Building capacity within the WHO African Region
for national quality policy and strategy

Meeting Report
Harare, Zimbabwe
27 - 30 August 2019

World Health
Organization

CONTENTS

ACRONYMS

AFRO   WHO Regional Office for Africa

FCV   fragile, conflict-affected and vulnerable settings

HRH   human resources for health

IPC   infection prevention and control

IST   inter-country support

LMIC   low and middle-income countries

MNCH   maternal, newborn and child health

M&E   monitoring and evaluation

MOH   Ministry of Health

NQPS   national quality policy and strategy

PHC   primary health care

QED   Quality, Equity and Dignity Network

QI   quality improvement

QM   quality management

QoC   quality of care

RMCAH   reproductive, maternal, child and adolescent health

UHC   universal health coverage

WASH   water, sanitation and hygiene

SUMMARY

A four-day workshop was organized by the WHO Regional Office for Africa, in collaboration with the Integrated Health Services Department within the Universal Health Coverage and Life Course Division at WHO headquarters. Representatives from seven countries, including a WHO country office representative from Nigeria gathered in Harare, Zimbabwe on 27–30 August 2019 to undertake a detailed examination and gain in-depth understanding of each of the essential elements of the WHO national quality policy and strategy (NQPS) process. The meeting was organized at the request of the Regional Office to build capacity of the countries that had formally requested technical support on national directions on quality.

> **The purpose of this meeting report is to provide an overview of workshop proceedings and to summarize key suggested actions put forward by countries in moving forward with their national directions on quality.**

The workshop produced critical information and raised a number of key action areas which are summarized in the body of the report. The workshop also pointed to the varied contexts within countries, with clear acknowledgement of the need to set a national direction on quality which integrates with existing efforts already under way on quality. Arrangements related to governance for quality within represented countries, including key areas such as infection prevention and control (IPC) and patient safety, are firmly entrenched within the mandate of quality directorates, promoting a cohesive approach for efficiency at all health systems levels and maximum country impact.

The wider health systems environment that supports quality of care activities was noted as both an enabler as well as a challenge for many countries. It was in this context that all countries present recognized the importance of an organized approach to setting national quality directions as outlined in the WHO NQPS approach. The detailed examination of each of the eight elements of the NQPS approach allowed cross-country learning as well as an opportunity for WHO experts to provide necessary clarifications.

A challenge and solutions exchange session identified some of the major challenging elements encountered when setting national directions on quality, particularly around governance and organizational structures, as well as stakeholder mapping and engagement. Potential solutions proposed to deal with these shared country challenges include advocacy to advance the quality agenda, capacity-building with existing structures and initial stakeholder mapping to ensure a coordinated and comprehensive engagement. Quality measures and indicators represented a priority for many countries with multiple in-country initiatives highlighted. The NQPS tools and resources compendium was noted as instrumental in supporting country plans and action for national quality efforts.

At the end of the workshop, participants agreed to develop country roadmaps on national directions on quality, outlining priority areas that may necessitate further technical support. Other agreed next step areas include: to co-develop materials around NQPS priority areas; to identify opportunities for resource mobilization at country, regional and global levels to support nationally-driven quality efforts; country teams to send technical requests to WHO as needed; and to work together on documentation for making the case for quality. Eight guiding principles for moving forward with the technical work with countries were also agreed upon.

BACKGROUND

The Sustainable Development Goals (SDGs) urge countries to achieve universal health coverage (UHC), including financial risk protection and access to quality essential health care services. Addressing quality of care clearly becomes pertinent as countries accelerate efforts towards UHC. Three 2018 publications (*1, 2 ,3*) have highlighted the implications of inadequate quality. Between 5.7 and 8.4 million deaths are attributed to poor quality care each year in low- and middle-income countries (LMICs), which accounts for up to 15% of overall deaths in these countries (3). Efforts to expand access, coverage and financial protection to health services should, however, consider the quality of those services at the point of care. Provision of quality health services – safe, effective and people-centred – requires good leadership, robust planning and an enabling systems environment.

WHO, the World Bank and OECD (1) have called on countries to improve quality of care across the health system through a clearly articulated national direction on quality. The development, refinement and execution of a national quality policy and strategy (NQPS) is a priority for countries as they look to systematically improve the performance of their health systems. A national quality policy and strategy is an organized effort by a country to promote and plan for improved quality of care. It will often be outlined in a document, providing an official, explicit statement of the approach and actions required to enhance the quality of health care across the country's health system , closely linked with the wider national health policy and planning process.
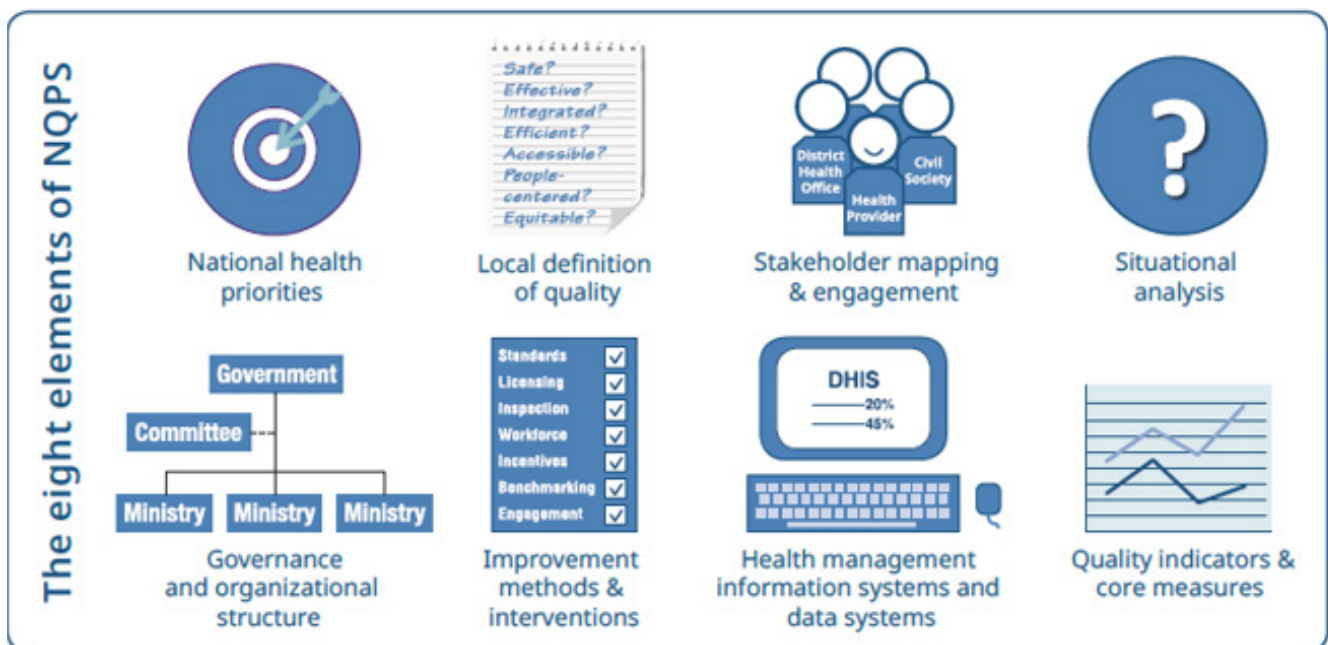

Figure 1:The eight elements of the WHO NQPS approach

An effective NQPS can create a culture shift and support health providers to deliver and users to demand quality care; bring together multiple quality initiatives under a systematic and organized effort to improve quality of care across the health system; secure high-level commitment to quality through stakeholder engagement and consensus-building; and clarify structures for accountability and monitoring of national quality efforts. Essential elements of the NQPS process are captured in Figure 1.

> *"...there is an urgent need to orient quality management units/directorates/ teams from national authorities towards the WHO approach to NQPS development."*

The 47 countries within the WHO African Region are faced with multiple health system challenges and have highlighted national directions on quality as a key priority for their national health systems. Forty-six out of the 47 countries have prioritized 1.1.1 (Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages) as a key output for the WHO General Programme of Work (GPW13). The approach to NQPS has been collectively developed with several countries, including many within the WHO African Region, each at different stages in their NQPS journey. Country experiences from the WHO African Region continue to be documented and have fed into the NQPS approach.

The work on NQPS contributes to each of the "Three Billion" aims articulated in GPW13 – UHC, health emergencies and heathier populations. The central role of quality in UHC is clearly articulated above. Furthermore, quality is key to improving emergency response and preparedness, with the emphasis being placed on context-specific adaptive approaches for improving quality of care in fragile, conflict-affected and vulnerable (FCV) settings. Promoting healthier populations requires an integrated and coordinated approach, aimed at harnessing quality of care efforts in specific disease or population-based programmes, such as maternal, neonatal and child health ones.

Given the above context, there is an urgent need to orient quality management units/directorates/teams from national authorities towards the WHO approach to NQPS development. The focus in the first instance is to respond to countries that have requested technical support in this area. This capacity-building needs to be conducted alongside an orientation for key technical colleagues at the relevant WHO country office to strengthen the necessary follow-up.

SYNOPSIS OF PROCEEDINGS
DAY ONE

Formal opening - Dr Alex Gassasira, WHO Representative, Zimbabwe

The aspirations of the SDG and UHC demand not only commitment and investments to availability of services and financial protection, but importantly, improved access to quality essential health services in all countries. Effects of poor quality are not just individual or health facility issues but have huge national economic and social consequences. Poor quality results in more than 8 million deaths per year in LMICs, leading to economic welfare losses of $6 trillion *(2)*. With multiple challenges faced by health systems in the African Region, the probability of being harmed in a hospital in the Region is higher and the risk of acquiring a health care-associated infection is as much as 20 times higher compared to other settings *(4)*.Countries in the Region need to act together to have health systems that can effectively ensure and continuously improve quality health care, irrespective of where it is delivered.

Participants at the Building capacity within the WHO African Region for national quality policy and strategy meeting; Harare, Zimbabwe 27–30 August 2019

Formal opening - Statement by Dr Agnes Mahomva, Permanent Secretary - MOHCC

The importance of quality primary health care, wider health systems strengthening and UHC was stressed. Quality health services is the engine of primary health care and without the necessary attention, countries risk leaving millions of people behind, particularly the vulnerable. Similarly, the six-health systems blocks articulated by WHO need careful consideration for quality to ensure that countries are progressing on overall health sector planning efforts. For Zimbabwe, quality and equity will serve as guiding values in revising the national health sector strategic plan for 2020 and beyond. Questions surrounding UHC – who is covered, which services are covered and what proportion of costs are covered – needs an added element of quality to ensure priorities of countries are adequately addressed.

Overview of meeting objectives and expected products – Dr Gertrude Avortri, Service

The meeting intended to build local capacity and equip participants with knowledge and skills to support ministries of health (MOH) to develop and implement national quality policies and strategies. The expected output were draft country roadmaps for national directions on quality applying the WHO NQPS approach.

The specific objectives of the workshop included:

• to understand the WHO global initiative on national quality policy and strategy;

• to undertake a detailed examination of and gain an in-depth understanding of each of the essential elements of the NQPS process;

• to review the available tools and resources in support of NQPS development;

• to discuss interlinkages between national directions on quality and technical areas such as maternal neonatal and child health, infection prevention and control and patient safety;

• to work on a series of interactive exercises to enhance understanding of the NQPS process;

• to enable an exchange of knowledge and experience of NQPS among workshop participants;

• to share experience around the challenges and successes of addressing quality in the African Region;

• to collectively review existing national approaches within a safe space, providing a mutual support forum, to troubleshoot challenges and plan next steps.

Overview of the global quality landscape – Dr Shams Syed, Coordinator, Quality Systems and Resilience (QSR) unit, Integrated Health Services Department, UHC and Life Course Division, WHO headquarters
Globally, consensus is emerging that quality essential health services – safe, effective and people-centred – lie at the heart of UHC. Three global reports from 2018 affirmed quality as being central to UHC - access to care means little if those health services are not effective. All three reports highlighted that substandard care wastes significant resources, fails to turn investments into better health, harms the health of populations, and destroys human capital and productivity. Quality of care is key to ensuring global health security, which starts with local health security, and in turn depends on high-quality primary health care (PHC) services. Quality is not something that only rich countries can afford. Failure to build quality health systems from the start is what raises the cost. Poor quality is the result of health system failures, not the fault of individual providers. The pivotal role of quality in FCV settings; measurement issues; linkages with health systems strengthening; quality primary health care and integration with population-focused efforts was highlighted.

Overview of quality in the African Region – Dr Nino Dayanghirang, Technical Officer, Service Delivery Systems, WHO Regional Office for Africa

The African Region faces several health systems challenges with implications for quality health services, including a double burden – youth and ageing population; triple burden of diseases – communicable, noncommunicable and maternal and child health; and complex demands including urbanization, climate and environment change and poverty. Limitations around health systems continue despite the growing burdens. The WHO Regional Office for Africa has responded to this crisis by launching the AFRO UHC Action Framework with quality essential health services as a key health system output area. The Framework calls for investment in seven health systems input areas, and facilitates more proactive results monitoring through four output areas and six outcomes that measure the impact on wellbeing for all *(5)*. In the African Region, important attributes for quality include client perceptions (people-centred), the level of safety (safe) and the effectiveness of care.

National Directions on Quality – Country Presentations

Key themes from country presentations are captured in Box 1. A detailed synopsis of the country presentations is captured in Annex 1.

Technical Foundations of NQPS – Dr Shams Syed, Coordinator, Quality Systems and Resilience (QSR) unit, Integrated Health Services Department, UHC and Life Course Division, WHO headquarters

A national quality policy and strategy is an organized effort by a country to promote and plan for improved quality of care. An NQPS can create a culture shift for quality of care from providers and users, bring multiple quality initiatives together, secure high-level commitment and clarify structures for better governance. The eight essential elements of the NQPS process captured in Figure 1, were introduced (noting that each element would be subsequently examined in detail). The associated NQPS Compendium of tools and resources to support a structured approach to the development of a national quality policy and strategy was examined. This session provided a preview to the full-day workshop which focused on unpacking each element in detail.

Key themes emerging from the country presentations

• A majority of countries recognize quality as a priority within their national health sector efforts. An articulated national direction on quality has been established in three countries - Zimbabwe, Tanzania, Eswatini. A national quality policy and strategy document is currently under development in four countries - Zambia, Sierra Leone, Namibia and Cameroon. A national strategy/policy on quality does exist in Nigeria, however, it is tailored to MNCH.

• Governance arrangements vary across countries. An established quality directorate is active in Zimbabwe, Namibia and Zambia, where three directorates have the mandate on quality. A Quality Unit is in place in Tanzania, with structures recognized at the subnational level to facilitate improvement efforts. A national Quality Management Programme has the mandate to progress on the vision of the Quality Improvement Framework in Eswatini. Sierra Leone and Nigeria have quality of care activities found within reproductive, maternal, child, adolescent health efforts. Functions surrounding quality of health services activities are the responsibility of the Director of Health Services in Cameroon.

• Within established quality governance structures, IPC is the responsibility of the Quality Programme in Eswatini, the Quality Assurance Division in Namibia and the Quality Unit in Tanzania. Patient Safety is under the Quality Unit in Tanzania. In Zambia, the three quality directorates monitor adherence to standards and guidelines by programme. Close linkages between the Quality Assurance Unit (Namibia) with agencies responsible for ensuring national health security was highlighted.

• A number of cross-cutting best practices were outlined by countries. Strong leadership and commitment (Zimbabwe and Zambia), group-problem solving and collaboratives (Namibia and Eswatini), service quality assessment approaches (Tanzania and Zambia), use of data and information systems to inform quality activities (Zambia and Sierra Leone) and people-centred feedback mechanisms (Cameroon and Namibia) were highlighted. Building on existing efforts on quality from maternal and child health (MNCH) and water sanitation and hygiene (WASH) were shared as best practices (Sierra Leone and Nigeria).

• Across all countries, challenges pertaining to the wider health systems environment were shared.

• Countries highlighted potential solutions to address the identified challenges. These included: continuous advocacy and sensitization for quality; strengthened governance arrangements across the system; capacity-building for quality improvement; and improvements to the wider health systems blocks.

• Illustrative quality improvement initiatives included improvements to the wider health systems environment – training and capacity-building (all countries), performance-based financing and contracting (Cameroon); improvements in clinical care – quality audit, collaboratives and quality management curriculum development (Namibia); reducing harm – implementation of IPC standards (Eswatini); and patient, family and community engagement and empowerment – community QI framework (Tanzania), customer feedback platform (Eswatini). A number of donor-driven QI approaches were shared by countries.

• Measuring quality of care is a priority for all countries. Sierra Leone is using indicators from MNCH as part of the Quality, Equity and Dignity (QED) Network to inform QoC efforts. Tanzania is using the star-rating system. Zambia is developing a core QI indicator and national quality monitoring system. Namibia has prioritized development of a national quality monitoring framework.

Box 1: Key themes to emerge from the country presentations

Interlinkages – Dr Assumpta Muriithi, Technical Officer, and Dr Nuhu Yaqub, Technical Officer, Family and Reproductive Health, WHO AFRO; Dr Alessandro Cassini, Technical Officer, IPC/IHS/UHC & Life Course Division, WHO HQ; and Dr Nino Dayanghirang, Technical Officer, Service Delivery Systems, WHO AFRO.

Recognizing that quality of care is taken forward by multiple programmes, the integration of a range of technical programmes is essential for setting national directions on quality. Integration can build on existing systems, improve efficiency, reduce burden on health professionals, enhance engagement with donor organizations, and allow local, tried-and-tested solutions to inform the broader strategy. Quality of care for mothers and newborns is often a particularly high priority population in many countries.

This two-part session consisted of technical presentations on Day one and dedicated discussion on Day one and Day two, to unpack the linkages between specific technical areas and quality. Technical briefings were provided to participants on maternal, newborn and child health; infection prevention and control; and patient safety. Highlights and country reflections based on contextual experience are captured in Box 2.

Key themes from integration session

• Quality governance within represented countries have IPC and safety firmly entrenched within the mandate of quality directorates. In some countries, quality is the responsibility of MNCH. Though country contexts vary, a cohesive approach to quality promotes efficiency at all levels and yields maximum outcome/impact.

• IPC, given its unique position within patient safety, is relevant to both national efforts on quality as well as health security. In some contexts, IPC sits within public health/health security directorates with close linkages to the quality agenda.

• In developing a national strategic direction on quality, build on the historical quality journey by disease and technical programmes and embed all associated components of quality, recognizing that tools and resources to improve the overall quality of care may differ depending on the technical area.

• Approaches will vary but the ultimate vision is to improve the quality of health services for better health outcomes.

• Defining and measuring indicators for quality health services is a challenge in many contexts. However, in designing monitoring packages for quality, include indicators on MNCH, IPC and patient safety, and report against these as part of the national information system.

• Strong leadership and management, clear alignment of policies/strategies anchored within a defined quality framework and a systems approach are essential elements for integration.

• Use the learning that emerges from programmes (e.g. QED network) to advance and spread quality more broadly within countries. National MNCH QoC strategies exist in some countries, so leverage this opportunity to feed experiences broadly into the wider system.

• Efforts on integrating with technical programmes require an enabling systems environment, addressing root causes of system failures that influence quality at the point-of-care.

• Coordination and clear governance/organizational structures, with systematic stakeholder mapping and engagement are key for successful integration with disease and population-based programmes at the sub-national level.

• Integration is essential for enhancing the quality of essential health services.

Box 2: Key themes from integration session

DAY TWO

The NQPS Handbook – 8 Elements – Dr Gertrude Avortri, AFRO IST/ESA; Nana Mensah Abrampah, Technical Officer, QSR, WHO HQ; Dr Nino Dayanghirang, WHO AFRO and Dr Shams Syed, QSR, WHO HQ.

Day two of the workshop focused on a detailed walk-through of the WHO NQPS Handbook. A detailed examination of each of the eight essential elements (alignment with national health priorities; local definitions of quality; stakeholder mapping and engagement; situational analysis; improvement methods and interventions; governance and organizational structures; health management and information systems; quality indicators and core measures) was conducted. The session centred on unpacking each element by using the same key questions.

1. **Why is this element needed?**
2. **What actions should the policy/strategy team consider?**
3. **What should the policy/strategy contain?**
4. **What are some examples of technical support?**
5. **What are some potential challenges?**

A practical example for each element was provided to bring the concepts to life.

Throughout the day, front-line experiences from participants were shared at periodic moments to enrich the discussions and reflect on experiences from applying the NQPS approach in their context. For countries that have a developed a national quality policy and strategy – discussions centred around the need to revisit a specific element to ensure appropriateness. For countries starting out, the Handbook was received positively with participants expressing their appreciation for WHO taking the lead in developing a non-prescriptive approach to supporting countries.

Participants at the workshop thanked WHO for conducting the capacity-building workshop to strengthen their skills in leading national quality processes in their country. A call was put forward to WHO stressing the importance of sensitization workshop/capacity-building opportunities when new documents are released.

Adapting quality approaches to specific settings - Dr Shams Syed, Coordinator, Quality Systems and Resilience (QSR), Integrated Health Services Department, UHC and Life Course Division, WHO HQ

In 2016, over 1.8 billion people or 24% of the global population were living in fragile contexts *(6)*. By 2030, it is estimated that the proportion of the global population living in fragile and conflict-affected situations will reach 46% *(7)*. Fragile states contribute to about 60% of preventable maternal deaths, 53 % of deaths in children under 5 years and 45% of neonatal deaths *(8, 9 ,10)*. With this as a context, four specific areas were explored further in this session. First, ensuring health security and health system integration using quality as the bridge. Second, supporting countries to work towards quality routine and emergency-specific health services that are delivered prior to, maintained during, and improved upon following an emergency event in a people-centred manner. Third, adapting approaches to strategic action planning for quality adapted to the specific setting, particularly when affected by fragility, conflict and vulnerability. Fourth, paying close attention to the humanitarian-development nexus.

Group work – Challenges and possible solutions for NQPS elements

The afternoon of Day 2 centred around a group work activity aimed at discussing and outlining potential challenges and solutions around selected elements of the NQPS approach. Participants were asked to choose between two questions.

- For countries that have already embarked on setting national quality direction, what are the 1–3 elements within the NQPS approach that pose the most challenge in your context? Discuss the issues and potential solutions.

- For countries that have already embarked on setting their national quality direction, what are the 1–3 elements within the NQPS approach that pose the most challenge in your context? Discuss the issues and potential solutions.

Emerging themes from challenges and solutions engine

- Challenges shared by countries include: seven countries highlighting governance and organizational structures; four countries indicating stakeholder mapping and engagement. Each remaining element had two countries respectively. Quality indicators and core measures, raised a lot of questions, with key solutions shared below.
- Potential solutions explored for top challenges include:

    1. Governance and organizational structures – advocacy for a dedicated quality management structure with clear functions; engagement across established structures to advance the quality agenda; capacity-building with existing structures on quality and initial mapping of all relevant stakeholders, to ensure coordinated and comprehensive engagement of the sub-national level.

    2. Stakeholder mapping and engagement – early stakeholder engagement and consultation; develop an engagement approach and identify a core team to take forward exercise; resource mobilize to identify assets and gaps the for quality journey and identify power dynamics among key stakeholders.

    3. Quality indicators and core measures – stakeholder engagement to agree on priority indicators; engagement of M&E directorate; map existing data/information sources and identify relevant quality indicators within country.

Box 3: Challenges and potential solutions

DAY THREE & FOUR

Country priority actions - Dr Nino Dayanghirang, Technical Officer, Service Delivery Systems, WHO AFRO

Participants discussed three key questions centred around WHO and partner support. The WHO Country Cooperation Strategies (CCS) exist and are currently valid across all represented countries, laying out the foundation for WHO support. The importance of building on these strategies alongside clear mention of support required for quality in evolving country support planning for the programme budget 2020-2021 biennium, GPW13 and UHC country support plans was highlighted. The discussions during the session tried to elicit answers from countries on "how" they want to be supported. Most of the feedback focused on resource alignment for cross-cutting quality programmes, governance/organization in ministries of health and partner coordination/advocacy.

Country roadmaps – group work

The afternoon session on Day 3 focused on operational planning, learning and group work activity on development of roadmaps for priority action areas for national directions on quality. On operational planning, participants examined, in detail, elements of an operational plan that can be considered when moving forward with implementing a national direction on quality. Tools and resources that support operational planning, as well as other essential elements of the NQPS process were shared *(see Figure 2)*.   Following this presentation, the work on learning from front-line implementation to inform national strategic direction on quality was highlighted. This included a presentation on the WHO Global Learning Laboratory (GLL) for Quality UHC *(11)*, outlining different modalities to share knowledge, experiences and ideas; challenge ideas and approaches; and spark innovation for quality UHC.

Using a structured template provided by WHO, country teams outlined key milestones, key activities required to achieve milestones and a timeline for moving forward with their national directions on quality. All countries committed to finalizing their roadmaps once in-country, working through a consultative process with relevant stakeholders. Final roadmaps will be shared with WHO AFRO.
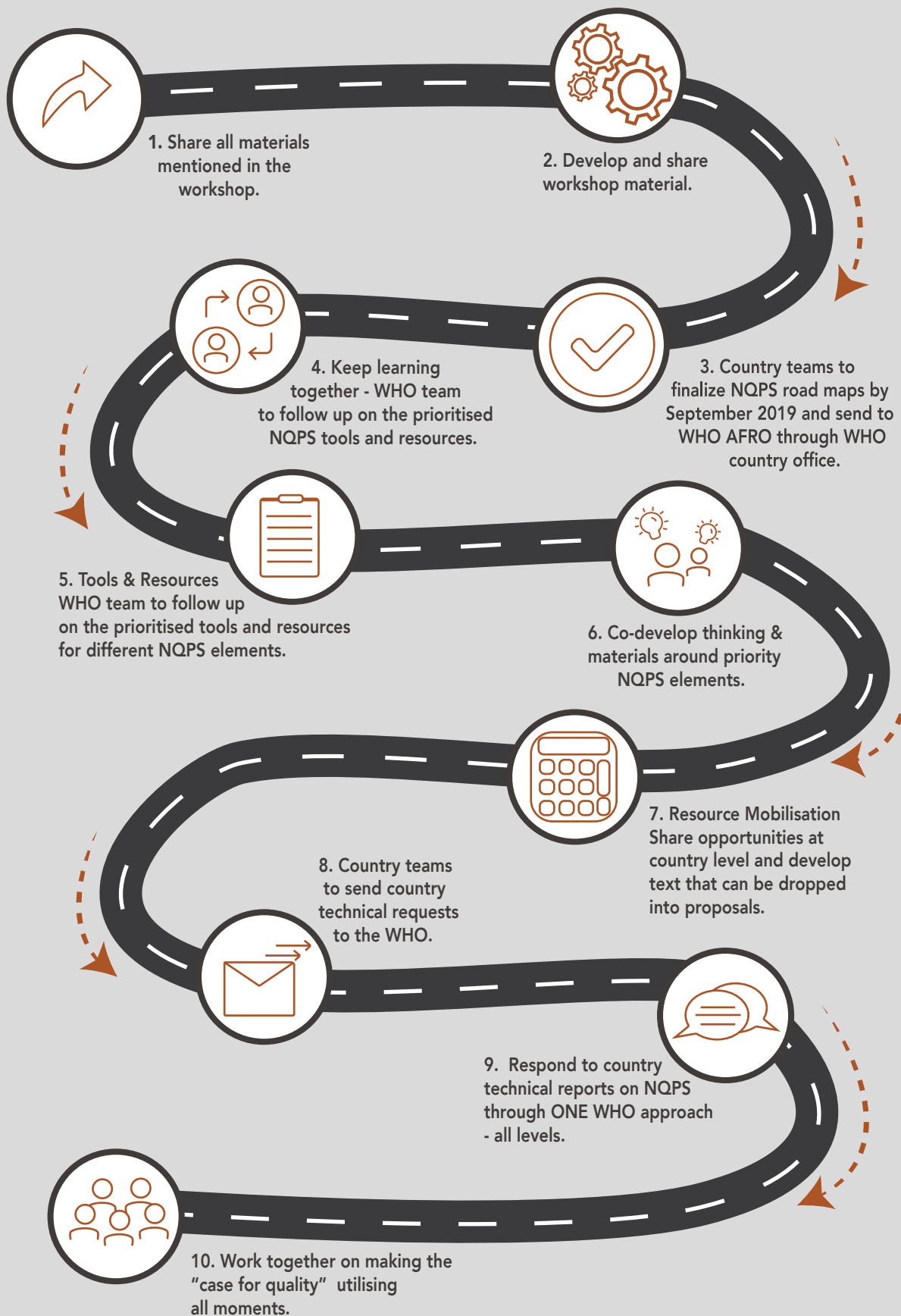
Co-developing next steps for country impact

The meeting ended with participants jointly defining next steps as well as defining guiding principles for taking forward NQPS for country impact. Meeting participants agreed to: not reinvent anything, be pragmatic and visionary at the same time, continue to learn from each other, depend on each other to meet needs, optimally use the global drive for quality, work together to drive partner alignment around quality, use the power of WHO to support countries and integrate efforts to improve the quality of health services.

The eight elements of NQPS	**National health priorities**
	Aligning the national direction on quality with national health goals and priorities
	Local definition of quality
	Creating a local definition of quality to ground policy and strategy in shared local understanding of quality
	Stakeholder mapping and engagement
	Identifying stakeholders and mapping their role and influence on NQPS
	Situational analysis
	Assessing the current state of quality and identifying factors that might determine the success of the NQPS
	Governance and organisational structure
	Ensuring effective governance of the NQPS development and implementation
	Improvement methods and interventions
	Selecting an appropriate package of interventions to best address the identified priorities
	Health management information systems and data systems
	Data supported by reliable information management systems drives decision-making and improvement
	Quality indicators and core measures
	Taking a practical approach to selection of an indicator framework for quality
Critical to NQPS implementation	**Operational planning**
	Moving from policy and strategy to detailed implementation planning, assigning roles, responsibility and budget
	Integrating technical programmes with NQPS
	Ensuring alignment, building on the foundations of disease and population-specific programmes
Country priority	**Community engagement**
	Promoting and sustaining a culture of community engagement and empowerment in relation to quality of care, and in the development of the policy and strategy
Cross-cutting	**Cross-cutting**
	Identifying resources considered to be relevant across more than one element of the NQPS process, including seminal reports on quality of care

Figure 2: Components of NQPS tools and resources compendium

NEXT STEPS

1. Share all materials mentioned in the workshop.

2. Develop and share workshop material.

3. Country teams to finalize NQPS road maps by September 2019 and send to WHO AFRO through WHO country office.

4. Keep learning together - WHO team to follow up on the prioritised NQPS tools and resources.

5. Tools & Resources WHO team to follow up on the prioritised tools and resources for different NQPS elements.

6. Co-develop thinking & materials around priority NQPS elements.

7. Resource Mobilisation Share opportunities at country level and develop text that can be dropped into proposals.

8. Country teams to send country technical requests to the WHO.

9. Respond to country technical reports on NQPS through ONE WHO approach - all levels.

10. Work together on making the "case for quality" utilising all moments.

ANNEXES

ANNEX 1 - Country Presentations Summary

Quality Context	Zimbabwe – A national quality strategy exists in Zimbabwe which outlines the key principles of: leadership, responsiveness, equity, a motivated workforce, safety and management– for moving forward.
	Zambia – a national quality management strategy is under development. A driver of this strategy is the national health sector strategic plan which clearly mentions quality.
	Tanzania – three key strategic documents exist related to quality – Tanzania Quality Improvement Framework, Tanzania Quality Improvement Framework in Health Care (2011-2016) and the National Health and Social Welfare Quality Improvement Strategic Plan (2013-2018).
	Sierra Leone – in the process of drafting the national quality of care policy and strategy, building on the lens of maternal and health.
	Nigeria – Quality of care is one of the guiding principles in the National Strategic Health Development Plan (NSHDP II 2018-2022). "Stakeholders will endeavour to guarantee all Nigerian citizens the highest level of health care standards with fast and efficient services, with special focus and attention to primary health care." Quality of care indicators are among the NSHDP II.
	Namibia – a draft Quality Management Policy and Strategic Plan is available. Quality of care is also strongly mentioned within the National Health Policy Framework 2010–2020, National Development Plan (NDP), Ministerial National Health Care Facilities Standards and Ministerial Strategic Direction documents.
	Eswatini – MoH signed Quality Policy Statement with Quality Improvement Framework available.
	Cameroon – A draft national health care quality policy and strategic plan exists. The National Health Sector Strategy 2016–2027 has quality of care as a guiding principle of health services.
Illustrative quality initiatives	Zimbabwe – training and capacity-building, implementation efforts centred on applying QI interventions (5-S KAIZEN, IPC, RBF and CQI) at the district level and quality improvement focus on HIV and TB.
	Zambia – several tools and guidelines on quality improvement, mentorship programme, service quality assessment tools and ongoing development of QI core indicators and national quality monitoring system.
	Tanzania – Ongoing activities to improve quality of care include the star rating system and manual; national IPC guidelines; national framework for POCT certification; community QI framework; national client service charter for health facilities; complaints, compliments and suggestion management; and quality improvement follow-up electronic tools.

	Sierra Leone – activities have centred around improving quality of care for maternal and child health.

Nigeria is part of the network of 10 first-wave countries implementing MNCH QOC with the aim of halving maternal and newborn deaths in the next five years.

Namibia – quality audit of clinical records, collaborative model improvement, capacity-building using nationally developed QM curriculum and QM coaches, QA/QI supervisory visits, maternal and neonatal deaths and IPC monitoring (with indicators).

Eswatini – implementation of IPC guidelines, experience forums to institutionalize QI culture, guide HRH in the use of data for improvement, capacity-building on QM.

Cameroon has been rolling out a performance-based financing programme since 2010. Other illustrative activities include applying a health voucher system and systematic quality improvement. |
| *Best Practices* | Zimbabwe – honest and transparent feedback, team problem-solving, documentation, client engagement, identified champions, leadership commitment.

Zambia – strong leadership and commitment, computerization of service quality assessment tools (for real time data and comparison across regions), use of DHIS2, using WASH as an entry point for tackling quality.

Tanzania – the star rating system has proven pivotal in improving the quality of health services. The system includes 12 key action areas with indicators.

Sierra Leone – political commitment; public demand for quality; increased acceptance for QI approaches among HRH; collection of common indicators, including experience of care (as part of QED network); quality integration into DHIS2.

Nigeria – strong drive for quality of care through MNCH interventions. Developed a national IPC policy 2013 and a strategy in 2014 following incidence of HIV, hepatitis, tuberculosis and leprosy, and subsequent outbreak of Ebola. Advocacy is taking place for the inclusion of some MNCH QOC data that currently are not routinely collected in the ongoing review of NHMIS tools.

Namibia – Quality Management Capacity-Building Framework developed; client-centred care and empowerment of consumers; patient charter; patient and health care worker safety; NamLiVE QI Collaborative (Namibia Linkage to Care, Viral load Suppression and Ending TB), which is aimed at improving linkage to care, viral load suppression and TB prevention therapy (TPT) among People Living with HIV and AIDS in Namibia.

Eswatini – data forum reviews occur bi-annually. Electronic customer feedback platform, accreditation of referral laboratories, promotion of quality culture for service delivery, ISO certification for four health facilities. |

Challenges	Zimbabwe – challenges include resources (financial), resistance to change, leadership commitment, weak IPC and patient safety monitoring, management and uptake of client feedback.

Zambia – HRH (quantity and QI competence); financing; infrastructure; essential medicines and vaccines; mentorship and supervision.

Tanzania – infrastructure, changes in leadership, coordination within the MOH, resources, QI competence of HRH, learning platforms for QI, donor dependency, lack of standards/protocols for some services, weak client feedback system.

Sierra Leone – leadership, disconnected QI efforts, HRH, weak accountability, laboratory quality, patient safety, financing, varied QI approaches, limited quality assurance/control.

Nigeria – QoC mainstreamed into the five strategic pillars of the NSHDP II, although it does not outline clear QoC interventions needed to serve as a precursor for its integration except for IPC.

Namibia – health systems challenges including culture change for QI, HRH shortages, irregular measurement, lack of essential commodities, financial support for QI and lack of dedicated focal persons for QM, were highlighted.

Eswatini – national procurement process does not address controls for quality and safety, no accreditation framework for MOH and regulatory bodies, weak national document development process, centralized HRH recruitment process, resistance to change at facility level.

Cameroon – fragmentation of quality improvement activities; ensuring a culture of quality; lack of dedicated unit, quality frameworks and institutional arrangements to foster improvements; and siloed approach to key quality domains. Top-down, non-participatory approach to quality improvement. |
| *Solutions to address the challenges* | Zambia – continuous sensitization of QI/QA/PI at all levels; strengthened coordination, donor mapping and prioritization of QI during planning; increase training and skills improvement for pre/in-service and equitable distribution of health workers.

Tanzania – strengthen QI governance structures across the system; advocacy and harmonization of QI efforts; and health financing arrangements with quality improvement.

Namibia – awareness-raising/advocacy; capacity-building and stronger accountability; regular assessment of quality of care; needs assessment to strengthen procurement; allocation of budget for QI; and capacity-building for QM.

Cameroon – establish dedicated structure for quality with clear mandate for implementation modalities and institutional arrangements. Stakeholder engagement critical. |

Governance	Zimbabwe – Director responsible for quality in place, reporting directly to the Permanent Secretary of MOHCC. Zambia – three directorates responsible for quality – namely, quality assurance, performance improvement and monitoring & evaluation. Tanzania – The Health Quality Assurance Unit is responsible for IPC and patient safety. At the sub-national level, regional and council QI teams exist including QI teams at the facility level. Sierra Leone – Quality Management is embedded within Reproductive and Child Health (RCH) Directorate reporting to the Chief Medical Officer. A technical working group for QoC has been initiated with regional and hospital committees in place. Nigeria – Current QoC intervention at RMNCH programme level. Drive is to provide a policy framework for QoC for the entire health sector. Namibia – Quality Assurance Division established with steering committees on quality management committees, IPC and MNCH. The Division works alongside the medicines regulatory agency, Health Professionals Council and other regulatory agencies, including atomic energy and radiation protection. Several quality structures and functions are also at the sub-national and facility level (e.g. QA/IPC officers, mentoring coaches, etc). Eswatini – A National Quality Management Programme has been established. The IPC programme is integrated within the Quality programme. At the sub-national and facility level, officers to support quality activities are in place. Cameroon – Quality of health services is the responsibility of the Director of Health Care Organization and Health Technology.

ANNEX 2 - Country reflections on integration

- **Namibia** – IPC and quality management are under the authority of the Quality Assurance Division. Utilized the historical quality journey on HIV/TB, surgical care and MNCH (under PHC Directorate), applying best practices to the entire systems – this included development of a capacity-building framework and generic training tools for QI.

- **Zimbabwe** – In order to build resilient health systems and eliminate issues of poor quality, Zimbabwe needs to address grassroots efforts, not only in disease and population-based programmatic areas. Quality assurance and improvement are core components of this integration.

- **Eswatini** – Three areas are critical for integration: 1) Documentation – policies and guidelines need to mirror each other. Have developed one quality standard which serves as the chapeau for all disease/population areas, including end-user/customer feedback. 2) Systems approach – strengthening the environment for quality and 3) leadership and management – build a culture of quality across the system.

- **Nigeria** – integration essential for equitable, integrated and safe care. Integration with disease and population-based programmatic areas should focus on coordination and governance/organizational structure strengthening, in order to deliver on improved service delivery outcomes. Compassionate care is a key pillar too.

- **Zambia** – Integration across data systems, levels of care (primary, secondary and tertiary) and organizational structures highlighted as issues for integration. Activities worth noting: 1.) Department of QA/QI provides training and mentorship on QI principles to disease/population-based departments within MOH; 2.) Support development of guidelines with other departments e.g. WASH FIT and Port Health.

- **Cameroon** – Systematic mapping and engagement of stakeholders essential to ensure effective integration for countries starting the quality journey.

- **Sierra Leone** – Moving forward with integration through lens of IPC and MNCH (as part of QED network). IPC is currently under public health emergency directorate. Quality Manager is under RMNCAH Directorate. Leadership, joint planning, monitoring and organizational structures essential. Quality is a cross-cutting function of the health system and needs to be an anchor for all disease and population-based programmes.

- **Tanzania** – IPC and safety integrated within Quality Assurance unit. Developed assessment tools, including quality indicators which integrated aspects of emergency preparedness HIV/TB, RMNCAH. Challenges include integration with vertically-funded QI programmes.

- **Zanzibar** – Due to lack of an established quality unit/directorate, disease-/population-based programmes moving forward with individual activities. To mitigate this, developing QI strategy to outline "how and what for" monitoring of quality improvement activities across all areas. With the quality work in its infancy, there is a useful opportunity to align, building on efforts of MNCH (through QED Network).

ANNEX 3 - Workshop - List of Participants

	Ministries of Health	
1	Cameroon	**Dr Mahamat OUSMAN** Directeur de la Promotion de la Santé
2		**Dr Cyrille KAMGA SIMO** Directeur de l'Organisation des Soins et de la Technologie Sanitaire
3	Eswatini	**Mr Thabang MASANGANE** Quality Management Programme Officer
4		**Mr Tony MASEKO** Quality Management Systems Manager
5	Namibia	**Ms Francina TJITUKA** Head of Quality Assurance Unit/Nursing Services
6		**Mr Jeremia NGHIPUNDJWA** Director, Policy and Planning
7		**Dr Apollo BASENERO** Chief Medical Officer, NQPS Expert
8	Sierra Leone	**Ms Margaret Titty MANNAH** Quality Management Programme Manager
9	Tanzania	**Dr Talhiya YAHYA** Focal person for Quality Assurance
10		**Ms Subira Khatib** Focal person for Policy, Planning, and Research
11	Zambia	**Dr Rosemary Romakala MWANZA** Director Quality Improvement/Assurance
12		**Dr Jelita CHINYONGA** Director Performance Improvement
13	Zimbabwe	**Mr Stephen Banda** Director, Policy and Planning
14		**Mr Musiwarwo Chirume** Director, Quality Assurance and Improvement
15		**Mr Kufakwangu Zvarova Pomerai** Deputy Director, Quality Assurance

	World Health Organisation (Country Offices, Regional Office for Africa & Headquarters)	
16	Switzerland (HQ)	**Dr Shams SYED** Coordinator, Quality Systems and Resilience, Integrated Health Services Department, WHO HQ
17		**Ms Nana MENSAH ABRAMPAH** Technical Officer, Quality Systems and Resilience, Integrated Health Services Department, WHO HQ
18		**Ms Zandile ZIBWOWA** Consultant, Tackling Deadly Disease in Africa Programme (TDDAP), Quality Systems and Resilience, Integrated Health Services Department, WHO HQ
19	Congo (AFRO)	**Dr Niño Dal DAYANGHIRANG** Technical Officer for Service Delivery Quality and Safety (including Infection Prevention and Control)
20		**Dr Assumpta MURIITHI** Technical Officer, FRH
21		**Dr Nuhu Omeiza YAQUB, Jr.** Technical Officer, FRH
22	Burkino Faso (AFRO)	**Dr Mekdim AYANA** Medical Officer, SDS/HSS
23	Eswatini	**Dr Khosi MTHETHWA** HSS Officer
24	Namibia	**Dr Sirak HAILU BANTIEWALU** SRH/NCD/NTD/Malaria Officer
25	Nigeria	**Dr Sunny OKOROAFOR** NPO/HSS
26	Sierra Leone	**Dr Binyam Getachew HAILU** Medical Officer - Child Health
27	Tanzania	**Dr Nemes Joseph IRIYA** Medical Officer - FRH
28	Zambia	**Dr Sarai MALUMO** NPO/MPS
29		**Dr Darinka PERISIC** Health System Advisor
30	Zimbabwe	**Dr Stanley MIDZI** MPN/HSS
31	Zimbabwe (AFRO)	**Dr Gertrude AVORTRI** IST/ESA - Service Delivery Systems
32		**Ms Tricia Kumbirai MATARE** IST/ESA - Meeting Administrator

ANNEX 4 - Workshop Agenda

Tuesday 27th August 2019

Time	Session	Objectives
08:30– 09:00	Registration	
09:00 – 09:45	Welcome & Objectives	Allow for: • Opening by Master of Ceremony • Opening remarks by senior MOH official • Statement by WR Zimbabwe • Share objectives of the meeting • Allow for formal welcome and introductions of participants • Allow participants to share expectations as they introduce themselves
09:45 – 10:15	Overview of Global Quality Landscape	• Articulate journey on quality within UHC context • Highlight the importance of different settings *20-minute presentation, 10-minute Q&A*
10:15 – 10:45	Overview of quality landscape in the African Region	•Share journey on quality within UHC context in the African Region *20-minute presentation, 10-minute Q&A*
10:45– 11:00	**Break** *Group Photo Taken*	
11:00– 12:30	National Directions on quality - country presentations	Part I - Allow participants from countries to share their national directions on quality *15-minute presentation per country*
12:30– 13:00	Discussion	• Discuss presentations on national directions • Allow for audience to ask questions
13:00–14:00	Lunch	
14:00– 15:00	National Directions on quality - country presentations	Part II - Allow participants from countries to share their national directions on quality *15-minute presentation per country*
15:00-15:30	Discussion	• Discuss presentations on national directions • Allow for audience to ask questions
15:30–16:00	Break	
16:00–16:30	Technical Foundation of NQPS	• Provide a foundation for the WHO NQPS initiative • Examine associated tools and resources to support the NQPS process
16:30– 16:45	Discussion	• Discuss presentation on the WHO NQPS initiative • Allow for audience to ask questions
16:45– 17:15	Interlinkages - MNCH	Highlight ongoing work and linkages with the Network for Improving Quality of Care for Maternal, Newborn and Child Health
17:15– 17:45	Interlinkages - IPC	Highlight ongoing work and linkages with infection prevention and control
17:45– 18:15	Interlinkages - Patient Safety	• Highlight ongoing work and linkages with patient safety • Use ingredients from discussion to develop a one-pager on interlinkages
18:15 - 18:30	Discussion	• Explore interlinkages • Allow for audience to ask questions
18:30	Close	

Wednesday 28th August 2019

Time	Session	Objectives
08:30– 09:00	Recap of Day 1	Provide an overview of Day 1
09:00 – 10:30	The NQPS Handbook - 8 Elements	Examine 4 elements of the NQPS approach: • Alignment with national health priorities • Local definitions of quality • Stakeholder mapping and engagement • Situational analysis
10:30 – 11:00	Break	
11:00– 12:00	The NQPS Handbook - 8 Elements	Examine 2 elements of the NQPS approach: • Improvement methods and interventions • Governance and organisational structure
12:00-13:00	Lunch	
13:00– 14:30	The NQPS Handbook - 8 Elements	Examine 2 elements of the NQPS approach: • Health management information systems • Quality indicators and core measures
14.30– 15.00	Adapting quality approaches for specific settings	Explore how the approach to quality health services requires adaptation for settings of fragility, conflict and vulnerability
15:00– 15:30	Break	
15:30–17:00	Group work	Allow participants to examine selected elements as they relate to their country experience
17:00–18:00	Report-Back	Feedback from group work activities
18:00	Close	

Thursday 29th August 2019

Time	Session	Objectives
08:30– 09:00	Recap of Day 2	Provide an overview of Day 2
09:00 – 10:30	NQPS Integration	Allow for further exploration on integration between quality and other technical areas with a focus on MNCH, IPC and patient safety
10:30 – 11:00	Break	
11:00– 11:30	Country support & partners	• Discuss types of support to MOH on NQPS • Discuss role of partners and WHO in national directions on quality
11:30-12:00	Discussion	Allow for discussion on country support and partners
12:00– 13:00	Lunch	
13.00– 13.30	Introduction to country priority actions exercise	• Provide overview on operational planning and learning agenda • Provide overview of the country priority actions exercise
13:00– 15:30	Country priority actions	Allow country teams to develop priority actions on national directions on quality
15:30–16:00	Break	
16:00–18:00	Country priority actions	Allow country teams to develop priority actions on national directions on
18:00	Close	

Friday 30th August 2019

Time	Session	Objectives
08:30 – 09:00	Recap of Day 3	Provide an overview of Day 3
09:00 – 09:30	Gallery Walk	Afford participants an opportunity to examine mounted priority actions
09:30 – 10:30	Report-back - country priority actions	• Allow country teams to share highlights of their developed country priority actions • Answer any emerging questions
11:00 – 11:30	Emerging Technical Priorities	Allow participants to discuss and agree on way forward for emerging technical and operational issues
11:30 - 12:00	Taking it forward - Co-developing next steps	• Allow participants to provide reflections on NQPS process and the workshop • Jointly co-develop next steps for country impact
12:00 – 12:30	Next steps	Summary of next steps
12:30 – 13.00	Closing remarks	Selected dignitaries to provide closing remarks
13:00	Workshop Closes	

REFERENCES

1. Delivering quality health services: a global imperative for universal health coverage. World Health Organization, Organisation for Economic Co-operation and Development, the World Bank. Geneva: World Health Organization; 2018. Available from: http://apps.who.int/iris/bitstream/handle/10665/272465/9789241513906-eng.pdf?ua=1

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

3. Crossing the global quality chasm: improving health care worldwide. Washington, D.C.: The National Academies of Sciences, Engineering, Medicine; 2018. Available from: http://nationalacademies.org/hmd/Reports/2018/crossing-global-quality-chasm-improving-health-care-worldwide.aspx

4. Patient Safety. World Health Organization. Regional Office for Africa. Brazzaville: World Health Organization; 2017. Available from: https://www.afro.who.int/health-topics/patient-safety   Available from https://www.afro.who.int/sites/default/files/sessions/working_documents/AFR-RC58-8%20Patient%20safety%20in%20African%20health%20servicesl.pdf

5. Leave no one behind: Strengthening health systems for UHC and the SDGs in Africa. World Health Organization. Regional Office for Africa. Brazzaville: World Health Organization; 2017. Available from https://www.afro.who.int/publications/leave-no-one-behind-strengthening-health-systems-uhc-and-sdgs-africa

6. States of Fragility 2018. Organisation for Economic Co-operation and Development. Paris; 2018 Available from http://www.oecd.org/dac/conflict-fragility-resilience/listofstateoffragilityreports.htm

7. Development for Peace: The World Bank Group's work to tackle fragility, conflict and violence. World Bank; Washington, DC. Available from http://pubdocs.worldbank.org/en/154641492470432833/FCV-Main-04-041717.pdf

8. States of fragility 2015: meeting post-2015 ambitions. Organisation for Economic Co-operation and Development. Paris: Organisation for Economic Co-operation and Development, 2015. Available from: https://www.oecd.org/dac/states-of-fragility-2015-9789264227699-en.htm

9. Trends in maternal mortality: 1990 to 2013. Estimates by WHO, UNICEF, UNFPA, World Bank and United Nations Population Division. Geneva: World Health Organization, 2014. Available from https://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2013/en/

10. Levels and trends in child mortality report 2014: estimates developed by the UN Inter-agency Group for Child Mortality Estimation. UNICEF, WHO, World Bank, UN, UN; Inter-agency Group for Child Mortality Estimation New York: United Nations Children's Fund, 2014. Available from https://childmortality.org/wp-content/uploads/2014/10/Levels-and-Trends-in-Child-Mortality-Report-2014.pdf

11. WHO Global Learning Laboratory for Quality UHC . World Health Organization: Geneva; 2017. Available from https://www.who.int/servicedeliverysafety/areas/qhc/gll/en/

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