



## TECHNICAL REPORT

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# Global Perspectives on Strategies and Infrastructure for Improving Healthcare at the National Level

FEBRUARY 2016

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# Global Perspectives on Strategies and Infrastructure for Improving Healthcare at the National Level

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**DISCLAIMER**

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For more information on the work of the USAID ASSIST Project, please visit [www.usaidassist.org](http://www.usaidassist.org) or email [assist-info@urc-chs.com](mailto:assist-info@urc-chs.com).

The Health Foundation is an independent charity committed to bringing about better health and healthcare for people in the United Kingdom. For more information on The Health Foundation, please visit [www.health.org.uk](http://www.health.org.uk).

For more information on Scottish Government's Health and Social Care, please visit <http://www.gov.scot/Topics/Health>.

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## **Acronyms**

ASSIST	USAID Applying Science to Strengthen and Improve Systems Project
HCAC	Health Care Accreditation Council (Jordan)
HCI	USAID Health Care Improvement Project
IHI	Institute for Healthcare Improvement
ISQua	International Society for Quality in Health Care
MOH	Ministry of Health
NHS	National Health Service
PBF	Performance-based financing
UAE	United Arab Emirates
UHC	Universal Health Coverage
UK	United Kingdom
URC	University Research Co., LLC
USA	United States of America
USAID	United States Agency for International Development
WHO	World Health Organization

## Executive Summary

Sponsored by The Health Foundation, a high-level policy seminar entitled, “Global Perspectives on Strategies and Infrastructure for Improving Healthcare at the National Level,” was convened at the International Forum on Quality and Safety in Healthcare in London, England in April 2015. The seminar brought together 41 experienced health system leaders and policy makers directly involved in healthcare policy at the international and national level, to determine and establish means to achieve national priorities for improvement. Participants represented 25 upper-, middle-, and lower-income countries.

The seminar was chaired by Professor Jason Leitch, National Clinical Director of Healthcare Quality and Strategy for the Scottish Government and Dr. M. Rashad Massoud, Director of the United States Agency for International Development (USAID) Applying Science to Strengthen and Improve Systems (ASSIST) Project and Senior Vice President of the Quality and Performance Institute at University Research Co., LLC.

The meeting was designed as an “all teach/all learn” seminar aimed to encourage global knowledge sharing of quality improvement approaches. Discussions were stimulated through the following three main questions:

1. How did the improvement effort(s) you have experienced start, and what infrastructure was created to support improvement?
2. What improvement approaches were used?
3. If you were to undergo this experience again, what should be repeated or not and what would you do differently?

This report highlights the thoughtful conversations that resulted. Participants came to an agreement on overlapping themes and necessary structures for improving healthcare. At the end of the meeting, the participants agreed on a communique, which was shared and distributed on the website of the International Forum on Quality and Safety in Healthcare.

Consensus from the day’s discussion was that creating a new policy will not solve all quality problems in a country. It is vital to develop a clear strategy for the healthcare system and to plan the development as well as the operationalization of the policy around the strategy. Country representatives brought varying examples of different approaches for successful implementation as well as honest conversations on lessons learned throughout the process. Many of the participants had different stories of *how* their policy was translated into action, however, there were many common themes to successful implementation. Some of those areas included, but are not limited to:

- During implementation, think big, but start small
- Strong leadership and management support to frontline workers
- Resource support to implement the policy to ensure sustainability
- Understanding the different contexts within a country and how that policy will need to be adapted accordingly
- Integration of quality improvement must occur at all levels
- It is important to identify champions/change agents of quality improvement work to spread the word and motivate others to participate



## Introduction

This meeting report highlights the thoughtful discussions that took place during the day-long policy seminar convened at the International Forum on Quality and Safety in Healthcare in London, England in April 2015. The report does not mention specific names of participants, however it does note the different country perspectives and contributions to the discussion. The report consolidates key themes that emerged throughout the day as well as the recommendations of the 41 experienced health system leaders and policy makers to determine and establish means to achieve national priorities for improvement. (The agenda for the policy seminar is found in **Appendix 1**.)

This report contributes to the field of improvement as it includes important reflections and first-hand experiences of global leaders implementing national quality improvement programs. The lessons learned and honest reflections from these leaders can be used for countries who are embarking on their own quality improvement journey. Those who are uncertain where to begin or what is the best approach may refer to this report to see the amount of overlapping areas of necessary strategies and infrastructure for improving healthcare at the national level, regardless of context. The conversations throughout the day covered successful approaches as well as lessons learned.

## Background

Universal Health Coverage (UHC), as defined by the World Health Organization<sup>1</sup> (WHO) aims to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. UHC has become a priority in the international development agenda, and countries around the world are working to increase access by decreasing barriers and scaling up existing infrastructures in the healthcare system. However UHC should not only reflect access to healthcare, it must also consider the quality of the healthcare available. In order to achieve the highest quality of healthcare, it is essential that improvement is integrated into national strategies and policies and effectively translated into action.

A high-level policy seminar, sponsored by The Health Foundation, was convened at the International Forum on Quality and Safety in Healthcare in London, England on Tuesday, 21 April 2015 to determine and establish means to achieve national priorities for improvement.

The seminar convened 41 experienced health system leaders and policy makers representing 25 upper-, middle- and lower-income countries, directly involved in healthcare policy at the international and national levels. (See **Appendix 2** for the list of participants and country affiliations of participants who agreed to disclose their name for publication.)

The day was chaired by Professor Jason Leitch, National Clinical Director of Healthcare Quality and Strategy for the Scottish Government, and Dr. M. Rashad Massoud, Director of the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project and the Senior Vice President of the Quality and Performance Institute at University Research Co., LLC (URC). Mr. Richard Taunt, Director of Policy at the Health Foundation, opened and closed the meeting. Biographic profiles for Professor Leitch, Dr. Massoud, and Mr. Taunt can be found in **Appendix 3**.

Throughout the day, participants shared their experiences of implementing quality improvement efforts at the national level from countries such as, but not limited to, Lesotho, Uganda, Tanzania, Swaziland, South Africa, the United States, Sweden, the Netherlands, and Scotland.

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<sup>1</sup> [http://www.who.int/features/qa/universal\\_health\\_coverage/en/](http://www.who.int/features/qa/universal_health_coverage/en/)

## Meeting Design

The policy seminar was by invitation and application only. Participants were selected based on their experiences in policy making and leading health systems. It was aimed to select representatives from low-, middle- and upper-income countries to facilitate the sharing of experiences in their different settings and identification of mutually relevant lessons.

This meeting was designed as an “all teach/all learn” seminar aimed to encourage global knowledge sharing of quality improvement approaches. Discussions were stimulated through the following three main questions:

1. How did the improvement effort(s) you have experienced start, and what infrastructure was created to support improvement?
2. What improvement approaches were used?
3. If you were to undergo this experience again, what should be repeated or not, and what would you do differently?

Questions were shared prior to the day of the meeting so participants had the ability to prepare responses.

In parallel with the day’s conversations, Ms. Amanda Ottosson, URC, and Ms. Selina Stephen, Scottish Government, identified key themes and recommendations and prepared a draft communique. The draft communique was shared with participants in the latter half of the day, where they agreed upon the key recommendations and finalized the document. The finalized communique (found in **Appendix 4**) was shared on the International Forum for Quality and Safety in Healthcare’s website as well as during the introductory speech delivered by Mr. Derek Feeley, Institute for Healthcare Improvement (IHI), during the conference.

## Seminar Content: Strategies and Infrastructure for Improving Healthcare at the National Level

Mr. Richard Taunt, Director of Policy, The Health Foundation, opened the meeting. The Health Foundation is an independent charity focused on improving health and healthcare in United Kingdom. This was the first time The Health Foundation was a part of such a meeting. Reflecting on his experience in health care policy in the United Kingdom, Mr. Taunt noted that many people view health policy as pointless and irrelevant. He looked forward to addressing this issue and finding ways to overcome this barrier throughout the day. All participants agreed that the examples given throughout the day will show the importance of healthcare policy to countries.

Dr. Rashad Massoud explained the policy seminar is one in a series of meetings that has been previously convened. The first policy seminar was conducted in Afghanistan (Hiltebeitel et al., 2010), after which policy leaders, with technical assistance from the USAID Health Care Improvement (HCI) Project, were able to set up an infrastructure in Afghanistan that supported improvement in difficult circumstances. Similar meetings were then conducted in Uganda (Kogler, 2011) and Kenya (USAID ASSIST Project, 2013). There was also a multi-country policy seminar conducted in Jordan, with the Jordan Health Care Accreditation Council (HCAC) and the International Society for Quality in Health Care (ISQua) (Dick, 2011). This meeting was convened due to the success of passed meetings and their added value to previously participating countries.

Prof. Leitch and Dr. Massoud facilitated a rich discussion through a semi-structured agenda, which had three overarching questions, with many sub questions. The day’s discussion focused naturally on translating policy into actions through the following areas:

- Identifying priorities and needs

- Resources and approaches to improvement
- Reflections from firsthand experience

## Discussion of Translating Policy into Action

Policy makers are often very caught up with what the policies should be in the country. However, it is also important to focus on *how* the policies are created, and *how* they are effectively implemented. Mr. Derek Feeley, IHI, and Prof. Jason Leitch, Scottish Government, emphasized the importance of having a clear aim as well as a thoughtful plan for implementation. The dissemination of the policy as well as how to sustain the improvement must be considered. A representative from Scotland agreed, noting that a focus on outcomes is key to a successful policy.

A participant with experience in policy making in both Afghanistan and Uganda discussed the disconnect between policymakers and implementers. From his experience, many different definitions of quality exist. Unless there is a standardized definition of quality, at the very least at the country level, it makes it very difficult to understand. Implementers need assistance in translating the policy into action. It is important to recognize that there are different resources and knowledge available in different areas. Context can vary greatly within a country. It is necessary to slowly roll out a policy, by slowly testing changes, observing how they work, and then adapting as necessary throughout the spread. (See **Box 1** for an example from Uganda.)

This section focuses on participants' experiences of translating policy into action, through considerations during the planning phase, how to gain momentum, approaches to implementation, and the importance of strong leadership as well as partnerships in implementing improvement.

### Planning Phase

Planning is an integral part of a successful national quality improvement strategy. However, all participants agreed it is very important to not waste time planning. It is important to begin improving as soon as possible, even if on a small scale.

Some participants from the upper-income countries reflected on how their countries had conducted so many patient safety culture surveys. They then realized that these cost a lot of time and resources and did not give the picture that was sought after. Too much time was spent on creating measures as opposed to improving care.

Participants agreed that policymakers and implementers often know what needs to be done and when it needs to be done. So it is often unclear why so much time is wasted on creating indicators and analyzing data prior to implementation. However, there was consensus that targets and expectations must be clearly defined. It is just as important to not wait for perfection before beginning work.

A representative from Kenya described developing the national quality improvement policy strategy document. In Kenya, they had a constitution change in 2010. One of the key issues that emerged in the change was the right to health care for all. The role of the national government then shifted from service delivery to policy. In 2013, Kenya held a policy seminar where all key stakeholders came together. Participants shared experiences on policy development and successful implementation. The seminar was found very useful in assisting how to create a national quality improvement strategy for Kenya (USAID ASSIST Project, 2013).

#### Box 1: Developing aims in Uganda

In **Uganda**, the Ministry of Health (MOH) had created a policy but there was no collaboration or understanding on how to implement the document. The USAID Health Care Improvement (HCI) Project worked with the MOH to improve care for mothers with HIV and their babies. Once the MOH saw the changes occurring, the idea of aims came up. At the national level people reviewed the aims, and intermediary level policies were implemented. It was important to incorporate measures within the policy, but in order to do so they needed to show what was possible on the ground.

## Gaining Momentum

Gaining traction to improve quality of care throughout the country can be very difficult. Many countries are focused on accreditation and/or regulation to improve care. Politicians have an understanding for accreditation and regulation, but improvement can feel too abstract. Getting politicians and implementers to move on to a more complex approach is very difficult. In order to gain momentum and support, participants agreed that it is important to think big and start small. It is also important to identify change agents early on in the process. These change agents will become the leaders to improving care in the country. They will spread the improvement culture and way of thinking beyond their current area of work. Participants shared their methods to stimulating interest in improvement. **Box 2** describes the role that external technical assistance can play in this process.

*“Think big, start small.”*

A study carried out by a scientific institute in collaboration with doctors and nurses in hospitals in the Netherlands had found that approximately 1960 people died in hospitals each year were preventable (Langelaan et al., 2010). The mix of collaborating stakeholders was helpful in the government accepting the outcome. The National Patient

### **Box 2: The role of external technical expertise**

**Lesotho** has the second highest rate of infection of HIV in the world. This is a serious issue to policy makers in the country. The Ministry of Health identified the need to implement quality improvement. However, they recognized the country lacked the capacity and expertise to drive this agenda forward. This is where the need for implementing partner expertise came in. As a result of such support, Lesotho has begun to implement quality improvement work in HIV care and treatment.

Safety Program was initiated after these results came out, and a national policy was created. The National Patient Safety Program in the Netherlands has been ongoing for the last five years. So far there has been a great improvement in patient safety. After five years, the study found that only 970 deaths in hospitals were preventable (Langelaan et al., 2013).

Similar to the Netherlands, the United Arab Emirates (UAE) representative described there is a very thin line to what is the correct approach. Reflecting on their experience, he discussed the importance of utilizing information from data to help frame the situation and create leadership buy-in and for people to take ownership of the program.

A participant from Sweden discussed the influence at the national level. Sweden has been trying many approaches and has found that if pieces from the various stakeholders are gathered and put together to illustrate a larger picture, it is easier for everyone to understand how smaller problems are affecting overall outcomes.

Representatives from New Zealand, UAE, and Denmark all discussed the use of showing results and cost savings in order to gain support from policy leaders. In New Zealand, they demonstrated the waste that was occurring in the country through poor quality care. Through this, they brainstormed how to generate commitment. They decided to build the capacity of undergraduate programs in improvement, improve communication procedures, and bring patients into the discussion for improving care. Throughout this process, they engaged clinicians to take ownership of these changes.

When policy makers in UAE propose to develop a new policy, they usually start to break down the cost associated. They will conduct training for staff and awareness programs for regulators. However, they must find funding for the program for successful implementation.

Denmark was able to show impressive results, which made a huge difference in gaining political support for improving quality of care. The representative from Denmark shared that although the results were impressive, they do face an ongoing debate on documentation. Currently, people are fed up with

documenting everything. Politicians asked about results for accreditation; however, there is very little research available, so they lost support. Denmark is trying to find funds to evaluate improvement outcomes in order to continue to sustain support from politicians. This is an issue many participants felt their countries are facing.

## Implementation Approach

All participants agreed that it is important to recognize there is not one approach to improving healthcare nationally. Some participants reflected on a successful top-down approach within their country, others a bottom-up approach, and some a combined approach. The conversations surrounding approaches to implement improvement nation-wide, shows how there is not a one-size-fits-all approach. Some participants described their approach as heavily top-down but with some integral bottom-up aspects.

Representatives from Scotland discussed the importance of a bottom-up culture of change. There is a need for more than just government change and support. It is important to craft a policy that is grounded in rational, evidence-based frameworks. Scotland originally mandated a national program, but they tried to make it sensitive to what people at the point of care were saying.

Currently, Abu Dhabi has a vision for the Emirate, which is to diversify the economy and increase quality of life. This vision has extended to the seven emirates in UAE. Specifically, UAE has a 2030 vision that includes healthcare. They are working to translate that high-level vision to implementers.

In contrast to UAE, the governments of Denmark and the Netherlands, facilitated conversations among key stakeholders to determine the direction of the policy. The Dutch Government's facilitation led to the collaboration of hospitals. These conversations are dictating what direction the Netherlands will be going and how they will get there. For Denmark, they organized a national group of stakeholders who meet three to four times a year. Currently, Denmark is focusing on how to translate their learnings on patient safety into their pre- and post-graduate medical programs.

In Malawi, many organizations had different agendas and priorities. The Ministry of Health (MOH) had to develop standards and guidelines on how to deliver services to vulnerable children in order to streamline the services provided. However, the guidelines were found to not be enough. Many policy documents are created but they just sit on shelves. Instead, the MOH, in collaboration with the USAID ASSIST Project started work in five communities. They isolated effective changes and found the evidence of what works. They then scaled up the work to more communities. Now, Malawi is using lessons learned from these communities. The Ministry is looking at these lessons learned and incorporating them into the national plan. They are very much focused on building the capacity from the bottom up.

South Africa experiences a great deal of variation among provincial departments, with all departments not necessarily adhering to national policies and guidelines. South Africa developed a framework to improve quality of services in facilities. To a large extent, they have identified a framework for standards in quality service delivery. They introduced this framework to the facilities in a trial run. It was a very high-level process, which consisted of fast results translated into a policy and followed by amendments to the South Africa Health Act. Once legislated in South Africa, all facilities are subjected to same rules. Standardization was very important, as is compliance (see **Box 3**).

### **Box 3: Determining priorities from the bottom up with strong leadership**

**South Africa** had a top-down and bottom-up approach to institutionalize quality improvement in the healthcare system. The Department of Health investigated what were patients' primary complaints. Through this, they found patient safety was a priority. The Minister of Health appointed six ministers to work on the top issues identified through the assessment. If there was any complaint about a specific doctor or nurse, he would personally visit them to discuss the issue, and he did. Leadership was and still is vital in creating and enabling a culture for improving care for patients.

Overall, consensus among participants was to support diversity and make sure decisions are being effectively made. Regardless of the approach, the policy must value patient and staff involvement. It also should involve community and frontline workers.

## Importance of Strong Leadership in Improvement Implementation

Regardless of the approach, it is essential to have strong leadership throughout the improvement process. It is important to identify change agents and develop strong leaders from an early stage. Participants discussed their experience of strong leadership throughout the day.

Leadership support is as essential at the national level as at the facility level. A participant working on improving care in Rwanda discussed how it is not enough to just have well intentioned healthcare professionals. Management support is needed. In Rwanda, all stakeholders were involved in improving care, from surgeons to the Chief Executive Officer to the Director of Surgical Services. The Rwandan experience found that if there is not full buy-in from all stakeholders involved, it is likely the improvement project will fail.

The participant from Rwanda expanded on how they were able to get the necessary support for a successful improvement project (see **Box 4**). They had managers who had management experience in improvement and who were strategic in setting up the structure of management to support the ongoing work as effectively as possible.

Recognizing the importance of leadership, the UAE representative discussed their current approach to improving healthcare. So far, it has consisted of accreditation and regulation. However, they are moving towards a performance management approach, with key performance indicators. UAE has done some work to move towards an improvement approach. They are working to make sure leadership understands improvement but this is proving difficult. Contextually, informal and formal power is important to recognize, specifically the roles and relationships. UAE is slowly developing the capability to improve.

Participants from Scotland noted that leadership was key to focusing on improvement, specifically building a culture of change and quality. Once this culture was created, colleagues were able to get permission to start work on this agenda. Demonstrating success in improvement enabled them to receive permission to continue the work.

In Uganda, the quality improvement program started in 1995. At that time, Uganda was going through a period of decentralization. The country was focused on improved quality of care in health centers, and they were interested to know how the government could assist these facilities to achieve their goal. Everyone was interested in establishing the quality of care program.

In the early 2000s, Uganda received many implementing partners who wanted to implement quality improvement activities. However there were too many partners in the districts. They had different approaches and methods, which became confusing. Uganda therefore created a mechanism to coordinate quality improvement efforts through the development of a framework.

### Box 4: Examples of successful leadership

The Government of **Rwanda** is determined to succeed. There is a big difference in results when the government does not support a culture for change and improvement.

Some of the top leaders in the **Uganda** Ministry of Health underwent training to better understand and support quality improvement. These leaders came back and felt confident to set up the quality improvement program in the country.

**The Netherlands** identified which people were the motivated individuals/ champions to spread improvement work and drive the change. After the identification of these champions, momentum started to build up.

A participant from Kenya discussed the importance of understanding individual roles in quality improvement. They felt it is important to define roles as a marketer or an innovator. Based on Kenya's experience, the best approach is dependent on how systems have developed in the country. For example, the first step to institutionalizing quality improvement was to sensitize leadership, during which they taught them the advantages of quality improvement. After leadership understood the importance, they built leaders' capacity in quality improvement. The final step was to engage leaders in mentorship and coaching.

A Kenya representative reflected on the change that occurred once the Kenyan Government took a leadership role in improving healthcare. When the government took the leadership, things tended to change. It is important to let the government lead the efforts and for implementing partners to take a supportive role. The USAID ASSIST Project provided technical expertise. Once engaged, the government was eager to learn more and participate.

## **Partnerships**

Although developing countries may experience this more dramatically, the reality is that regardless of country, there are often multiple actors embarking on different strategies and techniques to implement quality healthcare. These various stakeholders must be streamlined through policy and partnerships. Leaders from upper-, middle-, and lower-income countries discussed their experience in forming partnerships and the importance of these in improving healthcare.

Reflecting on their experience, participants from the Netherlands spoke of setting up a collaboration of hospitals to determine the direction the country needed to go in improving healthcare. These conversations are still ongoing. It is important the collaboration does not end, as improvement can always take place. There were and still are a great deal of answers coming from the collaboration of hospitals.

In Tanzania, improving healthcare started as a very small program in the country. There were silos of different efforts and no coordination between partners. It became a competition of different partners, all with the same end goal. The government had to streamline these efforts for cohesive quality care.

A participant reflected on the need for implementing partners to help to alleviate the non-cohesiveness of various stakeholders in a country. Implementing partners have the opportunity to work with policy leaders. It is important to recognize what can be offered to policy makers. First, implementing partners can assist policy makers address the current situation by providing support in appropriately designing the programming to the context. Second, technical expertise can be provided based on past experiences and knowledge of existing resources. Assistance to develop a quality strategy is one of the greatest contributions that can be done. This is a strong step in developing sustainable healthcare structures and systems for the future.

All participants agreed it is imperative for the government to discourage working in silos and encourage teamwork. There are lots of resources and tools readily available. It is important to establish partnerships (both domestically and internationally) so these resources do not go underutilized.

## **Sustaining Momentum and Institutionalizing Improvement**

An integral component to ensuring policy is effectively translated into action is to incorporate methods to sustain the momentum of the work that has started. Throughout the day, participants discussed various methods to sustain improvement work in their various countries. These included examples of incentives, both monetary and non-monetary, as well as the consideration of potential disincentives that may exist.

Participants from Denmark, South Africa, and Lesotho all shared examples of when monetary incentives proved fruitful in improving healthcare quality and health outcomes. In Denmark, the Government suggested to hospital leadership that 0.5% of the budget was to go towards quality improvement and

safety goals. If hospitals did not set up goals for these, the money was held back. The amount designated for quality and safety is increasing each year. The method has worked well so far.

In South Africa, if a district performed well, they would get an additional budget to continue their work. This was used as motivation to achieve a particular objective. It freed up resources to continue work and has proved successful.

In Lesotho, women were giving birth in communities instead of in health facilities. Once looking into the problem, they realized that women did not want to or could not afford to pay for the fees to give birth in a healthcare facility. The Government then waived this cost for women to give birth in facilities. The Government of Lesotho has since introduced performance-based incentives to healthcare workers to improve care for women giving birth. Since the introduction of incentives, health facilities have improved the services for the women, and more women have started to come to facilities to give birth.

In contrast to the case in Lesotho, performance-based financing (PBF) did not work in Tanzania. Participants discussed that PBF should be approached with caution. Results have not been great for outcomes. The success of PBF depends on the situation and the design.

In Uganda, there had been an element of punitive action should poor quality have been found in healthcare facilities. At first, the MOH had not been supportive of working in improvement. However, now they have recognized a need to identify the cause of poor health outcomes and address the gaps and causes. Uganda is currently in the process of setting up review committees. They have had strong support of different parliamentarians in setting up the committees. By working together (professional bodies, policy makers, etc.), they feel more equipped to address issues of quality.

One participant spoke about using results from patient surveys to spur discussion around bettering the patient experience. They found that incentives are not enough and that patient surveys provide a necessary deeper understanding of the patient-perceived quality of healthcare.

The conversation naturally led to the issue of building a culture to support quality improvement, which is an essential component to institutionalizing quality healthcare. Participants agreed that there is a huge deficit in formal education systems on quality improvement approaches and techniques. Medical curricula (graduate and undergraduate) should include quality improvement methods and approaches. Denmark has an undergraduate program that has incorporated quality improvement, using lessons learned from Scotland.

South Africa has introduced having guest lecturers in their undergraduate programs who are involved at the policy level. This ensures that there is an understanding of policy and national strategy development and implementation from the national level perspective. South Africa has found that not all academic lecturers accurately reflect the current situation at policy level, so standardized messaging has been very useful.

## **Conclusion**

There is no set formula or recipe to developing national policies or infrastructures for improving healthcare in different contexts. However, there are best practices that, through the convening of a group of experts, can be distilled and understood in the contexts in which they worked and how they were made to work.

Quality improvement efforts need to consider the needs and expectations of all involved, including patients, their families, their communities, and healthcare providers.

It is vital to not only establish the 'what' of quality improvement policies, but also to consider the 'how' to implement those policies. The 'how' takes the context into consideration, which varies greatly from country to country as well as within the same country. This should include action and implementation

plans that have the patient and families at the center. Developing policies in conjunction with implementers ensures that policy and practice are aligned.

In the planning phase of policy making, there must be a clear strategy, which takes the long-term into consideration when setting the aims and objectives. The strategy must consider the sustainability of the program. Think big but start small. However, time and resources should not be lost in striving for perfection at the planning phase.

In order to implement a policy, there must be a strong support system in place. Leaders must provide the resources, support, and culture to support the ideas generated from the implementers, patients, and families. Implementers need to be able to identify problems and take them to the appropriate level in the system so they can be solved. Therefore, complexities and context must be considered. It is also vital to build the capacity and capability of all key stakeholders, including integration within the education system.

*“Everyone is always talking about the health system failing, but we are making it fail. We need to take responsibility.”*

There should be a focus on the importance of good governance, leadership, and harmonization of quality improvement efforts at the local, regional, and national levels. Integration of quality improvement efforts must occur at all levels, with the national focus ensuring there is the infrastructure and culture in place to support quality improvement throughout the system.

It is imperative to generate a deep understanding at all levels of the healthcare system of the possible results that can occur using improvement methods. Leaders must consider the appropriate motivators necessary for the culture and context to generate a will for change. It is important to identify champions/ change agents of quality improvement work to spread the word and motivate others to participate.

Overall, consensus was that creating a new policy will not solve all problems. It is important to properly plan the execution of the policy or strategy document for effective implementation. Seminar representatives had varying examples of different approaches for successful implementation as well as honest conversations on lessons that have been learned along the way. It is important for everyone, from policy makers to healthcare workers, to take responsibility for the results the healthcare system is producing. Furthermore, quality improvement is a dynamic field. As methods and context continue to evolve, priorities must be set and revisited on a consistent basis.

## **Next Steps**

Participants, specifically from lower- and middle-income countries, agreed to report back the shared learning from the day’s discussion to their respective governments and Ministries of Health. Furthermore, many participants agreed to strongly recommend a follow-on event in their country to set national priority areas for improvement as well as establish a national strategy for quality improvement in healthcare. The conversation is still ongoing in all upper-, middle-, and lower-income countries. The need for continued shared learning is recognized more than ever.

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## Appendices

### Appendix I: Agenda

#### How to prepare for the seminar

You will be seated at a summit-style table, and will be encouraged to actively contribute to the chaired open forum throughout the day.

We ask that you come to the table ready to share examples of your experience in policy development and implementation. You will be encouraged to actively discuss stories and examples of improvement efforts that you have been involved with, so before to the seminar you may wish to reflect on the following points as they relate to your own work:

- Identifying the need for improvement
- Setting improvement priorities
- Developing infrastructure for improvement
- Approaches and methods of improvement
- Reflecting on the challenges and successes
- Impact of national policy at local level
- Lessons and recommendations you can share with others

<b>Time</b>	<b>Meeting Discussion</b>
08.30 – 9.00	<i>Arrival/ Coffee</i>
09:00 – 9.10	Welcome and Introductions Richard Taunt, Director of Policy, Health Foundation
09:10 - 09:30	Framing of the meeting: <ul style="list-style-type: none"><li>• Expectations</li><li>• Process</li></ul> M. Rashad Massoud, Director, USAID ASSIST Project Jason Leitch, National Clinic Director, Healthcare Quality and Strategy, Scottish Government
09:30-10:30	<b>Discussion Question #1:</b> <ul style="list-style-type: none"><li>• How was the need for improvement identified?</li><li>• How did the improvement effort(s) you have experienced start?</li><li>• Who championed it?</li><li>• How was leadership buy-in secured at the start?</li><li>• How was stakeholder engagement and support secured? How was commitment and agreement of staff involved?</li><li>• How was commitment sustained? How do you align your improvement work with corporate objectives?</li><li>• How were improvement priorities set?</li><li>• What infrastructure was created to support improvement? How did it work?</li></ul>
10:30-11:00	<i>Coffee Break</i>

Time	Meeting Discussion
11:00-12:00	<p><b>Discussion Question #2:</b></p> <ul style="list-style-type: none"> <li>• How did you resource the improvement – how did you fund improvement training/coaching or release staff time to plan and deliver the improvement?</li> <li>• What improvement approaches were used?</li> <li>• How and why did you choose?</li> <li>• How did they work?</li> <li>• How did you resolve the balance between minimal standards and best practices?</li> <li>• How did you review progress?</li> <li>• How did you communicate and coordinate?</li> <li>• How did you respond to setbacks? How did you keep focused on your improvement journey in the face of challenges?</li> </ul>
12:00-13:00	<i>Lunch Break</i>
13:00-14:00	<p><b>Discussion Question #3:</b> If you were to undergo this experience(s) again – what was important that you would want to see repeated?</p>
14:00-15:00	<p><b>Discussion Question #4:</b> If you were to undergo this experience(s) again – what proved not important that you would not want to see repeated? Or done differently?</p>
15:00-15:30	<i>Coffee Break</i>
15:30-16:30	<p><b>Discussion Question #5:</b> What would you advise your organization or the wider healthcare community related to national improvement strategy (priority-setting and method mix) and infrastructure to support it?</p>
16:30-17:00	<p>Concluding Remarks: M. Rashad Massoud and Jason Leitch Closing: Richard Taunt</p>

## Appendix 2: List of Participants and Country Affiliations<sup>2</sup>

First Name	Surname	Title, Organization	Country of Origin/Country of Residence
Mirwais	Rahimzai	Chief of Party, USAID ASSIST Project, URC	Afghanistan/Uganda
Patrick	O'Connor	Vice President of Medicine, Quality and Safety, Vancouver Coastal Health	Canada
Jorge	Hermida	Regional Director, Latin America, USAID ASSIST Project, URC	Ecuador
John	Byrne	Primary Care Directorate, Core Quality Commission	England
Meenara	Islam	Policy Fellow, The Health Foundation	England
Natalie	Berry	Policy Fellow, The Health Foundation	England
Richard	Taunt	Director of Policy, The Health Foundation	England
Nigel	Livesley	India Project Director, USAID ASSIST Project, URC	England/India
Faith	Mwangi-Powell	Kenya Chief of Party, USAID ASSIST Project, URC	Kenya
Charles	Kandie	Head, Health Standards and Quality Assurance, Ministry of Health	Kenya
Subiri	Obwogo	Senior Quality Improvement Advisor, USAID ASSIST Project, URC	Kenya
Joseph	Tetteh	Director of Quality Assurance, Ministry of Health	Lesotho
Kelello	Lerotholi	Chief of Party, USAID ASSIST Project, URC	Lesotho
McKnight	Kalanda	Director of Child Affairs, Ministry of Gender, Children, Disability, and Social Welfare	Malawi
Tiwonge	Moyo	Resident Advisor, USAID ASSIST Project, URC	Malawi
Bas	Leerink	Chief Executive Officer, Hospital System, Medisch Spectrum Twente	Netherlands
Ian	Leistikow	Healthcare Inspector, Medisch Spectrum Twente	Netherlands
Jonathon	Gray	Director, Ko Awatea	New Zealand
M. Rashad	Massoud	Senior Vice President and Director, USAID ASSIST Project, URC	Palestine/United States of America
Jason	Leitch	National Clinical Director of Healthcare Quality	Scotland

<sup>2</sup> This list does not include all participants from the Policy Seminar. It includes participants who disclosed their names for publication.

<b>First Name</b>	<b>Surname</b>	<b>Title, Organization and Strategy, Scottish Government</b>	<b>Country of Origin/Country of Residence</b>
Derek	Feeley	Executive Vice President-IHI	Scotland/United States of America
Bennett	Asia	Director Districts and Development, National Department of Health	South Africa
Donna	Jacobs	Regional Director, Southern Africa, USAID ASSIST Project, URC	South Africa
Bodil	Klintberg	Senior Advisor, Swedish Association of Local Authorities and Regions	Sweden
Davis	Rumisha	Chief of Party, USAID ASSIST Project, URC	Tanzania
Anthony	Mbonye	Director Health Services and Assistant Professor, School of Public Health, Makerere University	Uganda
Esther	Karamagi	Deputy Chief of Party, USAID ASSIST Project, URC	Uganda
Henry	Mwebesa	Commissioner for Quality Assurance, Ministry of Health	Uganda
Victor	Boguslavsky	Deputy Director, USAID ASSIST Project, URC	Ukraine/United States of America
Rehab	Al-Ameri	Senior Specialist at Abu Dhabi Quality and Conformity Council	United Arab Emirates
Azhar	Ali	Executive Director, Institute for Healthcare Improvement	United States of America
Laurence	Rosoff	Vice President, Corporate Development, URC	United States of America
Pierre	Barker	Senior Vice President, Institute for Healthcare Improvement	United States of America
Victor	Pawelzik	Health Management Advisor	United States of America/Rwanda
Tracey	Cooper	Chief Executive Officer, International Society for Quality in Health Care	Wales

### Appendix 3: Biographical Profiles of the Seminar Organizers



**Jason Leitch** has worked for the Scottish Government since 2007 and is now the Clinical Director of the Quality Unit in the Health and Social Care Directorate. He is a member of the Health and Social Care Management Board and one of the senior team responsible for implementation of the NHSScotland Quality Strategy.

Professor Leitch is also the Medical Director of the Tayside Centre for Organisational Effectiveness and an Honorary Professor at the University of Dundee. He was the 2011 HFMA UK Clinician of the Year.

He was a 2005-06 Quality Improvement Fellow at the Institute for Healthcare Improvement in Boston, MA, USA, sponsored by The Health Foundation. He is also a trustee of the UK wing of the Indian

Rural Evangelical Fellowship which runs orphanages in southeast India.

Professor Leitch has a doctorate from the University of Glasgow and a Master of Public Health from Harvard University. He is a fellow of the Royal College of Surgeons of England, The Royal College of Physicians and Surgeons of Glasgow, and the Royal College of Surgeons of Edinburgh. He is also a Fellow of the Higher Education Academy.



**M. Rashad Massoud** is a physician and public health specialist internationally recognized for his leadership in global health care improvement. He is the Director of the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project. He is Senior Vice President of the Quality and Performance Institute at University Research Co., LLC (URC), leading URC's quality improvement efforts in over 40 countries applying improvement (also known as implementation, delivery, or execution) science to deliver better results in global health priority areas. He has a proven record of strong leadership and management. Previously, he was Senior Vice President at the Institute for Healthcare Improvement (IHI) in Cambridge, MA, USA, responsible for its Strategic Partners – IHI's key customers working on innovation, transformation, and large-scale spread, such as HRSA's Health Disparities Collaborative,

Kaiser Permanente, The NHS Institute for Innovation and Improvement in the UK, and the Department of Health and Human Services Indian Health Service. Dr. Massoud previously served as Associate Director of the USAID Quality Assurance Project (QAP) and responsible for the project's activities in Europe and Eurasia and Asia and the Middle East. Dr. Massoud pioneered the application of collaborative improvement methodology in several middle- and low-income countries. He helped develop the WHO strategy for design and scale-up of antiretroviral therapy to meet the 3x5 target; designed large-scale improvement in the Russian Federation; improved rehabilitation care in Vietnam; developed the Policy and Regulatory Framework for the Agency for Accreditation and Quality Improvement in the Republic of Srpska; and developed plans for the rationalization of health services in Uzbekistan. He founded and for several years led the Palestinian health care quality improvement effort. He was a founding member and Chairman of the Quality Management Program for Health Care Organizations in the Middle East and North Africa, which helped improve health care in five participating Middle East countries. He has worked on health care quality improvement for the Harvard Institute for International Development and the Palestine Council of Health. He also served as a Medical Officer with the United Nations Relief and Works Agency, and he has consulted for and collaborated with several NGOs, KPMG, UNICEF, the World Bank, and WHO. Dr. Massoud is a regularly invited speaker at international conferences and chaired the April 2012 Salzburg Seminar: "Making Health Care Better in Low and Middle Income Economies: What are the

next steps and how do we get there?” He will also chair the July 2016 Salzburg Seminar “Better Health Care: How Do We Learn about Improvement?” Dr. Massoud speaks English, Arabic, Russian, and basic French.



**Richard Taunt** is Director of Policy at The Health Foundation, joining in May 2014 from the Care Quality Commission where he was Head of Regulatory Change. Prior to that, he held a number of roles within the Department of Health, most recently as head of the NHS Policy and Strategy Unit. Mr. Taunt has also been an adviser on strategy and policy on areas including quality, primary care and reform, as well as working on health and care at the Treasury and Cabinet Office.

## Appendix 4: Policy Seminar Communique

### Communique

#### Policy Seminar on Strategies and Infrastructure for Improving Healthcare at the National Level

21 April 2015

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#### *Background*

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A high-level policy seminar, sponsored by the Health Foundation, was convened at the International Forum on Quality and Safety in Healthcare in London, England on Tuesday, 21 April 2015. The day was chaired by Professor Jason Leitch, National Clinical Director of Healthcare Quality and Strategy for the Scottish Government and Dr. M. Rashad Massoud, Director of the USAID Applying Science to Strengthen and Improve Systems Project and the Senior Vice President of the Quality and Performance Institute at University Research Co., LLC.

Universal Health Coverage (UHC), as defined by the World Health Organization<sup>1</sup> aims to ensure that all people obtain the health services they need without suffering financial hardship when paying for them. UHC has become a priority in the international development agenda, and countries around the world are working to increase access by decreasing barriers and scaling up existing infrastructures in the healthcare system. However UHC does not only reflect access to healthcare, it must also consider the quality of the healthcare available. In order to achieve the highest quality of healthcare, it is essential that quality improvement approaches are integrated into national strategies and policies.

The seminar convened 41 experienced health system leaders and policy makers representing 26 upper-, middle- and lower-income countries, directly involved in healthcare policy at the international and national level, to determine and establish means to achieve national priorities for improvement. This meeting was formatted as an “all-teach/ all-learn” seminar aimed to encourage global knowledge sharing of quality improvement approaches.

Throughout the day, participants shared their experiences of implementing quality improvement efforts at the national level from countries such as, but not limited to, Lesotho, Uganda, Tanzania, Swaziland, South Africa, the United States, Sweden, the Netherlands and Scotland. Discussions were stimulated through the following three main questions:

1. How did the improvement effort(s) you have experienced start and what infrastructure was created to support improvement?
2. What improvement approaches were used?
3. If you were to undergo this experience again, what should be repeated or not and what would you do differently?

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<sup>1</sup> [http://www.who.int/features/qa/universal\\_health\\_coverage/en/](http://www.who.int/features/qa/universal_health_coverage/en/)

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## Recommendations

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Participants discussed the necessary key themes that must be considered when considering quality improvement:

### Overarching Principles for Policy Development

1. Quality improvement efforts need to consider the needs and expectations of all involved including the patients, their families, their communities as well as healthcare providers.
2. It is vital to not only establish the 'what' of quality improvement policies, but also to consider the 'how' to implement those policies. This should include action and implementation plans that have the patient and families at the center. Developing policies in conjunction with implementers ensures that policy and practice are aligned.

### Planning

3. In the planning phase of policy making, there must be a clear strategy, which takes the long-term into consideration when setting the aims and objectives. The strategy must consider the sustainability of the program. Think big start small.
4. Time and resources should not be lost in striving for perfection at the planning phase.

### Structures for Policy Delivery

5. In order to implement a policy, there must be a strong support system in place. Leaders must provide the resources, support and culture to support the ideas generated from the implementers, patients and families. Implementers need to be able to identify problems and take to the appropriate level in the system so they can be solved. Therefore complexities and context must be considered.
6. It is vital to build the capacity and capability of all key stakeholders, including integration within the education system.
7. There should be a focus on the importance of good governance, leadership and harmonization of quality improvement efforts at the local, regional and national levels.
8. Integration of quality improvement efforts must occur on all levels, with the national focus ensuring there is the infrastructure and culture in place to support quality improvement.

### Implementing Change

9. Leaders must consider the appropriate motivators necessary for the culture and context to generate a will for change.
10. Drive for consensus to create a social movement to engage stakeholders and engage their interest in quality improvement.
11. Take account of the importance of identifying champions/ change agents of quality improvement work to spread the word and motivate others to participate.
12. It is imperative to generate a deep understanding at all levels of the healthcare system of the possible results that can occur using improvement methods.
13. There was a strong consensus that quality improvement is a dynamic field. As methods and context continue to evolve, priorities must be set and revisited on a consistent basis.

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## *Next steps*

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Participants from lower- and middle-income countries agreed to report back the shared learnings from the day's discussion to their respective governments and Ministries of Health. Furthermore, many participants agreed to strongly recommend a follow-on event in their country to set national priority areas for improvement as well as establish a national strategy for quality improvement in healthcare.

A full report will be released further detailing the day's thoughtful discussion.

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## *Countries*

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1. Afghanistan
2. Canada
3. Denmark
4. Ecuador
5. England
6. India
7. Kenya
8. Lesotho
9. Malawi
10. Netherlands
11. New Zealand
12. Norway
13. Palestine
14. Russia
15. Rwanda
16. Saudi Arabia
17. Scotland
18. South Africa
19. Sweden
20. Tanzania
21. Uganda
22. Ukraine
23. United Arab Emirates
24. United States of America
25. Wales





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