

WHO Global Learning Laboratory for Quality Universal Health Coverage



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Global Webinar – February 1, 2017

Webinar Objectives

- Explain the rationale for the GLL4QUHC.
- Describe the architecture of the GLL4QUHC.
- Orient participants on the functionality of the GLL4QUHC.
- Answer any pressing questions from participants.

Outline

1. Why quality UHC?
2. Why a Global Learning Laboratory for Quality UHC?
3. What is it and how does it work?
4. Examples of emerging learning
5. Drilling down – WASH & quality UHC
6. Working in 2017 with you!



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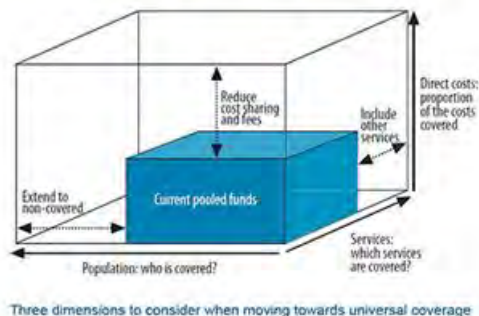
1. Why quality UHC?



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Thinking through the cube...

Universal Health Coverage What's in the Cube?



But look at the cube again...

"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?"

Margaret Chan,
World Health Assembly - May 2012

Towards universal coverage

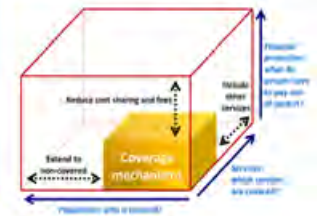
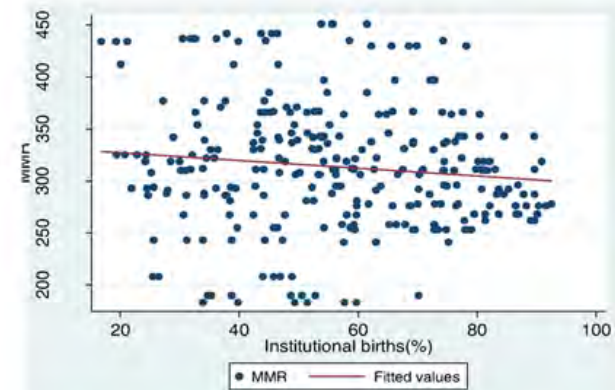


Figure 3. plot of MMR and proportion institutional births.



Randive B, Diwan V, De Costa A (2013) India's Conditional Cash Transfer Programme (the JSY) to Promote Institutional Birth: Is There an Association between Institutional Birth Proportion and Maternal Mortality? PLoS ONE 8(6): e67452. doi:10.1371/journal.pone.0067452
<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0067452>



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2016 – World Health Assembly Resolution



SIXTY-NINTH WORLD HEALTH ASSEMBLY

WHA69.24

Agenda item 16.1

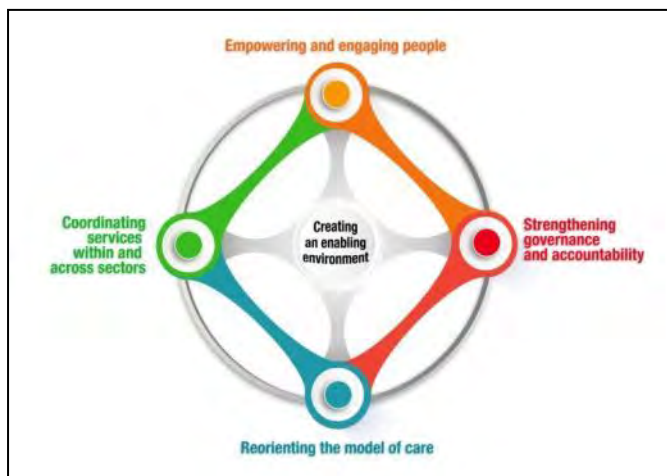
28 May 2016

Strengthening integrated, people-centred health services

The Sixty-ninth World Health Assembly,

Having considered the follow-up of the report on the framework on integrated, people-centred health services;¹

Acknowledging Sustainable Development Goal 3 (Ensure healthy lives and promote well-being for all at all ages) including target 3.8, which addresses achieving universal health coverage, including financial risk protection, access to quality essential health care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all;



1. **ADOPTS** the framework on integrated, people-centred health services;
2. **URGES** Member States:
 - (1) to **implement, as appropriate, the framework** on integrated, people-centred health services at regional and country levels, in **accordance with national contexts and priorities**;
 - (2) to **implement proposed policy options and interventions** for Member States in the framework on integrated, people-centred health services in accordance with nationally set priorities towards achieving and sustaining universal health coverage, including with regard to primary health care as part of health system strengthening;
 - (3) to make **health care systems more responsive to people's needs**, while recognizing their **rights and responsibilities** with regard to their own health, and **engage stakeholders in policy development and implementation**;
 - (4) to **promote coordination of health services within the health sector and intersectoral collaboration** in order to address the broader social determinants of health, and to ensure a **holistic approach to services**, including health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services;
 - (5) to **integrate, where appropriate, traditional and complementary medicine into health services**, based on national context and knowledge-based policies, while assuring the safety, quality and effectiveness of health services and taking into account a holistic approach to health;

<http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/>



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What about quality?

- "...the degree to which health services for individuals & populations increase the likelihood of desired health outcomes & are consistent with current professional knowledge."

US Institute of Medicine

- Improving quality implies change.
- Quality is multi-dimensional.
- Quality is the product of individuals working with the right attitude in the right system.



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A comparison of quality aspects covered by different definitions

Donabedian 1988	Maxwell 1992	NHS 1997	Council of Europe 1998	NLHI of JCAHO 1999	IOM 2001	WHO 2006
Effectiveness	Effectiveness	Effectiveness	Effectiveness	Effectiveness	Effectiveness	Effectiveness
Efficiency	Efficiency	Efficiency	Efficiency	Efficiency	Efficiency	Efficiency
Access	Access	Fair Access	Access	Access	-	Access
Safety	Respect	-	Safety	Safety	Respect/Safety	Safety
Appropriateness	Appropriateness	-	Appropriateness	Appropriateness	-	-
Equity	Equity	-	-	-	Equity	Equity
-	-	Timeliness	-	Timeliness	Timeliness	-
-	Acceptability	-	Acceptability	-	-	Acceptability
-	Choice/ Availability of information	Patient care experience	Patient satisfaction	-	Responsive ness/ patient centeredness	Patient centeredness
Health improvement	Technical competence	Health improvement	Efficacy	-	-	-
-	-	-	-	Availability	Continuity	-
-	Relevance	-	Assessment	Prevention/ early detection	-	-

Source: EURO Guidance on developing quality & safety strategies with a health systems approach. 2008.

Quality health care can be defined in many ways but there is growing acknowledgment that quality health services should be:

- **Safe** – avoiding injuries to people for whom the care is intended;
- **Effective** – providing evidence-based healthcare services to those who need them;
- **People-centred** – providing care that responds to individual preferences, needs and values; and
- **Timely** – reducing waiting times and sometimes harmful delays.



To realize the benefits of quality health care, health services must be:

- **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.

<http://www.who.int/servicedeliverysafety/areas/qhc/quality-uhc/en/>

Now Embedded in the SDGs



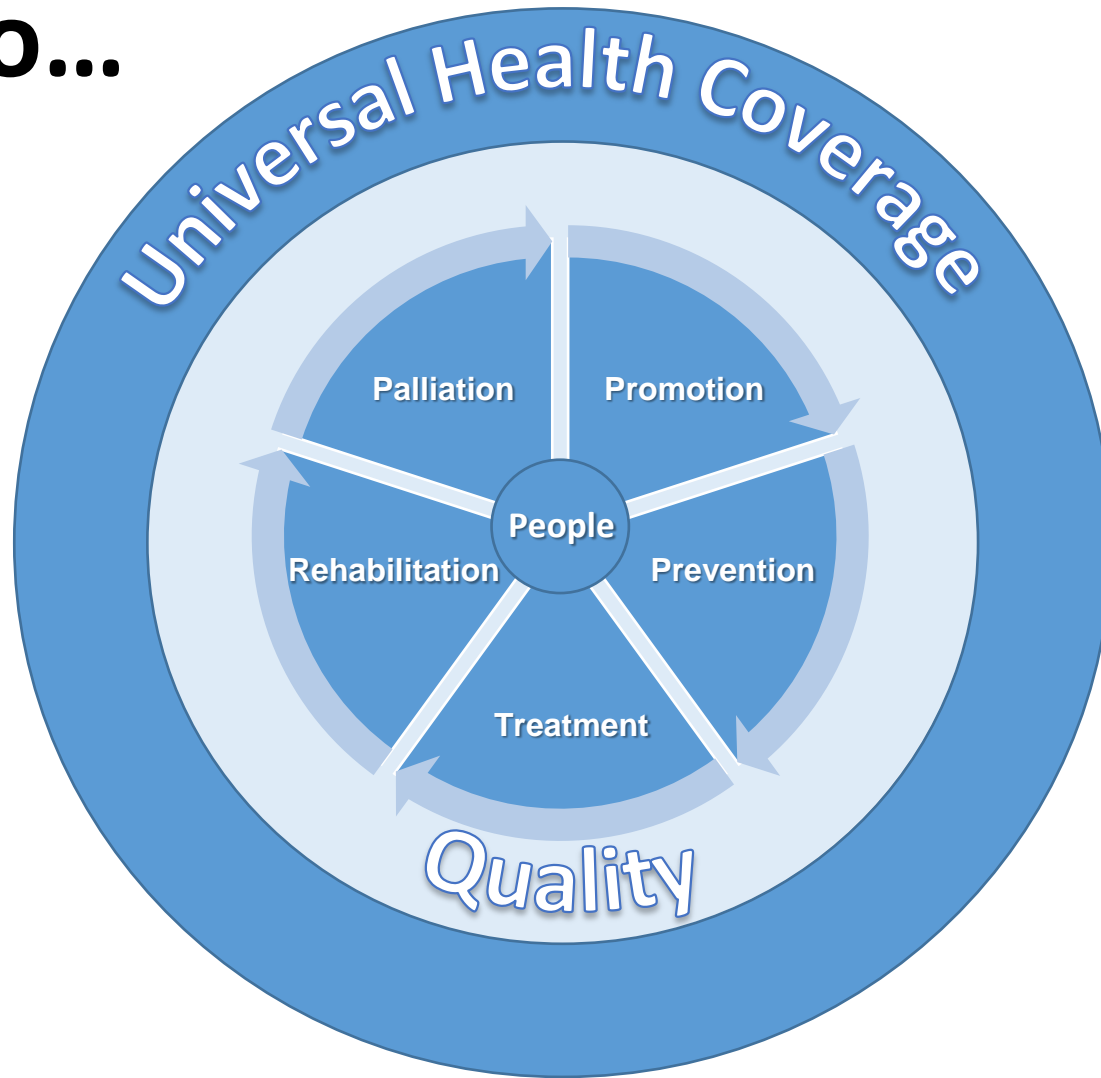
Ensure healthy lives and promote well-being for all at all ages

Target 3.8 Achieve **universal health coverage**, including financial risk protection, access to **quality** essential health-care services and access to safe, effective, **quality** and affordable essential medicines and vaccines for all.

Universal Health Coverage

Ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient **quality** to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

Leads to...



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2. Why a Global Learning Laboratory for Quality UHC?



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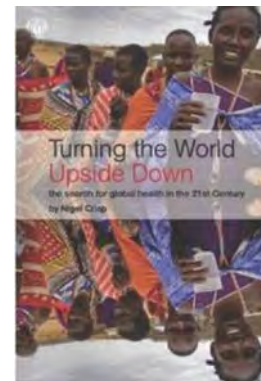
Triangulation for Change

- Need to stimulate convergence.
- Urgent need to capture “change nuggets” from “messy” health systems.
- Stimulate a shift of focus to locally driven global health.



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Turning the World Upside Down



“Global health learning laboratories, where partners can support each other in generating and sharing lessons, have the potential to construct solutions for the world. At the heart of this dialogue is a focus on creating practical local solutions and, simultaneously, drawing out the lessons for the whole world.”

Crisp *Globalization and Health* 2014, **10**:14
<http://www.globalizationandhealth.com/content/10/1/14>

 GLOBALIZATION AND HEALTH

DEBATE **Open Access**

Mutual learning and reverse innovation—where next?

Lord Nigel Crisp

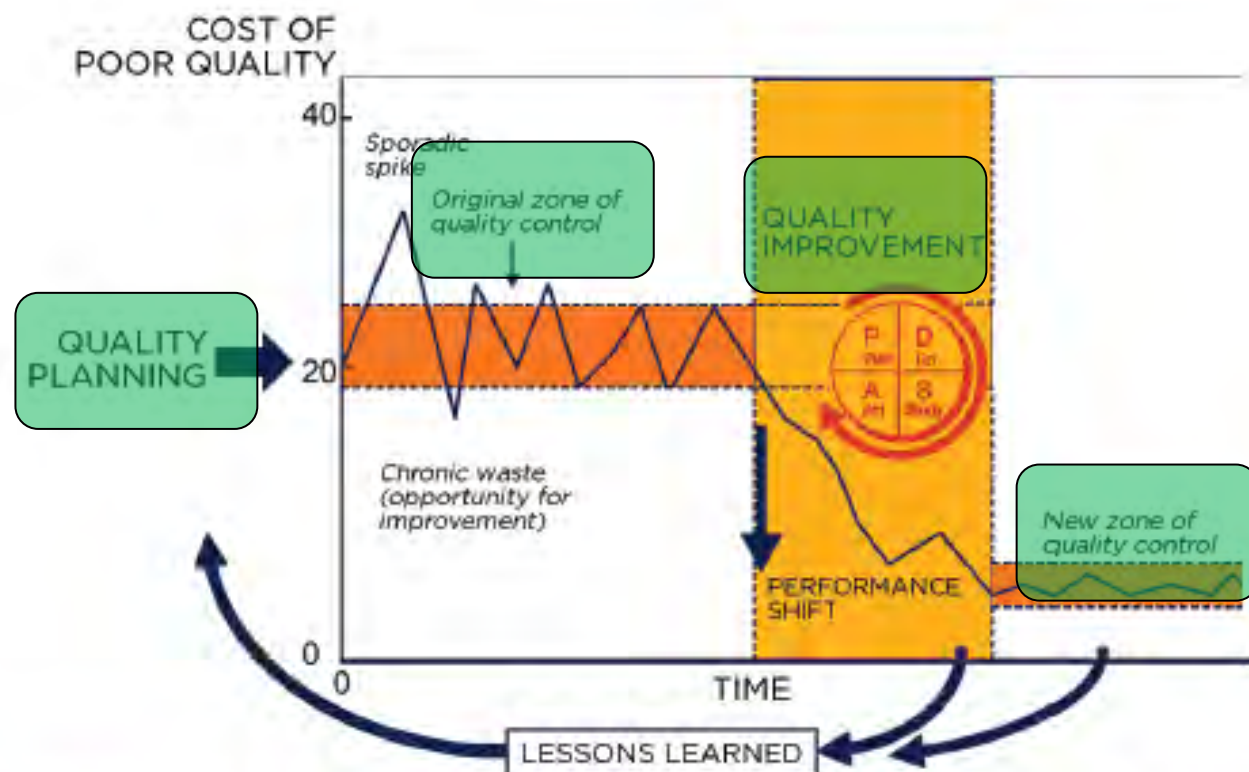


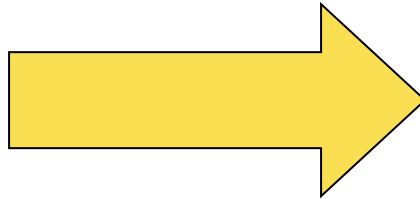
FIGURE 3-1 All three elements of the Juran trilogy are needed to improve outcomes.

SOURCE: Juran, J. M., and A. B. Godfrey. 1999. *Juran's quality handbook*. New York: McGraw-Hill. © McGraw-Hill Education. As presented by Barker on January 28, 2015.



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Learning is messy ...but we need to aim for the simplicity on the far side of complexity!



Designing with the end in mind...

- Clarity on purpose
- Open vs. closed
- Recruit with vigour
- Expectation management
- Co-develop, roll-out, co-develop, roll-out...



Full report here: https://www.usaidassist.org/sites/assist/files/learning_network_landscape_analysis_june2016.pdf

3. So what is it?



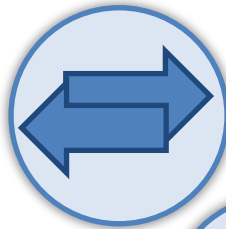
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Purpose

*To create a safe space to **share** knowledge, experiences & ideas; **challenge** those ideas & approaches; and **spark** innovation for quality UHC.*

Share

Members share experiences, knowledge and ideas from the country level - lessons learned are disseminated across the globe.



Challenge

Members challenge experiences, knowledge and ideas – driving new and different ideas and understanding.



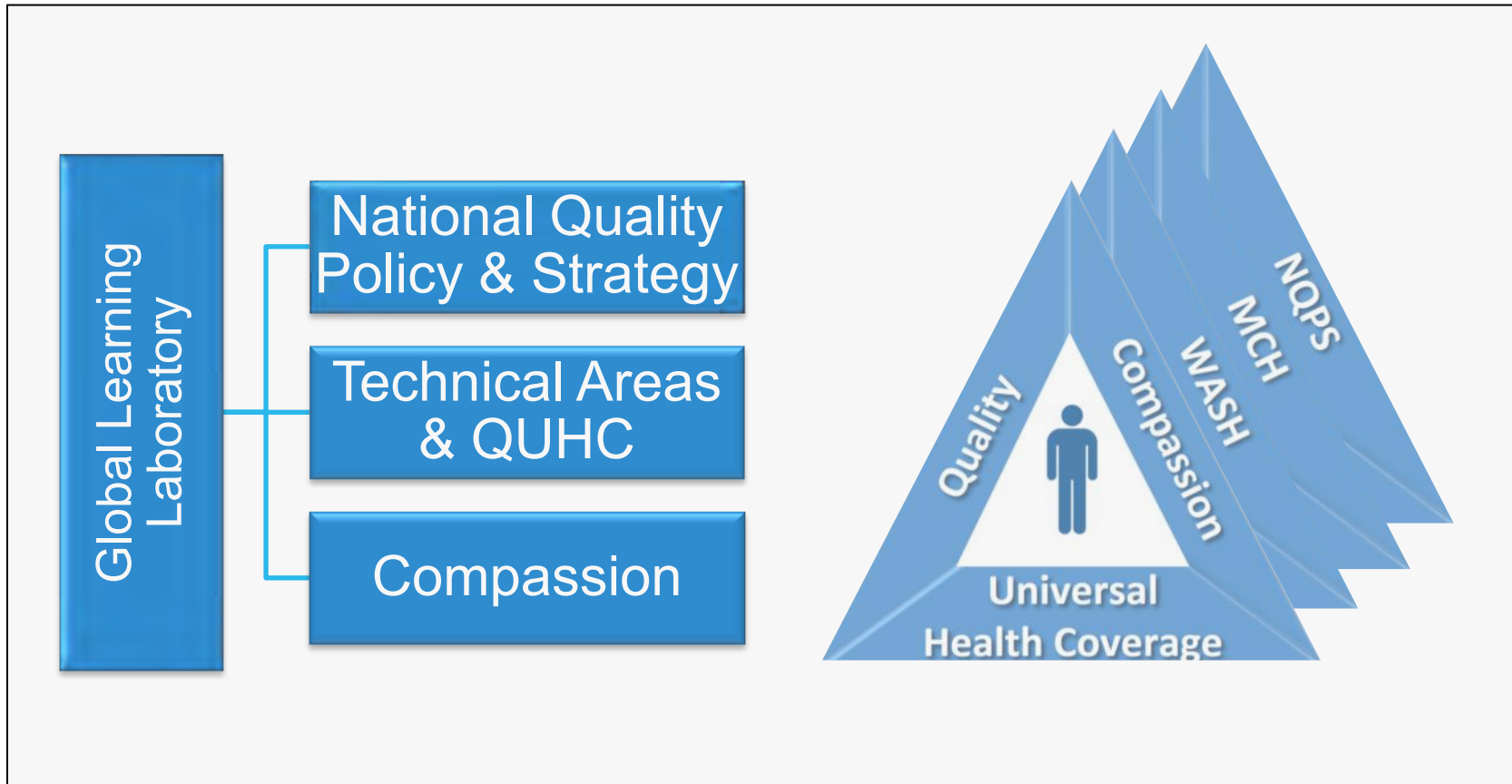
Spark

Members generate innovative ideas to support a collaborative task, activity or programme to be further developed in-country.



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The Focus



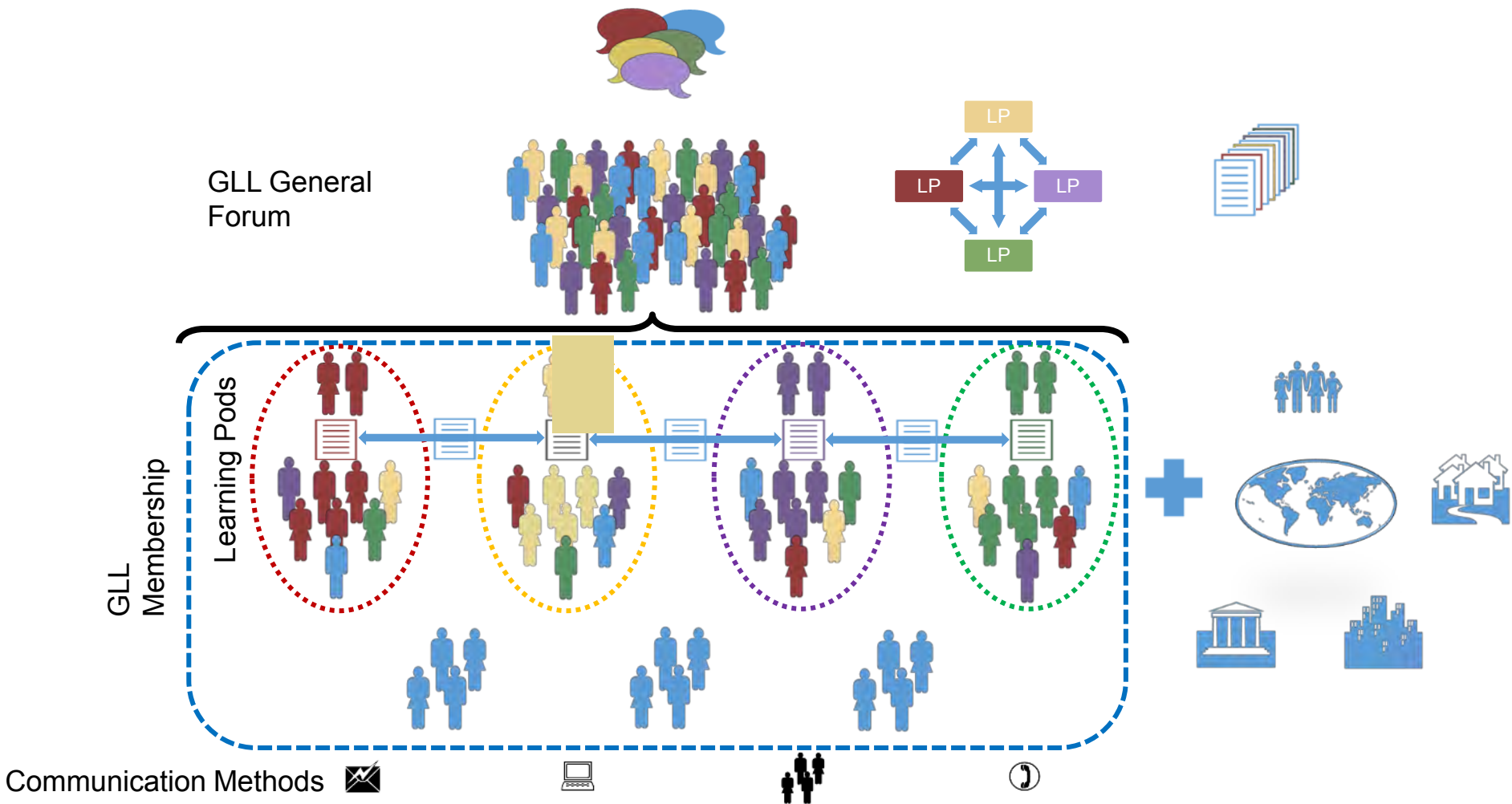
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4. How does it work?



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How does this work?



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Not just a web platform!



National Quality Policy & Strategy • Quality Interventions • Monitoring & Research • Resiliency & Health Security

“Having a people-centered approach is key to quality.”

“We have mystified UHC! Quality of care indicators should ‘tell the story’ of quality UHC”

“Need to assist policy makers [with developing] skills to engage with and respond to person-centered care.”

“How well you treat patients (adherence to standards) is a key measure”

“...interventions must combine supply and demand side, including mobilizing citizens groups, civil society...”

“Minimum conditions of quality [need to exist] – if there is no water...what kind of quality is that?”

“need to instill professional value of patient-centered care (in pre-service training, professional association code of conduct).”

“Live time sharing, exchanges and lessons learned is key.”

Who can join?

Anyone able to:

- ✓ contribute experiential and/or qualitative information on quality UHC.
- ✓ engage in reviewing & discussing key considerations for promoting quality in the context of UHC.
- ✓ communicate and engage with the GLL on a periodic basis.



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Where can you go?

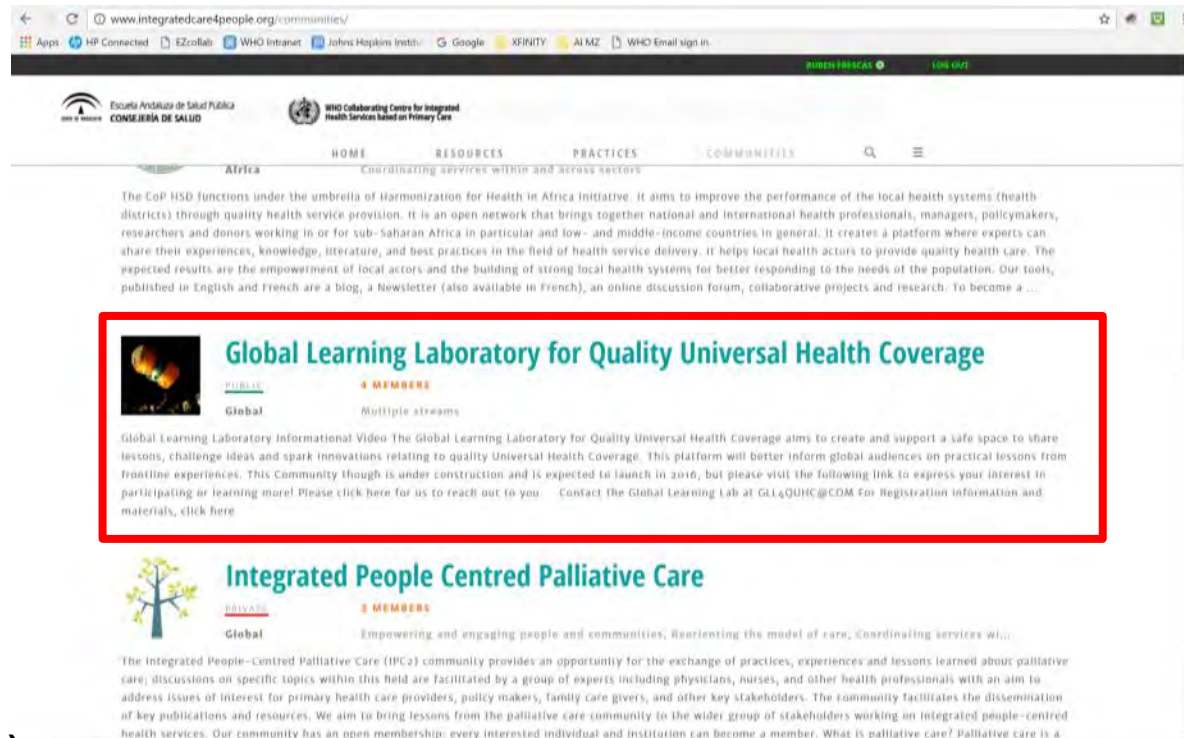
The virtual venue is hosted on:

www.integratedcare4people.org

Click on **Communities**

Scroll down to click on
Global Learning Laboratory for Quality Universal Health Coverage

- **Forum**
- **Library**
- **Sub-communities (Learning Pods)**



Knowledge Products

Action Brief

Interventions, programmes or actions that have been utilized that may be adopted in other contexts.

Knowledge Brief

Ideas, concepts or theories of use to a wider audience.

Snapshot

One-page document or infographics that help communicate messages, advocacy or stories.

Change Alerts

Messages generated though shared information on the platform.

Global Learning Laboratory for Quality Universal Health Coverage



Action Brief: Achieving quality universal health coverage through better water, sanitation and hygiene services in health care facilities: a focus on Ethiopia 13/10/2016

Global Learning Laboratory for Quality Universal Health Coverage

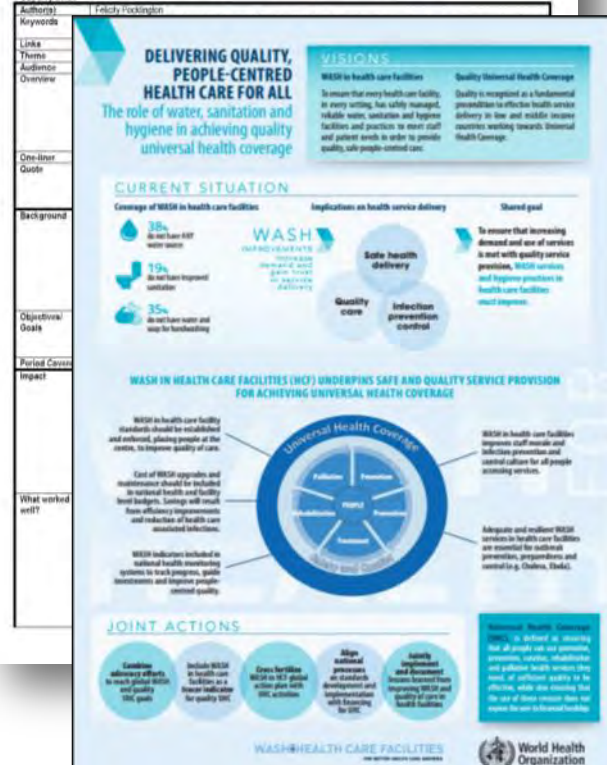


Knowledge Brief:
Eight Essential Elements for National Quality Policy and Strategy

Global Learning Laboratory for Quality Universal Health Coverage



Knowledge Brief: Compassion in Practice: NHS England research 11/10/2016



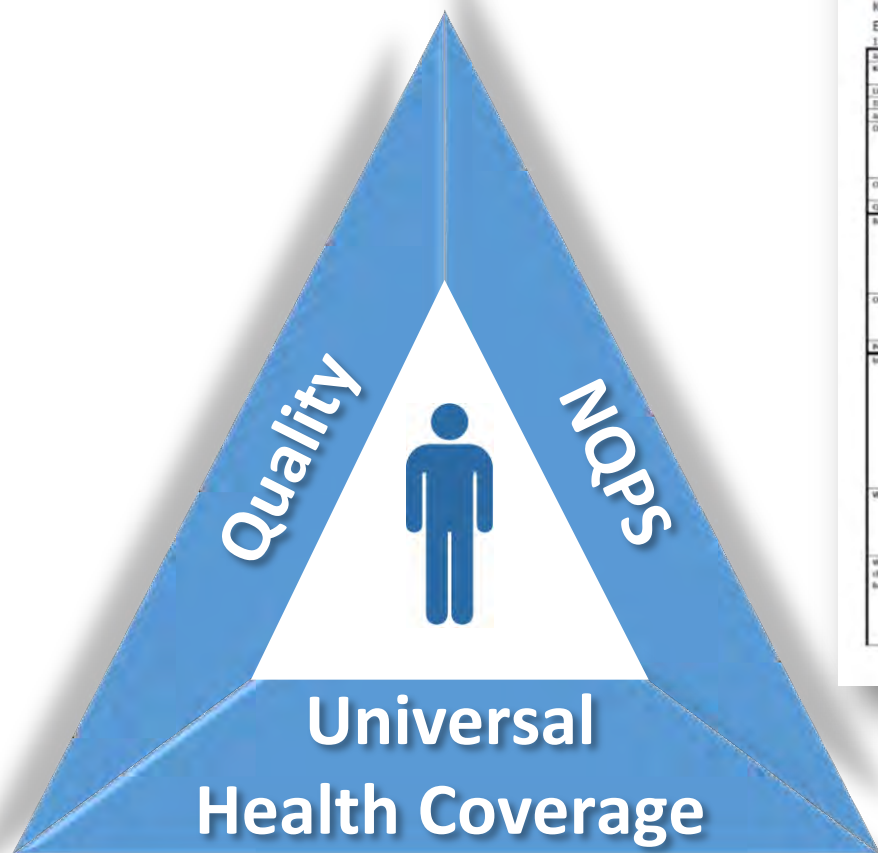
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4. Examples of emerging learning



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1. National Quality Policy & Strategy



Global Learning Laboratory
for Quality Universal Health Coverage
Knowledge Brief:
Eight Essential Elements for National Quality Policy and Strategy
11/10/2016

Author(s)	Ruben Frenson
Keywords	Quality Policy Strategy Universal Health Coverage Integrated People-Centred Health Services (IPCHS)
Links	N/A
Theme	National Quality Policy & Strategy
Audience	Policy-makers and Advocates
Overview	The Sustainable Development Goals (SDGs) in 2030 (SDG) across the world. There is a need to create strategies. WHO, with the support of the Universal Health Coverage (UHC) Strategy, which highlight eight essential elements for development or refinement of a National Quality Policy and Strategy.
One-line	National Quality Policy & Strategy is a mechanism for consultation, consultation and follow-through.
Quote	"Success: Policy. We have one of the best public health systems in the world."
Background	The Sustainable Development Goals (SDGs) in 2030 (SDG) across the world. There is a need to create strategies. In addition to the prominence given to integrated People-Centred Health Services (IPCHS) for delivery and care for the benefit of all people, the need to deliver on these ambitious yet important goals requires to institutionalize and action policy and practice.
Objectives/Goals	<ul style="list-style-type: none"> Review and analyze existing national quality policy and strategy Draw lessons to co-develop thinking on consultation with various partners Assess the further application of this knowledge
Period covered	2010 to present
Impact	The synthesis of the review of a sample of over 100 quality policy and strategy documents, the following eight essential elements for development or refinement of a National Quality Policy and Strategy: 1) Local Collection of Quality, 2) Improvement Methods and Interventions, 3) Management Information Systems and Data Use.
What worked well?	Although there is no perfect recipe for producing quality, the synthesis of the review of a sample of over 100 quality policy and strategy documents, the following eight essential elements for development or refinement of a National Quality Policy and Strategy: 1) Local Collection of Quality, 2) Improvement Methods and Interventions, 3) Management Information Systems and Data Use.
What are some challenges or barriers?	Challenges will be faced in conducting and coming forward to carry it through. Identifying the key group may present a challenge of identifying or at the most challenging aspect is the implementation, monitoring the outcomes as a result of the process through. The biggest risk of having a general population as well as frontline providers.

Essential Elements for NQPS

1. Identify National Health Priorities with quality goals
2. Definition of Quality
3. Stakeholder Engagement
4. Situational Analysis
5. Governance and Organizational Structure
6. Interventions to improve
7. HMIS & Data Systems
8. Measure and track progress

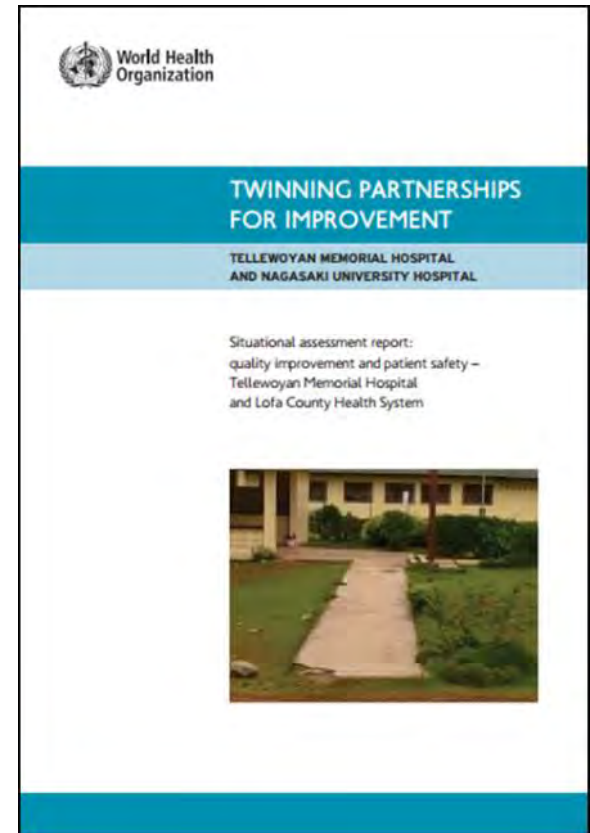


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2. Twinning Partnerships for Improvement

Tellewoyan Memorial Hospital, Liberia and
Nagasaki University Hospital, Japan

- Hospital-to-hospital partnership to catalyze and spread improvements.
- Emphasis on co-developed innovative solutions at the frontline.
- Identify and address bottlenecks in service delivery, build local capacity and connect the people behind the story.
- Document process including the “how to” of foundation building on quality improvement.



Full report here: <http://apps.who.int/iris/bitstream/10665/253523/1/9789241511872-eng.pdf?ua=1>

3. Quality UHC, Recovery & Resilience

Learning Laboratory: Feb 2016; Kobe Japan

- Teams from three-Ebola-affected countries, Japanese experts and WHO.
- Develop consensus on linkages between recovery, resilience and quality UHC.
- Linkages with other areas highlighted - DHMTs and EPHF.
- Built on country experiences to cross-fertilize thinking on delivering quality health services during & post emergency.



Full report here: <http://apps.who.int/iris/bitstream/10665/250579/1/WHO-HIS-SDS-2016.16-eng.pdf?ua=1>

4. Compassion: Heart of the Global Learning Laboratory



Clinicians & patients
differ in their perceptions
of compassionate care.

The link between compassion, engagement and resilience

- Sympathy and empathy are within a family of compassion-related states important for building relationships.
- Compassion begins with self and being aware of and knowing how to manage emotional states to maintain receptivity and respond to the needs of others in professional and respectful ways.
- Compassion when combined with how engagement occurs between health care providers, service users, their families and communities affects trust, information sharing, decision-making & directly impacts on quality.
- The foundation of resilient health systems is a resilient workforce able to self-reflect, learn and continuously adapt to changing situations.

Compassion can drive change! Needs to be captured by the learning laboratory.

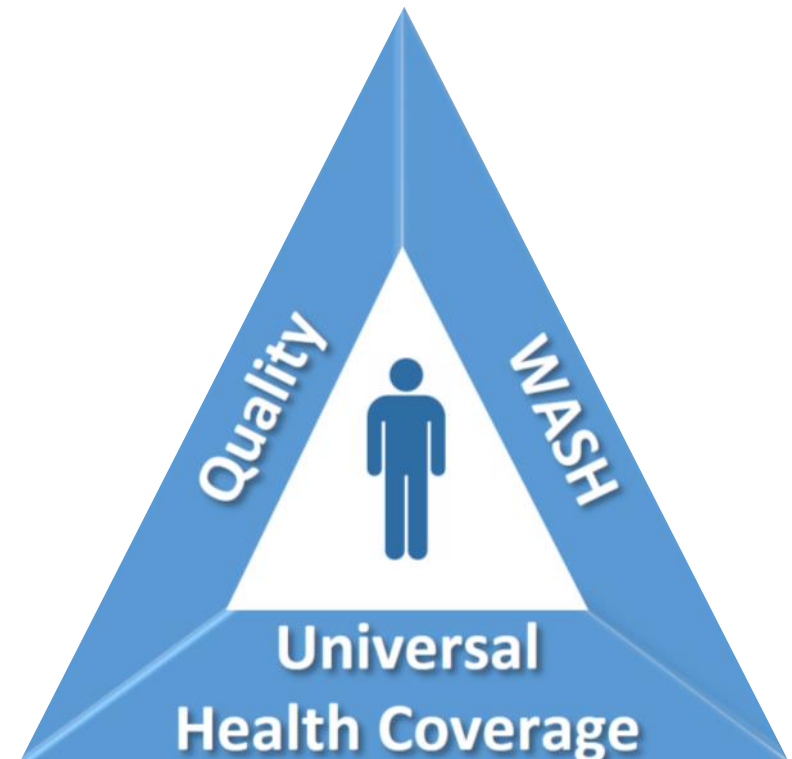
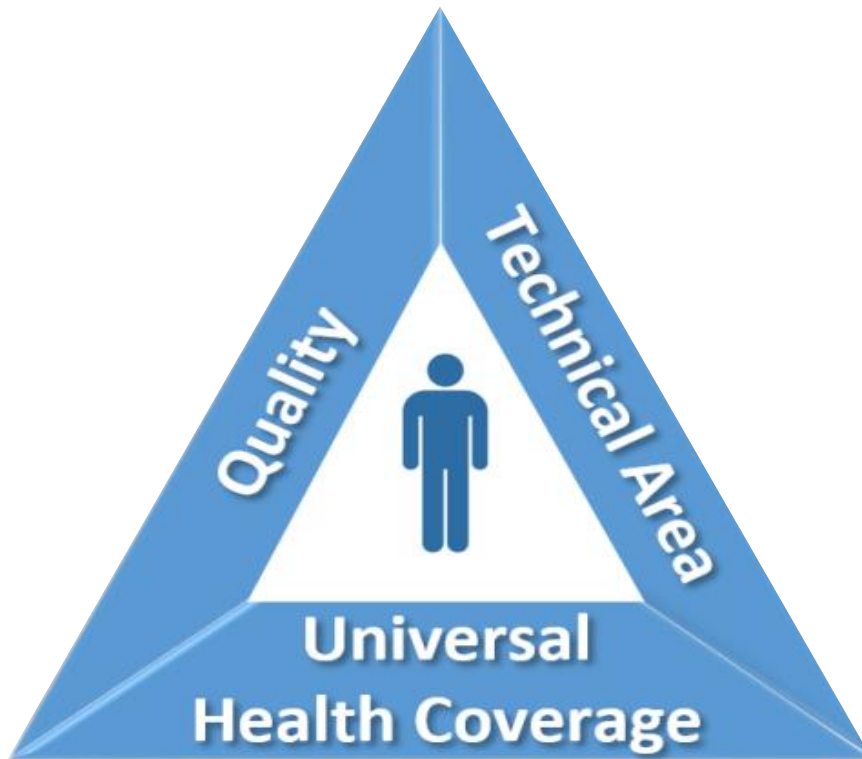


5. Drilling down – WASH & quality UHC



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Exploring Quality-UHC-WASH Triangulation: Clean & safe hospital (CASH) initiative in Ethiopia:



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The Clean & Safe Hospital (CASH) Initiative

Strategies & principles

- Aims to reduce hospital infections & make hospitals safer through **attitudinal change**;
- Strong local emphasis on **involvement of all**;
- Internal & external **audit tool** on infection prevention, patient safety and cleanliness;
- Recognition of **best-performing hospitals**;
- Emphasis on leadership, autonomy, empowerment in **facilities**.

Lessons learned

- Combined top down & bottom up approach
- Focus on decentralized health system
- Commitment by all at facility level



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From local implementation to global learning

- The experience was documented as a learning lab knowledge product and shared with a wider audience;
- Interventions utilized in CASH are being scaled up nationally with an emphasis on forging links with UHC reforms;
- Lessons learned from implementation are strongly linked to national strategic action on quality;
- This learning is informing national efforts in:
 - Cambodia
 - Mali
- Change nuggets will be shared in cross-country meeting to be hosted in Nepal in March 2017.

Global Learning Laboratory for Quality Universal Health Coverage	
Action Brief: Achieving quality universal health coverage through better water, sanitation and hygiene services in health care facilities: a focus on Ethiopia. 11/1/2016	
Author(s)	Melissa Simpson, Roberto Hoyer, Hilary Kasse, Fabian Schae, Saba Saif, Dagne Mengistaw, Naima Sene
Keywords	CASH (Clean and Safe Health) Ethiopia
Theme	Improving the quality of care in health care facilities through comprehensive changes in infrastructure, hygiene practices and infection
Audience	Policy makers, fund donor representatives, frontline health workers, facility managers
Overview	The document focuses on understanding the current challenges in quality universal health coverage through better water, sanitation and hygiene (WASH) services in Ethiopia. One such programme working to improve overall quality in health facilities is the Clean and Safe Health facility initiative, referred to as "CASH", launched by the Ethiopian Ministry of Health in 2014. This initiative aims to reduce health care infections and make hospitals safer through staff training on infection prevention and control, safe and sufficient water supply and sanitation, proper waste management, improving facility and supporting hospitals in developing and implementing changes for cleanliness. CASH is being implemented in all hospitals in Ethiopia (approximately 130) and has expanded to health centres in 2016. CASH supports national quality improvement efforts as it directly aligns with the Ethiopian National Health Care Quality Strategy which aims to "improve the outcomes of clinical care, patient safety and patient experiences, while increasing access and equity for all segments of the Ethiopian population to UHC".
One-line	Improving cleanliness is an important determinant of quality of care and patient satisfaction. (1)
Background	CASH is a member of a broader set of water, sanitation and hygiene (WASH) interventions in health care facilities and its critical linkages with quality within the context of universal health coverage. Nearly 40% of facilities in low- and middle-income countries lack improved water and nearly 20% without improved sanitation. (2) This highlights WASH in health facilities as essential for providing people-centred health services. The integration between quality, WASH and CASH can catalyse improvements in various areas including health and safety, service delivery, staff morale and performance, health care costs, healthcare-associated infections and improvements in infection prevention and control (IPC).
Objectives/Goals	CASH was developed as an initiative to keep hospitals' costs, improve the quality of care and make hospitals safer, improve the comfort of patients, staff and visitors, improve the attitude of staff toward cleanliness, and reduce health care associated infections, and make the hospitals safer. The document sets quality in the context of UHC and to be expected.
Period Covered	Findings from pilot working in Ethiopia, 10–12 July 2016.
Impact	The activities of the mission allowed the team to understand the progress and acceptability of CASH with both facility and community members. In discussions with staff and community, several important issues that CASH reported health facility cleanliness and safety. Patient satisfaction scores reflected positivity on improvements in services, hospital grounds and environment in relation to CASH. Community engagement was a key aspect to ensuring CASH to meet the needs of the patients and communities utilizing the facility. While quantitative data is not yet available, anecdotal evidence in addition to staff and patient feedback suggests that positive improvements have been made since the launch of CASH.



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"Seeing the change towards improved care and sanitation practice keeps me motivated. I would not go back to working to where things were before."

—Staff nurse in Addis Ababa hospital



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6. Working in 2017 with you



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Looking ahead: GLL 4 QUHC in 2017

- Disseminate knowledge products based on country experience & member implementation activities.
- Host webinar series using “ignite” format.
- Launch Learning Pods on WASH/IPC and National Quality Policies & Strategies.
- Populate repository with emerging technical resources that have been shared by learning lab members.
- Maintain close engagement with other related groups and knowledge platforms on quality within the context of UHC.
- Keep the momentum through blogs/meetings/workshops/conferences.

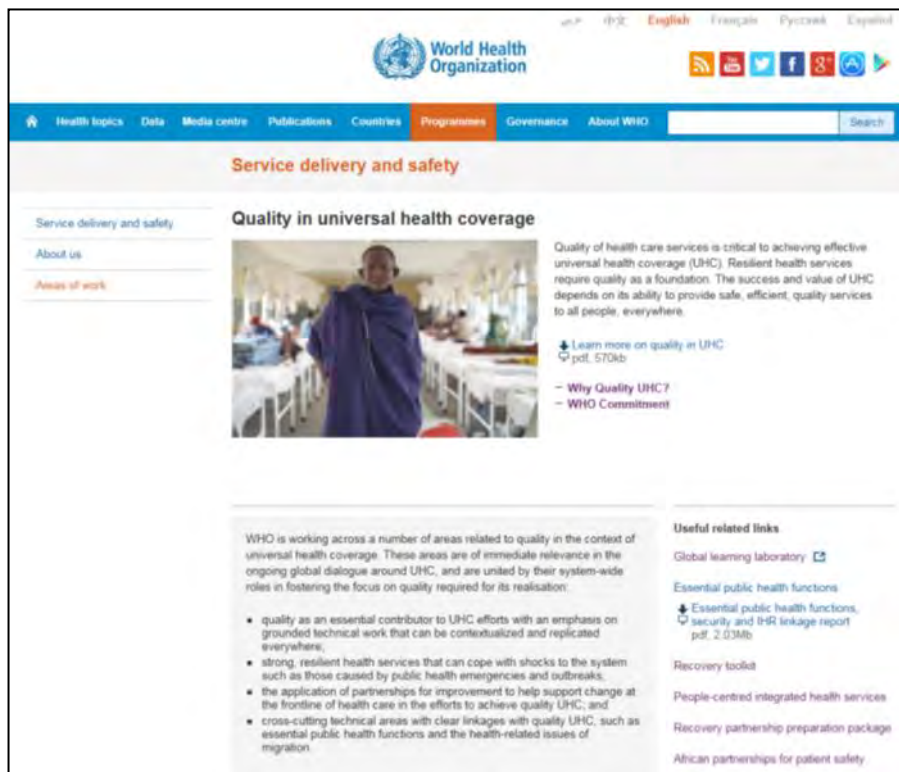
How can YOU be involved?

- ✓ Express your interest and get involved:
<https://extranet.who.int/dataform/627224?lang=en>
- ✓ Subscribe to receive GLL knowledge pulse by emailing gll4quhc@who.int
- ✓ Engage in webinar series:
<http://www.integratedcare4people.org/communities/global-learning-laboratory-for-quality-universal-health-coverage/>
- ✓ Share emerging lessons from implementation with GLL team for dissemination to wider GLL
- ✓ Participate in learning pod of interest
- ✓ Share your upcoming events with GLL team
- ✓ Get active on social media: #GLL or #4QUHC



Concluding Remarks

1. Urgent need to share, challenge and spark for quality UHC across the world.
2. Need to demonstrate immediate relevance & utility to “doers” focused on implementation!
3. This year is foundational – we will be listening, refining and listening again.
4. Learning lab functionality will evolve.
5. We seek maximal synergy with others. This will only succeed through your active involvement.



Learn more here:

<http://www.who.int/servicedeliverysafety/areas/qhc/en/>

Email us here: GLL4QUHC@who.int