WHO Global Learning Laboratory for Quality Universal Health Coverage

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Global Webinar – February 1, 2017
Webinar Objectives

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

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

Universal Health Coverage
What's in the Cube?

Three dimensions to consider when moving towards universal coverage

But look at the cube again...

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

Margaret Chan
World Health Assembly - May 2012

World Health Organization

Figure 3. plot of MMR and proportion institutional births.
2016 – World Health Assembly Resolution

SIXTY-NINTH WORLD HEALTH ASSEMBLY

WHA69.24

Agenda item 16.1

28 May 2016

Strengthening integrated, people-centred health services

The Sixty-ninth World Health Assembly,

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

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

1. ADOPTS the framework on integrated, people-centred health services;

2. URGES Member States:

   (1) to implement, as appropriate, the framework on integrated, people-centred health services at regional and country levels, in accordance with national contexts and priorities;

   (2) to implement proposed policy actions and interventions for Member States in the framework on integrated, people-centred health services in accordance with nationally set priorities towards achieving and sustaining universal health coverage, including with regard to primary health care as part of health system strengthening;

   (3) to make health care systems more responsive to people’s needs while recognizing their rights and responsibilities with regard to their own health, and engage stakeholders in policy development and implementation;

   (4) to promote coordination of health services within the health sector and intersectoral collaboration in order to address the broader social determinants of health, and to ensure a holistic approach to services, including health promotion, disease prevention, diagnosis, treatment, disease-management, rehabilitation and palliative care services;

   (5) to integrate, where appropriate, traditional and complementary medicines into health services based on national context and knowledge-based policies, while ensuring the safety, quality and effectiveness of health services and taking into account a holistic approach to health;

http://www.who.int/servicedeliverysafety/areas/people-centred-care/en/
"...the degree to which health services for individuals & populations increase the likelihood of desired health outcomes & are consistent with current professional knowledge."

- Improving quality implies change.
- Quality is multi-dimensional.
- Quality is the product of individuals working with the right attitude in the right system.
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Quality health care can be defined in many ways but there is growing acknowledgment that quality health services should be:

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

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

- **Equitable** – providing care that does not vary in quality on account of gender, ethnicity, geographic location, and socio-economic status;
- **Integrated** – providing care that makes available the full range of health services throughout the life course;
- **Efficient** – maximizing the benefit of available resources and avoiding waste.

http://www.who.int/servicedeliverysafety/areas/qhc/quality-uhc/en/
Now Embedded in the SDGs

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

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

**Universal Health Coverage**

Ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient **quality** to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.
Leads to...
2. Why a Global Learning Laboratory for Quality UHC?
Triangulation for Change

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

“Global health learning laboratories, where partners can support each other in generating and sharing lessons, have the potential to construct solutions for the world. At the heart of this dialogue is a focus on creating **practical local solutions** and, simultaneously, drawing out the **lessons for the whole world**.”
FIGURE 3-1 All three elements of the Juran trilogy are needed to improve outcomes.

Learning is messy ... but we need to aim for the simplicity on the far side of complexity!
Designing with the end in mind...

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

3. So what is it?
Purpose

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

**Share**

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

**Challenge**

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

**Spark**

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

- National Quality Policy & Strategy
- Technical Areas & QUHC
- Compassion

World Health Organization
4. How does it work?
How does this work?

GLL General Forum

Learning Pods

GLL Membership

Communication Methods

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

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

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

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

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

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

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

“Live time sharing, exchanges and lessons learned is key.”
Who can join?

Anyone able to:

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

The virtual venue is hosted on: www.integratedcare4people.org

Click on Communities

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

- Forum
- Library
- Sub-communities (Learning Pods)
Knowledge Products

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

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

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

Change Alerts
Messages generated though shared information on the platform.

World Health Organization
4. Examples of emerging learning
1. National Quality Policy & Strategy

Universal Health Coverage

Essential Elements for NQPS

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

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

Full report here: [http://apps.who.int/iris/bitstream/10665/253523/1/9789241511872-eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/253523/1/9789241511872-eng.pdf?ua=1)
3. Quality UHC, Recovery & Resilience

Learning Laboratory: Feb 2016; Kobe Japan

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

Full report here: [http://apps.who.int/iris/bitstream/10665/250579/1/WHO-HIS-SDS-2016.16-eng.pdf?ua=1](http://apps.who.int/iris/bitstream/10665/250579/1/WHO-HIS-SDS-2016.16-eng.pdf?ua=1)
Clinicians & patients differ in their perceptions of compassionate care.

The link between compassion, engagement and resilience

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

Compassion can drive change! Needs to be captured by the learning laboratory.
5. Drilling down – WASH & quality UHC
Exploring Quality-UHC-WASH Triangulation: Clean & safe hospital (CASH) initiative in Ethiopia:
The Clean & Safe Hospital (CASH) Initiative

Strategies & principles

• Aims to reduce hospital infections & make hospitals safer through **attitudinal change**;

• Strong local emphasis on **involvement of all**;

• Internal & external **audit tool** on infection prevention, patient safety and cleanliness;

• Recognition of **best-performing hospitals**;

• Emphasis on leadership, autonomy, empowerment in **facilities**.

Lessons learned

• Combined top down & bottom up approach

• Focus on decentralized health system

• Commitment by all at facility level
From local implementation to global learning

- The experience was documented as a learning lab knowledge product and shared with a wider audience;
- Interventions utilized in CASH are being scaled up nationally with an emphasis on forging links with UHC reforms;
- Lessons learned from implementation are strongly linked to national strategic action on quality;
- This learning is informing national efforts in:
  - Cambodia
  - Mali
- Change nuggets will be shared in cross-country meeting to be hosted in Nepal in March 2017.
"Seeing the change towards improved care and sanitation practice keeps me motivated. I would not go back to working to where things were before."

–Staff nurse in Addis Ababa hospital
6. Working in 2017 with you
Looking ahead: GLL 4 QUHC in 2017

- Disseminate knowledge products based on country experience & member implementation activities.

- Host webinar series using “ignite” format.


- Populate repository with emerging technical resources that have been shared by learning lab members.

- Maintain close engagement with other related groups and knowledge platforms on quality within the context of UHC.

- Keep the momentum through blogs/meetings/workshops/conferences.
How can YOU be involved?

✓ Express your interest and get involved: https://extranet.who.int/dataform/627224?lang=en

✓ Subscribe to receive GLL knowledge pulse by emailing gll4quhc@who.int


✓ Share emerging lessons from implementation with GLL team for dissemination to wider GLL

✓ Participate in learning pod of interest

✓ Share your upcoming events with GLL team

✓ Get active on social media: #GLL or #4QUHC
1. Urgent need to share, challenge and spark for quality UHC across the world.
2. Need to demonstrate immediate relevance & utility to “doers” focused on implementation!
3. This year is foundational – we will be listening, refining and listening again.
4. Learning lab functionality will evolve.
5. We seek maximal synergy with others. This will only succeed through your active involvement.
Learn more here: http://www.who.int/servicedeliverysafety/areas/qhc/en/

Email us here: GLL4QUHC@who.int