

HANDBOOK FOR NATIONAL QUALITY POLICY AND STRATEGY

**A practical approach for developing policy
and strategy to improve quality of care**



**World Health
Organization**

HANDBOOK FOR NATIONAL QUALITY POLICY AND STRATEGY

**A practical approach for developing policy and strategy
to improve quality of care**

Co-developed by the World Health Organization and countries
pursuing national quality initiatives



Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care
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FOREWORD

The Sustainable Development Goals place a clear emphasis on achieving universal health coverage, which means “ensuring that all people and communities 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”.

The WHO Framework on Integrated People-centred Health Services presents a vision for the future in which “all people have access to health services that are provided in a way that responds to their preferences, are coordinated around their needs and are safe, effective, timely, efficient and of an acceptable quality”. The proposed action within the WHO Framework places *a clear emphasis on policy levers to enhance quality*.

The development, refinement and execution of a national quality policy and strategy is a priority for countries as they strive to improve the performance of their health care systems. With the growing momentum towards universal health coverage, there is a corresponding awareness that improved access must be accompanied by focused efforts to improve the quality of health services to achieve the desired improvements in health outcomes.

Countries are seeking advice to inform their efforts on national quality policy and strategy. They are taking diverse approaches with multiple entry points for improving quality, and many are also looking to the subnational level as a focus for action. However, the objective remains the same: improvement in quality of health care as a pivotal entry point for health systems strengthening, and ultimately achieving enhanced population health.

In recognition of this critical need, the WHO initiative on national quality policy and strategy has four objectives: (a) to raise awareness, knowledge and skills concerning national quality policy and strategy in low- and middle-income countries; (b) to outline key processes for the planning, development and implementation of national quality policy and strategy; (c) to provide support to countries in this arena; and (d) to continue co-development and documentation of processes related to the development and implementation of national quality policies and strategies within a learning laboratory arrangement.

This document provides a foundation for this initiative, building on an existing body of work from WHO and others. It provides structure around the subject area, outlines some of the key issues for consideration and presents a starting point for the action that needs to follow. It will continue to be refined through a co-development process involving countries and technical partners, which will also yield a number of complementary resources. This handbook is one output of a larger initiative that seeks to respond to the needs of countries for strategic and practical counsel around national quality policies and strategies. The linkages with wider health policy and planning are central to this approach.

The audience for this foundation document is diverse. The primary audience is those responsible for leading the development and implementation of national quality policies and strategies. A much wider set of stakeholders who actively participate in the national process will benefit. Partners at the national, regional and global level that are involved in providing support in quality improvement efforts will also stand to benefit from the content provided.

Each country must pursue its own pathway to universal health coverage guided by multiple and complex considerations. A carefully designed national approach to quality can be a pivotal entry point for countries as they work to achieve better health outcomes.

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ABBREVIATIONS

GLL	Global Learning Laboratory for Quality Universal Health Coverage
HMIS	health management information system
MDG	Millennium Development Goal
NQPS	national quality policy and strategy
OECD	Organisation for Economic Co-operation and Development
SDG	Sustainable Development Goal
WASH	water, sanitation and hygiene
WHO	World Health Organization

The handbook at a glance

What is this document?

A handbook outlining the case for developing national policy and strategy on quality of health care, the process required to do so, and supporting tools

Who is it for?

Authorities developing national policies and strategies on quality, stakeholders involved in the process, and external partners supporting ministries of health

How should it be used?

As a structured approach to support development of national quality policy and strategy, to complement existing national expertise and external support

Universal health coverage means all people and communities 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. Many countries are making efforts to improve quality of care and institutionalize a culture of quality across their health system. These efforts can be strengthened through the development of **National Quality Policy and Strategy (NQPS)**.

This handbook provides an overview of eight key elements required to produce such policy and strategy documents, and is presented in three main sections: **policy, strategy and tools**.

Policy

The **policy** is based upon an agreed ambition with explicit statement of intention, and becomes the agreed “course of action”. This section describes how to develop a national quality policy, either as a stand-alone document or as part of wider national health policy.

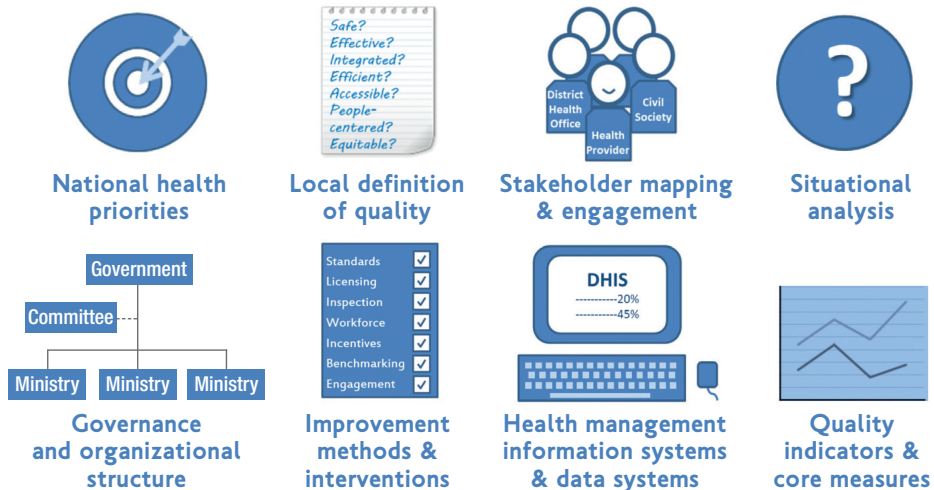
Strategy

The **strategy** provides a clear roadmap and outlines “how” the policy will come to fruition. Many aspects of the strategy process will take place simultaneously with policy development. This section outlines a structured, multistakeholder, data-driven process.

Tools

A number of further tools and resources can support the NQPS process. This section describes how to access and select such tools, and introduces an accompanying compendium of tools available on the WHO Global Learning Laboratory for Quality UHC.

The eight elements of NQPS



Operational planning

Strategy implementation can be outlined in a detailed operational plan, which defines key tasks, assigns responsibilities, identifies milestones, and considers practical aspects of implementation, such as funding.

Integrating technical programmes

Countries often have existing quality initiatives focused around specific technical areas (such as HIV or water, sanitation and hygiene) or population groups (such as mothers and children). Successfully integrating these efforts with overarching work on national quality necessitates careful planning.

INTRODUCTION

Section overview

- What is a national quality policy and strategy (NQPS)?
- Importance and integration of policy and strategy
- Making the case for quality
- Defining the concept of quality
- A culture of quality
- Quality across the health system
- NQPS within the context of universal health coverage and the SDGs
- How to use this resource

Each country is motivated to address the issue of health care quality for various reasons. These include a belief in and commitment to quality health care as a public good; growing awareness of gaps in safe, effective and person-centred care; a drive towards universal health coverage and the understanding that improvements in access without appropriate attention to quality will not lead to the desired population health outcomes; cost pressures and a push for greater efficiency and value for money across the health system; growing recognition of the need to align the performance of public and private health care delivery in fragmented and mixed health markets; an increasing understanding of the critical importance of trusted services for effective preparedness for outbreaks or other complex emergencies; and finally, expectations from the public, media and civil society with a growing public demand for transparency and accountability.

Though reasons for national efforts on quality may vary, countries will encounter common issues as they develop or refine their quality-related policies and strategies, and the basic tasks are similar.

While it is clear that the ability of countries to provide quality care will be affected by available resources, national efforts to improve quality of care must not be seen as solely the concern of high-income countries or as an issue only to be addressed when access has been expanded. Each domain of quality has clear relevance to any health care system, and while different countries may have the resources to address each to a different degree, there will almost always be a number of low-resource starting points for action. Indeed, as a focus on quality promotes more efficient, effective and integrated services that respond to population need, national efforts to improve quality of care can themselves help any health system to increase the value for money it provides.

What is a national quality policy and strategy?

A national quality policy and strategy (NQPS) 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 a country's health system, and needs to be linked closely with the wider national health policy and planning process. Responsibility for the development of such documents is commonly held by the ministry of health, working in close collaboration with a range of policy-makers and implementers.

Experiences from countries with national quality policies and strategies have highlighted the benefits of one coherent plan that provides guidance and direction on quality at all levels of the system. However, quality-related policies exist within the context of wider national governance arrangements. The NQPS can help clarify the linkages with national health – and non-health – policies, plans and priorities, highlight the importance of quality-focused processes in realizing overall health priorities, and define lines of accountability to work towards more people-centred health services.

Importance and integration of policy and strategy

Many countries choose to focus on a national quality strategy; however, there is benefit in also elaborating a national quality policy that secures political buy-in, helps drive the strategy and its implementation, and places national quality efforts within the wider policy environment. While there may be significant overlap in the development process and content, there is a clear distinction between the two: the *policy* is based upon an agreed ambition with explicit statement of intention and becomes the agreed “course of action”. It may make the case for action and outline broad priorities to be addressed. The *strategy* provides a clear roadmap and outlines “how” the policy will come to fruition, and may be refined during the longer term of the policy. The “quality strategy” is a bridge that helps a health system accelerate achievement of health goals and priorities, using quality management principles that incorporate quality planning, control and improvement. While this document outlines a process of simultaneous development of policy and strategy, country needs may drive a focus on either policy or strategy. Irrespective, it is important to consider both when making an informed decision.

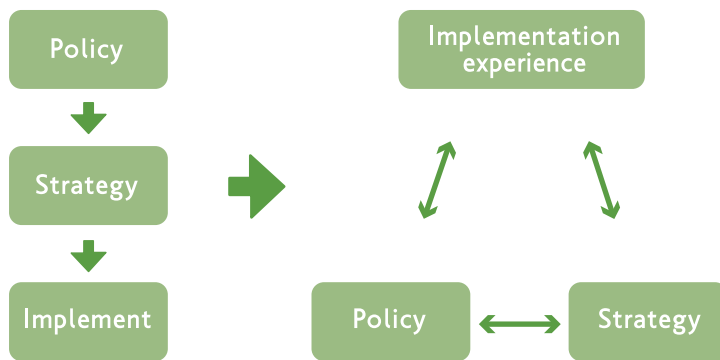
The policy and strategy should of course be thought of in an integrated manner: commonly just one document or, in some cases, complementary and co-dependent documents developed as part of a systemwide effort to improve quality of care. Indeed, it is entirely reasonable to also consider whether the most appropriate mechanism for development and publication of national quality policy, strategy, or both is as part of broader integrated national health planning. There are benefits and disadvantages of both approaches. For example, while integration of quality efforts within national health policy and strategy may bring benefits such as increased political buy-in, integrated implementation efforts, and opportunity for systemwide consideration of quality, stand-alone documents may allow for greater detail, higher profile of quality, and use of different planning and implementation timescales. Whichever approach is used, care should be taken to ensure development of the NQPS is aligned with broader national health planning, whether by fully integrating the development and publication processes or simply aligning the goals, priorities and actions and cross-referencing documents.

Policy and strategy may have a particular focus on health care services that are publicly funded or provided, though consideration should be given to how they can impact the full health care system. Working across the full continuum of care, the national direction on quality needs to also include the private sector, including faith-based organizations, and there may be key roles for cross-sectoral organizations such as professional bodies, local governments and academia.

Box 1. Policy and strategy informed by implementation

Traditionally, policy, strategy and implementation are thought of as a linear process. However, moving to a triangular process (see Figure 1) where implementation experience drives policy and strategy development can build a sense of ownership among those implementing and ensure products are grounded in the realities of service delivery and patient and community experience. In practice, implementation-informed policy and strategy development requires sustained and meaningful engagement with stakeholders across the health system throughout the process, recognizing there need not be an inherent dichotomy between “top-down” and “bottom-up” approaches to improve quality.

Figure 1. Shift from linear models to implementation-informed policy and strategy development



Making the case for quality

The process of developing and implementing national policy and strategy on quality of care can itself be a key mechanism for advocating improvements in quality of care, as it can engage and secure buy-in from key stakeholders (notably at national government level), bring the issue to public and professional prominence, and provide an opportunity to demonstrate the value to the health system of such initiatives. However, even to arrive at the point of securing adequate support to start developing national policies and strategies may require intensive efforts. In a resource-constrained environment with competing health priorities, advocacy for a focus on a particular issue can be challenging. Initial steps to lay the groundwork for a national effort on quality may include:

- identifying and engaging key decision-makers and policy influencers;
- demonstrating potential for impact, for example through evidence, or sharing of case examples from other countries;
- involvement of external advocates such as technical agencies and academia;
- building support among health care staff and the public, for example through engagement of media, small-scale capacity-building in quality improvement, promoting sharing of learning and generation of evidence, and mobilization of civil society;
- securing seed funding for initial efforts to enhance quality, for example from donor agencies or professional bodies, to allow momentum to be built and encourage domestic investment;
- seeking opportunities to influence broader health system planning to incorporate a focus on quality, for example during development of national health strategic plans or national health budgeting.

It is also important to recognize that most countries will have existing relevant initiatives that can be built upon, and which may help to catalyse a broader initiative on NQPS. Examples of common entry points include existing technical programmes such as HIV or maternal and child health, external evaluation programmes such as accreditation, and subnational or facility-level quality improvement initiatives.

Defining the concept of quality

To date, there is no single universally accepted definition of “quality”, though there is a commonly shared understanding of basic concepts and defining dimensions (1). Within the global health community, the definition below from the United States Institute of Medicine has been widely used. It establishes the basic goal of positively impacting health outcomes at both the individual and population levels, and emphasizes the central importance of evidence and professional knowledge. By the definition, quality is:

The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge (2).

In addition, the Institute of Medicine lays out six general dimensions, or aims, of quality by stating that care should be safe, effective, patient-centred, timely, efficient, and equitable. This set of dimensions or attributes has also been adopted and adapted in countries outside the United States of America (2). In 2006, the World Health Organization (WHO) similarly defined the basic concepts of quality in stating that care should be effective, efficient, accessible, acceptable, patient-centred, equitable, and safe. Significantly, this definition introduced the dimension of “accessible” as a broader aim than just “timely” (1). Over the last decade the Organisation for Economic Co-operation and Development (OECD) has chosen to highlight three dimensions of quality – effectiveness, safety and patient-centredness – thus bringing domains together. This more concise conceptualization has also influenced thinking in a number of countries (3). More recently, the WHO Framework on Integrated People-centred Health Services has described “high quality care” as “care that is safe, effective, people-centred, timely, efficient, equitable and integrated”. And of course, access to health services underpins all quality efforts, especially in the era of universal health coverage and the drive for equitable population coverage and financial protection. Notably, patient safety has long been seen as an entry point for efforts to improve quality of care, and safe care can be seen as a barometer of the success of basic systems to improve quality.

Box 2 summarises a selection of the main components of definitions of quality health care.

Box 2. Defining quality health care

Quality health care can be defined in many ways but there is growing acknowledgement that quality health services across the world should be:

- **Effective:** providing evidence-based health care services to those who need them.
- **Safe:** avoiding harm to people for whom the care is intended.
- **People-centred:** providing care that responds to individual preferences, needs and values.

In addition, in order to realize the benefits of quality health care, health services must be:

- **Timely:** reducing waiting times and sometimes harmful delays for both those who receive and those who give care.
- **Equitable:** providing care that does not vary in quality on account of age, sex, gender, race, ethnicity, geographical location, religion, socioeconomic status, linguistic or political affiliation.
- **Integrated:** providing care that is coordinated across levels and providers and makes available the full range of health services throughout the life course.
- **Efficient:** maximizing the benefit of available resources and avoiding waste.

Although there is significant convergence now on what the essential dimensions of quality are within the health sector, each country will probably have its own local understanding or definition of quality. The process of defining quality through stakeholder engagement and consensus building is crucial in establishing a shared intention and understanding for the national approach to quality. Recognizing the importance of contextualizing quality is critical, as it will help to further guide the focus and creation of a quality policy and accompanying strategy that responds to local needs.

A culture of quality

When planning a national effort to improve quality of care, it is useful to consider the importance of developing and institutionalizing a “culture of quality” in organizations and across the health system as a means to sustainable and meaningful change. There is no single definition of what a culture of quality entails, but it has been described as “an organization which creates a working environment which is open and participative, where ideas and good practices are shared, where education and research are valued and where blame is used exceptionally” (4). It is generally understood to mean that, at all levels of a health system, there is an inherent and explicit recognition of the value of efforts to improve the quality of care provided, and such efforts are systematically promoted within an enabling environment that encourages engagement, dialogue, openness and accountability. Some of the features of a health system with an embedded culture of quality are outlined in Box 3. However, culture within organizations and health systems is set and maintained by a complex set of factors, including prevailing wider cultural norms, community expectations, health system leadership, health system structures and networks, and the medico-legal environment. Understandably, effecting change within such cultures may therefore be a slow and challenging process, and may be opposed by those threatened by cultural change. There is a key role for political and health system leadership in defining and promoting a culture of quality, refining the legal environment, and leading by example to embed the required values throughout the system. Stakeholder engagement and situational analysis, as described in more detail in Parts I and II, can be used to help understand the current culture within the system and identify barriers and facilitators for cultural change. Indeed, the whole process of developing and implementing an NQPS can support broader cultural change across the health system, providing an explicit statement of the desired culture and a set of actions that can aid its institutionalization.

Box 3. Culture of quality: key features

- Leadership for quality at all levels
- Openness and transparency
- Emphasis on teamwork
- Accountability at all levels
- Learning embedded in system
- Active feedback loops for improvement
- Meaningful staff, service user and community engagement
- Empowering individuals while recognizing complex systems
- Alignment of professional and organizational values
- Fostering pride in care
- Valuing compassionate care
- Coherence of quality efforts with service organization and planning

When discussing the intended culture to be supported by the NQPS, it may be worth considering the desired balance between a “no blame” and a “just” culture (5, 6). A “no blame” culture recognizes that errors inevitably occur within a health care system, often due to multiple factors and system failures, and that a response that seeks only to blame the well intentioned will not adequately address system deficiencies. In order to continually identify and address system errors, a “just” culture attempts to promote a safe environment for quality improvement by encouraging identification and correction of systemic failures while still acknowledging personal accountability (7). Personal accountability may be seen to discourage careless or deficient practice, but may also encourage clinicians to practice defensively or fail to report mistakes. These concepts are of course not mutually exclusive; instead, policy-makers should be aware of the impact that differences in culture can have on quality of care across a health system.

There are also important considerations for policy and strategy development around how the culture of teams responsible for implementation across the health system can impact its success. Delivering reforms to health care provision that are inclusive, equitable, and promote a culture of improvement requires that clinical and managerial teams responsible for implementation reflect these principles in their own approach and values.

Health care systems exist to serve the population, so it is critical that people are at the heart of efforts to institutionalize a culture of quality. Such a culture must embrace and enable meaningful engagement of the communities served by the system, and the system must be fit for purpose to perform this engagement. For example, involving patients, families and communities in the planning, management, delivery and evaluation of health services helps ensure that priorities reflect what matters to them, and introduces a new level of accountability for quality care. Hence, investment in the structures and skills required for engagement can be a powerful means to set and institutionalize a culture of quality within a health system.

Quality across the health system

While quality of care is predominantly expressed at the level of the interaction between the provider and receiver, it takes place within a much broader, complex health system, and this context should be considered by those planning national efforts to improve quality of care. The WHO health system building blocks (8) are often used by countries to examine the interface of national quality efforts with different parts of the health system within their specific context. This can help to ensure that some of the basic structures and processes that will underpin the policy and strategy are in place, and that their influence on delivery of quality care is accounted for.

For example, *service delivery* in many countries may still be based on traditional hierarchical provider–patient relationships. Reorienting care around the needs, preferences and engagement of the people served by health providers can be a powerful step to institutionalize quality of care. High turnover of the *health workforce* may provide a challenge to maintenance of institutional quality structures and knowledge, and may itself result from working environments that are not conducive to quality care. Adherence to evidence-based quality standards requires reliable *access to essential medicines and commodities*; endeavours to enhance quality of service provision thus require examination of supply chains and quality of medicines. Applying a quality lens to *health financing reforms* can help ensure that in expanding access to services other domains of quality, such as equity and efficiency of service provision, are not compromised. *Leadership and governance* is critical to the success of NQPS. To avoid such efforts becoming a vertical, stand-alone initiative, strong support for quality is required among existing health system leadership at all levels, which may be aided by building quality improvement capacity among leaders themselves. Alignment between quality policy and strategy and wider health governance is – as stated previously – of paramount importance.

Box 4. Water, sanitation and hygiene: a critical foundation for quality across health systems

Multiple cross-cutting entry points require careful attention when linking quality to health systems. For example, water, sanitation and hygiene (WASH) in health care facilities is a fundamental aspect of strong, resilient health systems. This is especially true in low- and middle-income settings where WASH is often lacking and even absent. As a key component of safe and quality services, WASH improves not only health outcomes and the experience of care, but also staff morale and the efficiency of services. Improving WASH services can immediately address inequity, as such services are often lacking in the facilities serving the most vulnerable communities. For example, in Liberia, WASH in health care facilities is a key component of the national post-Ebola health systems strengthening and quality efforts, involving mentoring, supportive supervision, and monitoring alongside infrastructure improvements. This is critically linked to the core components of infection prevention and control, which are also being implemented in Liberia. Both WASH and infection prevention and control are required to ensure patient and health worker safety, and where their provision is insufficient, community trust in services is likely to be damaged. Given the fundamental role of these key health service capabilities in provision of safe, quality care, assessing and addressing them in the context of national directions on quality is an important step.

NQPS within the context of universal health coverage and the SDGs

The adoption of the Sustainable Development Goals (SDGs) (9) and the focus on universal health coverage (10, 11) provide a critical entry point for the activation of NQPS in low- and middle-income countries. SDG 3 – “ensure healthy lives and promote well-being for all at all ages” – will drive action at the local and global levels (9) Within this goal, target 3.8 highlights the importance of quality essential health care services. How this is achieved is of course complex, requiring multiple considerations and inputs. However, one important success factor is a governance structure for quality with clearly articulated policies and strategies.

Progress towards universal health coverage can be driven by a move towards integrated people-centred health services that can respond effectively to the emerging and varied health challenges of the 21st century. A WHO framework on the subject was approved by all Member States at the World Health Assembly in 2016 (12, 13). One of the five strategic directions provides specific focus on the need to strengthen governance and accountability (12, 13). As part of this strategic direction, there needs to be a strong emphasis on the development of policies and strategies that enhance quality of service delivery at the point of care. This requires careful consideration of how national direction and structure can help support subnational and local services that populations engage with to meet their health care needs.

Within the context of achieving the SDGs, the global universal health coverage movement is resulting in many countries considering not only their financial and provider payment structures but also their quality structures as a means of improving health outcomes while also reducing waste and redundancy, thus promoting more efficient use of effective services to meet health sector priorities (14). Indeed, among all countries, but particularly those facing significant resource limitations, there is an urgent need to develop processes and structures for quality that can best utilize the resources available and continuously seek to evaluate and improve upon practices and services provided.

Universal health coverage:
Ensuring that all people and communities 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 (10)

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 (9).



Handbook for national quality policy and strategy

This document aims to support the development of NQPS. In particular, it supports the efforts of countries to design, implement, refine and sustain their strategic approach to quality health service delivery. This handbook is not an extensive manual of all actions required to implement a national initiative on quality, but describes the elementary steps to develop NQPS as a foundation. A number of further resources on quality of care are available from WHO and other organizations.

Who should use this resource?

This handbook is designed to support governments and policy-makers (at the national, state, and provincial levels) who are considering whether and how to develop an NQPS or are currently in the process of developing one. It may also be helpful for technical advisers, donors and other stakeholders supporting governments in areas related to NQPS.

NQPS handbook: coloured sections
Part I. Policy development
Part II. Strategy development
Part III. Tools and resources

While much of this handbook has been designed to support development of NQPS in low- and middle-income countries, which may face particular challenges to improving quality of care, the processes outlined are relevant to any national or subnational authority preparing or reviewing their national efforts on quality of care.

How to use this resource

This handbook and accompanying compendium of tools provides direction on both the development process and content of national quality policies and strategies, and will facilitate development or refinement of these policies and strategies by policy-makers and practitioners who best know their unique country complexities. Users should see this document as a resource to help inform and structure quality policies and strategies responsive to the specific country needs while building on the guidance from existing literature, lessons from the field and expert consultation. The handbook is not a prescriptive guide, but rather a structured approach that helps ensure that development and implementation are as comprehensive as possible. To help users identify and access information that they may require, the handbook is divided into three colour-coordinated parts, as follows.

- Part I focuses on quality policy development.
- Part II focuses on linked processes of strategy development.
- Part III describes how to access and use supplementary tools to support the NQPS process.

There is significant overlap between the processes outlined in parts I and II of the handbook. This is to allow for the fact that not all users of the handbook will be developing both policy and strategy. It is suggested that these sections are read together, so an appropriate process specific to the needs of the user can be developed.

Accompanying this handbook is a supplementary document entitled *Compendium of tools for national quality policy and strategy*, which presents a number of tools developed to support the NQPS process.

How was this resource developed?

The content of this handbook has been developed based on work supporting countries in the development and execution of NQPS, as well as a review of a sampling of over 20 existing quality strategies across low-, middle-, and high-income countries globally. As this field continues to evolve and grow, there will be an increasing need to further refine this document and to build on the cross-country exchange of knowledge and best practices. The work will continue to be informed by partnering with individual countries, WHO regions, and expert partners.

NQPS initiative

This handbook and compendium of tools forms one part of a wider WHO-led effort to support development of national policies and strategies on quality of care. Recognizing that countries are at different stages in the process of developing and implementing national initiatives to improve quality of care, the NQPS initiative focuses on three main activities, as outlined in the following paragraphs.

1. Co-development of technical resources

This activity encompasses the handbook, compendium, and associated tools and resources to support development of national policies and strategies on quality of care. There is a focus on true co-development, recognizing the significant experience and expertise injected into resource development by country authorities that have planned, developed and implemented national quality policies and strategies. It is intended that the need for further resources will continue to be assessed, and that existing tools and resources will be continually refined based on the experience and needs of country authorities using them.

2. Catalysing national action through technical cooperation

To supplement the information provided in the written resources, WHO is coordinating focused technical support to countries at different stages of the policy and strategy development process. This support aims to build in-country capacity for effective development, implementation and monitoring of national quality policies and strategies, as well as allowing future resource development to be informed by country engagement.

3. Learning agenda

A number of academic and technical organizations around the world are engaged in supporting national quality initiatives. The NQPS initiative aims to engage with these efforts to ensure maximum effectiveness and promote shared learning. NQPS is a key focus of a related WHO initiative, the Global Learning Laboratory (GLL) for Quality Universal Health Coverage. The GLL 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 universal health coverage. The focus is accelerated global learning informed by local action in recognition of the importance of connecting people to facilitate dynamic, multidirectional sharing of knowledge and practice. A focused community on NQPS within the GLL has been created to link up experiences, facilitate knowledge sharing between countries and provide tools and resources to support NQPS. An overview of the GLL is available at <http://www.who.int/service-delivery-safety/areas/qhc/gll/en/>.

PART I
POLICY DEVELOPMENT

Section overview: Part I. Policy development

Development of a national quality policy:

- National health goals and priorities
- Local definition of quality
- Stakeholder mapping and engagement
- Situational analysis: state of quality
- Governance and organizational structure for quality
- Improvement methods and interventions
- Health management information systems and data systems
- Quality indicators and core measures

This section focuses on important aspects of the policy development process, with steps to consider when drafting a national quality policy. The factors influencing each country in their policy development process and content will vary widely; thus this section focuses on commonalities. Subsequent sections will further discuss how this policy should be implemented through a more defined strategy and operational plan.

How the national quality policy is developed, written and ratified should be decided by each country (or subnational authority) in accordance with their respective governmental structures and taking into consideration their unique context and population needs.

In some countries enabling legislation will be needed, for example to establish new governmental or parastatal bodies or to establish new forms of mandatory action (for example, registration and licensing of health professionals) or to define new forms of regulation (provider licensing or accreditation). This may trigger the need for an explicit national quality policy document.

In other situations, the implementation of a national quality policy or strategy may be part of the routine five-year health sector plan or an internal ministry of health policy document. In this instance, it would be important to engage early with the department and individuals responsible for this broader national health planning to design a process that incorporates the necessary aspects for quality policy.

There are a number of different approaches, but the most common forms would be one or a combination of the following:

- quality policy and strategy as part of the formal long-term health sector national policies and plans;
- a quality policy document developed as a stand-alone national document, usually within a multistakeholder process and often led or supported by the ministry of health;
- a national quality strategy with a detailed action agenda, including a section on essential policy issues;
- a national quality statement drawing on existing relevant policies and national health documents;
- a constitution or terms of reference for the responsible ministry of health department or national quality body, outlining agreed policy direction;
- enabling legislation or regulatory statute to support the national efforts to improve quality of health care.

Each of the above options for national quality policy requires similar development processes to ensure policy is responsive to local needs, achievable, and well governed.

To take forward policy development, it is important to define and understand the organizational structures of the process. As noted earlier, the ultimate responsibility for such policies usually falls under the ministry of health, but this should be tailored to each country's ultimate designated governing body. The ministry of health may, however, delegate or establish a task force or committee to author the policy with relevant stakeholder contributions and review. There will probably be a need for relevant consultations to help with technical aspects of policy development on a wide range of issues. Consultation and vetting of the policy development through the help of experts looking critically at the document will be important not only to inform its development, but also to anticipate and help correct its weaknesses and flaws. This is an important process in the development of the policy, and it is recommended that it should undergo various rounds of review before a final version is drafted.

These policies will deal with multiple health-related fields and disciplines, each of which may already have existing policies, legislation or technical documents (such as standards) that address certain factors within the quality policy domain. Thoroughly examining and integrating the existing policies, standards and laws where possible may help in the drafting process and may even strengthen other programmes through this process. Existing and relevant policies may be diverse, including, for example, standards in specific technical programmes (maternal and child health, HIV, tuberculosis, etc.) or regulations for health care facilities and requirements for professional licensing. Further discussion of how to integrate technical programmes is presented at the end of Part II of this document. Co-developing a national policy allows national health authorities to identify and maximize quality synergies in systems with limited capacity. Further, the policy-making process can be strengthened by ensuring a strong focus on implementation through involvement of those directly involved in health service delivery in a wide range of technical areas, including those with a focus on certain diseases or population groups.

Once the policy has undergone both internal and external expert review in several iterations, it should undergo the formal ratification or approval process customary in the respective country to become an official policy. Steps can be taken proactively to ensure the political support required to enable the completed policy to be ratified. This policy, and the responsible structures outlined within it, should then have the authority to meet the intended goals and guide the development of strategy. However, as mentioned previously, development of both national quality policy and strategy often occur concurrently in an integrated process. Part II will discuss functional tasks to consider when developing a strategy for enacting the policy.

DEVELOPMENT OF A NATIONAL QUALITY POLICY

The following eight elements can be considered important in developing a national quality policy. These elements will also be reflected in the final policy document itself. This material is based on expert input, field experience and the background analysis conducted for the foundation of the NQPS project, including interviews and review of a sample of national policy and strategy documents examined to identify the common content areas and topics. Attention to these eight elements within the national quality policy also serves as the foundation for developing a national quality strategy, described in detail in Part II, on strategy development.

1. National health goals and priorities

Most countries have national health goals and priorities (see Box 5) that help to direct resources to meet the most pressing demands of the population. Where these goals or priorities exist, the national quality policy should aim to align the quality agenda accordingly. It should also be understood that the development of goals and priorities for the quality policy – for example, the traditional focus on maternal and child health – does not mean that other areas not explicitly included are unimportant, but that the selected areas are of pressing concern within the national context. There should be a clear and continuous process to address additional priority areas and goals as necessary to meet the changing needs of the population.

Box 5. Goals and priorities

There is a distinction between goals and priorities, although they are at times used interchangeably.

Goals are usually more general aspirations or targets that set the course for future activities. They should be clear and meet a particular need, and should also be time bound, with a means to assess progress and achievement. In the case of international goals, such as the SDGs and the previous Millennium Development Goals (MDGs), countries may ratify these but add specific country context and ambition. While there are no limits to the number of goals or aims that should be included in the document, most countries generally include a maximum of five goals across a specified period of time.

Priorities help direct attention more specifically to a number of critical areas. These areas are usually identified through national health data (for example, on burden of disease), sentinel events, or national research, and may be long-term or emerging priorities (for example, based on anticipated or changing population, health threats, or political and economic environment). National health priorities can be widely defined to include priority clinical conditions (for example, multidrug resistant tuberculosis, cardiovascular disease), populations (for example, women and children, slum dwellers or migrant populations), or targeted geographical regions (for example, rural areas or border regions).

Usually, these goals and priorities are defined by the ministry of health, through the contributions of various technical experts and stakeholders throughout the health sector.

When reflecting on what the goals and priorities should be, it is important to consider the needs of the people alongside the capacity of the health system to deliver. This requires a careful balance of need versus resourcing, which becomes a topic for debate when trying to improve quality while also striving for expanded access to care. If the goals and priorities try to tackle too much without being counterbalanced with the resources needed to meet those demands, the policy is set for failure. Conversely, if the goals and priorities are not expansive enough to meet the needs of the people, the benefit of such a policy may not be evident and can lead to stakeholder disappointment, or even mistrust. Therefore, it is important to have a balanced approach to focusing on the priorities and goals that both meet the specified needs of the population and acknowledge the realistic capacity of the system to deliver. It is, however, critical to focus on the long term in developing policy; sufficient capacity may not currently exist but it may be possible to reduce the gap through effective policy-making and structured efforts to seek further priority resources and technical support. The accompanying compendium contains a tool to shape thinking on goals and priorities that can help in framing the policy.

Box 6. Health security and quality: closely linked priorities

Major public health crises, such as outbreaks of highly infectious disease like Ebola virus, are an increasing national health priority for many low- and middle-income countries. While emergency response might prioritize access to services over quality, if those services are not trusted and utilized by communities, are not equipped to safely and effectively manage cases, do not provide adequate protection to their health workers, and cannot maintain routine care during surges of demand, then resources will be inefficiently used and emergency response will be jeopardized. Aligning quality efforts with existing priorities such as health security may help secure political capital and financial resources, bolstering both agendas.

Summary: national health goals and priorities	
Actions for the policy development team	Content of the policy document
<ul style="list-style-type: none"> Identify existing national health sector goals and priorities Develop and align goals and priorities for quality policy, including review of existing data where applicable 	<ul style="list-style-type: none"> Outline of identified goals and priorities Explicit reference to existing national health policy and strategic plans

2. Local definition of quality

Numerous definitions of quality can be found in the global literature. In development of the national quality policy, it is critical to state the definition of quality that will underpin the national approach in order to ensure a shared understanding and language that is acceptable to local country context. Furthermore, the exercise of developing a local definition of quality in itself is useful to the policy-making process as it can open a dialogue about the reach and importance of quality, elicit what is important to stakeholders and how interventions might be targeted to meet local priorities, and prompt policy-makers to learn more about the meaning of quality and its implications.

As highlighted earlier, there are a number of widely used definitions of quality. However, these definitions may leave a fair amount of interpretation open for defining what quality looks like from national, subnational and facility levels. Table 1 offers a structured approach for helping to tailor a definition that meets the contextual needs and aligns with national goals and priorities.

Table 1. Framing the dimensions of quality	
Questions that help to frame the dimensions of quality to local needs, in the context of national goals and priorities	
Effective	Is care appropriate for the health needs of the population and consistent with knowledge and evidence for achieving the best possible health outcomes?
Safe	Does the delivery of health services utilize the safest means possible and reduce avoidable harm?
People-centred	Is the experience of care positive through the eyes of patients and families? Is there a sense of trust among communities in the quality of care available? Do patients, families and communities feel empowered as partners in designing and refining the delivery of health services?
Timely	Are waiting times for treatment acceptable to the population and sufficiently short to avoid unnecessary harm?
Equitable	Are there barriers to or disparities in factors related to age, sex, gender, race, ethnicity, geographical location, religion, socioeconomic status, linguistic or political affiliation?
Integrated	Are there gaps in patient care between clinical settings? Do components across the health sector communicate to maintain seamless transition of patient care?
Efficient	Are resources allocated and used in the best possible manner to achieve outcomes?

Policy drafters can utilize Table 1 as a check to stimulate thinking on these dimensions for incorporation in the policy document. While countries are encouraged to consider how each of these dimensions can be reflected in the policy and strategy, they may choose to focus on a subset, or to introduce locally agreed dimensions. Indeed, countries are encouraged not to default to use of existing global definitions on quality, but to instead be informed by these and craft a local definition that is owned and championed by their constituents. When available, additional consultation and mutual agreement on the proposed definition should be sought from a multidisciplinary group that may include providers, academics, quality experts, health service managers, community advocates and regulators. Although this definition will provide an essential starting point, throughout the quality journey of a particular country the accepted definition may be revised according to country progress and needs.

Summary: local definition of quality	
Actions for the policy development team	Content of the policy document
<ul style="list-style-type: none"> • Identify previously developed or published local definitions of quality and consider content from the introduction section of this handbook • Develop locally owned definition to support development and implementation of the policy and strategy • Consider stakeholder consultation to refine or co-develop definition 	<ul style="list-style-type: none"> • Statement of local definition • Reference to original source of local definition or brief description of process of development

3. Stakeholder mapping and engagement

Quality of care is a product of the wider health system. By including key stakeholders in the policy development, the comprehensive nature of the factors that influence quality of health services can best be addressed. Indeed, a wide range of stakeholders needs to contribute to the policy development.

Given that health care in most countries is viewed as a public good and a right of the people, governments are expected to ensure adequate funding, resourcing and provision of a basic level of services. The government is in many respects the architect of the policy but should be guided and informed by those involved in the management and provision of health services.

Careful stakeholder mapping and analysis can ensure the right people are contributing, facilitate effective engagement, and account for the impact of stakeholder power and relationships.

Engaging with both public and private sectors is necessary to cover all populations and to stimulate the necessary change in “quality culture” across the health sector. Just as important is the contribution of communities and people who are receiving services – especially vulnerable and marginalized populations and patient groups. The ministry of health will also have to engage across other government ministries, national bodies, local authorities and development partners.

A direct benefit of including a wide range of stakeholders is to better tailor the policy to the various users and beneficiaries of the policy, as well as harnessing buy-in. The global health community should be considered in how they are to be engaged and coordinated, particularly in sharing cross-country lessons and providing specific technical assistance. Box 7 lists some potential stakeholders that could be targeted for consultation and for co-development of the policy. Each country will need to carefully consider and select the stakeholders needed to author its respective policy. This list is not comprehensive, but provides some general considerations. The headings and categories within the list may differ by country.

Box 7. Illustrative list of potential stakeholders (note: non-exhaustive list)

<p>Government health organizations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ministry of health <input type="checkbox"/> Health professional council <input type="checkbox"/> Provincial health offices <input type="checkbox"/> District offices and hospitals <input type="checkbox"/> National data/informatics specialists <p>Health service organizations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Public sector health services <input type="checkbox"/> Faith-based health services <input type="checkbox"/> Private sector health services <input type="checkbox"/> Traditional and complementary health services <p>Professional bodies</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health care professional councils <input type="checkbox"/> Specialty societies <input type="checkbox"/> Medical academies 	<p>Line ministries</p> <ul style="list-style-type: none"> <input type="checkbox"/> Finance <input type="checkbox"/> Social affairs <input type="checkbox"/> Education <p>Cooperating partners</p> <ul style="list-style-type: none"> <input type="checkbox"/> Insurance entities <input type="checkbox"/> Financial support <input type="checkbox"/> Communications/media support <p>Civil society</p> <ul style="list-style-type: none"> <input type="checkbox"/> Advocates <input type="checkbox"/> Health promoters <input type="checkbox"/> Delivery programmes and services <p>Communities</p> <ul style="list-style-type: none"> <input type="checkbox"/> Advocates/outreach <input type="checkbox"/> Patient societies
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Source: Adapted from stakeholder mapping tool used in development of Ghana quality strategy.

Once a diverse team has been assembled, clear roles need to be defined for lead architects and the core team as well as for others who will support the creation of the policy. The team will collectively have to identify and address important issues and actions focused on strengthening the quality of care being delivered by the health system. These roles and responsibilities are described below in Box 8. Of further note is the critical importance of embedded community engagement approaches that cut across many of the roles and responsibilities described for specific stakeholders.

Summary: stakeholder mapping and engagement

Actions for the policy development team	Content of the policy document
<ul style="list-style-type: none"> • Identify relevant stakeholders • Map stakeholder roles and plan stakeholder involvement in policy development process 	<ul style="list-style-type: none"> • Brief outline of stakeholder engagement process • Acknowledgement of contribution of stakeholders

4. Situational analysis: state of quality

The situational analysis, which should be country owned and led but may be supplemented by inclusion of outside experts, is further described in Part II. Its importance as part of the policy document is to establish the current “state of quality” in the nation, encompassing relevant priorities, challenges and problems, related programmes and policies, organizational capabilities and capacity, leadership and governance, and related resources. This will serve to define the gaps identified between population needs and the capacity to reliably deliver quality health services. The linkages with national efforts to move towards universal health coverage may be particularly important to describe within this situational analysis.

It is helpful to describe both a nation’s historical quality journey and its current state of quality – including strengths and weaknesses. Historical information can date as far back as necessary. For example, one such country document outlined a timeline starting in the 1980s in order to provide an overview of the initial structure of the health system and how it has evolved over the years.

When considering the historical perspective, it may be useful to identify not only whether there have been previous national efforts to improve quality, but to examine why these have succeeded or failed, and whether there can be any lessons taken from other policy initiatives across the health sector. Where the situational analysis identifies ongoing quality-related initiatives and structures, it may be possible to refine or build on these in the context of the new policy.

The situational analysis provides information from multiple data sources – interviews, focus groups, review of relevant documents and analyses of secondary data – to describe the current landscape and clearly identify the performance gaps between what is actual and what is achievable. This step will be key to grounding the policy to address the real challenges that exist at the front line, and to identifying what actions could have the most impact. Knowledge, behaviours, beliefs and attitudes about quality will all be important to understand as the policy and strategy are being developed. The situational analysis also allows careful consideration of key focus areas within quality efforts; for example, some countries have utilized patient safety as an entry point to stimulate national action on quality of care, while others might emphasize effectiveness and people-centredness. Existing technical programmes (for example, disease-specific initiatives or those focused on specific populations such as mothers and newborns) may also provide rich experience and resources that can catalyse a broader national effort and inform systemwide quality of care efforts.

Situational analysis can also reveal important intelligence about how best the policy-making process can be navigated, for example by eliciting why previous health policies have succeeded or failed and what current contextual factors may affect success. Tools to support this situational analysis process are described in the accompanying compendium.

Summary: situational analysis	
Actions for the policy development team	Content of the policy document
<ul style="list-style-type: none"> • Plan situational analysis process • Collect relevant data from multiple sources on state of quality, contextual factors, and historical quality journey • Multistakeholder analysis of findings to translate into priorities and strategy 	<ul style="list-style-type: none"> • Description of methods of situational analysis • Summary of comprehensive findings • Identification of key findings • Statement of priorities and targeted areas of interventions and action

5. Governance and organizational structure for quality

Governance, leadership and technical capacity across the health system are all necessary factors for improving quality and should be discussed explicitly. It is important to understand where and how policy will be developed, enacted, implemented and monitored among existing or newly proposed structures, and how this will be affected by the wider political environment. As an initial step, it may be helpful to identify the key authorities, organizations and individuals that will be involved in establishment and implementation of quality policy and strategy at the national level and at subnational and local levels. The governing body or structures will differ from country to country. Early on in the process of developing policy, it is helpful to understand how the policy will progress from the conceptual stage to being fully endorsed and enacted. To begin with, it should be decided what form the policy will take, as discussed earlier in this document. Once that has been determined, the policy development team must identify which individuals or groups should be involved, clarify which people and organizations need to approve the policy, the process through which the policy is officially adopted, and how the policy will interface with existing health system policy and legislation.

Box 8 identifies some of the common roles and responsibilities. In a growing number of countries, some form of unit or department with responsibility for quality efforts is in place. This department may or may not have the power to enforce certain policies, but may bear the responsibility to assess and make revisions to the approach or address matters related to gaps identified in quality care. It is important to ensure that policies clearly define the organizational structure, roles and responsibilities of these departments to fully utilize the capacity of the group, and recognize where responsibilities can be shared across the health sector. The role of community engagement and empowerment is a further critical consideration within the context of governance and accountability; for example, it should be determined how patients, health care staff and wider communities can be meaningfully involved in development, implementation and monitoring of the policy and strategy.

Box 8. Health care quality: roles and responsibilities of selected stakeholders

Clear description of roles and responsibilities is essential to delineate expectations and hold various stakeholders accountable. The policy can help define these roles and responsibilities. Some examples include:

Ministry of health

Provide leadership and direction of national efforts

Quality department or directorate (usually within ministry of health)

Support development and implementation of national policy and strategy

National coordination committee

Monitor and evaluate progress, identify gaps in quality, and coordinate and align inputs of multiple stakeholders to policy and strategy

Subnational quality committee / management teams (regional and district)

Monitor and evaluate regional- or district-level progress and address quality issues

Professional bodies

Assist and support training, professional education and setting standards

Insurance entity

Fund and monitor incentive programmes and integrate measures for quality improvement in payment mechanisms

Institutional boards

Review institutional quality improvement programmes and initiatives and engage community in improving service delivery

Health facility teams

Carry out quality care practices and standards, and report the relevant health data for continuous quality improvement

Existing disease-specific or population programmes – for example HIV or maternal and child health – may also have well established governance structures. As part of the policy development process, it is useful to map the structures of programmes with particular relevance to ensure alignment.

It is of critical importance that consideration be given to the levers available to ensure the policy is implemented as intended. This requires identification and development of structures for accountability and enforcement. This can be a complex endeavour, as the degree to which a policy is successfully implemented relies not only on specific measures but also on the culture within the system, how well the policy is received, and the relationships between key stakeholders. At the heart of successful policy implementation are empowered stakeholders across the system, who should be enthusiastic partners with an interest in the success of the policy. In some circumstances, there may be a case for mandatory adherence to standards, with

remedial action or sanctions for any violation or failure to comply. Various forms of sanctions may affect licensing, accreditation or funding, and there may be recourse to legal mechanisms, including fines or other action through the legal systems. However, the need for, and use of, such mechanisms should be carefully considered within the context of creating a policy environment suitable to the particular circumstances of each country. Proposed governance mechanisms should be agreed upon by all stakeholders, and delegated as necessary to the appropriate responsible agencies. Each country, in consultation with their respective professional bodies, can identify the best mechanisms for policy enforcement.

The subsequent strategy development discussed in Part II will help to address the question of governance for quality through a systematic approach.

Summary: governance and organizational structure for quality	
Actions for the policy development team	Content of the policy document
<ul style="list-style-type: none"> • Map existing structures for governance across the health system • Identify mechanisms for policy enactment and enforcement • Decide upon governance structure for both policy development and wider quality efforts 	<ul style="list-style-type: none"> • Outline of proposed governance structure for national quality efforts, including requirements to implement this • Description of existing and proposed levers for policy enforcement (e.g. legislation, licensing systems)

6. Improvement methods and interventions

This section outlines the set of improvement concepts and principles to be considered to achieve the overall goals of the policy. It is often helpful additionally to state assumptions around these improvement interventions as well as the resources required and risk mitigation strategies to be put in place. A short list of actions commonly considered by governments in establishing the national policy and the accompanying strategy is presented in Box 9. These are common elements for implementing successful systemwide quality efforts. They include strong leadership with the ability to set priorities relevant to the needs of the people and foster an environment conducive to addressing those needs. The ability to assess and regulate the delivery of established standards of care is also important, and may encompass both professional and institutional licensure and inspection and external evaluation of providers. While external evaluation programmes such as accreditation are often early entry points for national improvement efforts, the evidence for their impact on quality is variable; it is important to recognize that these approaches should be embedded within a broader structured effort encompassing the required governance structures and a suite of effective interventions that is appropriate for the local context.

Box 9. Basic elements essential for systemwide quality

- Leadership to set priorities and shape environment for quality
- Establishment of standards and targets
- Professional and institutional licensure
- Inspection and external evaluation
- Workforce development and retention
- Incentive mechanisms (financial and non-financial)
- Measurement, benchmarking and feedback
- Large-scale improvement initiatives by target population, clinical condition, etc.
- Patient, family and community engagement (including participation, education, choice and feedback)
- Transparency with public performance reporting

The well known Donabedian model (15) describes three parameters for evaluating quality of care: structure, process and outcome. This can be a useful approach in the policy planning process to conceptualize the wide range of potential improvement methods and interventions and to ensure that the policy considers key determinants of quality. Structure relates to the setting within which care is delivered, for example the health facility and the human and financial resources underpinning it; process relates to the provision of care itself, including all aspects of the transaction between receivers and providers of care; and outcome is the measurable effect on health status, which may be affected by a wide range of factors. Those developing national policy on quality of care should consider how it can incorporate interventions addressing both structure and process, and how the policy will ultimately affect health outcomes.

Training and engagement of the workforce may present an opportunity to overcome limitations in capacity. Incentive mechanisms can be used to influence behaviour towards quality processes, but this will also have to be incorporated into more sustainable norms of practice. In places where certain practices and interventions have led to improved quality care, these efforts should be reviewed to assess their potential for scale-up within the country. In this regard, it is important that the evidence generation and learning agenda is promoted as an essential support mechanism for selecting and refining interventions. An important requirement for achieving both scale-up and sustainability is the intentional engagement of people (patients, families and communities). This empowerment will require education and awareness of the importance for both providers and the general public of these concepts, principles and skills. As part of this engagement, the public should be empowered to access and understand performance reporting to hold the health system accountable, and to facilitate the demand for change. An approach to thinking through selection and implementation of discrete quality-related interventions is discussed in Part II on strategy development.

Summary: improvement methods and interventions

Actions for the policy development team	Content of the policy document
<ul style="list-style-type: none"> • Discuss and select broad priority intervention areas 	<ul style="list-style-type: none"> • Outline of broad intervention areas to be addressed by policy and strategy • Discussion of justification, assumptions, resources required and risk mitigation strategies

7. Health management information systems and data systems

Improving quality relies on the presence of clear and accurate performance data. With the development of a national quality policy, there will inevitably be a necessary emphasis on the systems required for measurement and reporting, including the feedback loop in place to stimulate and measure improvement. There are at least five integrated data and analysis capabilities needed to support a comprehensive national quality programme:

- a national hierarchical data collection and reporting system;
- department of health/ministry of health executive information system and quality database;
- clinical decision support and patient recording systems at the front line;
- quality monitoring and feedback systems to assess individual performance against standards or targets and comparative benchmarking data;
- public and comparative reporting for transparency and accountability.

Clearly, countries will be at different stages in development of these capacities. The policy document will provide an outline assessment of the current status of capacity and the intended course of action to build the capabilities required, including how improvements in data capacity should be prioritized. Key items to be provided include a description of existing possible data sources; identification of data gaps; and actions required to develop the necessary data infrastructure to deliver better quality and to monitor and report on performance. A clear policy direction on the need for quality efforts to be integrated with health management and information systems is critical, given the tendency for quality initiatives to run parallel to routine systems in many cases.

Summary: health management information systems and data systems	
Actions for the policy development team	Content of the policy document
<ul style="list-style-type: none"> • Map existing data sources and capabilities • Identify gaps in current health information systems related to quality • Propose directions to optimize health information systems for quality • Identify existing health sector policy and plans related to data systems and health information 	<ul style="list-style-type: none"> • Brief overview of available health information and data systems • Outline of proposed health information and data systems to support national quality efforts • Explicit reference to integration of quality efforts with health management and information systems

8. Quality indicators and core measures

A comprehensive policy will include the aims for routine quality monitoring and feedback of health service providers and managers, as well as the aggregation of data and overall evaluation of what progress is being made against the national goals for priority areas. This requires the identification of a core set of quality indicators with the necessary policies and processes to support multiple purposes, such as feedback to providers; transparency to the public; benchmarking to understand comparative performance and unjustified variations in quality; analysis of cost-effectiveness; and assessment of the effectiveness of discrete quality interventions and the overall national approach to quality.

Quality measures are critically important in judging whether quality improvement activities are effective or not. Without measurement, it is impossible to know whether improvement actions are actually producing better quality of care and leading to any significant change in health

outcomes. Quality measurement – through the use of standardized indicators – allows health care providers and policy-makers to assess progress across all levels of health care: national, regional, local, facility and individual. This level of information can also support better reporting to the general public to improve transparency and trust, even when results may fall short of targets. Further detail on the process of developing a comprehensive framework for quality measurement is provided in Part II on strategy development.

Summary: quality indicators and core measures	
Actions for the policy development team	Content of the policy document
<ul style="list-style-type: none">• Appraise relevant indicators already collected and reported by the health sector• Set policy direction on the development of the core indicator set (see parts II and III)	<ul style="list-style-type: none">• Presentation of indicators and justification for selection• Overview of how indicators will be used

PART II

STRATEGY DEVELOPMENT

Section overview: Part II. Strategy development

- **Development of national quality strategy**
 - National health goals and priorities
 - Local definition of quality
 - Stakeholder mapping and engagement
 - Situational analysis: state of quality
 - Governance and organizational structure for quality
 - Improvement methods and interventions
 - Health management information systems and data systems
 - Quality indicators and core measures
- **Developing an operational plan for implementation**
- **Integrating technical programmes with national quality policy and strategy**

As previously described, national quality policy and strategy may often be developed simultaneously as part of a national quality programme, and may exist in one integrated document. Further to this, while the strategy outlines the process by which the policy is enacted, a more detailed operational plan is often required. Such a plan outlines the practical aspects of execution of priority actions, including roles, responsibilities and timelines. Further detail is provided at the end of Part II.

This section will review some practical components to consider when moving policy into action through the development of a quality strategy. The suggested process and content of the final document mirrors closely the policy development process, and is based on the same eight elements. In addition, development of a national strategy facilitates integration of existing programmes and initiatives within a coherent national quality framework; this may include existing technical programmes (such as those on HIV or maternal and child health). Further detail on how to approach integration is provided at the end of Part II.

The strategy should provide a timeframe for the various activities to be launched, with enough time for logistics and support to be put in place to support those initiatives. This will probably include allocating resources, reorganizing agencies or reorienting personnel, broad awareness building and communication, and associated training and workforce development. As mentioned, the strategy may include an operational plan that provides a detailed roadmap for pertinent intermediate steps. Often, in early implementation, some level of organizational change among stakeholders, including the responsible ministry or agency, will be required to comply with policy regulations, and there may also be a need for technical assistance to help stakeholders define the processes that are required logistically for compliance. External consultancy agencies may be sought, or a task force or committee may be established in the interim, prior to the policy taking full effect, to help facilitate the required changes.

“The objective of this National Strategy is to articulate multiple interventions that have been developed during the past fifteen years, into a single group of coherent actions that lead towards a strengthened and common aim for all health care institutions in this country, public and private, into a new era of quality improvement for the health of the Mexican people through the convergence of all towards an effective universal health coverage.”

National Quality Strategy of Mexico, 2016

The process of enacting policies may expose unforeseen challenges that necessitate amendments to the strategy – although a vetting and consulting period during the development of the strategy should mitigate much of this. Therefore, in the operational plan there should be consideration of how to monitor and troubleshoot early challenges during the implementation phase of a strategy, for example through formal process evaluation or governance measures such as strategy oversight committees. This should be well documented and there should be a channel to feed that information back to the appropriate overseeing agency or individual for prompt attention and correction.

DEVELOPMENT OF A NATIONAL QUALITY STRATEGY

Despite the many ways countries differ, review of current knowledge and practices has identified similarities from country to country on how to design and operationalize strategies for national quality improvement efforts. Eight elements in the process are outlined here; *these are the same eight elements outlined in the policy process in Part I, and many may be performed simultaneously where appropriate*. At other times, national quality policy can drive the development of a quality strategy. These elements are described below to help facilitate strategy development, although not all countries will pass through every element, or in the same order.

1. National health goals and priorities

A “quality strategy” is a bridge that helps a health system accelerate the achievement of its health goals and priorities, using quality concepts and evidence-based methods and principles that incorporate quality planning, control and improvement. A crucial first step is understanding the country’s existing national health goals and priorities, identifying potential gaps, and proposing any new goals and priorities that should be included in the national quality strategy. The purpose of this exercise is to identify and prioritize national health goals and priorities so that the quality strategy is fully aligned rather than being developed separately in parallel. The quality policy and strategy – and their implementation – should be across the health system, avoiding the risk of creating a vertical quality programme. Linking the strategy to existing goals and priorities also helps the process of buy-in across various stakeholder groups towards the development of a national quality strategy.

Existing goals and priorities will inevitably differ among countries, and will be expressed in different formats and levels of detail. While many national health goals and priorities may be explicitly relevant to quality of care provided by health services, a number may have indirect contributions, for example focusing on determinants of health, prevention of risk, and expansion of access to services. Where the existing goals have a clear focus on quality of care, it is helpful to directly draw on these during formation of the strategy; where a quality focus is lacking, it may be necessary to propose and advocate setting of new goals and priorities in national health planning.

The national quality strategy may follow the content and structure outlined in an existing policy document, such as a five-year national health plan, and may specify additional relevant health goals with targeted achievement dates. Goals that link to broader global health initiatives (such as the SDGs) or goals linked to major in-country donor programmes may also be included. Sometimes a national health goal may be specifically linked to a sentinel event or public outcry for greater quality in the health care system, for example reduction of maternal mortality or reduction of health care-associated infections. It may be a useful exercise to explore in greater detail the existing national goals and priorities, assessing how they came to be prioritized, what implications they might have for health service provision, and the logical case for how national quality efforts might help to achieve them. While it is always possible to specify new goals and priorities for the national quality strategy, demonstrating clear alignment with previously stated goals can help build political support and ensure integration of quality efforts within wider health system strengthening. Health system budgeting may also be linked to existing national

health goals and priorities; it is important to clarify this linkage and assess the implications for funding of the national quality strategy.

Setting priorities may be accomplished by various methods, often starting with analysis of the disease burden and avoidable morbidity and mortality. The rationale for this method is to provide a common language that can be well understood and supported by various audiences. However, countries are increasingly moving away from looking at just the disease burden to more proactively defining priorities in terms of population health and well-being. Principles such as more equitable access and universal health coverage may also be statements of priority that shape the quality strategy.

The development of priorities and goals for the national quality strategy can be done in a straightforward and transparent manner, taking account of the following.

- National goals and priorities will be drawn from the principal national health plan documents and policies.
- Additional goals and priorities may emerge from other areas, including the situational analysis, global SDGs and donor programmes.
- If the list of goals and priorities exceeds what can reasonably be included in a national quality strategy (that is, numbering more than can be realistically monitored and translated into actionable activities within available resources and timeframe), two pathways can be followed: reduce the list of priorities by applying explicit criteria, or divide the list of priorities into short and long term.
- Once a list is established, feedback should be sought from diverse stakeholders before finalization.
- Timelines and criteria for future review and revision should be made explicit.

Box 10. Variations in national quality strategies

Variations do not only occur in the structure of national quality strategies – but also in the emphasis placed on certain areas identified as priorities by countries. This underscores the importance of understanding quality gaps that require attention within strategies.

Ethiopia

The ultimate aim of the National Health Care Quality Strategy is to consistently ensure and improve the outcomes of clinical care, patient safety, and patient-centredness, while increasing access and equity for all segments of the Ethiopian population, by 2020.

Namibia

The quality strategy in Namibia aims to provide a framework for implementation of quality management initiatives at all levels of health service delivery through four strategic objectives: (a) improve quality management systems and accountability; (b) ensure client-centred care and empowerment of consumers; (c) improve patient and health worker safety; and (d) improve clinical practice.

Goals of national quality strategies may relate to specific dimensions of quality that are priority areas for that country, though many will touch on all or a number of quality dimensions. Selection of goals may also be influenced by current or recent major public health events, for example outbreaks of infectious disease or mass migration, which can impact health service capacity and priorities. Indeed, during the implementation phase of a strategy, such events might prompt revision of goals; this can help align the strategy with emerging critical needs, and should again be done in consultation with key stakeholders.

The statement of goals might focus on desired and specific high-level health and health care outcomes, such as “reducing avoidable mortality by x% over five years”. The means by which the

high-level goal will be reached can be stated, for example through pursuing universal health coverage or addressing health worker shortages. Another type of goal statement might focus on improvement in specific dimensions of quality, such as effectiveness, safety or people-centredness.

Advocacy efforts may be required to embed goals and priorities related to quality across the health system and ensure they are reflected in national health planning and budgeting as well as in the dedicated strategy.

Summary: national health goals and priorities

Actions for the strategy development team	Content of the strategy document
<ul style="list-style-type: none"> • Identify existing sources of published or expressed national health goals and priorities • Appraise existing goals for relevance to quality strategy • Consider, as part of situational analysis and strategy planning process, the need for additional goals and priorities • Develop a statement of goals and priorities for the national quality strategy 	<ul style="list-style-type: none"> • Statement of national goals and priorities for quality of care • Reference sources of existing national health goals and priorities

2. Local definition of quality

It is important to ensure that the strategy reflects the quality definition adopted to anchor activities and processes. These definitions provide the context in which the strategy will function and be evaluated. Although this should already be established in preceding policy, if it does not exist, then it should be strongly considered early in the process of strategy development. Development of a local definition can be an early task for the team developing the strategy and can also be a useful exercise for engagement of key stakeholders in debate about what the local priorities should be (Box 11). Further information on defining and contextualizing quality is found in the equivalent section on local definition of quality in Part I of this handbook, and in the introductory section.

Box 11. Case study: defining quality in Sudan

“Providing the best possible patient-centred care using available resources and evidence-based practice.”

Definition of quality, Sudan Quality Strategy, 2017

In 2016, Sudan began the process of developing a national quality strategy, and invited a wide range of stakeholders to offer input to the strategic planning. Drawing on stakeholder inputs, the strategy development team drafted a local definition setting out what quality would mean in the context of this renewed national effort to improve services. The team selected a definition that is succinct and easily meaningful to a range of stakeholders from politicians to health professionals. It reflects not only the need for effective patient-centred care, but also the imperative to use limited resources wisely.

Summary: local definition of quality	
Actions for the strategy development team	Content of the strategy document
<ul style="list-style-type: none"> • Identify existing quality definitions from national health publications or previous quality efforts and consider content from the introduction section of this handbook • As part of strategy planning or stakeholder engagement process, refine and decide upon suitable local definition to guide strategy process. This may have already been done if national quality policy is already developed 	<ul style="list-style-type: none"> • Explicit quality definition, and how this will be reflected in the actions set out in the strategy

3. Stakeholder mapping and engagement

For the quality strategy to be successful, meaningful stakeholder collaboration and engagement is crucial across the design, implementation and evaluation phases. While the development of the strategy may be driven from a particular lead organization, often a unit or directorate within the ministry of health, it is important to work with a broad set of key stakeholders from across the health care system at the federal, state, community and local levels. Structured engagement will help to build shared understanding as well as mutual ambition and commitment; this can help to identify the resources and assets available to support strategy development and implementation. Engagement for policy and strategy can be performed as part of the same process. Though particular stakeholder groups may vary by country, in general, they consist of at least the following:

- government: ministries (health and related non-health, such as finance), quasi-governmental arms-length bodies and key elected officials;
- regulators and other external evaluators and standard-setting bodies;
- public and private insurance entities and authorities;
- professional societies;
- providers (community, primary, secondary and tertiary care, traditional medicine providers, public and private sectors);
- civil society organizations, large faith-based organizations, patient groups and patients;
- nongovernmental organizations and community-based organizations;
- payers, funders and donors.

In many countries, small-scale (and in some instances large-scale) quality improvement efforts will already be taking place in health facilities and community providers across the health system, sometimes supported by external technical agencies. This front-line expertise in quality improvement is likely to have yielded useful experience on what works locally, and this should be captured within the stakeholder engagement process.

Conducting stakeholder mapping or a stakeholder analysis can identify which organizations or individuals might be drivers, catalysts or blockers in relation to a national quality strategy. When deciding which stakeholder groups to actively include, a set of questions can clarify who should be “at the table” to understand the current state of quality, identify salient issues and gaps, and formulate strategy for advancement. Essential questions to consider when identifying key stakeholders include the following.

- Who is responsible for quality at each level of the health care system?
- Who or what influences quality at each level of the health care system?
- What are the critical levers or drivers to achieve better health outcomes and who drives these?

- What groups will be champions and what groups will be detractors of a national quality strategy?
- What are the key organizations responsible for delivering services across the health system?
- Which organizations or individuals support the ministry of health in developing strategic plans?

These questions help clarify the key actors that should be involved, in what role – such as developer, reviewer, expert consultant or implementer – and at what stages of the process.

Table 2 provides some examples of how stakeholders can be identified and the specific tasks that they can either support or lead.

Table 2. Stakeholders and related tasks	
Stakeholder	Task(s)
Ministry of health	<ul style="list-style-type: none"> • Lead author • Lead directorate for NQPS
Other relevant government ministries (such as finance, social affairs, education)	<ul style="list-style-type: none"> • Provide strategic input to strategy development process • Identify related policy issues, finance requirements and legal instruments • Integrate actions with initiatives from other sectors (for example medical training)
Health professional councils and specialty societies	<ul style="list-style-type: none"> • Identify improvement interventions • Technical support for situational analysis and external evaluation
National health insurance agency	<ul style="list-style-type: none"> • Review the payment implications • Integrate incentives for improvement
Provincial, regional, district health management teams	<ul style="list-style-type: none"> • Engage health facilities and integrate management and quality functions • Disseminate action items and technical support for implementation • Monitor and evaluate progress of quality initiatives through effective management processes
Faith-based, private, and traditional health providers	<ul style="list-style-type: none"> • Engage the network of faith-based organizations • Disseminate action items and technical support for implementation • Support the district health management team in monitoring and evaluation of progress of quality initiatives
Public sector health providers and hospitals	<ul style="list-style-type: none"> • Full engagement in situational analysis • Provide technical guidance and expertise towards improved clinical practices
Nongovernmental organizations and development partners	<ul style="list-style-type: none"> • Provide technical support on strategic planning and implementation of quality interventions based on the quality strategy
Civil society organizations, community stakeholders	<ul style="list-style-type: none"> • Contribute to situational analysis • Review strategy development process to ensure it is appropriate and meaningful to the public and patients • Contribute to selection of meaningful local indicators

How: a process for engaging stakeholders

Feedback from the stakeholder groups throughout the process is required to ensure alignment across the health care system. A variety of approaches exist around stakeholder engagement; the most common methods involve stakeholder interviews, meetings, working group development, and soliciting feedback. As a first step, interviews with key stakeholders can help gather input, such as local quality definitions, perceptions and objective data regarding the current state of quality, what an “ideal” state of quality looks like, existing gaps, and ideas on closing these gaps.

As the team progresses, groups of stakeholders may be convened to test, refine and finalize various elements of the national quality strategy. The development of specific working groups may also be helpful; for example, people with clinical and measurement expertise could develop a proposed set of quality indicators to be brought to a wider group of stakeholders for review and ratification.

Development of national quality strategy often tends to use a top-down approach designed and planned by the government and launched across the health system; it is, however, crucial to involve and engage the front line, utilizing a bottom-up approach, to inform development of the overall strategy in light of the strengths and challenges that exist, and to help direct resources. This is important due to the chasm that often exists between front-line realities and high-level strategic planning. Given the intimate knowledge of practitioners and managers, their input is critical.

Implementation-informed strategy requires connecting with providers at the point of care directly, or through their professional associations or societies, and ensuring that the strategy is meaningful and comprehensible to front-line providers. It is their behaviour that will determine the success or failure of the strategy, so securing early buy-in from those providing care can be crucial. However, even with sufficient buy-in, health care providers must be resourced with an enabling environment conducive to the required behaviour change for improvements in care. Stakeholder engagement can help elicit the supporting structures required for such an environment, and the challenges to be overcome in its creation.

Box 12. Community and patient engagement: the Ugandan experience

Uganda has a long history of national efforts to improve quality of care, having first embarked on a quality improvement programme in the mid-1990s. Throughout these initiatives, patient and community engagement has been increasingly recognized as an essential component. Uganda has established health unit management committees to give community members meaningful input to facility management and oversight of performance, introduced a patient charter outlining the rights of service users, and in the most recent national quality strategy involved civil society and health consumer representation in the task force coordinating development and implementation.

Of vital importance is the community and patient perspective, which may be captured from site visits to facilities and engaging in public meetings to capture the voices of patients, families and communities in the process of strategy development (Box 12). Community and patient representatives can also be involved directly in both the policy and strategy development processes and the subsequent implementation and governance arrangements, helping to ensure that efforts are grounded in “what matters” to the people ultimately using the services. However, this process requires careful planning to ensure communities are appropriately engaged and empowered. For example, challenges such as linguistic barriers or low health literacy may have to be overcome to allow effective dialogue during the process. Health services need to be reoriented towards patient needs and preferences, and this can only be achieved through meaningful engagement. Community and patient engagement, while adding a further resource

requirement to programmes to improve quality of care, allows the community to be used as a key asset in situational analysis, development of appropriate interventions, governance and accountability, and evaluation of success. These perspectives and engagements will empower people, and provide a layer of accountability at the community level.

Summary: stakeholder mapping and engagement	
Actions for the strategy development team	Content of the strategy document
<ul style="list-style-type: none"> • Identify key stakeholders from across the health system • Map stakeholder roles and influence on the strategy development • In a collaborative process, assign responsibility to selected stakeholders for input to relevant aspects of the quality strategy • Plan for active engagement of stakeholders to maximize useful input and minimize barriers to strategy development and implementation • Schedule multistakeholder meetings as required for strategy development (may include writing groups, situational analysis processes, a steering group, and a validation meeting) 	<ul style="list-style-type: none"> • Outline of stakeholder engagement process with acknowledgement of stakeholder input • Outline of key stakeholder roles for suggested actions within strategy

4. Situational analysis: state of quality

In most cases, the first phase of developing the NQPS includes a well structured and thorough situational analysis of the state of quality in the health care system at the national, state or provincial, local, institutional and community levels. This situational analysis will build a better understanding of the current state of quality, the existing strengths of the health care system to leverage quality improvement, the anticipated barriers and facilitators for the strategy development process, the major challenges and pressing priorities facing the health system, and the current status of important contextual factors such as infrastructure, capacity and political climate. It can be used to guide the approach taken by the team developing and implementing the strategy, and may also be shared with other key stakeholders to facilitate their engagement.

Conducting a full situational analysis will probably take several months and combine a number of important activities, including convening stakeholders, holding briefings, desk research of a wide variety of documents (described below), conducting individual interviews and focus groups for information gathering, and writing up summary reports. This range of activities should draw on perspectives and expertise from the national level right down to health care providers on the front line of service delivery. Inclusion of a wide variety of stakeholders, as outlined in the previous section on stakeholder mapping and engagement, is essential for understanding the collective attitudes, experience and aspirations that will be foundational to future efforts.

The comprehensive situational analysis will include a review of historical and current information as well as the collection and collation of new data. The following generic information is likely to be important and useful.

- **Review of all relevant documents.** These will include the national health policy and five-year national health plan, which will provide vital information on country priorities, resources and context. The national quality strategy should be fully aligned with and supportive of existing national policies and plans.
- **Review of quality-related legislation, regulation and statutes.** This will provide information about licensing requirements, medication quality and safety control, and inspection of facilities.
- **Quality-related government and public sector documents.** Examples include professional training materials, protocols and guidelines relevant to health care quality. Relevant documents will reside in such settings as the ministry of health or the national health insurance entity and will include information as varied as environmental and medical waste management requirements or patient rights charters.
- **Performance data about quality from the health care system.** Sources will include hospitals, primary care facilities, and outpatient centres and clinics, from which can be obtained routinely collected health management information system (HMIS) data as well as special-purpose data sets. These data will allow for a detailed understanding of the actual performance across the health system in such areas as access, effectiveness, safety, efficiency, equity and patient-centredness.
- **Technical and vertical programme reports.** These will provide useful quality-related data on the appropriateness of processes and health outcomes of specific populations.
- **Mapping of available resources to support national quality efforts.** Relevant resources can be obtained from domestic budgets, local implementation partners, external agencies, and aligned technical programmes.
- **State of quality survey** (described below).

While collection and analysis of such a wide range of data might be challenging in some contexts, the process does not always need to be lengthy and resource intensive. In countries where resources for such exercises are limited, it may be possible to use as a starting point existing analyses that have been done for other health system planning needs, for example to inform development of a national health strategic plan. Aspects of the situational analysis can also be combined with other elements of the national quality process, for example using stakeholder engagement processes to collect important data. Support for the situational analysis may be available from other agencies active in quality of care, for example national professional bodies or external technical agencies. The more comprehensive an analysis that can be done, the more the strategy will benefit, but the important point here is that the strategy should be grounded as far as possible in the identified needs of the country and the assets available to tackle these. Even with few resources, such an approach is possible.

A number of tools to support this process are outlined in the compendium of tools accompanying this handbook.

A questionnaire to conduct semi-structured interviews or elicit written responses can provide important background information, including stakeholder experience, and supplement the information gleaned from the data sources and analyses described above. Through this data collection activity – which will be based on individual and small group interviews (or in some cases written responses) – the team can better understand the attitudes and perspectives of stakeholders based on their experience. The four basic content areas, and their rationale, of the survey on the current state of quality are as follows.

- **National quality context.** To ground the national quality strategy, it is helpful to know the related history, events and initiatives that led to its formation. This consists of understanding what has already been done around quality planning, control and assurance, and improvement, including in relevant disease- or population-specific programmes. Depending on how centralized

or fragmented the country's health system is, these initiatives may be coming from a range of different places, for example the private sector, donor funding or local initiatives, and will be influenced by a host of political, economic, demographic and other factors.

- **Policy and planning.** Health care quality in all countries is driven by policy and enacted through some kind of structured planning functions. For example, national priorities are explicitly identified and then determine macro-level resource allocation, affecting clinical delivery of services at the local level. In parallel form, national standard setting can highly influence the appropriateness of clinical decision-making and the safety of the institutions where people seek care.
- **Regulation, governance and oversight.** This is a descriptive analysis of how the formal and informal functions related to leadership, governance and oversight influence quality. It is important to conduct this assessment across all levels of the health system, including national, state or provincial, local, institutional and community levels, ensuring that both the public and private sectors are included. The main elements to consider are the structures and accountabilities for quality, while carefully identifying the strengths and weaknesses of legislative, policy and regulatory factors.
- **Existing quality measurement and improvement activities.** It is important to take stock of current quality-related initiatives taking place across the country at national, state or provincial, local, institutional and community levels. This analysis can lead to an insightful assessment of present capacity and competencies, while identifying “shining lights” as well as gaps.

Summary: situational analysis	
Actions for the strategy development team	Content of the strategy document
<ul style="list-style-type: none"> • Select and develop tools for situational analysis process • Identify key stakeholders to be engaged • Collect data on existing activities, health system planning, governance and oversight, contextual factors, and the historical quality journey • In a multistakeholder process, analyse the data to inform selection of priorities, clarification of governance and structures, development of interventions, and practical plans for monitoring and evaluation 	<ul style="list-style-type: none"> • Summary of situational analysis process • Headline situational analysis findings

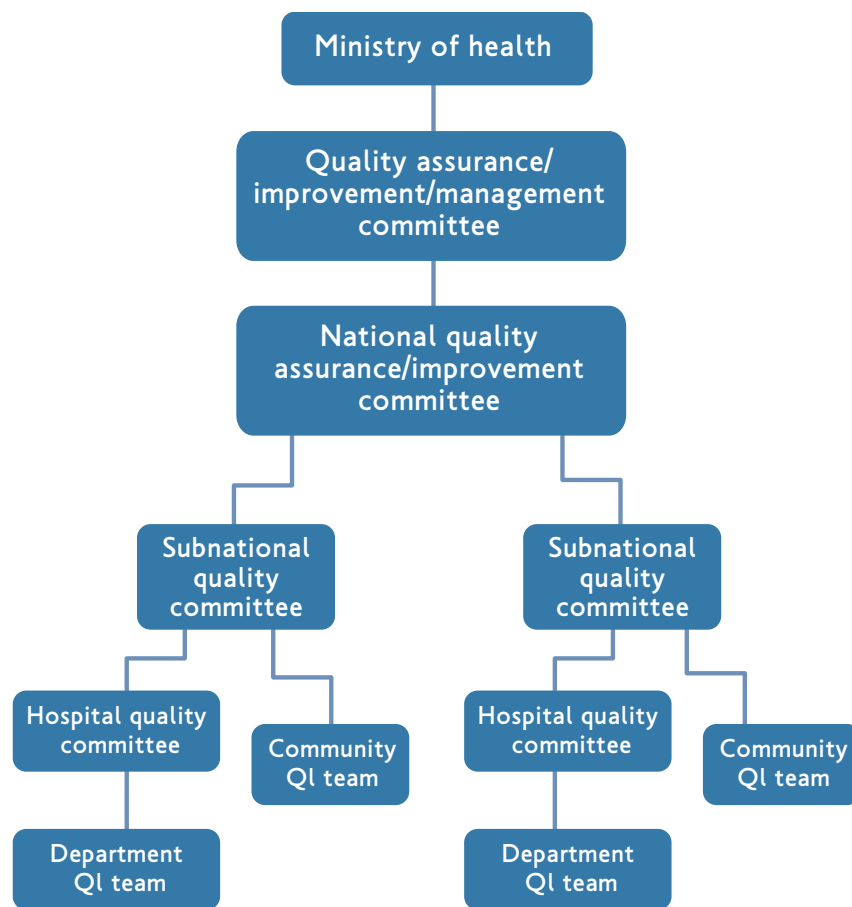
5. Governance and organizational structure for quality

There are two governance structures that must be considered. The first will be a governance structure that will create, establish and enforce the national policy direction on quality. The second will be the governance and organizational structure that bears the responsibility of fulfilling the strategy and ensuring its intended purpose. Part I discusses the former, but this section will focus more on the latter.

Those who took part in the drafting of the strategy usually have tactical roles in catalysing its implementation. This requires defining clear roles and responsibilities of key named individuals and organizations who will oversee particular aspects of the strategy and will execute it on the ground.

The governance of the strategy will also depend on dedicated leadership and management, especially for national-level initiatives that are meant to reach regions, facilities and local communities. Communication flow must have a clear path from central to decentralized end points, and vice versa; clarifying governance structures can ensure that local quality improvement champions and facility teams can meaningfully feed into subnational and national processes. Existing mechanisms for health sector leadership, outreach and communication should facilitate the strategic implementation of the policy to avoid parallel systems. If these channels do not exist, having them written within a strategic plan and then institutionalized is strongly advised. Organigrams are important as a visual tool that helps both internal and external actors understand the process and flow of the governance structure (see the compendium for examples of organigrams) (Figure 2).

Figure 2. Sample organigram for national quality efforts



To help the strategy development team assess both current governance assets and gaps, and to conceptualize the desired structure, it may be helpful to consider the following questions.

Who is currently responsible for quality-related functions?

This may be addressed during the situational analysis and stakeholder engagement elements of the process, but often there will be a complex or unclear picture. Of note, it may be important to clarify relationships between ministries of health, accreditation or licensing bodies, and

professional bodies, and what agreements are in place to manage these relationships. It may be helpful to map not just which individuals and organizations are responsible throughout the system, but also what resources and power they have at their disposal to discharge these responsibilities. The strategy can then be used to clarify roles and responsibilities, fill important gaps, plan for adequate resource allocation and outline how the system will work together.

Is there an organigram?

Organigrams can be a useful tool to map out the processes, accountability and flow of information within a health system. There may be existing organigrams showing how current national quality efforts are organized or how they fit in with the broader health system. As part of the stakeholder engagement process, it may be useful to determine whether there is a common understanding of the quality structures across the system, as different actors may have alternative perspectives. When planning the strategy, it is helpful to agree upon and publish an organigram, and to encourage this exercise to be repeated at subnational and facility levels as a means of clarifying roles and responsibilities. The confirmation of such organigrams can also be used to promote discussion on how each relationship within the structure will function, and whether any measures need to be put in place to strengthen each designated body.

Is there clear accountability for quality at all levels of service delivery?

This requires consideration of what accountability means at different levels of the health system, how quality of care is being measured to facilitate accountability, and what measures are in place or are feasible for addressing deficiencies in care identified through accountability processes. Addressing this question might reveal the need for the strategy to establish new or strengthen current accountability structures, and can help ensure the strategy is implementable at all levels. It is important to recognize here that accountability is not a unidirectional process, and that in developing the governance structure and processes there is a need to ensure they facilitate both top-down performance management and strengthen bottom-up linkages between quality improvement teams, subnational bodies and national authorities.

What are the specific responsibilities of each major body or position?

Answering this may again form part of the stakeholder engagement or situational analysis elements of the process. In particular, it may be helpful not only to map the current situation, but also to identify any gaps or challenges in relation to the required roles and responsibilities for the intended core elements of the strategy. Specifically, it will be helpful to examine the roles, mandates, and capabilities of professional societies, councils, and similar official bodies, including their relationships with the ministry of health, providers, and each other.

What resources exist and will be required?

Organizational change and strengthening of organizational capacity across the health system may require significant resources. It is useful to determine what resources are currently available to support governance efforts, including within existing budgets of key stakeholders (for example professional bodies), and how resource use can be prioritized if necessary.

Is the current legislative environment fit for purpose to support the strategy?

Successful operation of the proposed governance structure relies on a supportive legislative environment. This may already exist in the form of specific health sector legislation, statutory responsibilities of professional and regulatory bodies, and established legal precedent on key issues. However, a case may have to be made for revision or strengthening of existing laws or creation of new legal instruments to enable effective strategy implementation. This may be a difficult or protracted process, and indeed may not be an initial priority, but it is important within the strategy development process to consider the impact of the current legislative environment and the potential value of any refinements.

How are communities, patient organizations, and community- and faith-based organizations represented within existing health system governance structures?

Although governance structures will vary in their composition, one particular group that should be represented is the “community” – the general population or the beneficiaries of the quality strategy. Although support from leadership and government structures is important, the end-users are an essential contributor to the broader process of quality improvement. Having a mechanism for including that voice in the development of the strategy is important, but its presence is equally as important when implementing the strategy and for ensuring accountability. Throughout the proposed governance structure there should be embedded mechanisms for community engagement; this requires dedicated activities to build the capacity of the health system to facilitate engagement. Patient charters may be a tool to help empower the role of patients and families interfacing at the community level. This should be aligned with existing national, regional and local laws and regulations that protect health consumers. Consideration should also be given to systematic inclusion of community representation on national, subnational and facility-level health management bodies, and there should also be a mechanism for assessing feedback from the community level. More detail regarding feedback and monitoring mechanisms will be discussed in subsection 8 below on quality indicators and core measures.

Summary: governance and organizational structure for quality	
Actions for the strategy development team	Content of the strategy document
<ul style="list-style-type: none"> • Carefully consider the questions posed above to ensure effective examination of existing and proposed governance and organizational structures for quality • Develop appropriate and practical measures to ensure accountability • Identify levers for enforcement of strategy implementation at different levels of the health system 	<ul style="list-style-type: none"> • Specification of governance and accountability arrangements for the strategy, including organigram if appropriate and explicit statement of role of the community

6. Improvement methods and interventions

Strategy can be defined as a plan chosen to bring about a desired future for achieving particular goals. Strategic planning will need to identify quality improvement interventions that can address the national priorities and accomplish the explicit quality goals. Selection of quality improvement interventions must be accompanied by an implementation plan that is practical, effective and sustainable.

The task of designing and implementing a national strategy can increasingly be guided by a growing evidence base on the impact of discrete and combined interventions. Literature from health service research, clinical medicine and social sciences refers to a large number of interventions that vary widely in underlying assumptions, required resources and the context in which they have been implemented. However, much of the published evidence comes from higher-income countries and requires careful consideration based on varying contexts of countries, regions, states or provinces, and communities. Unfortunately, evidence is still scant in low- and middle-income countries and is often focused more on the structural aspects of quality, such as stock of medicines, which does not necessarily shed light on quality of medical care (16). Therefore, it is important to understand that this is an iterative and evolving process requiring ongoing assessment of what interventions and levers are working to improve health outcomes while identifying those that do not have positive results or that may even be causing untoward and

unintended consequences. Even with acknowledged gaps in evidence, it is still possible to use available experience, knowledge and science to identify those interventions most likely to produce improvements in quality. Such an approach emphasizes the value of implementation-based strategy development, in which the strategy can be a dynamic document that incorporates real experience of implementation and previous quality efforts. Local quality improvement champions and facility teams may already be operating within a number of countries, and can be a source of local intelligence on what is likely to work and where the challenges may be in use of certain interventions. Given the often limited evidence on interventions, developing an active learning agenda is a key support function for a national quality programme. Within the strategy, consideration should be given to how evidence can be generated, and how learning can best be captured, documented and shared.

Box 13. External evaluation, licensing and certification

As governments fund efforts towards universal health coverage, there is increasing demand that the quality of services paid for by public funds should be assessed and assured. **External evaluation**, such as accreditation, may consist of both self-assessment and external review of performance against standards, and is often an early step in national efforts to improve quality. **Licensing** describes a government-endorsed regulatory process to grant permission and specify scope for the health care practice of an individual or organization, usually preceding accreditation. **Certification** provides recognition – from state, private or nongovernmental bodies – for organizations, people, processes or objects that meet defined conditions developed for the certification process.

More information is available from International Society for Quality in Health Care (<https://isqua.org>).

While each country will have different interventions and activities, there are a number of high-level concepts that are relevant across nations' health care systems and that can help communicate and organize a national strategy. Though others exist, three practical approaches for designing, organizing and delivering national-driven quality intervention are outlined here:

- Juran Trilogy: a concept for understanding the “big picture”;
- selecting interventions: identifying the purpose, type of action and discrete intervention;
- national multi-tiered approach: designing actions at all levels of the health care system.

The Juran Trilogy: the big picture

A commonly cited concept in health care improvement efforts is the Juran Trilogy. The Juran Trilogy comprises three separate but related approaches that must all be present in a national strategy: quality planning, quality control, and quality improvement.¹ This can be a useful structure to conceptualize the different domains that can be addressed when selecting interventions. In the context of health, the Juran Trilogy highlights the need for coherent national planning and policy formulation to set direction, accompanied by operational methods to ensure that the critical processes of health service delivery are designed to work and that the target levels of performance are being achieved and sustained.

1. Definitions of quality planning, quality control and quality improvement are provided in the glossary.

This concept can be particularly helpful for nations as they build their quality strategies, recognizing that all three functions – planning, control and improvement – are necessary and complementary. For example, in the development of its national health quality strategy Liberia used the three components of the Juran Trilogy to examine previous and ongoing health sector quality efforts and guide thinking on where to focus resources for identified priorities. While quality improvement has historically often taken precedence in national quality programmes, it is important that methods and interventions address all three imperatives – planning, control and improvement – in a complementary manner. For example, reducing health care-associated infections is not likely to be possible without having the right policies in place (planning), robust infection prevention and control mechanisms properly conducted (control) and appropriate approaches for changing institutional and individual behaviours (improvement).

Box 14. Applying the Juran Trilogy to guide selection of interventions

Quality planning

- How can patient and provider voices be captured in planning quality initiatives?
- What new products and policies are required at different health system levels?

Quality control

- Are there published standards or guidelines?
- What systems can be used to promote and assure provider and system performance?

Quality improvement

- What capacity is there at different health system levels for identifying and correcting deficiencies in performance?

Selecting interventions

Perhaps the most daunting challenge to safeguarding and improving quality is the judicious selection of “interventions” – the policies, programmes, structures and other actions implemented across all levels of the health care system to impact health outcomes. This is admittedly a difficult task for all countries, for multiple reasons.

- The evidence is often hard to interpret regarding the effectiveness and impact of interventions.
- Ideologies and beliefs often prevail over evidence, even where it exists.
- Expertise may not be readily available for designing specific interventions.
- Stakeholders may resist certain actions (such as public reporting of performance data).
- Resources may not be available.

The universe of interventions to impact quality is large and difficult to fully conceptualize. Organizing these interventions can enhance a common understanding and allow better choices about which of the interdependent interventions to select across all countries and across diverse health systems. We do know there are no “silver bullets” or fail-safe solutions and that a combination of interventions used simultaneously in a complementary and integrated strategy is needed for quality improvement to prevail.

“A quality improvement intervention is a change process in health care systems, services, or suppliers for the purpose of increasing the likelihood of optimal clinical quality of care measured by positive health outcomes for individuals and populations”

(Agency for Healthcare Research and Quality)

The list of illustrative interventions in Table 3 has been selected for several reasons. The quality-related interventions cited are relevant in a wide variety of countries globally; are commonly considered as options for action; have some evidence to guide selection and use; are intuitively reasonable; and can be implemented at multiple levels, from small primary care clinics to the level of a national programme.

That being said, quality interventions need to be examined carefully. The list presented is by no means exhaustive; there are other interventions that could easily have been included. This set of interventions has been selected for their potential impact on quality by reducing harm, improving front-line delivery of health care services, and building systemwide capacity for quality improvement. The illustrative interventions are intended to point to some of the options and possibilities available to the managers, practitioners or policy-makers keen to advance quality of care. The interventions are presented as simply as possible, highlighting the salient issues. However, none is simple to implement, and they should not be viewed in isolation – some of these interventions are interrelated and thus when implemented in combination can have greater impact.

As more countries work to improve quality of care, more context-specific evidence for “what works” is expected to emerge, so it is recommended that the latest evidence, experience and contextual knowledge is taken into account when selecting interventions.

Table 3. Illustrative quality interventions

Intervention	Definition and application
System environment	<ul style="list-style-type: none"> • Registration and licensing of doctors and other health professionals, and of health organizations, is often considered a key determinant and foundation of a well performing health system. • External evaluation and accreditation is the public recognition, by an external body (public sector, non-profit or for profit), of an organization’s level of performance across a core set of prespecified standards. • Clinical governance is a concept used to improve management, accountability and the provision of quality health care. It incorporates clinical audit; clinical risk management; patient or service user involvement; professional education and development; clinical effectiveness research and development; use of information systems; and institutional clinical governance committees. • Public reporting and comparative benchmarking is a strategy often used to increase transparency and accountability on issues of quality and cost in the health care system by providing consumers, payers, health care organizations and providers with comparative information on performance. • Performance-based financing and contracting is a broad term for the payment of health providers based on some set of performance measures. It is increasingly used as a quality lever. The amount contingent on performance is often a subcomponent of the full payment, which may be based on a range of financing es. • Training and supervision of the workforce are among the most common interventions to improve the quality of health care in low- and middle-income countries. • Medicines regulation to ensure quality-assured, safe and effective medicines, vaccines and medical devices is fundamental to a functioning health system. Regulation, including post-marketing surveillance, is needed to eliminate substandard and falsified medicines based on international norms and standards.

<p>Reducing harm</p>	<ul style="list-style-type: none"> • Inspection of institutions for minimum safety standards can be used as a mechanism to ensure there is a baseline capacity and resources to maintain a safe clinical environment. • Safety protocols, such as those for hand hygiene, address many avoidable risks that threaten the well-being of patients and cause suffering and harm. • Safety checklists such as the WHO Surgical Safety Checklist and WHO Trauma Care Checklist can have a positive impact on reducing both clinical complications and mortality. • Adverse event reporting documents an unwanted medical occurrence in a patient resulting from specific health services or during patient medical encounters in a medical care setting. It should be linked to a learning system.
<p>Improvement in clinical care</p>	<ul style="list-style-type: none"> • Clinical decision support tools provide knowledge and patient-specific information (automated or paper based) at appropriate times to enhance front-line health care delivery. • Clinical standards, pathways and protocols are tools used to guide evidence-based health care that have been implemented internationally for decades. Clinical pathways are increasingly used to improve care for diverse high-volume conditions. • Clinical audit and feedback is a strategy to improve patient care through tracking adherence to explicit standards and guidelines coupled with provision of actionable feedback on clinical practice. • Morbidity and mortality reviews provide a collaborative learning mechanism and transparent review process for clinicians to examine their practice and identify areas of improvement such as patient outcomes and adverse events without fear of blame. • Collaborative and team-based improvement cycles are a formalized method that brings together multiple teams from hospitals or clinics to work together on improvement around a focused topic area over a fixed period of time. Mutual learning mechanisms across health care organizations are increasingly prominent.
<p>Patient, family, and community engagement and empowerment</p>	<ul style="list-style-type: none"> • Formalized community engagement and empowerment refers to the active and intentional contribution of community members to the health of a community's population and the performance of the health delivery system. It can function as an additional accountability mechanism. • Health literacy is the capacity to obtain and understand basic health information required to make appropriate health decisions on the part of patients, families and wider communities consistently. It is intimately linked with quality of care. • Shared decision-making is often employed to more appropriately tailor care to patient needs and preferences, with the goal of better patient adherence and minimizing unnecessary future care. • Peer support and expert patient groups link people living with similar clinical conditions in order to share knowledge and experiences. It creates the emotional, social and practical support for improving clinical care. • Patient experience of care has received significant attention as the basis of designing improvements in clinical care. Patient-reported measures are important in themselves; patients who have better experience are more engaged with their care, which may contribute to better outcomes. • Patient self-management tools are technologies and techniques used by patients and families to manage health issues outside formal medical institutions. They are increasingly viewed as a means to improve clinical care.

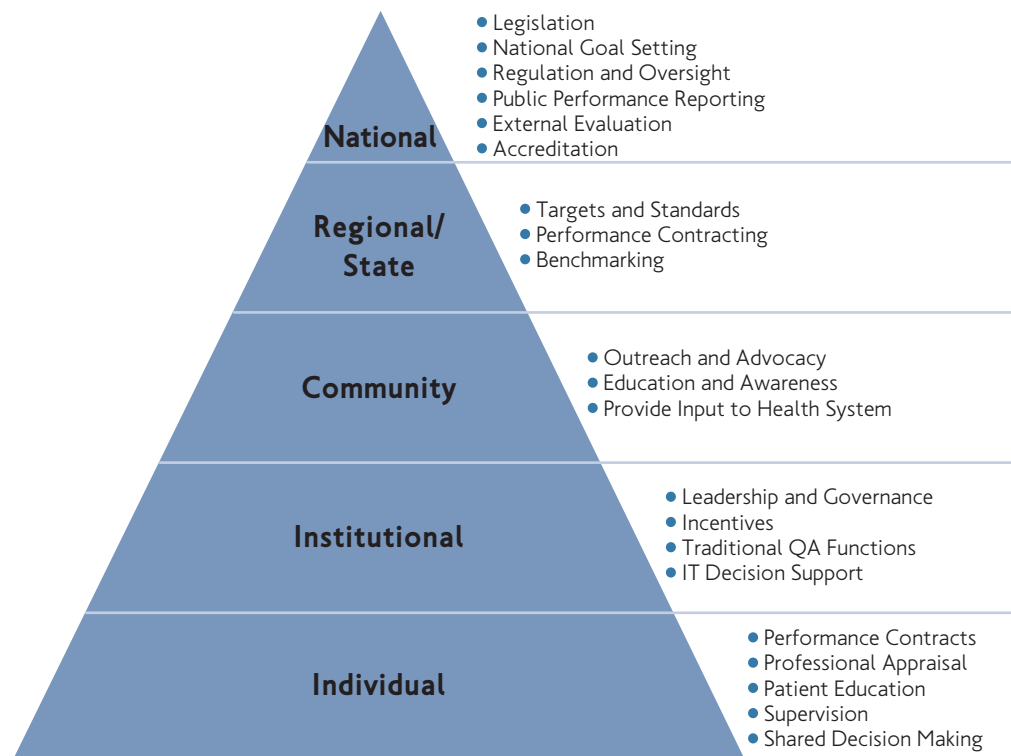
National multi-tiered approach to quality

Responsibility for the quality of health care services is present at multiple hierarchical levels in every country. Generally, there are at least five levels where activities take place and accountability for quality exists (17-19), though others may be identified depending on the particular setting, for example in countries with significant subregional health system management. In selecting interventions, an exercise can be performed to identify required functions by health system level, helping ensure strategies are comprehensive and locally appropriate. The five levels can be described as follows (Figure 3).

- National-level functions include policy formulation, infrastructure building, resourcing and accountability to the public.
- At a subnational level (region, province, state) there are usually functions of rationalizing national policy to the contextual needs of a region, as well as macro-management and monitoring of performance.
- Communities are often uniquely able to act in the collective interest of the individual patients and citizens by providing voice, performing governance within civil society mechanisms, and monitoring and assuring accountability.
- Institutional entities such as hospitals, clinics and dispensaries are responsible for good governance, competent operations and management to meet the needs of patients, families and the community.
- Individual encounters between the health care worker and the patient are where the care must be effective, safe and people-centred.

Some functions may feature across multiple levels, for example the learning agenda, leadership and data management.

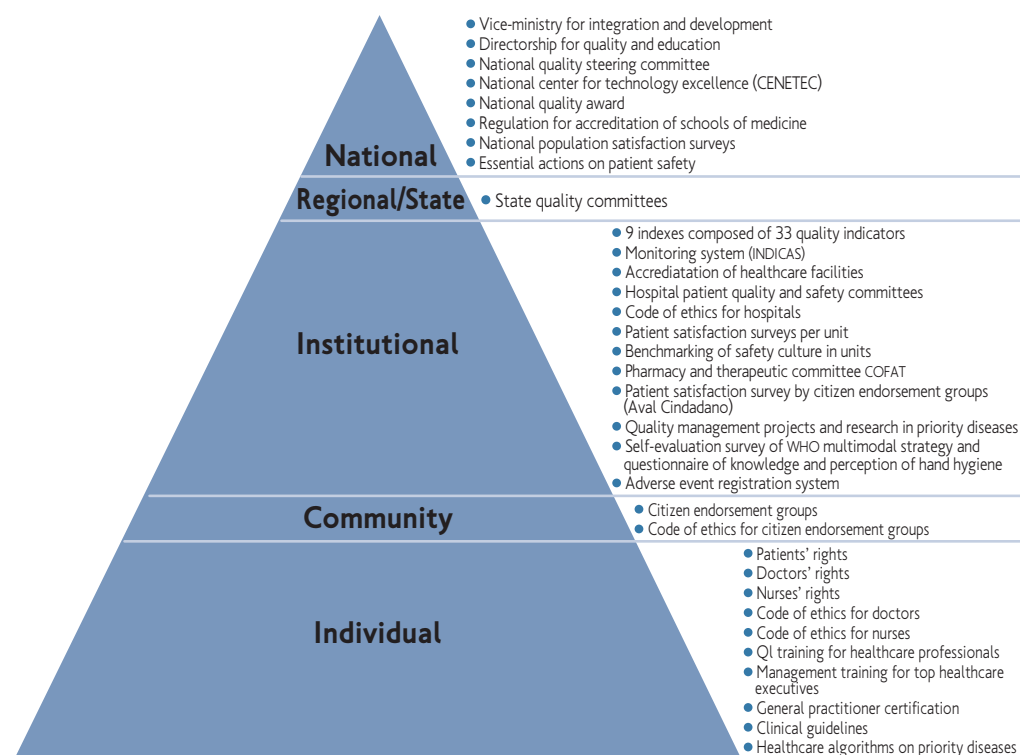
Figure 3. Illustrative activities across five levels of hierarchy



Source: Adapted from Leatherman and Sutherland.

Figure 4 shows an example “pyramid” of the levels in a health care system from Mexico’s draft national quality strategy, published in 2016. The framework for interventions can be applied in such a pyramid to understand how specific actions at all five levels create a comprehensive systemwide strategy for quality.

Figure 4. Framework of interventions at each level of hierarchy: Mexico



Source: National quality strategy, Mexico, 2016.

Summary: interventions for improvement

Actions for the strategy development team	Content of the strategy document
<ul style="list-style-type: none"> • Plan process of selecting interventions for improvement. This may involve review of current evidence; stakeholder engagement to elicit knowledge of current implementation; and use of approaches such as the Juran Trilogy alongside expert technical input • Map interventions against identified goals and priorities to ensure action is directed towards meeting these • Conduct detailed analysis of illustrative interventions to ensure they are practical and achievable • Identify who is responsible for implementation 	<ul style="list-style-type: none"> • Outline of the interventions that have been chosen, and how these address the identified priorities • Detailed description of interventions, including resource requirements, timescales, and responsibility for implementation; this can be further detailed in an operational plan

7. Health management information systems and data systems

Health information systems are a necessary component for transformation of health service delivery (20), which is fundamentally the aim of any national quality strategy. Therefore, a robust understanding of data systems is fundamental to the development of a quality strategy. Improving quality is always reliant on the presence of clear and accurate performance measurement data, whether at the level of individual practitioners and providers, or on a broader population level. Thus, the development of a national quality strategy will inevitably entail emphasis on the systems necessary for data collection, measuring and reporting, and the feedback loop in place for improvement.

Most countries around the world, including many high-income countries, recognize that their health information systems data sources and metrics are not ideal. Conversely, it is also true that there are always enough data to at least get started. The essential data inputs usually exist in some form and to some degree, but the completeness and accuracy are uneven across geographies and levels of the health care system; for example, hospital data are often better than primary care data. Box 15 provides sample questions that can be applied to assess the current data sources.

Box 15. Sample key questions to assess current data sources

- What are the current health care data sources (e.g. HMIS, donors)?
- What is the accuracy and completeness of the data?
- What metrics are being collected within each data source?
- What factors need to be considered when using the patient medical records (e.g. availability, accuracy)?
- What is the “movement” of data (who is collecting, for what purpose and where is it being reported)?
- Is there feedback to facilities and individual providers?
- Are there any existing measurement frameworks?
- What existing standards of care or protocols have specific metrics accompanied by numerical targets?

Feedback and reporting of data are rapidly evolving across the world with increasing public expectations of transparency and accountability regarding health systems. Given the complexity, cost and goodwill at stake in evaluating and reporting performance data, it is critical to establish clear aims and principles, such as (a) primary intended audience (for example, regulators, providers, patients who would be impacted or implicated); (b) intended use (for example, by providers to improve patient care, or for regulators to assess adherence to standards); and (c) data protection (for example, protecting individual providers being disclosed and identified with performance data, while also balancing accountability in the system).

Tackling deficits in data, and the complexities of health information systems, can quickly overwhelm those who are responsible for the formulation and implementation of an information system capable of supporting the national quality strategy. Policy-makers and strategists will require significant technical input at this stage. Breaking the task down to manageable pieces can help define strategic action. This involves understanding the current state; mapping out the ideal state; and then developing a plan to bridge the current and ideal future states related to data and measurement throughout the various levels of the health care system.

Current state of data and measurement through various levels of health care system

The first step is mapping what data are being collected and how they can be accessed and, importantly, made to connect with each other (interoperability) so that quality can be measured across areas. For example, linkages are required between the supply chain, facility-based stock-outs and quality of care delivery. A major potential source of data to monitor quality is the routine HMIS, which may be in the form of an electronic system that can be interrogated to access a range of data across health system levels (for example the widely used DHIS 2). Other routinely collected data to measure and identify gaps for improvement in quality could include data from supervision visits or financial data from insurance. Other useful data sources collected less regularly include standardized surveys measuring facility readiness (for example, service provision assessment, service availability and readiness assessment, service delivery indicators), household surveys of coverage of targeted services or diseases (for example, multiple indicator cluster survey, WASH), or data sources that are more broad (for example, demographic and health surveys). Furthermore, ad hoc data reporting systems that support improvement may exist, for example, local health surveys that explore particular issues in more detail. Box 16 summarizes the various sources of quality measurement that are available in most or all countries.

Box 16. Potential sources of quality measurement available in many countries

Individual patient medical records (paper or electronic)

Routine HMIS

Facility surveys:

- sampled national standardized survey
- routine supervision or monitoring surveys
- external evaluation, inspection and accreditation

Household surveys

Insurance programmes

Patient and public questionnaires and online reviews or surveys

Medical registries (facility or community)

Other routinely collected data, including performance appraisals and supportive supervision

There are however areas where data are often missing in existing data sources. These include experiential quality and patient satisfaction; health care worker competence; management, coordination and continuity across care sites; quality in the private sector; and quality of community-delivered care. Work to ensure that these are measured more routinely is an important area for strengthening HMIS as part of an overarching quality strategy.

When assessing the current status of data and measurement systems, it is important to consider not only what sources exist, but also how data are being used. For example, at which health system levels are data collated and analysed, and is there feedback into the system to allow modification of behaviours, goals, priorities and measures? It is also important to note whether the various parts of the current system, including individual disease programme data systems, are complementary and compatible, and whether there is a burden on the system from conflicting or duplicative data from different stakeholders.

Mapping what the “ideal” state would look like

There are five basic integrated analytic and reporting capabilities needed to support national quality strategy:

- a national hierarchical data collection and reporting system (HMIS);
- data sets that reflect the state of quality at the different levels of the health system;
- clinical decision support and knowledge management systems for the workforce;
- quality monitoring and feedback systems to assess individual performance against standards or targets and comparative benchmarking data;
- reporting for transparency and accountability.

Strategy development teams, supported by data and information specialists, can identify minimum information system requirements under each of these capabilities, cross-referencing against identified priorities for the strategy.

Development of a plan to bridge the current and ideal future states

There is no need to wait for the “fix” of flawed information systems and deficiencies in data that are ubiquitous. It is possible to get started on what is available while working within a defined long-term plan for the necessary evolution of data collection and analysis. While existing health information and data systems, however limited, can inform identification of priorities and formation of the strategy, plans can also be put in place, as part of the strategy, for further data system strengthening to meet any gaps between currently available sources and those needed for the ideal state. Clearly, achievement of the ideal state may be a complex and resource-intensive process, so such plans may need to prioritize the development of new systems required to achieve the successful implementation of the quality strategy, and should assess the resources required. Priority may be given to those measures that strengthen existing systems rather than create new processes, and to those that are critical to support other priority interventions outlined in the strategy (for example, performance-based financing requires reliable measurement of provider performance).

The major challenge for many countries is too many data of variable quality with gaps in measuring important areas, including provider competence and the patient experience of quality. There is an urgent need to make the data better (data quality) – more accurate, complete, meaningful and actionable. Many countries must also work to better identify and measure critical areas where data are not now being captured while also reducing the burden of data by ceasing collection and measurement where data are not used and are of low priority.

Fully appraising existing data and information systems and planning for improvements is likely to require specialist technical support that may be beyond the capability of teams preparing the national quality strategy. In this regard, the role of the strategy is not to provide a detailed plan for improving such systems, but to ensure their importance is clearly recognized and that initial steps are taken to identify and address critical gaps.

Summary: health management information systems and data systems	
Actions for the strategy development team	Content of the strategy document
<ul style="list-style-type: none"> • Produce inventory of the current state of data and measurement throughout the various levels of the health care system • Map what the “ideal” state would look like • Develop a plan to bridge the current and ideal future states 	<ul style="list-style-type: none"> • Outline of data and information system improvements needed, and timeline for achieving this • Description of how current systems will be used for measuring quality, monitoring provider and professional performance, and supporting decision-making

8. Quality indicators and core measures

Translating policy into practice requires that countries identify core measures of quality across the levels of care and dimensions of quality. All countries are currently measuring many components of their health system, often through monitoring and evaluation and routine HMIS, as described in subsection 7 above, and not infrequently through parallel donor-mandated systems. However, there is a growing recognition of the need for harmonization of indicators and systems to create better information to drive policy, decision-making and improvement of health services.

To do this effectively will require input and coordination between a number of key stakeholders with a range of skills. These include policy-makers, service delivery managers, the health professions, HMIS/IT with monitoring and evaluation teams, and importantly the broader community of patients and civil society. In addition, there is a growing recognition of the importance of fully including the private sector to ensure that measurement and reporting of quality applies to all populations being served.

This section, which should be read in conjunction with subsection 7 above, provides insights on how to define strategic direction on the measurement of quality, examples of quality indicator sets, emerging work on how to maximize data use, and consideration of some areas where more exploration is needed in measuring what matters. Measuring quality of care is a rapidly evolving area; tools and resources will be continuously emerging to increase the utility of data collection, measurement and reporting.

A comprehensive quality strategy includes a plan for quality monitoring, feedback and overall evaluation of what progress is being made against the national goals. The objective of national quality indicators is to assess the high-level goals through a set of specific indicators, which can be used to measure the success of the strategy itself and to support efforts at every level of the health care system to pursue actions for improvement. The role of measurement in national quality efforts includes:

- monitoring for adherence against standards and guidelines
- feedback to providers on quality improvement activities
- transparency and accountability to the public
- benchmarking to understand comparative performance
- strategic or value-based purchasing and contracting
- monitoring of the effectiveness of quality interventions.

A key task of any national quality strategy is to build measurement and evaluation capability, which requires definition of a national framework of quality indicators. Selection of indicators for such a framework should be based on country priorities, needs and existing data capabilities. The process for framework development will vary between countries. However, a number of important steps are outlined below, which can help with development of such a framework.

Review of global and expert illustrative indicators

Many countries have struggled to select indicators that can be reliably and efficiently collected, truly reflect the state of quality of care, and are useful in efforts to improve quality of care. To support such efforts, a number of organizations have convened expert groups to propose sets of indicators, including information on how these can be collected and used. It may be useful for national quality strategy development teams to access these illustrative lists to provide direction on how to select indicators that align with the goals and priorities set out in the strategy. Further information on illustrative sets of indicators is available in resources included in the compendium. It is likely that further sets of indicators will be developed as part of ongoing global efforts on quality of care.

Cataloguing and assessing existing quality indicators

To ensure best use of existing systems and alignment with current national health priorities, it is important to catalogue and understand the existing quality indicators collected within countries and the data systems within which these indicators are embedded or from which the data are drawn. It is vital to understand whether there is current effective use, meaning that data are collected for valid measurement of an indicator, and whether there is a feedback loop of analysing, reporting, learning and making changes to improve performance. To understand the current state of data systems and quality indicators, the following steps are crucial.

1. Catalogue the various current data sources that can be used for quality indicators. This can include HMIS data sources, donor data, clinical registries, patient surveys and accreditation reports.
2. Clarify what existing frameworks for quality metrics and indicators are currently being used.
3. Within each data source, catalogue specific quality metrics that are currently being collected.
4. Grade the data by assessing their accuracy and completeness.

Once the current state of data systems and quality indicators is analysed and assessed, a new or revised framework to correspond with the national quality strategy can be developed. In building a national framework of quality measures, as part of the national quality strategy, it is recommended that existing quality metrics be used to the extent possible in order to best align with current reporting systems and reduce, or minimize, the data burden. To support this process, 10 criteria are presented in Box 17 that can be used to prioritize existing quality indicators or measures for inclusion in a national quality indicator framework.

Box 17. Ten criteria for assessing quality indicators for a core set

Health priority. Does the indicator measure a specific health priority?

Scope of impact. What is the scope of impact in measuring this indicator (e.g. population-size clinical outcomes)?

Evidence base. Is there sufficient available and credible evidence for this indicator to be consensual?

Defensibility. Is this indicator defensible both from a scientific point of view and from the perspective of what key decision-makers view as important?

Feasibility. What is feasible given the data that are already collected; how easy will this be to implement?

Accuracy. Are the data collected through this indicator accurate?

Actionability. Are clear actions and change in individual, institutional or system behaviours possible from looking at this indicator?

Comparability. Can this indicator be compared against a gold standard or with other countries or across regions?

Credibility. Is the indicator credible for those who need to take action and those whose performance is being measured and compared?

Clarity. Is the indicator described in clear and unambiguous terms?

Conceptual frameworks for quality indicator selection

To support development of a comprehensive quality measurement framework, there are a number of ways to conceptualize measurement of quality across a health system. These include:

- **dimensions of quality:** for example, those from the definition section in this handbook, or a locally defined set of domains;
- **Structure/process/outcome:** Donabedian's three areas of structure (including systems), process and outcomes (health and patient experience and satisfaction) (21);
- **health system organization:** including level of care (primary, secondary, tertiary), management structures (facility, district, national etc.), and continuum of care (promotion through to palliation);
- **disease and population groups:** significant causes of disease burdens and main populations affected.

Strategy development teams can consider these conceptual frameworks to identify aspects that should be accounted for in a quality measurement framework. A mapping exercise can then take place to assign appropriate measures from illustrative lists and existing national indicator sets to each aspect, identifying any gaps that may have to be filled by newly developed measures.

Summary: quality indicators and core measures	
Actions for the strategy development team	Content of the strategy document
<ul style="list-style-type: none"> • Review global and expert illustrative indicator lists • Catalogue and assess available national quality indicators • Define key steps in the development of a national quality measurement framework • Map available and suggested quality measures against framework and plan for development of bespoke measures to fill gaps 	<ul style="list-style-type: none"> • Outline of national quality measurement framework • Plan for monitoring, evaluation and accountability • Measures refined by testing a preliminary set and taking actions to fill gaps in measurement capacity

DEVELOPING AN OPERATIONAL PLAN FOR IMPLEMENTATION

National quality strategies can be supplemented with operational plans that detail the practical steps, resources, responsibilities and timeframe for the implementation of the strategy. Development of these will draw upon the same processes used in the eight NQPS elements areas, focusing on how the identified actions will be implemented.

Overview and rationale

Formulating the policy for quality and then designing a national quality strategy is a complex endeavour. The operational plan defines clear milestones and tasks that must be undertaken, clarifies roles and responsibilities, sets clear timelines, and addresses financial and resource considerations. Each country will decide the appropriate timeframe for the operational plan, often choosing to further classify and plan short-term versus longer-term actions and identifying crucial milestones. An operational plan can significantly aid dissemination and execution of the strategy and ensure the document does not simply “sit on the shelf”. It may also help to translate a national strategy into subnational operational plans to promote ownership across the system, highlighting the need for close linkages between national and subnational plans. While the strategy itself plans to build cohesion across stakeholders in the health system, align quality goals and priorities, and identify key levers to achieve these quality goals, the operational plan goes a level deeper to define explicit tasks, roles, timelines and financial considerations. A template for an operational plan is available in the accompanying tools compendium.

When and how should the operational plan be developed?

An operational plan is often developed after formal ratification of the policy and strategy document by the structure (directorate, unit or working group) responsible for quality and quality improvement. A country may already have its own process for developing operational plans. Often, these are yearly plans that correspond to a country’s financial planning cycle. At a high level, an operational plan that supports national quality direction should start with the overall aims and goals laid out by the policy and strategy. Elements to consider in the operational plan include (a) where to begin (for example, are there certain tests or pilots in specific geographical locations to begin first?); (b) level of the health system (for example, beginning with national initiatives versus state or local initiatives); and (c) timing and plan for nationwide spread and scale-up.

Collaboration and buy-in across all health system levels is important in developing an operational plan. Specific actions taken will be spread across national, regional, district, community and facility levels.

What elements should the operational plan include?

At a high level, the operational plan should answer the following questions, as they relate to the overall aims and goals of the national quality strategy.

- What are the tasks or actions that must be undertaken?
- How should tasks or actions be prioritized, if available resources are limited?
- Who are the persons who have the responsibility for each of these tasks or actions?
- What is the timeline in which these tasks or actions must be completed?
- How much and what kind of resources must be provided to complete each task or action?
- What specific performance measures should be collected (for example, quarterly) throughout the length of the operational plan to evaluate the success and effectiveness of the plan?

Within the operational plan, tasks or actions may be prioritized based on interventions outlined in the quality policy and strategy document and a thorough understanding of the current state of quality and the existing assets to be leveraged. While it can differ by country, in general, an operational plan spans the length of one to two years.

INTEGRATING TECHNICAL PROGRAMMES WITH NQPS

Any national quality strategy is ultimately focused on achieving better health outcomes and improving health system performance in dimensions of quality such as effectiveness, safety, patient-centredness, timeliness, efficiency and equity. Accomplishing these goals requires policy formulation to create an enabling environment, addressing deficiencies in the delivery system and integrating the improvement and measurement efforts of disease-specific and population-specific health programmes that exist in every country, also known as vertical or technical programmes.

A national quality strategy must be comprehensive and inclusive of all populations and health care needs, though priorities will inevitably be identified. Intentionally integrating with technical and disease-specific programmes allows the national strategy to leverage the already existent quality-related strengths and capabilities of technical programmes and ensures that those programmes are not left functioning outside the national strategy. Furthermore, integration of technical programmes may enhance engagement with donor organizations, allow tried-and-tested local solutions to inform the broader strategy, and lead to efficiencies in use of limited resources. For the technical programmes there can also be significant advantages, for example the potential to scale up efforts through a national programme, efficiencies of access to national health infrastructure, and improvement of programme outcomes due to a stronger system.

Whether considering long-standing programmes such as maternal and child health, or donor-supported initiatives such as HIV programmes, technical programmes may simultaneously address the best ways to organize and deliver individual health services along with systematically improving and measuring population health. These programmes, especially in low- and middle-income countries, often have basic quality-related capabilities in place, even before national quality strategies have been formally implemented. Examples of those capabilities include guidelines and standards, patient pathways, continuous monitoring of patient outcomes and routine use of quality and safety indicators.

Integration of technical programmes is necessarily a two-way process: national quality strategies must account for the activities, assets and learning from existing technical programmes, and existing technical programmes should endeavour to align with national quality processes and priorities.

Clearly, there is a potentially wide variation in levels of integration of technical programmes within national quality strategies. Options for integration include the following.

- *The technical programme is fully subsumed within the national quality strategy.* This ensures maximum alignment, but is probably only possible for existing government-led programmes that have a primary focus on quality of care (for example, there may be an existing national effort on maternal and child health quality of care, which could be easily integrated in a systemwide effort with little disruption).
- *Technical programmes can act as “pathfinders” for national quality strategies.* In this scenario, specific technical programmes can be used to begin or trial roll-out of the strategy, to allow for rapid field-testing and scale-up making use of well resourced programmes. In such instances, care should be taken to ensure that the strategy is not dominated by only one technical area and that benefits are systemwide.
- *National quality strategy and technical programmes can be explicitly linked on a strategic level.* In this scenario, technical programmes maintain their operational autonomy, but there is joint strategic planning to ensure efficient use of resources and pursuit of common goals. Technical programmes would be expected to explicitly reference and endorse the national quality strategy in future planning processes.
- *Existing programmes are acknowledged and plans made for future integration.* Given the complexities of integrating multiple programmes, a practical initial step is for the national

quality strategy to examine and acknowledge relevant technical programmes to ensure there is no duplication of efforts or areas of divergence in aims and activities. Technical programmes would be encouraged to gradually align with the national quality strategy, and the strategy itself could contain explicit activities to plan and operationalize integration.

The type of integration may vary between countries and technical programmes, but initial steps that can be taken by the strategy development team include:

- identification of relevant technical and vertical programmes as part of the situational analysis and stakeholder mapping;
- early engagement of relevant implementing partners, including consultation with technical programmes on how to increase the applicability of the quality strategy, assessment of the capacity of the programmes to support strategy implementation, and discussion of options for integration;
- mapping of areas of overlap and divergence between the proposed national quality strategy and the aims and activities of technical programmes;
- contribution of quality-related expertise and technical know-how from the technical programme to a newly emerging or still evolving national quality strategy;
- integration of data and measurement systems from the technical programme into the national measurement framework and quality data systems;
- ensuring cross-learning between quality-related efforts in different technical programmes through strategic oversight provided by a national drive on overall quality;
- development of a plan for alignment and integration, including an agreed joint programme of work, consideration of budgetary challenges and opportunities, or a timetable for further consultation.

PART III

TOOLS AND RESOURCES

Background

This handbook provides an overview of the background, rationale, and process of efforts to develop national policy and strategy on quality of care, as well as suggested content for documents outlining such policies and strategies. Putting this into action will require more detailed consideration of each element. Moreover, different countries will have different needs, priorities, capabilities, resources, and procedures for policy and strategy development; the support required for each step of the process will necessarily differ. In-depth consideration of each element of the NQPS process may be supported by a number of different means, for example through involvement of external experts or use of further tools and resources.

Products that might support teams developing national quality policies and strategies include country case studies, global guidance documents produced by WHO and others, literature reviews, and dedicated tools that can be adapted and used to catalyse discussion and collect data. A number of such resources have been created by WHO, technical organizations, academic institutions, and countries themselves, and many are freely published for use and reference by others. While some may be specific to quality of care, others might be more generic but still relevant to the process, for example tools to perform situational analysis or assess health information systems.

This section of the handbook does not present tools and resources for direct use, given that many of these run to numerous pages and are contained in already published documents. Instead, it outlines how tools and resources can be accessed, selected and used to support the NQPS process, and provides an overview of the compendium of tools and resources that is available for use alongside the handbook.

The accompanying compendium of tools and resources is a more detailed document with an overview of selected tools and resources that can support the NQPS process. Both the compendium itself and the tools and resources will be accessed through a repository in the WHO Global Learning Laboratory.

Finding, selecting and using tools to support the NQPS process

While the compendium accompanying this handbook provides selected tools and resources for priority aspects of the NQPS process, and will be added to in future, it is not intended as a comprehensive list of all relevant products. In many instances, those developing national quality policies and strategies may find it helpful to search for, adapt or develop other tools specific to the needs of their NQPS process, for example those relating to a specific NQPS element or technical area, or those available in local languages. Such an exercise does not necessarily have to be a complicated or methodologically strict process, and can be done relatively quickly, with the aim being to assist the overall process rather than add an unnecessary process burden. Box 18 lists some potential sources of tools and resources.

Box 18. Potential sources of tools and resources

- NQPS tools and resources compendium
- Academic literature
- World Health Organization website
- Expert technical organizations (website or direct contact)
- Academic institutions
- Professional bodies
- Other health policy or strategy development teams
- NQPS documents available in other countries

Suggested steps for identifying supplementary tools are outlined below.

- 1. Identify NQPS elements requiring more detailed input.** As each country will have different priorities within their work on NQPS, they will have differing requirements for further tools. Much of the time, there will be sufficient expertise and experience within policy and strategy development teams or the broader set of stakeholders to perform the various elements outlined in this handbook, but it may become clear early in the policy and strategy development process that certain elements will require more in-depth work. Use of supplementary tools for the NQPS process should only be done where this is additive, as the process need not be overcomplicated.
- 2. Develop and implement a search strategy.** This will require identification of potential sources of existing tools (see Box 18). While some tools will be publicly available online, others may only be found on direct engagement with the organization that owns them. It may be helpful to consider whether similar tools might have been developed locally to support other policy and strategy development processes; for example, many national health strategic plans have been developed after extensive stakeholder consultation and situational analysis, and both the tools and data from these may be available for use. For online searches, unless specifically searching for academic literature, it is usually best to search directly on the websites of the main technical agencies and other relevant institutions, and to undertake broader searches on standard search engines rather than academic databases. Generally, using a focused set of search terms is preferable so that searches do not yield too many results to search through. Features such as Google Advanced Search (https://www.google.co.uk/advanced_search) allow the user to search for specific terms on any given website, for example to look for “situational analysis” on all WHO pages.
- 3. Selection criteria.** If apparently relevant tools are located, these should be assessed to ensure they are fit for purpose and will add value to the NQPS process. Criteria should be decided upon by the local team, but may include reliability of the source, applicability to local setting, and ease of use.

Occasionally, there may be an identified need for greater support for a particular element of the NQPS process that is not met by existing available tools and resources. For example, countries may wish to perform an in-depth situational analysis on a key priority area for which there is no existing data collection tool. In this instance, it may be necessary to develop a bespoke tool to support the process. Again, the key consideration here should be whether the effort required is proportionate to the gains for the NQPS process, or whether there is a more appropriate way of supporting the particular element. New tools should always be developed and used with caution, as untested tools may not provide the required support, and indeed can present methodological challenges.

More commonly there will be a relevant existing tool that can be adapted for local use. This may involve, for example, translating tools into local languages, or selecting relevant tried and tested survey questions from a more extensive data collection tool. If new or adapted tools are developed as part of the NQPS process in a particular country, owners of these tools are encouraged to share these via the WHO Global Learning Laboratory (GLL) for Quality Universal Health Coverage.

When using supplementary tools to support the NQPS process, it is important to first identify the required resources to implement the tool, and to balance this against the expected benefit. The required resources may be in terms of financial cost and time required to implement a tool (for example, short non-generalizable surveys of facilities to catalyse discussion, versus large-scale statistically valid health system surveys), or could relate to the capacities required to implement tools (for example, whether there is the required expertise in engagement of stakeholders and communities).

Tools and resources compendium

Clearly, a number of relevant tools and resources already exist – from WHO, external partners, and countries themselves – and are often freely available to use. However, initial country engagement in the WHO NQPS initiative has revealed that there is still an unmet need for tools and resources in some areas of the policy and strategy development process; this may be because such tools do not exist, or are not easily identified and accessed, or are not of sufficient quality to be useful.

In light of this, the NQPS handbook links closely with the WHO GLL, which aims to create a safe space to share knowledge, experiences and ideas; to challenge ideas and approaches; and to spark innovation for quality in the context of universal health coverage. Within the GLL, a focussed learning pod on NQPS has been created to facilitate sharing of experiences between countries and serve as a go-to resource for available tools relevant to NQPS. Available on the WHO GLL is a compendium of tools and resources that is a companion document to this handbook. The compendium provides an overview of tools and resources that have been identified as helpful to support the NQPS process, and the tools identified therein are available either through direct hyperlink from the compendium or on the WHO GLL itself.

This compendium comprises tools and resources that have predominantly already been produced and published by WHO and external organizations; these have been supplemented by de novo tools developed to fill critical gaps, as well as country-specific tools and examples. The compendium is not intended as a comprehensive list of all tools and resources that can support the NQPS process, but rather as a pragmatic collection of a number of tools of particular relevance, focusing on meeting country demand. The compendium is envisaged as a living document that will be updated as more tools are identified and developed, and as more countries progress on development of their national quality policies and strategies. Below is a brief overview of the approach taken to develop version 1 of the compendium.

1. A WHO meeting (June 2017) on NQPS involving national quality leads from eight countries allowed a collective examination of desired tools and resources to support NQPS, resulting in initial selection of categories of priority tools and resources designed to reflect those aspects of the NQPS process requiring more detailed input. This was based on a review of the handbook and consultation with the countries participating in the initial phase of the co-development process.
2. Scoping exercises were performed for each priority category. These differed for each category, but generally included definition of search criteria, search of publicly available sources, and liaison with country partners where required.
3. Selection of tools and resources was conducted based on the consensus of the NQPS team, with a focus on added value to the NQPS process and applicability at country level. The identified tools and resources are listed within the compendium under each of the above categories, along with instructions on how to access them and a description of how they can contribute to the NQPS process, as shown in Figure 5.

Figure 5. Tools and resources: sources and relevance to the NQPS process

Resource	Access (web link or GLL)	Institution/author & year	How this tool/resource supports the NQPS process
NQPS Situational Analysis Tool	Available within the NQPS learning pod on the WHO Global Learning Laboratory for Quality UHC	WHO-NQPS Team 2017	Methodology for comprehensive assessment of a country's national policies in healthcare quality

Further engagement with countries and other partners will be maintained to identify and develop tools to bridge important gaps and expand the resources according to country demand. Of note, there was a need identified at the June 2017 meeting for development of further tools and resources to support national quality advocacy efforts and for integration of specific technical areas, and it is envisaged that these and other emerging categories will be addressed in future iterations.

Joining the WHO GLL

Instructions on how to join the WHO Global Learning Laboratory for Quality Universal Health Coverage, on which the compendium and associated tools can be accessed, are available here: <http://www.who.int/servicedeliverysafety/areas/qhc/gll/en/index3.html>.

GLOSSARY

Term	Definition
Access (to health services)	The perceptions and experiences of people as to their ease in reaching health services or health facilities in terms of location, time, and ease of approach (22).
Accreditation	A formal process by which a recognized body, usually a non-governmental organization, assesses and recognizes that a health care organization meets applicable pre-determined and published standards. Accreditation standards are usually regarded as optimal and achievable, and are designed to encourage continuous improvement efforts within accredited organizations. An accreditation decision about a specific health care organization is made following a periodic on-site evaluation by a team of peer reviewers, typically conducted every two to three years. Accreditation is often a voluntary process in which organizations choose to participate, rather than one required by law and regulation (23).
Appraisal	Evaluation of the performance of a health worker or trainee health worker against a published standard.
Assessment	A formal process of evaluation of a process or system, preferably quantitative, but sometimes necessarily qualitative (24).
Benchmark	(i) A measurement or point of reference at the beginning of an activity which is used for comparison with subsequent measurements of the same variable; (ii) an acceptable standard in evaluation (24).
Data	Facts and figures as raw material, not analysed (25).
Equity in health	(i) The absence of systematic or potentially remediable differences in health status, access to health care and health-enhancing environments, and treatment in one or more aspects of health across populations or population groups defined socially, economically, demographically or geographically within and across countries; (ii) a measure of the degree to which health policies are able to distribute well-being fairly (26-29).
Evaluation	The systematic and objective assessment of the relevance, adequacy, progress, efficiency, effectiveness and impact of a course of actions, in relation to objectives and taking into account the resources and facilities that have been deployed (30).
Fragmentation (of health services)	(i) Coexistence of units, facilities or programmes that are not integrated into the health network (31); (ii) services that do not cover the entire range of promotion, prevention, diagnosis, treatment, rehabilitation and palliative care services; (iii) services at different levels of care that are not coordinated among themselves; (iv) services that do not continue over time; (v) services that do not meet people's needs (25).
Health	The state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (25, 32).
Health service	Any service (i.e. not limited to medical or clinical services) aimed at contributing to improved health or to the diagnosis, treatment and rehabilitation of sick people (30).

Health system	(i) All the activities whose primary purpose is to promote, restore and/or maintain health (25); (ii) the people, institutions and resources, arranged together in accordance with established policies, to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health (31).
Health system building blocks	An analytical framework used by WHO to describe health systems, disaggregating them into six core components: leadership and governance (stewardship); service delivery; health workforce; health information system; medical products, vaccines and technologies; and health system financing (33).
Health system performance	(i) The level of achievement of the health system relative to resources (33); (ii) the degree to which a health system carries out its functions (service provision, resource generation, financing and stewardship) to achieve its goals (34).
Health systems strengthening	(i) The process of identifying and implementing the changes in policy and practice in a country's health system, so that the country can respond better to its health and health system challenges (35); (ii) any array of initiatives and strategies that improves one or more of the functions of the health system and that leads to better health through improvements in access, coverage, quality, or efficiency (36).
Infection prevention and control	Infection prevention and control is a scientific approach and practical solution designed to prevent harm caused by infection to patients and health workers (37).
Input	A quantified amount of a resource put in a process (25).
Lever	In relation to implementation of a policy or strategy, levers refer to mechanisms that supervisory authorities (at any level of the health system) can use to promote or enforce adherence to the policy or strategy. These often relate to procedures that can reward or sanction individuals or organizations according to their accountability for implementation; for example, legislation to enforce aspects of a policy might be called a lever, as might inclusion of policy adherence measures in health worker supervision or career progression processes.
Licensure	Licensure is a process by which a governmental authority grants permission to an individual practitioner or health care organization to operate or to engage in an occupation or profession. Licensure regulations are generally established to ensure that an organization or individual meets minimum standards to protect public health and safety. Licensure to individuals is usually granted after some form of examination or proof of education and may be renewed periodically through payment of a fee or proof of continuing education or professional competence. Organizational licensure is granted following an on-site inspection to determine if minimum health and safety standards have been met (25).
Monitoring	The continuous oversight of an activity to assist in its supervision and to see that it proceeds according to plan. Monitoring involves the specification of methods to measure activity, use of resources, and response to services against agreed criteria (30).

Operational plan	An operational plan focuses on effective management of resources with a short time framework, converting objectives into targets and activities, and arrangements for monitoring implementation and resource usage. Specific meanings include (i) translation of the national strategic plan within a one-year time frame; (ii) translation of the national strategic plan into a subnational plan, e.g. a district plan, usually with a shorter time frame than the national strategic plan; (iii) a subset of a national strategic plan, limited to a particular programme (25).
Outcome	Those aspects of health that result from the interventions provided by the health system, the facilities and personnel that recommend them and the actions of those who are the targets of the interventions (22).
Output	The quantity and quality of activities carried out by a programme (25).
Ownership	The effective leadership and coordination by countries of their development policies, strategies and development actions (25).
Patient safety	Patient safety is the absence of preventable harm to a patient during the process of health care. The discipline of patient safety is the coordinated efforts to prevent harm, caused by the process of health care itself, from occurring to patients (38).
People-centred health services	“An approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care requires that people have the education and support they need to make decisions and participate in their own care. It is organized around the health needs and expectations of people rather than diseases.” (39).
Performance-based payment, performance-based funding	Payment or funding conditional upon taking a measurable action or achieving a predetermined performance target. It may refer to transfer of funds by donors to recipient countries, or to payment of providers or provider organizations for reaching service targets (25, 40).
Priority setting	The identification, balancing and ranking of priorities by stakeholders (25).
Quality assurance	All the planned and systematic activities implemented within the quality system, and demonstrated as needed, to provide adequate confidence that an entity will fulfil requirements for quality (41).
Quality control	Operational techniques and activities that are used to fulfil requirements for quality (41).
Quality improvement	“An organizational strategy that formally involves the analysis of process and outcomes data and the application of systematic efforts to improve performance” (42).
Quality management	All activities of the overall management function that determine the quality policy, objectives, and responsibilities, and implement them by means such as quality planning, quality control, and quality improvement within the quality system (41).
Quality planning	Activities that establish the objectives and requirements for quality and for the application of quality system elements (41).

Regulation	The imposition of external constraints upon the behaviour of an individual or an organization to force a change from preferred or spontaneous behaviour (25, 43).
Resilience	The ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions (44).
Situation analysis	Analysis of the current status and expected trends in a country's health and health system. Ideally this includes (i) assessment of current and future health needs and determinants of health; (ii) assessment of expectations and demand for services; (iii) assessment of the health system performance, health sector capacity and health system resources, and the gaps in responding to current and future needs and expectations; and (iv) analysis of stakeholder positions (25, 45).
Stakeholder	An individual, group or organization that has an interest in the organization and delivery of health care (24).
Standard	An established, accepted and evidence-based technical specification or basis for comparison (24, 25).
Strategy	A series of broad lines of action intended to achieve a set of goals and targets set out within a policy or programme (25, 46).
Sustainability	The potential for sustaining beneficial outcomes for an agreed period at an acceptable level of resource commitment within acceptable organizational and community contingencies (25, 47).
Target	An intermediate result towards an objective that a programme seeks to achieve, within a specified time frame. A target is more specific than an objective and lends itself more readily to being expressed in quantitative terms (25).
Universal health coverage	All people and communities 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 (10).

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World Health Organization
20 Avenue Appia
CH-1211 Geneva 27 Switzerland

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