently faces unique challenges, including rates of maternal and child mortality, somewhat higher than those in neighbouring countries of both the Eastern Mediterranean and African WHO Regions. The health system in the country is decentralized among the 18 states, and thus quality efforts are scattered, although accreditation of health facilities has begun. This is what prompted the development of NQPS.

Sudan defines quality within their NQPS document as “providing the best possible patient-centred care, using available resources and evidence-based practice.” One of the primary challenges for implementing an NQPS will be the necessary behavioural change at the facility level. Sudan’s successes to date include a country-wide baseline assessment of quality practices, a high level of stakeholder engagement, and the work towards NQPS that is currently in progress.

### **Indonesia - Dr Eka Viora**

Since issuance of the Presidential Regulation on the National Medium-Term Development Plan (RPJMN) in 2015 (a presidential decree on health care including priorities of access and quality), it has been mandated that every Indonesian district needs an accredited hospital and every sub-district needs an accredited primary care centre. Indonesia’s national quality definition includes five key themes: attention to patient expectations; use of appropriate procedures and methods; efficient use of resources; achievement of accreditation; and cost-effectiveness and value.

Activities around quality have included sustained action on laws and policy, community advocacy, the establishment of patient safety committees, the Indonesian Commission for Hospital Accreditation (KARS), as well as the development of accreditation programmes for primary health care and medical education programmes. Current challenges include the siloed nature of Indonesia’s health system and inconsistent use of numerous indicators (highlighting the need for a standardization of indicators). Developing a more comprehensive strategy beyond facility level accreditation is a further challenge. Moving forward, Indonesia will need to address fragmentation by creating a comprehensive framework for integrated health systems, and to establish regulations and incentives for quality improvement within the health system.

## **QUALITY IMPROVEMENT**

“We must develop a quality and safety culture. Behavior change is essential for changing the mindset around these priorities.”

Dr Eka Viora

### **Ghana - Mr Benjamin Nyakutsey**

Ghana’s health system is structured into tertiary (national), secondary (regional), and district levels. Many quality improvement initiatives are taking place within the different agencies of the Ministry of Health (of which there are 23). Despite this, health sector performance has stagnated. The global and national drive for quality improvement most recently led to Ghana’s 2016 Health Summit, incorporating the Aide-Memoire with Development Partners (DPs) such as DANIDA, UNICEF, UNFPA, DFID and the European Union. This Aide-Memoire was created with the intention of aligning the priorities of implementing partners in the country and the Government towards the Triple Aim popularized by Don Berwick (improving the individual experience of care; improving the health of populations; and reducing the per capita cost of care for the

## **DEVELOPMENT PARTNER RELATIONSHIPS**

“The role of the Ministry of Health is to prioritize national issues. The role of the development partners is to bring financial and technical support that aligns with the needs of the country.”

Mr Benjamin Nyakutsey

population). Ghana's national definition of quality includes adherence to standards, maintaining a client-centred approach, focusing on positive health outcomes and supporting an empowered and enabled health workforce. Current challenges in Ghana include coalition building aligned with political/leadership commitment; agreement among partners on quality priorities; and managing the lack of coherence between policy and practice. Successes have included establishing a collective governance system and encouraging active community engagement. The next step is to legislate on the quality strategy emerging from the national policy. Learning to date includes collective agreements that ensure maximum success and that countries should improve on existing quality efforts and not start from scratch.

### **Colombia - Dr Germán Escobar Morales**

Colombia's health infrastructure represents a combined effort between the Government, insurers and providers, in addition to two affiliation regimes under public insurance - one compulsory, the other subsidized. Colombia has reached 95.6% coverage of its population as of 2016. The national definition of quality is to achieve a minimum of health, but to continuously direct care efforts towards excellence. Most recently, Colombia's National Programme for Quality Improvement (NPQI) strategy was updated in 2016 following a 2012 study and evaluation of 9500 people, 27 health departments, and another five departments, virtually. Challenges so far in maintaining the NPQI have been sustainability, financing, prioritization, and navigating the complexity of a decentralized health system. Successes cited as being a product of NPQI are that four of the top 10 hospitals in all of Latin America (which are private Colombian facilities) have recently decreased incidence of hospital-acquired infections from 1.3% to 0.9% of admitted patients, and that there have been multiple positive cross-sector collaborations on specific disease conditions. Next steps for Colombia are to continue to implement the national plan for quality of care improvement up to 2021, and using data collected in the national health information system (HIS) to maximum effect. Learnings to date include committing to continuous innovation and navigating the political complexities so as to sustain quality activities despite changes in government.

### **Liberia - Mr Philip Bemah**

While the majority of Liberia's health care facilities lack basic resources, the establishment of the National Health Policy and Plan 2011-2021 has embedded quality into the process. Following the Ebola crisis, a quality management unit was established and is responsible for policy, strategy and regional quality management teams. This has since evolved into a National Quality Assurance Board and quality management teams at national, regional and facility levels. Liberia defines quality as increasing the likelihood of desired health outcomes and consistent practice across patients, with a clear linkage between quality and resilience. Mr Bemah cited his Minister of Health, Dr Bernice Dahn in describing the target audiences for this definition: "Patients and families need to be seen as true partners" in the quality process. Challenges for Liberia relating to their National Health Policy and Plan (NHPP) have been evident in both quality activities and the implementation of policy. Challenges include a lack of human resources for health, poor systems infrastructure, inefficient supply chains and the absence of a culture of quality. In relation to policy, challenges have

#### **POLICY INTO PRACTICE**

"We must not forget that every health system is different. Sharing best practices in NQPS allows countries to cross check their current policies and to learn from new elements."

Dr Germán Escobar Morales

#### **NQPS IN PRACTICE**

"We developed a national health care quality strategy which guides implementation of activities at the facility level. Then, each facility developed its own implementation plan regarding quality."

Mr Philip Kerkula Bemah

been limited by lack of appreciation of the importance of quality by policy-makers, stakeholder perceptions coupled with inaction and gaps in data. Liberia's successes have been that their NHPP is about to launch, a national policy statement is nearly complete and quality improvements have taken place to date. Learnings to date include deciding not to reinvent the quality wheel, to be open-minded and innovative, to engage stakeholders in the NHPP process and to seriously consider local contexts.

### THE EQUITY TRADE-OFF

"When a country focuses only on access to care, they invest in cheap fixes that make sense at the time of implementation. If high quality interventions are not provided, it will be more costly in the end. Ministries must acknowledge the tradeoff between equity in coverage and equity in quality."

Dr Andrew Likaka

### Malawi - Dr Andrew Likaka

While the National Quality Assurance Policy (NQAP) was passed in 2005, initial interventions in Malawi were facility - not community - focused. Uncoordinated plans were being carried out by external actors, and the country had no evaluation process for quality improvement projects. The establishment of the National Quality Assurance unit and later a Directorate of Quality Management in the Ministry of Health in 2016, sought to address these shortcomings. Malawi has been a key stakeholder in the Network for Improving Quality of Care for Maternal, Newborn and Child Health, which has created a pathfinder role of quality for specific high priority populations like mothers and babies. Malawi defines quality as care that increases the likelihood of positive health outcomes, is consistent across patients, conforms to the highest level of standards, and satisfies client needs. In this context, quality is defined by a consumer of a product or a user of the health service. Challenges Malawi has faced in their NQAP journey have been maintaining leadership and country ownership over activities; engaging stakeholders; establishing an integrated, not a top-down, programme; and mobilizing funding from external sources without conditions attached. Malawi's successes have been in motivating donors to align their priorities and funding with national strategies, establishing coordination structures, and enhancing client feedback mechanisms. Dr Likaka was adamant that national governments - not donors or implementing partners - need to be the chief strategist and leader in their NQAP.

### TRANSLATING NQPS

"We've created an educational platform where we have material available for all clinicians, administrators and health promoters on key aspects of quality of health care, prioritized by main burden of disease conditions."

Dr Sebastian Garcia Saisó

### Mexico - Dr Sebastian Garcia Saisó

Dr Garcia Saisó opened his presentation of Mexico's NQPS activities by stating: "Despite [Mexico's] GDP, the country has a lot of inequities... health can be a social equalizer". To that end, Mexico has prioritized health system strengthening and access, making many gains towards universal health coverage. Currently, the health system is a hybridization of coverage under the *Seguro Popular*, Social Security and a marginal private sector. Mexico is divided into 32 states, each of which has its own health department and network of providers. Furthermore, the number of services covered by the *Seguro Popular* is increasing with attention shifting towards management and prevention of chronic diseases. In fact, diabetes has now been framed as an emergency due to the high burden of disease throughout the country. Mexico's NQPS journey began as early as the 1960s with several institutional efforts. In 1996 Conamed, a national physician-patient conflict resolution platform, was created. National accreditation processes began in 1999 and were reignited as a

mandatory process in 2004 with the introduction of the Seguro Popular. The National Crusade for Quality of Health Services, in 2001, acquired the rank of public policy and is considered the first National Quality in Healthcare strategy in Mexico, which introduced a national HIS system, INDICAS. Mexico's most recent formal NQPS was launched in 2016, and it includes a formal definition of quality as giving attention to patient safety, opportunity, effectiveness, efficiency, equity, and patient-centred care. The NQPS, while encompassing all aspects of the health system, prioritizes 9 key conditions that contribute most to mortality in Mexico. Furthermore, the policy and strategy puts emphasis on medical education, especially around primary care and uses massive open online courses as a virtual platform for continuing education for providers. It promotes a Quality in Healthcare Management Model that focus on five value results: population health; effective access; reliability and safe organizations; satisfactory experience and reasonable cost. Key challenges for Mexico at present are that out-of-pocket expenditure persists despite high rates of coverage, system fragmentation and regional variation. Learnings to date include attention to primary care, human resources for health, and balancing the prioritization of the most pressing health challenges in the country with achieving a system-wide vision.

### **Ethiopia - Dr Daniel Burssa**

Ethiopia's National Quality Strategy (NQS) is embedded within the country's 2015/16-2019/20 Health Sector Transformation Plan, which includes four major agendas, namely the action plans for caring, respectful, compassionate health care workers; quality and equity; Woreda transformation improvements at the district level; and an information revolution. Ethiopia defines quality care as "comprehensive care that is measurably safe, effective, patient-centered, and uniformly delivered in a timely way that is affordable to the Ethiopian population and uses resources appropriately and delivers services efficiently." A dramatic shift in the status quo requires a view of the entire system and to the issues facing health system leaders, practitioners, health workers, health task forces, community members and patients alike. The country's success around quality to date includes the establishment of a quality directorate at the national level; a functional national steering committee; the development of roadmaps; high primary health care coverage; expansion of human resources for health; academic publications; an online learning platform for medical professionals; the introduction of community-based health insurance; the development and implementation of standardized hospital service transformation guides; the use of 38 key performance indicators at the hospital level to inform a two-way feedback loop; annual facility reviews; and quarterly community meetings. Challenges Ethiopia is facing include persistent regional variations; poor understanding by policy-makers of quality; supply chain strengthening; private sector engagement; and inadequate data utilization. Ethiopia recommends that countries use existing platforms for quality policy and strategy in an effort to remain efficient, to prioritize government commitment and coordination and to motivate community ownership of quality improvement projects. Next steps for country-led efforts include strengthening the primary health care system, expansion of the Women Development Army with the specific priority of improving health literacy among the public at large, and creating a culture of data utilization for decision-making at every level.

### **TRANSFORMATIONAL AGENDA**

"Every country has a health system in place. NQPS is not about creating a parallel system, it's about improving what's already there and making sure that quality is a priority."

Dr Daniel Gebremichael Burssa

### **Key themes emerging from country experiences**

- “Government must lead the way.” Country ownership to appropriately manage and engage stakeholders and donors to ensure implementation, promotion and renewal of the NQPS document remain the responsibility of the public health sector at the country level.
- Top-down and bottom-up efforts are key: synergies needed between national political will, decentralization, community and patient engagement.
- Shift needed towards an effective primary care model (addressing the needs of people and communities, moving away from disease-driven approaches towards a more integrated health services approach, including prevention and promotion).
- Data and information systems for quality need close attention: What are the appropriate indicators to use? What are we trying to measure and what are we trying to achieve? How do we use a health information system to maximum effect without overburdening providers?
- Critical need to ensure realities of implementation considered throughout the process of policy or strategy development.
- Use of effective entry points for NQPS e.g. resilience, maternal, newborn, and child health, noncommunicable diseases, etc.
- Acknowledgement of the tradeoff between equity in coverage and equity in quality.
- Avoiding the creation of a parallel process through NQPS efforts and ensuring alignment with wider efforts on health systems strengthening - focus on increasing synergies, to ensure that quality is always a priority.
- Need for strong linkages between measurement and improvement at all levels.
- Need for stakeholder mapping and strategic engagement for success in NQPS efforts.
- Need to develop advocacy materials to keep the quality agenda new (in the case of Mexico and Colombia) and to help drive the quality agenda amid an often-crowded national health landscape

## **WHO REGIONAL AND COUNTRY REFLECTIONS**

### **EURO – Dr Juan Tello (via webex)**

Dr Tello highlighted diverse cultures and contexts across the 53 countries in the EURO region, requiring tailored approaches to quality based on clear linkages to the wider development agenda. Foundational documents on quality have been developed in EURO but the draft NQPS Handbook is very relevant for the Region in driving national change, particularly given the current focus on quality in a number of countries. Work on national quality policy allows dialogue with multiple stakeholders to set clear objectives, as well as stimulate provider/practitioner engagement. The pivotal role of finding linkages between managers and practitioners (alongside budget implications) was emphasized.

### **EMRO – Dr Mondher Letaief**

The diversity of the Region was highlighted. Key comments related particularly to the assurance of quality in crisis states, of which there are 10 within the 22-country EMRO region. EMRO countries require more guidance on how to garner stakeholder buy-in for NQPS and to build the capacity of leadership within each country to understand what quality is and why there is a need to improve it. Leadership commitment can be affected by transitions – NQPS provides some stability and continuity, and is



therefore particularly important. Need to think through institutional approaches on quality culture that can be stimulated by NQPS. Also need to consider whether the focus should be on the systems level or service level. The experience with NQPS in Sudan was highlighted as providing many lessons for other countries.

#### **PAHO - Dr Jonas Gonseth-Garcia**

The PAHO Region is quite unique given how the maturity of health systems varies greatly between countries. Work on NQPS is taking place at three levels: the Region, which recently updated quality guidelines first published in 2007; the national level, where governments must engage and collaborate with technical partners; and the multi-country level, where quality networks have proven particularly effective. Stewardship and governance are key areas of need for specific domains of quality implementation efforts. Economically, middle and upper-middle income countries with low levels of donor support require special support in resource mobilization, especially in the face of quickly shifting disease burdens. The importance of considering issues related to accreditation within the context of NQPS was highlighted.

#### **AFRO - Dr Nino Dayanghirang**

The focus of AFRO's work on health systems is to place people at the centre and consider all health system building blocks in the building of strong district-based systems. The health workforce, and particularly nurses and midwives, is central to NQPS in the WHO African Region. Additional AFRO priorities include the application of e-health to improve systems. The importance of considering different types of needs (foundational, institutional and transformative) was highlighted. The Region has prioritized work on quality maternal and child health (MCH) as a key performance indicator for the Organization. The Service Availability and Readiness Assessment (SARA) is already in use and provides opportunity to link with NQPS efforts. The need to support countries with consistent approaches to driving quality was emphasized, highlighting the importance of the NQPS work.

#### **Indonesia Country Office - Dr Salma Burton**

Indonesia's quality activities are largely a product of donor funding, which has shaped their experience. The current paradigm in discussing NQPS is to focus on the patient and use related language. "When quality is something that everyone but the [national] quality team is doing, then we have achieved quality." A particular challenge in Indonesia is reconciling the different priorities of the public and private health care sectors.

#### **Key themes emerging from WHO regional and country responses**

- Critical role of WHO Regional Office in facilitating dialogue among stakeholders.
- Build on current approaches being taken for health systems.
- Provide general direction on NQPS while recognizing the unique diversity of countries.

Emerging from both sets of experiences was the identification of a series of challenges related to NQPS that require acknowledgment and attention in the future.

| Challenges for NQPS action           | Examples   |
|--------------------------------------|--|
| <b>Competing priorities</b>          | <ul style="list-style-type: none"> <li>Protective and entrenched projects and departments</li> <li>Lack of coherence between policy and practice; political attention shifted elsewhere</li> <li>National ownership of quality strategy undermined by donors or nongovernmental actors</li> <li>Maintaining health system resilience in the midst of crises</li> </ul> |
| <b>Health system fragmentation</b>   | <ul style="list-style-type: none"> <li>Differences in operation of and organizational culture at the national, district, and sub-district levels</li> <li>Heterogeneous health system landscape, varying levels of maturity across districts, and regional variations in health needs</li> <li>Lack of functioning national health information system</li> </ul>       |
| <b>Poor stakeholder coordination</b> | <ul style="list-style-type: none"> <li>Low levels of citizen engagement</li> <li>Lack of trust and accountability</li> <li>Poor or counterproductive private sector engagement</li> </ul>  |
| <b>Accountability</b>                | <ul style="list-style-type: none"> <li>Absence of standardized metrics for quality –“Too many indicators being used too inconsistently”</li> <li>Financial accountability and transparency</li> </ul>  |
| <b>Shifting disease burdens</b>      | <ul style="list-style-type: none"> <li>Ageing populations with an increasing prevalence of chronic diseases</li> <li>Co-morbidities</li> <li>Underdeveloped and vertical primary care systems coupled with health care workforce shortages</li> <li>New and emerging, or re-emerging, disease threats</li> </ul>   |

## WHO TECHNICAL INJECTIONS

The morning session on Day 2 consisted of short presentations by WHO technical areas which relate to NQPS. Technical briefings were provided on integrated people-centred health services, health workforce, maternal, newborn and child health, quality of care measurement, health governance and finance, community engagement, patient safety, infection prevention and control, WASH, health security planning, and HIV treatment and care. National quality leads reflected on the presentations and posed questions related to the work of the technical areas.

### Key themes raised during the technical injection session

- Validation from WHO technical department presenters on the important role of national quality policies and strategies for implementation of technical level improvements.
- True integration is needed as countries are awash with multiple guidelines for specific technical programmes.
- Providing an enabling environment for health care providers is vital to quality efforts. Need to go beyond patient-centered care; provider-centred care needs attention too.
- Quality education for local health care providers can be a key driver towards implementation of quality health services.
- Quality of data is a challenge and quality assurance mechanisms to legitimize information and help stakeholders, including people and communities, to trust the data is critical.

## THE NQPS HANDBOOK: CO-DEVELOPING A RESOURCE FOR ACTION

The afternoon session focused on co-development of the NQPS Handbook, and included a presentation by Professor Sheila Leatherman and Dr Matthew Neilson on the Handbook work thus far. The presentation included a description of how the Handbook had been developed, as well as an overview of the structure of the document. Following a description of the introductory section of the Handbook, focus was placed on the eight components around which both the policy and strategy sections are framed, namely: national health goals and priorities; local definition of quality; stakeholder mapping and engagement; situational analysis; governance and organizational structure for quality; improvement methods and interventions; health management information systems and data systems; and quality indicators and core measures.

Participants expressed their strong support for the NQPS Handbook and talked through how the resource could be strengthened. Each participant engaged in the dialogue and a process of voting was used to prioritize what specific content needed to be included and key needs in each country. Colleagues from different WHO regions responded positively to the value of such a document as it will certainly help to provide practical guidance on quality strategy implementation. Discussions around length and content were followed by consensus from each participant recognizing the value of this resource for country-level action. Participants committed to further reviewing it and to providing further detailed feedback on specific content areas, as required. Key themes from this session are summarized in the text box below.

The next step for further developing the Handbook is to solicit feedback on the Global Learning Laboratory (GLL) e-platform. The NQPS pod on the GLL will provide a platform for exchange to strengthen the NQPS Handbook and further jointly create its content, promoting the added value garnered from the national, subnational and facility level, and will be shared broadly with all, once finalized.

### Key themes from NQPS Handbook session

- Handbook will be a critical resource for implementation of national quality strategy.
- Validation from all participants on importance of Handbook as a resource for action.
- Validation of content with a few recommendations for additional emphasis on several areas, such as primary care and community role.
- Suggestion to include a short and long version of Handbook.
- Handbook outlines the 'hardware', but not the 'software': further need to look at the adaptive forces including team-based approaches, behaviour change and culture shifts to help quality strategies achieve lasting success at the frontline.

"Having this handbook 20 years ago in Mexico, would have provided a roadmap to implementing quality UHC"

Dr Sebastian Garcia Saisó

## TOOLS AND RESOURCES TO SUPPORT NQPS

The morning session of Day 3 focused on a collective examination of necessary tools and resources to support NQPS. There was significant discussion around how to avoid any collation of tools and resources turning into yet another set of guidelines that will just sit on people's shelves and not used in practice. Country participants stressed the need for clarity around the users of the tools and resources and creating a simple way to organize the content to ease the search of a specific area. The importance of sharing tools and resources developed by countries was emphasized – setting up adequate mechanisms for this exchange was highlighted as critical for cross-country learning.

Five specific areas of tools and resources to support NQPS that had been scoped in preparation for the meeting were described: 1. situational analysis; 2. quality measurement; 3. stakeholder engagement; 4. organizational structures; and 5. operational planning.

Each participant engaged in the dialogue and a process of voting was used to prioritize what specific content needed to be included to address key NQPS needs in each country. Participants were asked to choose the top three content areas, in addition to the five areas mentioned above. WHO colleagues from outside headquarters participated in the voting process and stressed the added value of not creating a dictionary of tools and resources, but, instead, of prioritizing specific topics to assist national level quality leads to spread guidance on specific tools that can empower subnational, facility and community level stakeholders to focus on quality-specific improvements. There was unanimous support for continuing to work on the collation of tools in the five areas: situational analysis, quality measurement, stakeholder engagement, organizational structures, and operational planning. The following three areas were also requested and highly ranked; primary care, community engagement and a quality advocacy toolkit.

Discussion then focused on the necessity of ensuring an effective collation of existing tools and resources and to minimize the development of new tools and resources unless a clear gap was identified. The importance of harvesting tools from technical partners was emphasized. Alignment with the eight components of quality policy and strategy was highlighted as being crucial to future usefulness of the Handbook.

A rapid collation exercise was agreed to that would be coordinated by WHO but that would have the active participation and involvement of national quality leads. This will be linked with active use of the GLL to support necessary joint learning and refinement of thinking.

### Key themes from the tools and resources session

- Further refinement around existing tools and resources used in-country can strengthen usefulness of the Handbook.
- Organization of the specific tools and resources by user or level (i.e.: facility, community, district) would be really useful.
- Validation from country participants regarding the value of collating necessary tools and resources to support NQPS.
- Tools and resources need to be aligned with the eight components of both policy and strategy for maximum usefulness of the Handbook.
- Need to develop a mechanism to continuously capture tools & resources.

## CO-DEFINING PATHWAYS FOR ACTION ON NQPS

The afternoon session included a presentation on the work and purpose of the WHO Global Learning Laboratory (GLL) for Quality UHC by Ms Nana Mensah-Abrampah and the GLL team. Following the presentation, participants shared their reflections on the utility of the GLL and stressed the need to avoid duplication of other virtual exchange mechanisms with specific experiences on how the need to generate continued momentum around engaging within the GLL will be critical. It was clear that the NQPS pod in the GLL was seen as a valuable contribution to continued exchange of ideas, with the aim of strengthening specific resources, including the NQPS Handbook. There was also consensus among the group that in-person meetings through the GLL mechanism would further promote momentum on the topic. This emphasized the need for the GLL not be seen just a web-based platform. The power of the voice of many co-creating champions of these ideas and tools was echoed by all during this session with an eagerness to stay engaged and further shape the global dialogue on NQPS.

The afternoon session ended by the participants jointly defining next steps for the NQPS Handbook as well as how the eight countries would continue to work together on NQPS.

### Key themes on co-defining pathways for action

- Critical ingredients for success of this work include sustainability, knowledge sharing, transparency, leadership and country-led efforts through which countries are empowered to lead and guide NQPS development.
- Learning from what has not worked well should also be included in the Global Learning Laboratory NQPS agenda.
- Engaging with implementing partners working on country-led NQPS efforts is key and would enhance coordination of NQPS efforts.
- Validation from country participants that the GLL will be a good platform for further knowledge sharing, however, aligning this with other initiatives focused on integration is also essential.
- Country participants will commit to further refinements on the NQPS Handbook, tools and resources and future planned in-person and virtual engagements on NQPS.
- Technical capacity-building, both on advocacy for quality prioritization at the national level and NQPS implementation, are key needs, especially for countries newly embarking on this journey.

“How to advocate for quality at the national level is a critical need in a sometimes crowded national health agenda.”

Dr Eka Viora

# COUNTRY-SPECIFIC REQUESTS

Each country representative was asked to describe the most useful role of WHO in supporting countries working on designing and implementing national quality policy and strategies. Responses are below:

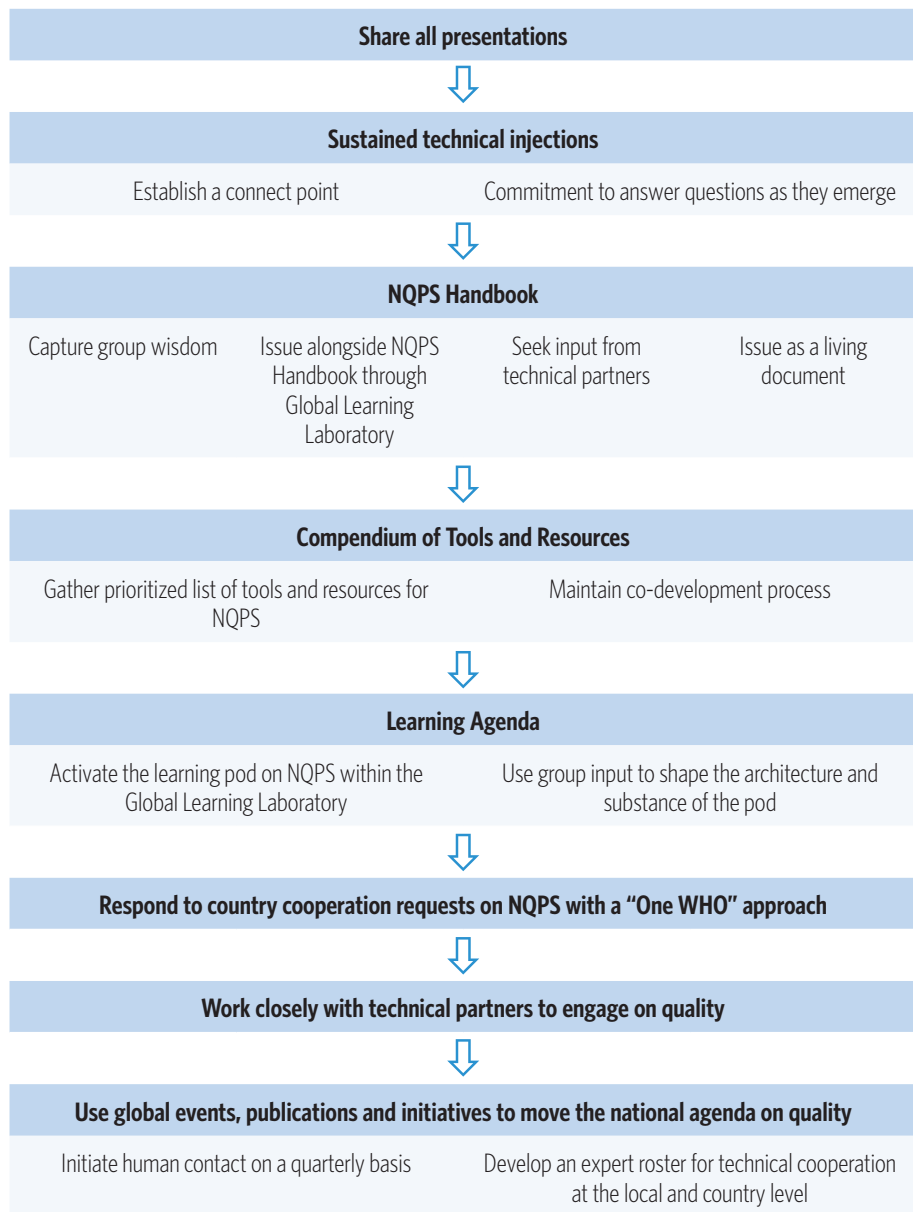
| What is WHO's role for NQPS? |  |
|------------------------------|--|
| AFRO                         | Sharing Handbook as soon as possible, integrating monitoring and evaluation of NQPS in the context of National Health Policies, Strategies and Plans (NHSPs)   |
|                              | Ethiopia Technical guidance and helping countries to mobilize resources for the implementation of NQPS   |
|                              | Ghana Coordinating a global direction  |
|                              | Liberia Technical guidance and capacity-building   |
|                              | Malawi Developing local capacity for NQPS, facilitating reviews for implementation   |
| EMRO                         | Leadership on quality, generating evidence and knowledge about the impact of NQPS  |
|                              | Sudan Supporting MoH to develop NQPS, building capacity for M&E and supporting implementation  |
| PAHO                         | Providing support through WHO country offices  |
|                              | Colombia Coordinating actions, evidence and global commitment for NQPS   |
|                              | Mexico Creation of Handbook to assist with development of quality policy and strategy at state and regional levels   |
| SEARO                        | (WCO) Setting and communicating standards, providing expertise (staff) in country offices and regional offices to advise on how to integrate quality into national health policy planning process (at the MoH level) |
|                              | Indonesia Providing guidance for developing a comprehensive national strategy, advocating for quality, resource mobilization with donors and partners and technical support for implementation                       |

SDS team members emphasized the role of WHO in helping countries to get quality on the agenda. Dr Shams Syed highlighted that there is a much-needed balance between the fidelity of a certain way of thinking globally and pragmatism of implementing change locally. Mobilization towards NQPS may be catalysed by input from WHO, however, it is critical that Ministry of Health leadership drives the process to ensure national ownership and sustainability in the long run. The clear need for a systematic approach to technical cooperation was highlighted.

# KEY PRINCIPLES RECOGNIZED DURING THE MEETING

Consensus was established for a set of key principles to take away from the meeting. First and foremost, we are not looking to reinvent anything. Continued collaboration and shared learning will allow for NQPS that is both pragmatic and visionary. We will work together to drive partner alignment around quality and depend on each other to meet needs moving forward. Emphasis must be placed on the need to integrate NQPS into existing systems while using global drivers for quality to their maximum. WHO will facilitate next steps emphasizing a “one WHO” approach.

# NEXT STEPS AT A GLANCE





# CONCLUSIONS

This first global learning laboratory meeting focusing on NQPS provided a foundation for knowledge sharing and an opportunity to capture national level and regional level voices on why the NQPS agenda is critical, as well as to harvest specific guidance on how to steer the global dialogue on NQPS towards specific actions. This was a small group of experienced and passionate individuals with varying responsibilities for quality in their countries. The expertise in the room was rich and there was palpable energy around how to create a call to action on quality universal health coverage through national quality policy and strategy development. The key themes emerging from this meeting include a commitment by country participants to the NQPS agenda, endorsement of the NQPS Handbook, and need for further knowledge generation and sharing on the topic of NQPS.

Further consultation will be needed within this group and beyond through various means and venues, including the Global Learning Laboratory, for further exchange and dialogue. Many key needs were identified including: advocating for national quality policy and strategy; providing technical assistance for developing and implementing strategies; exploring innovative approaches to strengthening quality in primary health care services; and intentionally integrating technical programmes now that some country experiences and perspectives on NQPS have been captured and the role of WHO in the NQPS global work clarified. Next steps will be to ensure wider consultation with implementing partners and other stakeholders involved with NQPS.

One of the last statements made by the national quality lead in Ghana, Mr Benjamin Nyakutsey, summarizes the meeting nicely: "Let us keep the fire of quality burning in our countries and beyond."

# ACKNOWLEDGEMENTS

This report could not have come together without the participation of national quality leads, WHO staff and advisors. Formal acknowledgements are given for the active contribution in both interviews and in-person meetings at the World Health Organization, in Geneva, Switzerland.

The following individuals participated in the meeting in Geneva, and are active advisors for the NQPS Handbook development and provided review of this document: Dr Hind Babekir Dr Hassan Abdallatif, Mr Philip Kerkula Bemah, Dr Daniel Gebremichael Burssa, Dr Andrew Likaka, Dr Germán Escobar Morales, Mr Benjamin Nyakutsey, Dr Sebastian Garcia Saisó and Dr Eka Viora.

Valuable input from WHO regional offices was given during this meeting by Dr Niño Dal Dayanghirang, Dr Jonas Gonseth-Garcia, Dr Mondher Letaief and Dr Juan Eduardo Tello. The WHO Country Office of Indonesia was represented by Dr Salma Burton.

Special thanks for technical injections presented during the meeting by Dr Benedetta Allegranzi, Dr Giorgio Cometto, Dr Neelam Dhingra-Kumar, Mr Bruce Gordon, Dr Ann-Lise Guisset, Dr Dirk Horemans, Dr Sun Mean Kim, Dr Blerta Maliqi, Ms Asiya Odugleh-Kolev, Ms Archana Shah and Dr Satvinder (Vindi) Singh.

We would like to recognize Professor Sheila Leatherman, Dr Matthew Neilson and Dr Shams Syed for fostering collaboration among country quality leads and developing the initial framework for NQPS. This meeting was moderated by Dr Ed Kelley, Professor Sheila Leatherman, Dr Matthew Neilson, Dr Lopa Basu, Ms Nana Mensah-Abrampah and Dr Shams Syed. Logistical and technical support were provided by Mr Gheorghe Banica and Ms Monica Lamonge. The WHO interns who supported this meeting and report were Ms Heather Anne Harmon and Ms Lauren Hoisl.

# ANNEX 1: MEETING AGENDA

## **National Quality Policy and Strategy: Co-Defining a Pathway for Impact**

### **WHO Global Learning Laboratory for Quality UHC**

**14-16 June 2017**

**WHO Headquarters, Geneva**

## **BACKGROUND**

Quality of health services is critical to achieving universal health coverage (UHC) and meeting the health-related Sustainable Development Goals. The success and value of UHC will depend on its ability to provide quality services to all people, everywhere. Further, resilient health services require quality as a foundation. There is an urgent need to place quality at the centre of country, regional, and global action, in order to progress towards UHC. Driven by the Framework on Integrated People-Centred Health Services, and working closely with colleagues across WHO and Member States, the WHO Department of Service Delivery and Safety (SDS) is working with countries to institutionalize quality and catalyse global learning and action.

Efforts to improve quality of care and institutionalize a culture of quality across health systems need to be supported by a strong national quality policy and strategy (NQPS), developed by countries to address quality in their specific context. This has to be linked with wider health policy and planning. WHO SDS has a small team providing technical support to a number of countries and is in turn using this opportunity to co-develop approaches and tools grounded in country experience.

An NQPS Handbook is being developed to outline the rationale for developing national quality policy and strategy and to propose an approach for achieving this. It includes key tools and resources to support the process.

The draft National Quality Policy and Strategy Handbook outlines a process of implementation-based policy-making, promoting the value of informing the policy and strategy process with real experience of how such initiatives are put into action within countries. In this spirit, it is important that this document itself be grounded in the reality of the policy and strategy-making environment in which countries are operating. A number of countries have recently begun the process of reviewing, developing and implementing national quality policies and strategies, which has generated a body of experience on how best to approach this difficult but important work. WHO recognizes the significant value of informing global initiatives with local expertise, and values this opportunity to co-develop the first version of a support document to be used by policy-makers, Ministries of Health, and partners as they develop strong and sustainable policies and strategies to address quality of care.

## OVERVIEW OF APPROACH

The meeting will take place 14 -16 June 2017, and will be hosted at WHO headquarters in Geneva, Switzerland. There will be representation at selected sessions from a number of WHO departments active in global and national efforts to improve quality of care. The workshop will be interactive, adopting a “learning laboratory” approach to ensure knowledge sharing, co-development of products, and content that is relevant to country efforts.

## MEETING OBJECTIVES

1. Develop a shared understanding of current pathways to national quality policy and strategy in a set of countries that have been engaged.
2. Enhance capacity of country teams on key technical areas related to NQPS.
3. Review and refine a draft NQPS Handbook to co-develop a resource for action.
4. Explore key tools and resources to support NQPS.
5. Co-define pathways for action on NQPS and WHO technical cooperation.

## DAY 1 - WEDNESDAY 14 JUNE

### **Current pathways to national quality policy and strategy**

This session allows participants to gain a shared understanding of the current work on national quality policy and strategy. The focus is on country experience whereby country overviews of current pathways to national quality efforts using a shared structure will be shared. An overview of the current pathway at the global level as well as the evidence base for quality will also be shared.

Session design will focus on understanding country perspectives on NQPS with special attention to anticipating key barriers and making national quality efforts sustainable.

|             |  |
|-------------|--|
| 9:00-13:00  | <p>Participants are invited to the launch of the WHO Bulletin Theme Issue on Quality.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Understand current global thinking on quality</li> <li>2. Promote knowledge exchange between key quality experts and meeting participants</li> </ol>   |
| 13:00-14:00 | Lunch  |
| 14:00-14:15 | <p><b>Welcome and Introductions</b></p> <p>Welcome by: Ed Kelley</p> <p>Session will include a formal welcome by Ed Kelley, followed by brief comments from Shams Syed and Prof Sheila Leatherman.</p> <p>Followed by introduction of all participants</p>   |
| 14:15-14:45 | <p><b>Setting the Scene: NQPS at the Global Level</b></p> <p>Presentation by: Shams Syed and Lopa Basu</p> <p>Synthesis of participant reflections from pre-meeting synthesis: Lopa Basu</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Develop a shared understanding of the rationale and work to date on NQPS from WHO.</li> <li>2. Frame the global agenda on quality in the context of UHC</li> <li>3. Share pre-meeting collated feedback on why we are here (around four key questions)</li> <li>4. Define meeting objectives</li> </ol> |
| 14:45-16:00 | <p><b>Setting the Scene: NQPS at the Country Level</b></p> <p>Chaired by: Sheila Leatherman and Matthew Neilson</p> <p>This session will provide an opportunity to share country experiences.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Share country contexts on the NQPS journey</li> <li>2. Gain an understanding of the specific challenges, successes and learnings from a diverse background of country experiences</li> <li>3. Begin to deconstruct practical lessons on NQPS from country perspectives</li> </ol>                  |
| 16:00-16:15 | Coffee break   |
| 16:15-16:45 | Country experiences (cont.)  |
| 16:45-17:15 | <p><b>WHO Regional responses to NQPS</b></p> <p>Chaired by: Shams Syed</p> <p>This session will provide an opportunity to share WHO Regional Office experiences.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Share WHO regional approaches and experiences for NQPS</li> <li>2. Explore existing and potential future platforms for regional spread of NQPS learning</li> </ol>  |
| 17:15-17:45 | <p><b>Small group discussions</b></p> <p>Chaired by: Lopa Basu</p> <p>Opportunity to reflect on country and regional experiences on NQPS. The session will highlight expectations and hopes; three key proposed outcomes from the meeting; discuss what has worked in the past and what has not as it relates to NQPS.</p> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Synthesize key country needs and gaps in NQPS</li> <li>2. Discuss essential ingredients needed for success in NQPS</li> </ol>   |
| 17:45-18:00 | <b>Summary of the Day</b> – Ed Kelley and Shams Syed   |

## DAY 2 - THURSDAY 15 JUNE

### Session 1 - WHO Technical Injections.

This morning session is designed in order for NQPS leads to receive “technical injections” in a number of key areas from WHO experts. This includes a framing on integrated people-centred health services, focus on core topics for NQPS as well as a range of related topics.

### Session 2 - The NQPS Handbook: co-developing a resource for action.

This afternoon session allows a detailed examination of the NQPS Handbook to allow refinement as required.

|             |  |
|-------------|--|
| 9:00-10:45  | <b>WHO Technical Injections</b><br>Chaired by: Shams Syed<br>Technical injections on: Integrated people centred health services, Health workforce, Maternal, newborn and child health, Quality of care measurement, Health governance and finance, Community engagement, Patient safety, Infection prevention and control and WASH, Health security planning, HIV<br><b>Objectives:</b> <ol style="list-style-type: none"><li>1. Learn about current thinking on specific WHO technical areas and explore how programs can further align with NQPS efforts</li><li>2. Provide input to WHO Technical teams on how NQPS country-level and regional-level work can support technical programs</li></ol> Allow time for clarification questions on the key areas of work. |
| 10:45-11:00 | Coffee break   |
| 11:00-12:00 | <b>Reflections</b><br>Chaired by: Shams Syed<br>Round robin 2 minute reflection from each participant on presentations.<br><b>Objectives:</b> <ol style="list-style-type: none"><li>1. Explore how to synergize efforts with WHO technical programs</li><li>2. Begin to build roadmap for NQPS WHO technical team exchanges</li></ol>  |
| 12:00-13:00 | Lunch  |
| 13:00-13:45 | <b>The NQPS Handbook: co-developing a resource for action</b><br>Chaired by: Sheila Leatherman<br>Overview of NQPS Handbook: Matthew Neilson<br><b>Objectives:</b> <ol style="list-style-type: none"><li>1. Learn about NQPS Handbook content and work to date</li><li>2. Understand journey past to future for NQPS Handbook development</li></ol>  |

|             |   |
|-------------|---|
| 13:45-15:00 | <p><b>Small group discussions (followed by brief report backs)</b><br/>         Chaired by: Sheila Leatherman<br/> <b>Key questions to answer will include:</b></p> <ul style="list-style-type: none"> <li>Does the content make sense? Is it relevant to your setting? What would make it more helpful?</li> </ul> <p><b>Objectives:</b></p> <ol style="list-style-type: none"> <li>Co-develop thinking on practical uses of handbook</li> <li>Define next steps on further development of the handbook</li> </ol> |
| 15:00-15:15 | Coffee break  |
| 15:15-16:00 | <p><b>Small group discussions (followed by brief report backs)</b><br/>         Chaired by: Sheila Leatherman<br/> <b>Key questions to answer include:</b></p> <ul style="list-style-type: none"> <li>How can each of the steps outlined in the draft handbook be strengthened?</li> <li>How can the handbook be most effectively disseminated?</li> </ul>  |
| 16:00-17:00 | <p><b>WHO Regional colleagues response</b><br/>         Chaired by: Shams Syed<br/>         10 minute reflections from WHO Regions on why handbook is important<br/> <b>Objectives:</b></p> <ol style="list-style-type: none"> <li>Understand relevance of NQPS handbook for WHO Regional platforms</li> <li>Explore opportunities for dissemination and cross-learning of NQPS handbook through WHO Regional platforms</li> </ol>  |
| 17:00-17:30 | <p><b>Summary of the Day</b><br/>         Shams Syed</p>  |

## DAY 3 - FRIDAY 16 JUNE

### Session 1: Tools and Resources to support NQPS

This morning session allows a detailed examination of the tools and resources described within the NQPS handbook. Small group discussions will allow further exploration related to tools and resources required to support NQPS.

## Session 2: Co-defining pathways for action on NQPS

This afternoon session allows the development of a pathway for action on NQPS for each of the countries present. Peer review of thinking will allow colleagues to “challenge” each other and to “spark” ideas for action. The session will also allow consideration of how WHO can best engage with countries (both those present and wider).

|             |   |
|-------------|---|
| 9:00-10:30  | <b>Tools and Resources to support NQPS</b><br>Chaired by: Sheila Leatherman<br>Presentation on existing tools and resources: Matthew Neilson<br><b>Objective:</b> <ol style="list-style-type: none"><li>1. Learn about existing tools and resources to support NQPS</li></ol>   |
| 10:30-10:45 | Coffee break  |
| 10:45-12:15 | <b>Small group discussions (followed by brief report backs)</b><br>Chaired by: Matthew Neilson<br><b>Key questions to answer will include:</b> <ul style="list-style-type: none"><li>• Does content of the current draft tools and resources make sense?</li><li>• Is it relevant to your setting?</li><li>• What would make it more helpful?</li><li>• How can the approach be strengthened?</li><li>• What existing tools can be included in the package?</li></ul> <b>Objectives:</b> <ol style="list-style-type: none"><li>1. Share experiences about existing, future and missing tools and resources to support NQPS</li><li>2. Define next steps on the further development of the package of tools and resources.</li></ol>   |
| 12:15-13:15 | Lunch   |
| 13:15-14:00 | <b>Co-defining pathways for action on NQPS</b><br>Chaired by: Lopa Basu<br>Presentation on Global Learning Laboratory on Quality UHC: Nana Mensah-Abrampah<br><b>Objective:</b> <ol style="list-style-type: none"><li>1. Provide an overview of the Global Learning Laboratory for Quality UHC</li><li>2. Share examples of Global Learning Laboratory knowledge resources and country exploration on quality UHC</li><li>3. Undertake a tutorial on the functionality of the GLL for Quality UHC platform</li><li>4. Solicit ideas from participants on architecture of NQPS pod</li></ol>   |
| 14:00-15:30 | <b>Small group discussions</b><br>Chaired by: Nana Mensah-Abrampah<br><b>Key questions to answer will include:</b> <ul style="list-style-type: none"><li>• <i>What are key deliverables needed to further strengthen NQPS on global level and national level?</i></li><li>• <i>How best do we capture what we know and how best to we capture what we don't know?</i></li><li>• <i>What are innovative ideas to capture lessons learned and promote shared learning on NQPS?</i></li><li>• <i>How can we engage other key stakeholders to build advocacy around NQPS (civil society organizations, communities, etc.?)</i></li><li>• <i>What are existing platforms for knowledge exchange for NQPS?</i></li><li>• <i>Which countries can use the NQPS handbook to co-develop further refinement?</i></li><li>• <i>What is the role of key partners active in the field of quality?</i></li></ul> |
| 15:30-15:45 | Coffee break  |
| 15:45-16:15 | <b>Final reflections from all and defining next steps</b><br>Shams Syed and Sheila Leatherman   |
| 16:15-16:30 | Close - Ed Kelley   |



# ANNEX 2: LIST OF PARTICIPANTS

**National Quality Policy and Strategy  
Learning Laboratory Meeting  
14-16 June 2017, Geneva, Switzerland**

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|-----------|---|
| Colombia  | <b>Dr Germán Escobar Morales</b><br>Chief of Healthcare Quality Office<br>Ministry of Health and Social Protection  |
| Ethiopia  | <b>Dr Daniel Gebremichael Burssa</b><br>Chief of Staff, State Minister's Office<br>Federal Ministry of Health   |
| Ghana     | <b>Mr Benjamin W.K. Nyakutsey</b><br>Head of Policy Analysis Unit<br>Policy Planning Monitoring and Evaluation Directorate, Ministry of Health  |
| Indonesia | <b>Dr Eka Viora</b><br>Director of Quality and Accreditation of Health Services<br>Directorate General of Health Services, Ministry of Health   |
| Liberia   | <b>Mr Philip Kerkula Bemah</b><br>Director of Healthcare Quality Management Unit<br>Department of Health Services, Ministry of Health   |
| Malawi    | <b>Dr Andrew Likaka</b><br>Director of Quality Management Directorate<br>Ministry of Health   |
| Mexico    | <b>Dr Sebastian Garcia Saisó</b><br>General Director of General Directorate for Quality of Health Care and Education<br>Ministry of Health  |
| Sudan     | <b>Dr Hind Babekir Hassan Abdallatif</b><br>Head of Policy Department/ Directorate General of Quality, Development and Accreditation<br>Policy Department, Federal Ministry of Health |
| AFRO      | <b>Dr Niño Dal Dayanghirang</b><br>Technical Officer, Service Delivery Systems  |
| EMRO      | <b>Dr Mondher Letaief</b><br>Technical Officer, Hospital Care and Management  |

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| <b>EURO</b>                                      | <b>Dr Juan Eduardo Tello</b><br>Head of Office, Health Services Delivery   |
| <b>PAHO/AMRO</b>                                 | <b>Dr Jonas Gonseth-Garcia</b><br>Advisor, Quality in Health Systems and Services  |
| <b>SEAR/WHO CO</b>                               | <b>Dr Salma Burton</b><br>Technical Officer, WHO Country Office, Indonesia   |
| <b>WHO headquarters</b>                          | <b>Dr Ed Kelley</b><br>Director, Department of Service Delivery and Safety   |
|  | <b>Dr Shams Syed</b><br>Coordinator, Universal Health Coverage and Quality<br>Department of Service Delivery and Safety  |
|  | <b>Ms Nana Mensah-Abrampah</b><br>Technical Officer, Universal Health Coverage and Quality<br>Department of Service Delivery and Safety  |
|  | <b>Dr Matthew Neilson</b><br>Consultant, Universal Health Coverage and Quality<br>Department of Service Delivery and Safety  |
|  | <b>Dr Lopa Basu</b><br>Consultant, Universal Health Coverage and Quality<br>Department of Service Delivery and Safety  |
|  | <b>Professor Sheila Leatherman</b><br>Research Professor, Department of Health Policy and Management<br>Gillings School of Global Public Health<br>University of North Carolina, USA |
| <b>Integrated people-centred health services</b> | <b>Dr Ann-Lise Guisett</b><br>Technical Officer, Services Organization and Clinical Interventions<br>Department of Service Delivery and Safety                                       |
| <b>Health workforce</b>                          | <b>Dr Giorgio Cometto</b><br>Coordinator, Health Workforce Department  |
| <b>Maternal, newborn and child health</b>        | <b>Dr Blerta Maliqi</b><br>Technical Officer, Policy, Planning and Programmes<br>Department of Maternal Newborn Child and Adolescent Health  |
| <b>Quality of care measurement</b>               | <b>Dr Sun Mean Kim</b><br>Senior Technical Officer, Department of Service Delivery and Safety  |
| <b>Health governance and finance</b>             | <b>Ms Archana Shah</b><br>Health Systems Adviser, Governance, Policy and Aid Effectiveness<br>Department of Health Governance and Finance  |
| <b>Community engagement</b>                      | <b>Ms Asiya Odugleh-Kolev</b><br>Technical Officer, Department of Service Delivery and Safety  |

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| <b>Patient safety</b>                   | <b>Dr Neelam Dhingra-Kumar</b><br>Coordinator, Patient Safety and Quality Improvement<br>Department of Service Delivery and Safety |
| <b>Infection prevention and control</b> | <b>Dr Benedetta Allegranzi</b><br>Coordinator, Infection Prevention and Control<br>Department of Service Delivery and Safety       |
| <b>WASH</b>                             | <b>Mr Bruce Gordon</b><br>Coordinator, Water, Sanitation and Hygiene<br>Department of Public Health and Environment                |
| <b>Health security planning</b>         | <b>Dr Dirk Horemans</b><br>Programme Officer, Department of Service Delivery and Safety  |
| <b>HIV</b>                              | <b>Dr Satvinder (Vindi) Singh</b><br>Technical Officer, HIV Treatment and Care<br>Department of HIV                                |

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# ANNEX 3: PRE-MEETING SYNTHESIS

## SUMMARY OF PRE-MEETING INTERVIEWS FOR NQPS JUNE 2017 MEETING

**Purpose:** Brief 45-minute phone interviews were conducted with country participants in an effort to gather personal reflections and perspectives on how to define NQPS, challenges to action NQPS and hopes for the upcoming June learning lab meeting. The objective of these interviews were to capture key themes, set the scene for the in-person meeting, build relationships with country participants and co-create momentum for the in-person meeting. Broad themes and direct quotes will be shared back with the participants at the start of the in-person meeting.

**Results:** A total of 7 country representatives were interviewed. All 6 country participants and 1 WHO SEAR representative were interviewed, as she joined the call with the country representative, and names with titles are included in the annex.

**Targeted questions:** Four questions asked of each participant and are outlined below.

1. How do you define NQPS?
2. What are challenges in actioning NQPS in your country?
3. What are you hoping to learn from the June NQPS meeting?
4. What are some key technical areas that you would like to learn more about as it relates to NQPS?

**Summary of responses:** A summary of responses from interviews is outlined below. For question #1, the responses are outlined in paragraph form and for question #2-4, responses are summarized in bulleted format. Yellow highlighted areas capture key quotes and themes that will be briefly shared back at the start of in-person meeting.

### 1) How do you define NQPS?

**Colombia-** Policy is the regulatory effort to assure minimum requirements for healthcare quality are met within the entire health system. Strategy is how you plan to implement the policy, for example Colombia's National Healthcare Quality Improvement Plan for the next 5 years, which includes improving clinical and administrative services, supports excellence and innovation, and empowering citizens to access information, among other things. We need the support of every stakeholder and people themselves- in an effort to obtain results and a change of mind on the importance of quality.

**Ethiopia-** In the past, the focus was on access to care. Now, the focus is on quality of care. Two major agenda points of Ethiopia's Health Sector Transformation Plan are improving quality and increasing primary health care coverage. Consultation of different stakeholders is the key for creating NQPS that focuses on patient centred care and affordable services.

**Ghana-** The policy is the "big picture direction" for quality within the country and strategy is how you make the policy actionable. The definition of quality should not come from the Ministry of Health, rather from the citizens. After consulting stakeholders at national, regional, district, facility and community level, Ghana has come up with this definition: Healthcare quality is the degree to which healthcare interventions are in accordance with standards and are fixed, efficient, timely, equitable, accessible, people-centred, apply appropriate technology, and result in positive health outcomes, provided by an empowered workforce in a safe environment.

**Indonesia-** Policies are created for quality assurance and improvement at the national level, by way of formal mandate, informed by monitoring and evaluation. Strategies are the efforts done to improve quality and delivery within the country. Indonesia does not yet have a comprehensive strategy for implementing quality improvement and control. In the past the focus was more on licensing and accreditation of service providers, for which external evaluations are in place. The need for a comprehensive, integrated strategy is essential when it comes to national level quality improvement.

**Liberia-** National healthcare policy is a combination of policy issues in different areas of healthcare and what the government needs to do to respond to these needs. The strategy is how to then transmit the policy into real action. Quality has many definitions that need to be clarified, but quality management includes three parts: quality planning, to empower leaders to include quality in their plan; quality improvement, by use different initiatives including mentorship and collective action; and quality assurance, establishing standard tools to measure the impact of quality improvement.

**Malawi-** Policy is the broad process of defining problems impacting quality of care. Developing policy requires proper situational analysis to define the specific issue and identify the key stakeholders. The strategy is what defines the objectives of the policy, what is required to address the problem.

**Mexico-** National strategy takes local experiences from the past of how to manage and improve healthcare and then implements it through national policy. Adaptations must be made in order to benefit everyone in the national context. Mexico began institutional interventions to improve quality of care in the 1990s and encouraging citizens to engage with facilities in 2003, this is now across all system providers. Quality of care in any establishment must take into consideration the local context and heterogeneity of the communities in which they serve. There also must be a balance between top down and bottom up approaches to quality improvement.

**Sudan-** Health policy is about the actions of government and other actors to deal with the overall health of the population. Strategic planning is preparing to respond to high priority needs, while being aware of locally available resources. What is unique about NQPS is that it has the ability to influence decision making, planning

and implementation by way of collaborating across all actors to develop a shared understanding of country needs. It highlights the current situation, identifies the priority, and determines the next steps and how to reach a solution.

## **2) What are your challenges in actioning NQPS in your country?**

- No streamlined definition for quality among all stakeholders
- Absence of current NQPS framework
- Different interpretations of policies and strategies- who is coordinating vs. who is implementing
- Political agenda around healthcare system
- Healthcare quality units at facility level often territorial
- Large private sector
- Quality is not considered a priority- countries focusing on access, war, education
- Uneven distribution of financial and human resources throughout country
- Finding balance between local versus national priorities
- Limited resources and funding
- Government/ministry lacks ownership/leadership, is decentralized and lacks transparency
- Universal implementation- facilities at different stages throughout country
- Fragmented health services- because of geography, cultural beliefs of providers and customers
- Behaviour change- empowering communities and citizens to demand quality of care is difficult especially as it relates to power dynamics and low health literacy.
- Lacking human resource capacity especially at sub-national level
- Knowledge gap and need for supervision and mentorship among healthcare workforce
- Documents written in English and/or not appropriate for education level
- Development partners implement without informing the Ministry of Health
- Misalignment between donors and national priorities- MOH unable to drive agenda
- Identifying stakeholders (especially customers)
- Collecting monitoring and evaluation data
- Sustainability of strategy and action plans

### **3) What are you hoping to learn from the June NQPS meeting?**

- How countries have defined quality of care, define a unified language around quality, national quality policy and strategy
- Sharing of best practices in each country/region
- Integrate quality across vertical programs/throughout health system
- How to customize implementation for local needs
- Adapt to demographic shifts in disease burden
- What challenges have come up and how they are being addressed
- How other countries have addressed accountability at different levels
- Designing financial and professional development incentives
- Strategies for convincing leaders to prioritize quality and increase investment
- Coordination within Ministry of Health, among other ministries and development partners
- Improve and increase monitoring and evaluation at facilities
- Move from developing policies and guidelines to implementing strategies
- Move from mandating quality policy to influencing the culture of quality

### **4) What are some key technical areas that you would like to learn more about as it relates to NQPS?**

- Designing national and sub-national strategies
- Service delivery/patient safety at facility level
- Supply chain management at facility level
- Governance and financing
- Health information systems
- Measurement and evaluation
- Quality improvement tools
- Community/stakeholder engagement
- Health workforce training and capacity building
- Infrastructure
- Implementation
- Sustainability throughout the health system

- Infection prevention and control- encouraging hand hygiene at facility level
- Surveillance
- Preventive medicine and vaccine compliance
- Setting up learning platforms to share knowledge/resources throughout country

**Conclusions:** The responses from the interviews captured several key themes including a desire to unify language around quality and national quality policy and strategy; share best practices on policy development and strategy implementation; and explore opportunities to continue engaging on NQPS country experiences.

Challenges for actioning NQPS include competing priorities; fragmentation at the national, subnational and facility level; poor coordination amongst implementing partners and government institutions; developing systems for accountability; addressing a shifting burden of disease and demographics as they relate to quality health services; and finding the correct balance of addressing a heterogeneous landscape in places with varying stages of development for implementation of quality health services. All participants highlighted how developing an integrated, comprehensive quality strategy focusing on the health needs of people and communities is critical as the care-seeking behaviors of people/clients are drivers towards how quality is defined and actioned at the frontline.











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