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<td>Integrated Care for People platform</td>
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<td>infection prevention and control</td>
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<td>integrated people-centred health services</td>
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<td>Joint Learning Network</td>
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<td>LMIC</td>
<td>low- and middle-income country</td>
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<td>NQPS</td>
<td>National quality policy and strategy</td>
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<td>QSR</td>
<td>Quality Systems and Resilience team</td>
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<td>SDS</td>
<td>Service Delivery and Safety department</td>
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<td>universal health coverage</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>water, sanitation and hygiene</td>
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EXECUTIVE SUMMARY

2017 ACCOMPLISHMENTS

The WHO Global Learning Laboratory (GLL) for Quality UHC aims to create a safe space to share knowledge, experiences and ideas; challenge those ideas & approaches; and spark innovation. This 2017 annual report aims to capture progress since the activation of the GLL and reflect on lessons learned to inform future implementation efforts of the Global Learning Laboratory. The target audience for this report are platform members of the WHO GLL for Quality UHC, members of the GLL general mailing list, other learning networks, WHO departments and technical units as well those actively involved in improving care for all.

THE NUMBERS

1031 members reached on GLL mailing list

251 registered individuals on GLL interactive SharePoint Platform

51 members on Water, Sanitation and Hygiene and Infection, Prevention and Control Learning Pod

75 average participants on GLL webinars

10 key lessons learned on building a learning community

5 members on National Quality Policy and Strategy Learning Pod

6 learning laboratory events at global and national levels

5 webinars on quality, UHC and specific technical areas

2 activated learning pods to foster shared learning in specific technical areas

1 global platform to share, challenge and spark thinking and action on quality UHC
Since adoption of the Sustainable Development Goals (SDGs), quality of care has received increased attention given its prominent role in improving overall health outcomes for populations. Quality is firmly embedded in the definition of universal health coverage (UHC) as well as SDG 3, specifically Target 3.8. This target urges countries to achieve UHC, including financial risk protection, access to quality essential health services and access to safe, effective, quality and affordable essential medicines, as well as providing vaccines for all. There is a clear acknowledgment that quality of health services will be critical to progress towards achieving UHC. Health services of good quality are:

- **SAFE** – avoiding injuries to people for whom the care is intended;
- **EFFECTIVE** – providing evidence-based health care services to those who need them;
- **PEOPLE-CENTRED** – providing care that responds to individual preferences, needs and values.

In addition, health services of good quality should be:

- **TIMELY** – reducing waiting times and harmful delays;
- **EQUITABLE** – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status;
- **INTEGRATED** – providing care that makes available the full range of health services throughout the life course;
- **EFFICIENT** – maximizing the benefit of available resources and avoiding waste.

A key element of improving health care relates to the aspect of learning. As national health systems strive to improve overall health outcomes, significant amounts of learning—both tacit and implicit—are generated. This knowledge is often confined to the original geographical area where the care has improved. Further, multiple efforts are under way locally to improve quality of care, often using different entry points. Stimulating convergence of these multiple entry points, focussing on and documenting the key drivers that led to sustainable improvements in health outcomes becomes critical.

The learning agenda on quality is one of the focus areas of the Quality Systems and Resilience (QSR) team at WHO. QSR was created in 2015 and is housed within the WHO Department of Service Delivery and Safety. The unit aims to support countries in placing quality of care at the centre of moves towards UHC, alongside related work on resilient health services. QSR supports health service delivery by focusing on stimulating change to enhance quality and resilience alongside a focused attention on community engagement. The Global Learning Laboratory (GLL) for Quality Universal Health Coverage is at the heart of the effort and was established to make progress on the learning agenda for quality.
In 2013, WHO convened a learning laboratory to discuss the convergence of universal health coverage and patient safety and quality (UHC-PSQ). This event brought together individuals from five distinct systems in low- and middle-income countries (LMICs). Lessons from this meeting have helped to shape the current work. In particular, the focus has been placed on widening the learning laboratory approach to harvest lessons from the front line for adaptation and application in varied settings. Following this learning laboratory meeting, a series of design meetings were held at various international conferences using the learning laboratory approach [1] to collectively develop and fine-tune the concept. In June 2016, a 2-day design meeting was held with the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project to review key literature on learning networks and communities of practice and explore the experience of several global learning networks, particularly those related to health care, to extract key lessons and recommendations for consideration by the QSR unit [2]. In November 2016, a roundtable discussion was held in Vancouver at the Health Systems Symposium to announce the GLL [3].

**INTEGRATED PEOPLE-CENTRED HEALTH SERVICES**

The WHA resolution on integrated people-centred health services (IPCHS) was adopted in May 2016 by 194 WHO Member States. The resolution stresses the importance of moving towards health systems designed for people and away from health systems designed around diseases and health

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1. A gathering of two or more entities or individuals who come together to share and develop learning, where partners can support each other in learning lessons for the whole world


institutions. In order to move forward on this global mandate, five strategies have been identified. They include:

1) engaging and empowering people and communities;
2) strengthening governance and accountability;
3) reorienting the model of care;
4) coordinating services within and across sectors; and
5) creating an enabling environment.

The team working on the Framework has created a global knowledge platform that is dedicated to supporting people-centred health service delivery reforms for universal health coverage. Deeply rooted in each of the five interwoven strategies of the Framework, the GLL is included as one of the communities on the Integrated Care for People platform (IC4P), a web-based knowledge platform created to support the work of the Framework. This integration allows for cross-fertilization with other communities on the IC4P website. Products emerging from the work of the learning pods are placed on the IC4P website to ensure cross-connectivity with overall work on moving to people-centred health services. For more information on the IC4P knowledge platform, visit http://www.integratedcare4people.org/.

OBJECTIVES OF THE 2017 ANNUAL REPORT

Acknowledging that 2017 was a design year for the GLL, the overall goal of this report is to highlight progress since the activation of the WHO Global Learning Laboratory for Quality UHC, in November 2016, and to reflect on lessons learned to inform the implementation efforts of the Global Learning Laboratory. The objectives of this annual report are:

- to review progress of the Global Learning Laboratory for Quality UHC since its activation in November 2016;
- to identify best practices and brilliant failures to inform further development of the Global Learning Laboratory;
- to raise awareness and advocate for increased interest and investment in the area of learning on quality;
- to highlight achievements to enable continued improvements on the overall learning agenda for quality, using the GLL mechanism;
- to outline next steps for the GLL in 2018 and beyond.

TARGET AUDIENCE

The target audience of this report are platform members of the WHO GLL for Quality UHC, members of the GLL general mailing listserv, other learning networks, WHO departments and technical units as well those actively involved in improving care for all.

THE GLOBAL LEARNING LABORATORY FOR QUALITY UHC: AN OVERVIEW

The WHO GLL for Quality UHC links the experiences, expertise, passion and wisdom of people across the world, representing multiple disciplines, on important issues relating to quality in the context of UHC. Its focus is to accelerate global learning that is informed by local action in the area of quality service delivery. The GLL strives to create a safe space to share knowledge, experiences and ideas; to challenge ideas and approaches; and to spark innovation for quality UHC. Participation in the GLL is open to all individuals who are involved in improving the quality of care at the frontline.
ARCHITECTURE

The structure of the Global Learning Laboratory (GLL) for Quality UHC has evolved in a step-wise manner.

- Establishing a general forum: remaining faithful to the spirit of learning communities, this approach allows for accessing and engaging a broader audience. Having a general forum also allows for the expansion of engagement and knowledge dissemination on quality in the context of UHC.

- Creating learning pods: this approach acknowledges that learning pods, or sub-communities, will form/cluster around specific technical areas. These sub-communities allow for focused collaboration in a particular subject area with relevance to quality and UHC. The work of the learning pods then feed into the general forum.

- Enabling easy access to the knowledge platform: a functioning IT system is critical to the work of the GLL. Most of 2017 was spent refining the IT structural components of the GLL and a registration system in order facilitate access to the learning platform. Following the launch of the GLL, several study periods were conducted to inform further development of the GLL. This led to a decision to operate the learning community on the WHO SharePoint platform. SharePoint allows for the full functioning of dynamic, multi-faceted learning pods.

FOCUS AREAS

The GLL for Quality UHC views quality as fundamental to achieving UHC, as well as a way of meeting the SDGs. The GLL acknowledges the need to focus care on the needs and preferences of people. The GLL is organized around three areas. First, national quality policy and strategy (NQPS), which enables the consideration of focused policies and strategies to facilitate quality integration across all levels of the health system. Second, some specific technical areas, such as infection prevention and control (IPC); and water, sanitation and hygiene (WASH) and maternal and child health, for example, need to be considered even more carefully in achieving quality in the context of UHC. Third is the heart of the GLL, the role of compassion, and acknowledging the human spirit that drives quality.

A diagram illustrating the architecture of the Global Learning Laboratory as described above is presented below. In practice, a group of individuals who are interested in joining the WHO GLL for Quality UHC form the general forum of the GLL. Once they have expressed interest in joining the learning platform, ideas are exchanged and learning pods focused on specific subject areas begin to emerge. The learning pods, as well as the general platform can communicate by using the platform, email, telephone as well as learning events organized by the GLL secretariat. Emerging knowledge products and approaches used by GLL members are shared at the local, national and global level.
LEARNING PODS

Learning pods (also known as sub-communities) are groups that actively work to define and complete a task, project, initiative or specific products. Learning pods operate within a safe environment to protect integrity and trust among members in order to accomplish the shared objectives or agenda. Learning pods are closed groups requiring approval from the moderator.

ACTIVATED LEARNING PODS

Since the launch of the GLL, a national quality policy and strategy (NQPS) and a joint IPC and WASH learning pod have been activated. These learning pods allow for a focus on specific subject areas linked to quality within the context of UHC and facilitate the exploration and active learning on technical areas. Each pod sets its own agenda, objectives and target. Engagement or cross-fertilization across the pods is built into the work of the GLL in order to provide opportunities for those interested in these specific subject matters to share and challenge one another.

NATIONAL QUALITY POLICY AND STRATEGY

National quality policies and strategies (NQPS) are pivotal in strengthening health systems, making progress towards UHC and achieving the SDGs. With the evolving global context, many countries are reviewing their health sector plans to deliver on the promise of providing quality health services for all. Tied to this is a growing recognition that national quality policy and strategies can catalyse efforts and create an enabling environment for institutionalizing quality of care, securing high-level commitment for quality and ensuring partner alignment. Efforts to improve quality of care and institutionalize a culture of quality across the health system need to be supported by strong national quality policy and strategy, developed by countries to address quality in their specific context. This effort has to be linked to wider health policy and planning, shifting from linear processes of policy development to a triangular continuum between implementation, policy and planning. A requirement of this way of working is the necessity of active engagement with multiple stakeholders in the development phase, having
a locally-defined definition of quality and strong national leadership.

The objectives of this specific learning pod are:

- to foster knowledge sharing between countries on national quality policies and strategies to trigger action in-country;
- to enhance the capacity of participating individuals on key technical areas related to NQPS;
- to collate and share tools and resources to support national quality policies and strategies;
- to identify different pathways for developing and implementing national quality policies and strategies across different levels;
- to explore change nuggets on NQPS from participating individuals across different levels of the health system.

Launched in August 2016, the activities of the learning community have focussed on a consultation period aimed at gathering comments and reflections from various stakeholders on the draft WHO National Quality and Policy Handbook. The consultation period was open from 1 September–31 October. The consultation period allowed for colleagues from 11 different countries to provide their reflections on the content of the WHO National Quality and Policy Handbook. Further, an information session was held on 8 November to outline the development process, as well as reflect on feedback received up to that point on the content of the WHO Handbook for national quality policy and strategy. A total of 120 individuals registered for the webinar with 60 individuals participating in the information session.

As part of the design of the learning pod on NQPS, tools and resources that support the development and implementation of NQPS are currently being collated. The NQPS learning pod provides a venue for sharing tools and resources with those intimately involved in the development and execution of national quality policies and strategies. The learning community also provides a means of identifying evidence-based resources that are currently not known to the GLL team. For 2017, the focus of the NQPS pod was on soliciting feedback on the NQPS Handbook as well as populating the repository of tools and resources. The NQPS learning Pod currently had 38 members (as of December 2017) and is steadily growing.

INFECTION PREVENTION AND CONTROL, AND WATER SANITATION AND HYGIENE

The IPC/WASH learning pod is a forum for sharing front-line experiences in the fields of IPC and WASH within the context of quality UHC. It is designed to support and facilitate implementation of IPC and WASH guidelines, recommendations, standards and accountability mechanisms, by fostering focused discussion and learning that supports the needed change. The content of the IPC & WASH pod is driven by members who set the agenda of the discussions and activities within it.
Features of the pod include the ability to share ideas and experiences in a safe space and learn the “how to” of implementing WASH and IPC. The pod aims to build members’ technical capacity by enabling them to participate in webinars, to access the online document library, and to contribute to the discussion forum. The learning pod also allows members to meet and collaborate with other professionals from different specialties and sectors in order to enhance collaborative working and cross-fertilization of knowledge and ideas for improvement as well as mitigate redundancies.

The discussion board is a central feature of the learning pod and has led to activity through various partners and in-country workers. To date, there have been a total of 11 discussions with 6 of the discussions with active participation. In general, discussion questions have focused on quality, bringing together the two areas of IPC and WASH. The WASH/IPC learning community had 51 members as of December 2017 and has seen increasingly more traffic.

**IPC/WASH LEARNING POD WEBINAR**

Each learning pod is able to engage its members in various ways. One way was through a webinar event that hosted the convergence learning pod idea on Infection prevention and control (IPC) and water, sanitation and hygiene (WASH) in health care facilities, with the purpose of improving quality within the context of universal health coverage. Focused attention on how the triangulation between quality, UHC and IPC/WASH can catalyse improvements was presented and discussed. These areas included such topics as the safety of clinical care, improving service delivery, staff morale and performance etc. It aimed to place the focus on emerging lessons from the front line and how the GLL aims to share and spread the knowledge harvested from implementation examples all around the world. It also showcased examples of the triangulation between quality, UHC and IPC/WASH.

The learning objectives of the webinar included:

- to learn about the WHO Global Learning Laboratory for Quality UHC and the new IPC & WASH learning pod;
- to highlight the interlinkages between IPC and WASH in pursuit of quality UHC;
- to think through key change drivers for improving IPC and WASH practices at the local level;
- to explore different approaches on how front-line changes in IPC and WASH can influence national strategic directions;
- to explore how the GLL for Quality UHC can support the work of IPC and WASH;
• to explore how the GLL for Quality UHC can support the work of IPC and WASH;
• to define what success looks like for a learning pod that is focused on IPC and WASH within the GLL for Quality UHC.

The webinar had 352 registered participants with 85 actively participating throughout the webinar.

REGISTRATION NUMBERS

Ongoing refinements to the registration process have occurred over the last nine months by continual reviewing, refining and adaption of the registration system to meet the needs of the GLL platform. Since activation of the GLL, membership has grown substantially, demonstrated by a significant jump in the number of individuals on the GLL overall mailing listserv. The mailing listserv is used to communicate with those who have expressed interest in the Global Learning Laboratory and are interested in other learning activities of the GLL. SharePoint, as mentioned previously, facilitates the functioning of a dynamic online general GLL community and focussed learning pods.

Figure 9: Annual growth of the GLL platform and learning pods in 2017

SUMMARY OF 2017 EVENTS

The importance of engaging people through various media and forms of communication such as informative videos, webinars, teleconferences, presentations and face-to-face meetings, is of keen importance to the GLL. The GLL is more than a web platform. It is a way of thinking, a way of doing and a way of discussing quality in the context of UHC. It is a way of engaging front line workers with policy-makers, academics and government officials. Since activation of the GLL, its WHO secretariat has organized and supported several other learning events around the world. The GLL approach of “share, spark and challenge” has been highlighted and used to guide the
discussion to link and reveal the innovative implementation strategies that a variety of technical areas are adopting to improve quality in their area of work. A number of learning events were organized in 2017 to stimulate thinking on various areas related to quality and to identify ways to harvest drivers of change and catalyse improvement at the front line.

HEALTH SYSTEMS RESEARCH SYMPOSIUM

The activation of the GLL through an organized event took place at the Health Systems Research (HSR) Symposium in Vancouver, Canada, in November 2016. This learning event at the HSR Global Symposium sought to familiarize health systems colleagues from across the world with an overview of the GLL, as well as to engage participants in discussing critical topics to be further explored within the GLL. Four main themes were examined: policy and strategy; quality interventions for UHC; monitoring and research; and health resiliency and security. The session was an opportunity to identify promising strategies, research and implementation experiences that could inform others, suggest resources and tools that would help implementers address quality in their UHC strategies, and identify potential interest to participate in the GLL. The topics chosen and discussed during the symposium were selected given their particular relevance to the conference, which had research and resiliency as a running theme. Each of the four topics chosen for discussion was related to the themes of the conference. The format sought to maximize participation through a world café in which key thoughts were discussed.


NATIONAL QUALITY POLICY AND STRATEGY

A learning laboratory approach was applied to a meeting in Geneva on 14–16 June 2017, which gathered eight national quality leads and representatives from WHO regional and
country offices. The meeting allowed knowledge sharing and provided an opportunity to capture national and regional level action on NQPS, to discuss the process undertaken for the WHO NQPS Handbook, as well as strategies for enhancing further capacity. The learning event was conducted in a safe environment, allowing participants to freely share their experiences on the strengths and challenges around developing and executing national quality policies and strategies. Participants expressed commitment to the key principles to be brought within the global, regional and national work on NQPS. These included the need to create a path forward and to strengthen national policy development alongside strategy implementation for quality. Despite a recognition of the challenges being faced in moving forward with NQPS from the national to community level, there was consensus among the group 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 way of achieving quality universal health coverage was highlighted as critical.


SUPPORTED LEARNING EVENTS

The Global Learning Lab is grounded in strengthening the coalition on quality with actors working in this space. During 2017, the GLL has worked with a number of technical programmes within WHO, as well as global technical partners to strengthen the learning effort on quality.

TRIANGULATING FOR QUALITY SERVICE DELIVERY: POLICY, MEASUREMENT AND ACTIVATED LEARNING

A 90-minute learning session was held at the International Society for Quality in Health Care (ISQua) conference organized in London, on 1–4 October 2017. This session focused on three key entry points to support countries in delivering quality health services. First, shifting the paradigm from a top-down policy development approach to bottom-up implementation-informed development of quality policy and strategy. Second, proactively applying measurement approaches to maximize the impact of quality improvement initiatives. Third, cascading lessons learned from implementation efforts to ensure continuous activated learning at national and global levels, to accelerate change at all levels of health service delivery. Specifically on the GLL, the session provided an opportunity to frame the principles of activated learning on quality.

WATER, SANITATION AND HYGIENE: NEPAL MEETING

A technical session on quality of care and universal health coverage attracted various groups including WaterAid, ministries of health, WHO country offices, midwives, NGOs and international organizations. The session aimed to provide a brief overview of quality UHC and the role of WASH, as well as the current status and strategy of the GLL. Country examples came from initiatives started in Ethiopia and Cambodia where national policies, strategies and programmes had actively embedded WASH in health care facilities as part of broader quality of care initiatives within the context of UHC. The meeting was part of a larger learning event hosted by the WHO WASH team. It was an opportunity to meet and discuss the work on the IPC/WASH learning pod and to solicit feedback on steps moving forward, to see what type of learning was being requested and any suggestions meeting participants might have had. A full meeting report is available.
GOVERNING QUALITY COLLABORATIVE MEETING

In collaboration with the Joint Learning Network, the Health Finance and Governance Project, and the USAID ASSIST Project, the GLL participated, as a member of the advisory steering committee, in this meeting. The overall objective of the meeting was to facilitate the co-production of the research agenda on quality, build a consensus statement and develop a practical guide to define and strengthen the institutional roles and relationships involved in governing quality of care. Given the indivisible relationship between the research and learning agendas, the GLL team participated to forge a stronger alliance with the learning agenda and research agenda on quality, and strengthen linkages between governing for quality and overall governance for health. The output of this meeting was an agreed consensus statement developed by meeting participants. A recommendation in the statement calls on the need to use quality-related platforms such as the GLL to share emerging lessons and facilitate learning within and across countries.

QUALITY EQUITY AND DIGNITY: FROM ROADMAPS INTO IMPLEMENTATION: OPERATIONALIZING QUALITY IMPROVEMENT IN THE NETWORK COUNTRIES

On 11–14 December 2017, the Global Learning Laboratory participated in the 2nd annual quality equity and dignity network workshop. The meeting was organized by the WHO secretariat with support from a number of collaborating agencies. The workshop provided an opportunity for the nine countries within the QED network and two interested countries, to share lessons in preparation for the orientation of learning districts and sites to introduce and sustain quality improvement. The objectives of the workshop were to share progress and lessons in establishing and maintaining QI operations at district and facility level in network countries; to share and discuss the design, challenges and solutions to monitoring of quality of care (QoC) indicators and programmatic milestones; and to identify priorities and technical needs for 2018 that will help accelerate implementation of QoC improvements.

The collaboration with maternal and child health colleagues within WHO has remained one of the strongest since activation of the GLL. The learning agenda is one area of mutual interest, alongside the work on community engagement and national quality policy and strategy. To read more about the QED network, visit: www.qualityofcarenetwork.org/

ACTIVATED LEARNING

CORPORATE WEBSITE

Since activation of the GLL, a web page has been created on the WHO corporate web site to allow for engagement with interested stakeholders and facilitate effective cross-linkages with other technical areas. The primary rationale for creating a GLL corporate page was to have a landing spot for streamlined registration. This is the chief mechanism for becoming a member of the WHO GLL platform on SharePoint. The GLL page on the WHO website is currently open to the general public. This website space also acts as a knowledge push mechanism for high-level information and publication to a wider audience—internal and external to the GLL.

To access the WHO GLL website, visit: www.who.int/servicedeliverysafety/areas/qhc/gll/en/.
WEBINAR SERIES

Periodic webinars act as a mechanism for sharing emerging lessons from the field of quality within the context of UHC. The interactive webinars are open to all. Webinars focus on sharing experiences with the aim of catalysing change. Webinar topics centre on the three focus areas of the GLL. Over the course of 12 months, the GLL team has hosted five webinars. The webinars take a unique approach ensuring that country-voices drive the majority of conversations. All past webinars share front-line perspectives with country participants presenting their work on quality within the context of UHC. The webinars are moderated by the GLL team.

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<tr>
<td>The WHO Learning Laboratory for Quality UHC</td>
<td>The first webinar of the Global Learning Laboratory on Quality Universal Health Coverage explained the rationale and architecture for the WHO GLL for Quality UHC. The webinar also oriented participants on the functionality of the GLL.</td>
<td>Global</td>
</tr>
<tr>
<td>National quality policies and strategies</td>
<td>This webinar examined the role of national quality policies and strategies in driving change in national health systems. The webinar allowed participants to think through key change drivers for developing national quality policies and strategies. Emphasis was placed on how local implementation can inform and be informed by national strategic direction on quality.</td>
<td>Liberia, Colombia and Ghana</td>
</tr>
</tbody>
</table>
### WEBINAR TITLE | SUMMARY | PRESENTING COUNTRIES
--- | --- | ---
Quality of care for mothers, newborns and children: A pathfinder for enhanced quality of service delivery | This webinar provided an overview of the MNCH Quality of Care Network as well as highlighting the potential pathfinder role of quality MNCH in wider efforts to enhance quality of health services within the context of UHC. Specific country examples of change drivers from India and Uganda were examined with a focus on how MNCH can act as a pathfinder to progress towards people-centred health services. Finally, the webinar examined how lessons learned from early work of the network can be cascaded to inform further work on quality at the national, regional and global level. | India and Uganda

### Collaborative webinars: The webinars listed below were hosted in partnership with two learning organizations.

<table>
<thead>
<tr>
<th>WEBINAR TITLE</th>
<th>SUMMARY</th>
<th>PRESENTING COUNTRIES</th>
</tr>
</thead>
</table>
| Quality improvement nuggets - wisdom from the field | This webinar was hosted in partnership with the USAID ASSIST project. This technical webinar presented findings from implementing quality improvement interventions using a variety of approaches in distinct health systems across the world. The focus was on “change nuggets” that emerged from the implementation process that can be applied in other settings. | South Africa, Uganda, India and Afghanistan

| Joint Learning Network and Global Learning Laboratory for Quality UHC | This webinar was hosted in partnership with the JLN. The webinar allowed participants to explore synergies between the two learning platforms. Both platforms have a shared interest to progress on the UHC agenda using quality of care as an entry point. | Global

In addition to the collaborative webinars described above, strategic discussions were held with the World Bank Group, Scottish Government, Canadian Patient Safety Institute and the Lancet Commission on High Quality Health Systems in the SDG Era.
WEBINAR 2: NATIONAL QUALITY POLICIES AND STRATEGIES

Figure 12: Registration and participation in GLL webinars by numbers

Note: Statistics from the first webinar are not included due to lack of data.

Figure 13: Webinar 2 – participation by country
COUNTRY DEEP DIVES

QUALITY UNIVERSAL HEALTH COVERAGE AND RESILIENCE IN KOBE, JAPAN

This Learning Laboratory event brought together representatives from the three Ebola-affected countries and Japanese experts to think through the linkages between recovery, resilience and quality UHC. The workshop discussed a range of technical areas related to quality such as health emergency programming; quality improvement; policies for quality; water, sanitation and hygiene (WASH); community engagement; district health management; and essential public health functions. Through a series of workshop learning laboratories, a set of seven recommendations were developed, each with a range of associated actions. The meeting prompted action on the focussed efforts on quality in the three affected-Ebola countries.


WATER, SANITATION AND HYGIENE IN ETHIOPIA

WASH in health care facilities (HCFs) are essential for improving quality within the context of UHC. Focused attention to this triangulation between quality, UHC and WASH can catalyse improvements in a number of other areas including health and safety, service delivery, staff morale and performance, health care costs and disaster/outbreak resilience, as well as being linked to, and integrated into, improvements in infection prevention and control. With nearly 40% of HCFs in low- and middle-income countries lacking improved water and nearly
low- and middle-income countries lacking improved water and nearly 20% without sanitation, there is much to be done to improve WASH services. WASH is a necessary prerequisite to achieve quality UHC and its implementation as such, will shape health systems across the world.

UHC is a global health priority and part of the SDGs under target 3.8. WASH in health care facilities is also implicitly and explicitly captured in the 2030 Agenda for SDGs with the terms “universal” and “for all” in SDG Targets 6.1 and 6.2, which recognize that access to water and sanitation is a basic human right.

To further explore this convergence between quality, UHC and WASH, the WHO WASH team and the Quality Systems and Resilience team collaborated with the Ministry of Health, of Ethiopia to learn about the Clean and Safe Health facility initiative.

The deep dive provided an opportunity to learn about the system level changes which occurred so that the integration of WASH in HCF reflected improvements in the quality of care. The deep dive aimed:

- to capture how changes in attitudes and behaviours can be made at the national, regional, district and facility levels to sustain these improvements;
- to identify bottlenecks that prevent improvements in WASH services and;
- to develop recommendations with the MOH and key stakeholders for improving quality efforts and WASH services, within the context of UHC.

The work of this deep dive has continued to gain recognition in subsequent events. It was highlighted during the IPC and WASH webinar with a guest presentation from the lead CASH representative from the MOH. The CASH programme was also presented at the Human Rights Council at the UN Palais in September 2017.

REPOSITORY OF RESOURCES

The GLL hosts a repository of tools and resources to support the work on quality in the context of UHC. An overview of the resources available on the GLL platform is illustrated below. The library is an evolving collection. It is envisioned that content of the library will expand as the GLL matures.
DEVELOPED KNOWLEDGE PRODUCTS

A series of knowledge products have emerged from the work of the GLL. Knowledge products are developed by and for GLL members who have an intimate knowledge of quality at the front line of service delivery. Four types of knowledge products are developed by the GLL.

- **Knowledge briefs** capture ideas, concepts or theories from GLL members to enhance understanding and inform implementation in a particular subject area.
- **Action briefs** capture local interventions or actions from GLL country work that may be adapted for use and application in other countries.
- **Change alerts** capture succinct practical breakthroughs that enhance quality of care requiring rapid dissemination through the GLL.
- **Snapshots** are infographics that help communicate key messages on the links between quality, UHC and specific subject areas.

In 2017, the GLL team developed nine knowledge products.

<table>
<thead>
<tr>
<th>KNOWLEDGE PRODUCT TITLE</th>
<th>TYPE</th>
<th>SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>The WHO Learning Laboratory for Quality UHC</td>
<td>Action brief</td>
<td>This action brief provides an overview of the interventions undertaken by the Clean and Safe Health Facility initiative. This initiative aims to reduce healthcare infections and make hospitals safer through staff training on infection prevention and patient safety; safe and sufficient water supply and sanitation; proper waste management; implementing audits and supporting hospitals in developing and implementing charters for cleanliness.</td>
</tr>
<tr>
<td>Integrating quality and health security in the United Republic of Tanzania</td>
<td>Action brief</td>
<td>The objective of this brief is to share interventions undertaken by the United Republic of Tanzania to integrate health care quality and health security into its overall strategic direction on improving health outcomes for the people in Tanzania, recognizing that local health security cannot be achieved without a focus on quality of care.</td>
</tr>
<tr>
<td>Caring, respectful, compassionate care in Ethiopia’s Health Sector Transformation Plan</td>
<td>Action brief</td>
<td>This action brief provides an overview of Ethiopia’s Caring, Respectful, Compassionate Care agenda. The compassionate care agenda seeks to improve health care quality and patient interaction with health care workers through interventions around the recruitment and training of health care professionals, better recognition of health care professionals, and measurement of compassion and quality.</td>
</tr>
<tr>
<td>Compassion in practice; NHS England research</td>
<td>Knowledge brief</td>
<td>This knowledge brief raises awareness about findings from research conducted with over 9000 nurses, midwives, care staff, the general public and patients, showing their opinions on the values and behaviours needed to achieve compassionate care.</td>
</tr>
<tr>
<td>Eight essential elements for national quality policy and strategy</td>
<td>Knowledge brief</td>
<td>This knowledge brief provides an overview of the lessons learned through the review of several country policies and strategies, which highlight eight essential elements that are common. This review and the identification of the eight essential core components has led into the WHO Handbook for National Quality Policy and Strategy.</td>
</tr>
</tbody>
</table>
Delivering quality, people-centred health care for all – the role of water, sanitation and hygiene in achieving quality universal health coverage

**Snapshot**

This one-pager infographic provides an overview of the role of structural inputs such as WASH in the delivery of quality essential health services.

Compassion scoping report

**Technical report**

This scoping report aims to synthesize the key literature, organizations and interventions emerging around the topic of compassion in health care, and to spark thinking around the relationship between compassion and quality within the wider aim of achieving universal health coverage. The report will contribute to the development of a compendium of tools and resources for GLL members and the development of the learning module.

The GLL released three newsletters in 2017. The newsletters provide an overview of past and current activities of GLL members. A unique feature of the Pulse is the member blog section which shares experiences on quality at the front line, as well as a member spotlight to share the breadth of the GLL membership.

Another way to engage users in sharing their experiences on quality is through the use of narrative blogs that capture a first-hand account of front-line experiences of those involved in improving quality. Blogs are captured on the IC4P website to ensure that emerging work on quality within countries feeds into the drive towards people-centred health services and UHC at the national and sub-national level. Blogs are also featured in the quarterly GLL newsletters. To read the blogs written by GLL members, visit: [http://www.integratedcare4people.org/news/](http://www.integratedcare4people.org/news/).

**DISCUSSION FORUM**

To date, a number of healthy discussions are under way on the GLL interactive SharePoint platform. The discussions have centred around the three focus areas of the Global Learning Laboratory (policy, technical areas and compassion), as well as concerning unanswered questions needing further exploration from GLL-organized webinars. Items for discussion are also identified by selecting change nuggets that have emerged from an ongoing discussion thread.

Discussion Board

- **new discussion**

  - **co-development on compassion**
    I asked various stakeholders to contribute to the co-development call on compassion and they said they...  
    By Katerina@adfs.intawho.int | Latest reply by BINGHAM, Melissa | May 2

  - **Compassion, training and development - cultivating compassionate care**
    The February 14th Webinar on Compassion was a huge success. During the webinar we received many...  
    By BINGHAM, Melissa | Latest reply by External Partner - Bologun, Stephen | May 1

  - **Clinical Effectiveness: A Key Dimension of Quality Healthcare**
    Clinical effectiveness, together with patient safety and patient centered care, is a key component of the...  
    By BINGHAM, Melissa | Latest reply by External Partner - Cosgrove, Brenda | January 26

  - **System-level quality improvement for reproductive health - an above site intervention**
    How do we design a Quality Improvement system for above site system strengthening for the Ministry...  
    By External Partner - Kirinda, Ramachan | Latest reply by External Partner - Reinhde, Bologun | October 27, 2017

  - How is maternal newborn and child health implementation informing quality of care efforts l...
A discussion that gained traction in 2017 with the GLL platform community was around unpacking the definition of quality and what it means in people’s local contexts. Key themes emerging from the discussion included: meeting the needs and preferences of the individual through participatory approaches; embedding quality and safety within a “traditional” systems model; focusing on equity considerations; and recognizing innovative supply and demand mechanisms for quality. Perspectives from a variety of health systems were shared, including from Germany, India, Nigeria, South Korea, Sudan and Uganda.

Another discussion that generated a lot of interest and interactions was on “Barriers and enablers of quality improvement in health facilities.” Seven countries participated in this discussion, namely Malawi, Mexico, Nigeria, the United Kingdom, Venezuela and Zimbabwe. The feedback provided critical insights from the front line on the challenges and opportunities for quality improvement at the facility level. A general consensus suggests that most drivers of effective quality improvement in health facilities lie not just in the availability of resources, but more importantly in the processes and environment of these improvements. The discussion suggested that a shift of focus from input-based quality improvement development to process-based could possibly yield more notable and lasting results. Figure 14 highlights common themes that health care facilities can work on, to improve their quality improvement initiatives, again customizing them to the unique needs of their settings as suggested by GLL members.
**Engagement Strategies**

Current engagement strategies of the GLL include discussion boards, webinars, periodic announcements, the GLL Quarterly Pulse and presentations at national and international conferences. As the GLL evolves, it is recognized that a large part of engagement is heavily dependent on personal relationships and direct email contact and follow-up. As the work of the GLL progresses, heavy emphasis on one-to-one personal communication, as well as the use of social media will be employed.

| Discussion board | • Held on the GLL SharePoint platform  
| | • Provides monthly postings on specific subject areas related to quality  
| | • Follow-up on bubbling issues arising from the quarterly webinars |
| Technical webinars | • Held quarterly on technical areas that have a relationship to quality UHC  
| | • GLL members featured as speakers  
| | • 10-minute presentations by front-line GLL members |
| Announcements | • Highlight important upcoming events on quality  
| | • Identify Change drivers emerging from in-country work  
| | • Capture global advocacy efforts |
| GLL Pulse | • Issued quarterly  
| | • Features a blog by a GLL member  
| | • Highlights a knowledge product  
| | • Includes a member spotlight |
| Personal relationships | • One-to-one personal communication  
| | • Active follow-up with front-line GLL members  
| | • Serve as strong assets for improving the learning agenda on quality |
| Learning events | • Provide an opportunity to engage with those intimately involved with quality  
| | • Serve as an advocacy tool for improving learning on quality |

(Figure 15: Engagement strategies used by the WHO Global Learning Laboratory for Quality UHC)
The day-to-day operations of the Global Learning Laboratory are covered by two dedicated individuals, operating at a percentage of time to ensure technical and administrative functionality of the GLL. Overall technical oversight by the Coordinator of QSR and rotating support from volunteers also facilitate the work of the laboratory. For learning pods, support is provided by volunteers with a technical background in the subject matter of the pod. These individuals can be internal or external to WHO.
LIMITATIONS

• **REGISTRATION:** From the inception of the GLL, the registration processes went through a series of interactive adapted changes, in the spirit of improving ease of access and overall quality of the learning platform. In December 2017, after some trial and error, a streamlined registration process was developed to facilitate registration with the GLL (see Annex 3).

• **HUMAN RESOURCES:** Growth of the GLL has led to an increased technical and administrative workload, particularly within the communication and engagement component of a learning community. Since the GLL is run by two dedicated individuals, contributing a percentage of their time to the entire endeavour of the laboratory, this shortage of human resource inevitably increases the processing time for responding to emerging technical queries from members, as well as actively engaging and identifying potential drivers of change on the platform.

• **SHAREPOINT:** ADS accounts are required to access the GLL SharePoint platform, as well as any IT issues faced by the platform needing to be channelled through the WHO corporate ADS team. Reliance on the WHO ADS support team (external to GLL team) in troubleshooting certain registration steps increases waiting times for registration queries, a process which could have been shortened if done by the GLL team internally.

• **COMMUNICATIONS AND ANALYTICS TOOLS:** Effective communication and analytics tools facilitate the delivery and tracking of key messages to the intended audience, and reverts valuable information about the effectiveness of the strategy. The GLL currently does not have such tools.

• **SOCIAL MEDIA:** The use of social media such as Twitter and Facebook is an additional engagement strategy that the GLL team is exploring. The GLL, being part of WHO, is not permitted to have its own social media account, however, the GLL team is linking up with the social media experts within WHO to create a social media presence with the work being done. It is acknowledged among team members that this social media presence is critical to progressing engagement of the GLL, its approach and content. The hashtag #GLL4QUHC is used on social media websites to advocate for learning on quality and the GLL.
TEN KEY LESSONS LEARNED IN 2017

1. **DESIGN AT ONSET:** The USAID landscape analysis guided the scope and functionality required for the GLL. It provided a vision, learning from what has been done before and elsewhere, building on existing quality-related platforms and aiming to avoid a duplication of efforts.

2. **ROADBLOCKS ARE OPPORTUNITIES FOR ADAPTATION AND GROWTH:** While this initial conceptual plan provided much support for moving forward, much of the GLL functions have evolved since its activation. A clear example is that of the learning platform. The GLL platform was originally created with a wishlist of features and functions. These features were not readily available on the initial platform. When the original platform did not have the dynamic features needed for the platform, a strategic decision was made to use the WHO-related workspace.

3. **START SMALL AND BUILD ALONG:** Start, test and refine concepts and features before scaling up. With the work of the GLL, two learning pods were activated in 2017—NQPS and IPC/WASH. The lessons learned from activation of the two pods will be fed into the overall design of the other learning pods, standard operating procedures (SOPs) for the SharePoint, its development, the content, and of particular interest, the registration process of the GLL.

4. **PLAN FOR DELIBERATE CROSS-FERTILIZATION:** Since pods are closed communities deliberate cross-fertilization of learning between and within groups is a must. Members of the learning pods are also members of the larger GLL, the GLL discussion board, announcements and the library. Cross-fertilization also occurs at in-person meetings and conferences, and learning events where various people from multiple disciplines and health sectors come to discuss different issues related to quality in UHC.

5. **ENGAGE ACTIVELY WITH MEMBERS:** Engagement on platforms requires dedicated time to follow up individually, respond to questions, identify change nuggets and capture the essence of the conversation at hand on the GLL general membership page or the leaning pods. Engagement requires 100% dedicated time and a dedicated individual who is actively checking activities of the platform.

6. **CREATE A CORPORATE WEBSITE:** The creation of a WHO-corporate website for the GLL has provided an open access platform where interested participants can register for the GLL. The page has also supported advocacy efforts and contributed to obtaining buy-in from others interested in learning more about the GLL and the overall efforts around quality UHC.

7. **RESOURCES MAY LACK BUT WORK CAN BE DONE:** To date, the GLL has operated with limited resources. However, the breadth of accomplishments captured in this report speak to the power of commitment, drive and passion of individuals interested in advancing the field of learning on quality. Limited resources may even create stronger relationships with those who are pioneering the work for the GLL.

8. **IDENTIFY EARLY CHAMPIONS AND ENGAGE THEM:** The GLL platform, since its activation, has 220 members. Of these, 5-10 individuals have constantly engaged on the platform. These individuals have in turn recruited new members from their quality communities to participate in the GLL.

9. **COLLECT DATA, ANALYZE AND USE IT:** Maintaining a membership listserv, reviewing statistics from webinars, reviewing participation in the discussion board and identifying interesting subject areas helps the GLL team to curve the activities as necessary in order to balance popular demand with the GLL team’s capacity.

10. **BE FLEXIBLE AND ADAPT AS YOU MOVE ALONG:** Above all, the lessons learned have facilitated the journey. The GLL story began in 2013 and has cycled through visions, improvements, roadblocks and successes in order to move beyond the design phase. There is still room for growth, learning and adaption. The GLL will continue to evolve in a way that stays true to its ethos and responds to the evolving demands of quality at the front line of health care.
CONCLUSION

2017 has been a formative year for the Global Learning Laboratory for Quality UHC. Challenges were encountered. However, the GLL team managed to overcome these and deliver on the promise of creating a dynamic learning community that is focused on ensuring lessons on improving the quality of health services are captured and shared globally to support health systems as they move forward towards achieving the SDGs. As we look ahead to 2018, the spirit of collectively redesigning and improving the learning agenda on quality will be at the heart of the GLL.

NEXT STEPS

A number of learning pods are envisioned for this new year. These learning pods will be collectively designed with subject matter experts to ensure that the planned learning pods are of maximum utility and align with existing work currently under way in the three areas.

COMPASSION

Compassion is central, rather than tangential, to action on key concerns relating to people-centred care, health workforce development, patient safety and other agendas relating to quality and health improvement. The ethos behind the establishment of the GLL is rooted in a vision of compassion as a valuable and essential part of the movement for quality health for all. The development of a learning package on the intersection of compassion and quality health service delivery is a logical priority of the GLL. Thus, the compassion learning pod will aim to explore conceptual and practical aspects of improving quality of care via the entry point of compassion.

RESILIENCE

The nexus of quality and health service resilience is important to the work of the GLL. Resilient health services are the foundation for strong health systems. The quality of health services rendered before, during and post emergency to all populations has the ability to contribute to the overall resilience of health systems. Discussion is ongoing around a resilience learning pod and how this could be best captured within the GLL. Possible areas of focus of the pod have included: quality and emergency preparedness; integrating quality across various components of the International Health Regulations monitoring and evaluation framework; and lastly, establishing a communication platform between county networks on resilience and health security. This effort will be linked closely with the work under way on the strategic partnership portal.

MATERNAL AND CHILD HEALTH

Discussions are currently taking place with the Quality Equity and Dignity (QED) network on the scope of a possible learning pod in this subject area. The pathfinder role of quality efforts on maternal, newborn and child health has the potential to inform overall efforts on quality at the national and global level.
Global Learning Laboratory for Quality Universal Health Coverage

What is the Global Learning Lab?

The Global Learning Laboratory (GLL) for Quality Universal Health Coverage (UHC) links the experiences, expertise, passion and wisdom of people from across the globe, representing multiple disciplines, on important issues relating to quality in the context of UHC. The focus is accelerated global learning informed by local action.

In line with the sustainable development goals (SDG), the GLL sees quality as a pre-condition to achieving UHC. The GLL also works within the chapeau of the Integrated People Centered Health Services Framework and acknowledges that quality of care requires a people-centred approach. Without proper attention to quality of care, UHC becomes an empty promise.

Objectives

Share
Enables members to share experiences, knowledge and ideas from the local level and disseminate lessons learned across the country and the globe.

Challenge
Members challenge each other through in-depth analysis and refinement to generate new thinking or projects focused on action.

Spark
Members generate innovative ideas to support a collaborative task or activity that can be further co-developed.

Features

• Periodic webinars to bring together members to synthesize key lessons for global application.
• Series of learning events to share information, work collaboratively and co-develop future direction.
• Host a robust library that includes both global and country technical tools and resources.
• General forum to discuss cross-cutting aspects of quality in the context of UHC.
• Moderators will facilitate discussions and encourage the “share-challenge-spark” triad.
• “Learning Pods” provide a creative and unique space for focused discussion on specific technical areas to be collectively defined.
• Each learning pod gives an opportunity for a dedicated platform to enable virtual discussions, support tasks and exchange ideas.

Knowledge Mechanisms

Capturing frontline experience is critical to the work of the GLL. Knowledge products are developed by and for GLL members who have an intimate knowledge of quality at the frontline of service delivery. The GLL has developed several mechanisms to capture emerging lessons from the field of improving quality of care:

• Knowledge briefs capture ideas, concepts or theories from GLL members to enhance understanding and inform implementation in a particular subject area.
• Action briefs capture local interventions or actions from GLL country work that may be adapted for use and application in other countries.

Learning Pods

Learning Pods allow a focus on specific subject areas linked to quality UHC. The pods allow for deep exploration into the specific technical area. Each pod sets its own agenda and members drive the process. Members are also encouraged to participate in multiple pods. Cross engagement between pods is built into the work of the GLL. The Learning Pods will be introduced in a phased manner.

Who should join?
The GLL is open to all individuals from a variety of disciplines, which may include, but are not limited to: providers, administrators, policy-makers, advocates, civil society, experts and academics, as well as colleagues from all levels of WHO.

The Quality Systems & Resilience Unit is part of WHO’s Department of Service Delivery and Safety. Register to join the GLL: http://www.who.int/servicedeliverysafety/areas/qhc/gll/en/index3.html
ANNEX 2: STREAMLINED REGISTRATION PROCESS

THE WHO GLOBAL LEARNING LABORATORY FOR QUALITY UHC REGISTRATION

ENSURE A UNIQUE ACCOUNT

There are two easy ways to access the Global Learning Laboratory.

- Both ways require a unique account:
  1. For those with an existing WHO or ADS* account, click here.
  2. For those without a WHO or ADS account, click here to create an ADS account.

- A WHO or ADS account is required to access the GLL interactive platform.

* If you have forgotten your password or need a password reset, please click here.

JOIN THE GLL

- With your WHO or ADS account information, visit the Global Learning Laboratory platform.
- Depending on your account type, three different means of entry are available:
  1. With your WHO account, access using the tab: WHO staff (WIMS)
  2. With your ADS account, access using the tab External Partner (ADS)
  3. With your PAHO account, access using the tab PAHO Staff
- Once on the platform, “let us know why you need access” to the Global Learning Laboratory.
- The GLL administration team will approve your request. A confirmation email will be sent shortly after the approval.

CONSIDER JOINING A LEARNING POD

- Once on the platform, to join a specific learning community click the "Learning Pod" tab on the right-hand side.
- Select the learning community of preference and request access.
- The GLL administration team will approve your request.
  A confirmation email will be sent shortly after the approval.

STAY CONNECTED

- Visit & bookmark the Global Learning Laboratory platform.
- Subscribe to the GLL newsletter to stay informed by emailing GLL4QUHC@who.int
- Contribute, engage and communicate on quality in the context of UHC.