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HEALTH SYSTEMS STRENGTHENING
PRACTICE SPOTLIGHT

FINANCING QUALITY ACROSS THE HEALTH SECTOR

Using National Quality Policies and Strategies to Move from Planning to Action

ABOUT THIS BRIEF

This brief builds on the USAID Local Health System Sustainability Project (LHSS) Strengthening Governance report (2022) and global National Quality Policy and Strategy (NQPS) survey, aiming to provide practical examples and considerations for country practitioners to consider on their quality journeys. To understand what resources are needed to design and implement an NQPS, for example, countries can start by setting a national strategic goal for quality as part of the NQPS, identify activities that must be undertaken to achieve that goal, and then create a costed plan and set a funding target. From there, countries can look for internal and external opportunities to leverage existing resources or mobilize new ones.

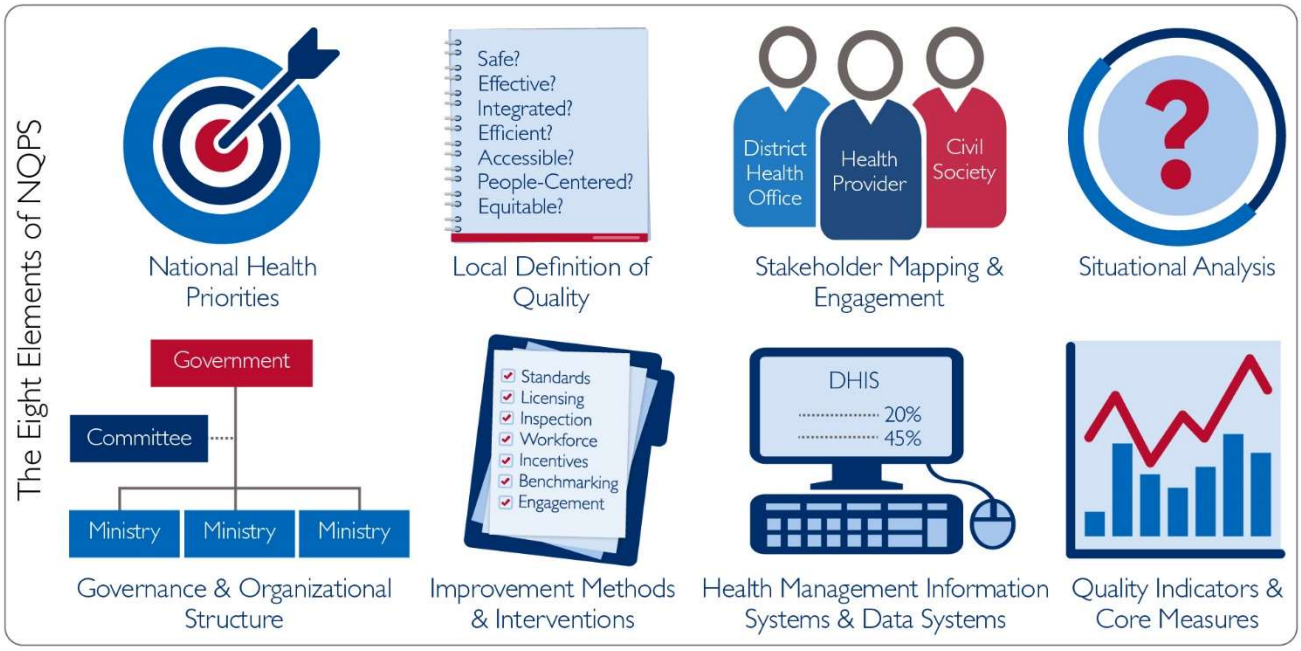
INTRODUCTION

In 2018, a series of global quality of care reports made the assertion that access to high-quality health care is an integral component of access to universal health coverage. A report from the National Academies of Sciences, Engineering, and Medicine, for example, found that poor quality of care is responsible for up to 15 percent of overall deaths in low- and middle-income countries and costs between $1.4 trillion and $1.6 trillion globally each year in lost productivity (National Academies of Sciences, Engineering, and Medicine 2018).

Although the importance of quality is widely acknowledged, there are persistent challenges to creating a health system that consistently demonstrates high-quality health care. One method to institutionalize efforts to address these challenges is to create and implement a National Quality Policy and Strategy (NQPS). According to the World Health Organization (WHO), the purpose of an NQPS is "to improve the performance of a health system through the development, refinement and implementation of national strategic direction on quality" (2018). A country's Ministry of Health (MOH) often leads development of the NQPS and reviews it after a set number of years (typically three to seven).

WHO's *NQPS Handbook*, released in 2018, outlines eight elements of an NQPS (Figure 1).

FIGURE 1. WHO'S EIGHT ELEMENTS OF AN NQPS



Source: World Health Organization. 2018. Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care. Geneva: World Health Organization.

KEY DEFINITIONS

- *Quality:* Means that health services should be effective, safe, and people-centered, and provided in a timely, equitable, integrated, and efficient manner (WHO n.d.).
- *National Quality Policy and Strategy (NQPS):* NQPS documents define a vision or intention to improve quality in the health sector and provide a road map for realizing the vision. They often clarify the structures, roles, and responsibilities for national quality efforts. WHO's definition indicates that NQPS documents can be supplemented with a costed operational plan (WHO 2018).
- *Health financing:* A core health system function that can enable progress toward universal health coverage by improving service coverage and financial protection. Financing sources can include central government funds; internally generated funds from subnational units, including health facilities; dedicated funding from development partners and donors; and insurance schemes (WHO n.d).
- *Quality improvement (QI):* The framework used to systematically improve care. QI seeks to standardize processes and structures to reduce variation, achieve predictable results, and improve outcomes for patients, organizations, and health systems (Centers for Medicare and Medicaid Services 2021).
- *Quality assurance (QA):* An externally driven mechanism to evaluate the performance of the health system and identify persistent gaps (Sampath et al. 2021).

Historically, quality efforts have been limited to specific regions, populations, or diseases, particularly in low- and middle-income countries and especially when international agencies fund the efforts. NQPS documents can connect these vertical efforts by providing a clear framework of interlocking elements.

This strategic vision supports governance of implementation efforts and resources in the service of a larger goal. A well-structured NQPS is a valuable tool for health system strengthening because it allows countries to focus quality efforts where they are most needed while creating an enabling environment that oversees and aligns all QI efforts at the national level.

Approaching quality governance only from a top-down view omits important considerations for a successful quality journey. In 2020, WHO and UNICEF released the Operational Framework for Primary Health Care, which describes actions and interventions at the health system level that "can be used to accelerate progress in strengthening primary health care-oriented systems and ultimately lead to a demonstrable improvement in health for all without distinction of any kind." In summary, quality levers exist at all levels of the health system and should be used and aligned, when possible, to infuse quality across the entire system.

EXAMINING QUALITY IMPROVEMENT AND FINANCING FOR QUALITY

The LHSS report, *Strengthening Governance of Quality Health Service Delivery – A Lens to Analyze Progress* (2022), proposes two additions to WHO's NQPS framework, included in Figure 2:

- Creating a culture of continuous QI
- Financing for quality

FIGURE 2. LHSS UPDATED ANALYTICAL LENS FOR THE GOVERNANCE OF HIGH-QUALITY HEALTH SERVICE DELIVERY

Source: The Local Health System Sustainability Project (LHSS). 2022. Strengthening Governance of Quality Health Service Delivery – a Lens to Analyze Progress. Rockville, MD: Abt Associates.

The LHSS report defines "financing for quality" as costing the NQPS planning and design—including conducting a situational analysis, setting national health priorities, and working with partners and stakeholders to draft and finalize the costed NQPS. It also refers to estimating the resources needed to implement the plans described in the NQPS documents (for example, specific QI activities or programs, creating an MOH department to oversee quality, or costs associated with accreditation). Finally, costing an NQPS includes costing an evaluation plan to regularly assess progress toward quality goals.

The LHSS report's definition incorporates the interrelationship between health care purchasing mechanisms and the quality of care delivered—including incentives, fraud, waste, and abuse. However, this brief focuses on costing the planning, design, implementation, and evaluation of an NQPS and ensuring reliable funding for those activities.

CASE STUDIES

This brief includes case studies of three countries that have used NQPS to mobilize and align resources for quality. In Liberia, pursuit of sustainable funding for quality activities in the health sector is a national strategic goal. The country has registered all external funders and holds regular meetings to align potential funding with the MOH's priority projects and health areas. In Rwanda, the MOH has linked its performance-based financing (PBF) and accreditation models, with the same department in the ministry conducting oversight for both models. This has allowed the ministry to align existing payment methods with quality goals outlined in the health strategy. In Cambodia, the MOH issues performance-based grants to support health facilities in addition to the line-item budget for service delivery.

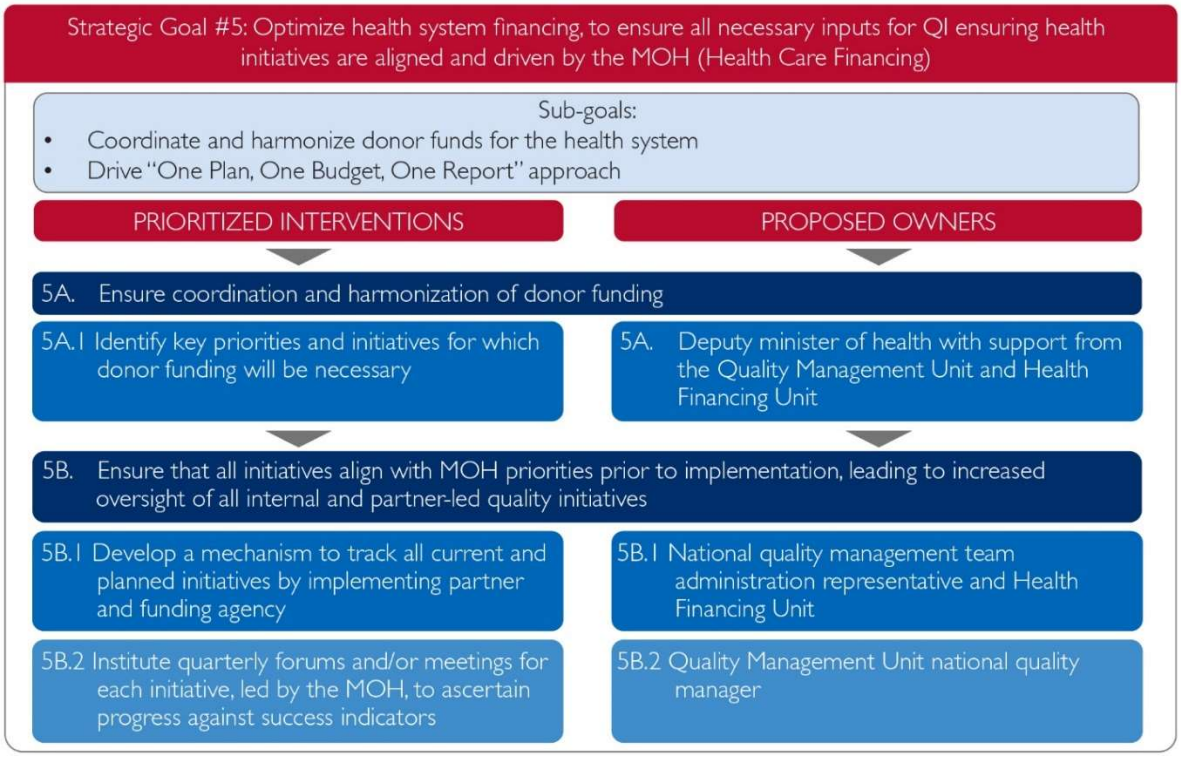
LHSS selected these countries because they each have an NQPS or similar quality-focused national strategic plan, have undertaken concrete actions at the national level to finance quality activities across the health system, and have demonstrated a multipronged approach to addressing the complex problem of financing quality activities at all levels of care.

Liberia: Aligning Funds Behind an Explicit Quality Plan

Historically, Liberia has had a centralized health sector. However, it has begun working toward a decentralized country administration (Republic of Liberia Ministry of Health and Social Welfare 2012). Liberia's NQPS was developed in response to the 2014–2016 Ebola outbreak. At the time, the health sector was not prepared to handle the volume of patients who needed care and did not have the oversight capacity to manage a coordinated response. The Ebola outbreak exposed weaknesses in the health sector and led to an influx of funding from international partner organizations.

The National Health Quality Strategy 2017–2021 includes seven strategic goals for the health sector, including one on financing in support of QI (Strategic Goal 5, detailed in Figure 3). The strategy document outlines activities planned to achieve the goal: mapping of funding and tracking of quality activity progress in 2017, scheduling and running ongoing meetings with funders from 2018 to 2019, and building toward a culture in which the MOH drives funding requests and governs in-country quality activities (Republic of Liberia Ministry of Health 2017).

FIGURE 3. STRATEGIC GOAL 5 FROM LIBERIA'S NATIONAL HEALTH QUALITY STRATEGY 2017–2021



Source: Republic of Liberia Ministry of Health. 2017. Liberia National Health Quality Strategy 2017-2021.

As part of NQPS development, the MOH created a Quality Management Unit with the mandate to oversee quality activities across the health sector. Funding for the unit comes from external donors and is channeled through the ministry. Most of the unit's work is conducted in the public sector, although the private sector is invited to engage (Republic of Liberia 2021).

To achieve the country's health care financing strategic goal, the MOH registered and tracked all external funders. The ministry created a catalogue of donors that had worked, were working, or wanted to work in Liberia and invited them to an annual stakeholder meeting. Concurrently, the unit oversaw the identification of national health priorities (one of the essential elements for creating an NQPS, as depicted in Figure 1). The unit oversees the budget needs for QI activities that align with these priorities and tracks those activities' progress over time.

The unit also deploys a series of assessment tools as part of its mandate, including a digitized Joint Integrated Supportive Supervision (eJISS) process that allows health facilities to report on progress related to their QI activities to the MOH, funders, and other stakeholders. Participation in the eJISS is mandatory for all facilities that conduct donor-funded QI activities.

At the annual stakeholder meeting, the MOH presents the planned QI activities and corresponding budget needs and reports on progress from the eJISS. The MOH also ensures that its planned QI activities align donor interests with national health priorities.

The Office of the Chief Medical Officer in the MOH manages the registry of funders and the unit helps oversee implementation of frontline quality programs and activities. Once funds are aligned, the ministry oversees their disbursement to activities and projects. As a result, the MOH can manage previously unregulated funds and allocate them to support specific NQPS objectives—enabling system-wide governance of all quality activities from the national level to the point of care.

Although Liberia's effort to align stakeholders and oversee national health priorities does not necessarily mobilize new funding for quality activities, it does provide a level of governance and oversight to ensure that existing resources and funds are being allocated in line with the activities prioritized in the NQPS.

Rwanda: Pairing Accreditation and Performance-Based Financing to Reduce the Burden on Health Facilities

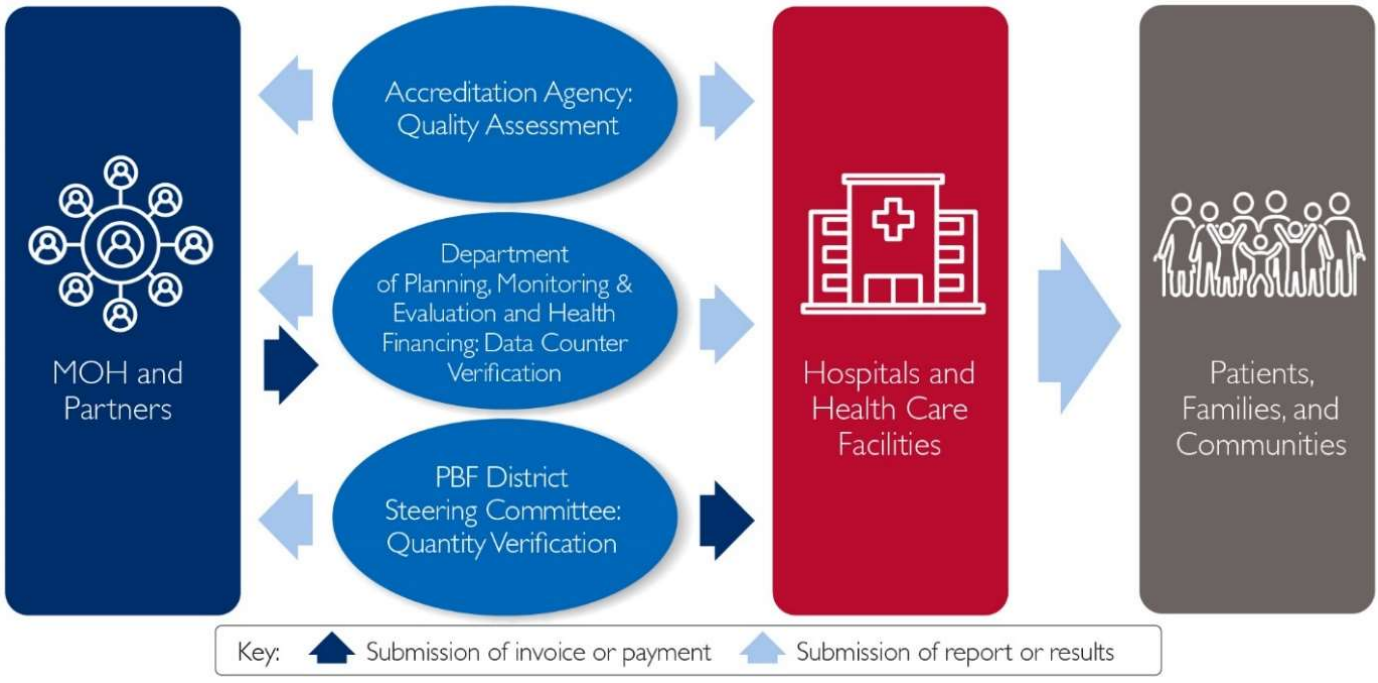
Rwanda's health sector is decentralized. Development of the country's Fourth Health Sector Strategic Plan (HSSP IV, 2018–2024) was a collaborative effort involving stakeholders from the health sector, the private sector, civil society organizations, and development partners.

Rwanda uses a mix of internal and donor funds to finance HSSP IV. These funds also support QA of HSSP IV implementation, including dedicated QA teams in each health facility, accreditation oversight, and QI program implementation. QA team members support data collection and reporting for accreditation and facility-level QI initiatives. The QA plan is part of HSSP IV, which includes quality indicators to track progress. In this way, HSSP IV includes all the elements of an ideal NQPS and is considered an NQPS for this brief, thus accounting for Rwanda's selection as a case study country.

In 2001, Rwanda launched a nationwide PBF system to oversee performance contracting, assessment, and payment in the public sector. To support implementation, the MOH released a "PBF Procedure Manual" companion document. Participating health facilities must meet performance goals to receive incentive payments, which are reviewed quarterly.

Early evaluation of the PBF identified gaps in the system, which led Rwanda to pilot—in one hospital—the international accreditation standards set by the Council for Health Service Accreditation of Southern Africa (COHSASA). Due to limited funding to support national scale-up, the MOH adapted the standards and now oversees a national accreditation program that sets care standards at the national level.

FIGURE 4. HEALTH CENTER PBF ADMINISTRATIVE MODEL: SUMMARY OF INSTITUTIONS AND THEIR ROLES



Source: Table adapted from Ministry of Health Rwanda (2021).

In 2014, the MOH made a direct link between the PBF and national accreditation programs so they would both be under MOH oversight. This includes (1) having a clear set of indicators that support the PBF self-assessment and external assessment of quality of care and (2) dedicated staff trained in QI at each facility. The link also provides financial incentives for managers of health facilities that pursue accreditation. The PBF and the national accreditation systems are now complementary strategies implemented at each level of the health system to achieve the HSSP IV strategic goal of improving the quality of care in health facilities.

Adapting the COHSASA international standards and managing the accreditation process within the MOH have reduced the financial burden of pursuing accreditation at the facility level. Linking PBF and accreditation also reduces the administrative burden on health facilities by combining the number of goals and indicators being tracked. Digitizing the health care data system and providing training to manage data collection further reduces the burden on health facilities pursuing quality outcomes.

Additionally, there is strategic placement of staff trained by the MOH to collect and review quality data and support QI initiatives at the district and facility levels. These proactive measures were put in place to reduce resistance from frontline staff during the implementation phase and allow for MOH oversight to align efforts around meeting the HSSP IV quality goals.

As of 2020, more than half of Rwanda's public hospitals (24 of 43) had achieved the highest level of accreditation and four had achieved the second highest level (Binagwaho et al. 2020).

Cambodia: Combining Grant Models to Achieve Quality Goals and Invest in Future Improvements

The Cambodian government has made a commitment to pursue decentralization across the health sector (The World Bank 2021). Cambodia's National Quality and Safety Policy for Health (revised 2017) and the Master Plan for Quality Improvement in Health, which the MOH aligned with the strategic objectives in the Health Strategic Plan 2016–2020, are used to guide implementation, monitoring, and evaluation of progress toward those objectives. The ministry's QA Office leads implementation and guides quality efforts across the public and private sectors.

The Master Plan for Quality Improvement in Health describes a series of programs and activities, including the Health Equity and Quality Improvement Project (H-EQIP). The latter aims to improve social health protection for poor and vulnerable groups and expand access to and coverage of health care services. The Master Plan for Quality Improvement also strengthens the goals of quality and affordability, while creating sustainable government institutions for health care management.

H-EQIP is co-funded by the Royal Government of Cambodia, in partnership with the Governments of Australia, Germany and Korea, and the World Bank. Through the project, facilities receive two types of grants:

- *A fixed lump-sum grant* provides flexible financial resources for health facilities to improve the use and functionality of available infrastructure and maintain necessary supplies and consumables.
- *A performance-based service delivery grant* aims to measure and reward improvements in the performance of health facilities, health workers' knowledge and clinical skills, hygiene and infection control, and availability of medicines and consumables. This type of grant provides health management systems with technical guidance to improve monitoring and supervision, introduce standardized assessments of performance, and reward coaching and other measures taken by supervisors. The grant is linked to a quality assessment conducted by provincial and district assessors and independently verified by contractors. All public facilities participate, and each facility is awarded a score of 1–100 percent. Facilities that

score higher on the assessment receive a higher percentage of the performance-based funds. For example, up to 80 percent of the grant can be spent on staff incentives, and the remaining 20 percent must be dedicated to line items such as drugs or operational costs. The QA Office offers a coaching session so facilities with lower scores can improve.

A recent impact evaluation study found that "this model of funding was broadly and consistently used to increase the availability of equipment, supplies and consumables," including medical drugs, cleaning supplies, and office supplies. Individuals working at participating sites indicated that their facility used the additional funds from the performance-based grants to "compensate for existing barriers in the health system, such as a limited national budget and frequent drug shortages" (Pugliese-Garcia et al. 2022).

According to KfW Development Bank (KfW 2022), H-EQIP Phase 1 demonstrated success in financing quality in many ways, such as:

- An increase in the number of health centers exceeding a score of 60 percent on the quality assessment (from 49 in 2016 to 1,158 in 2021)
- An increase in the percentage of health centers scoring high enough on the quality assessment to receive performance-based payments within 90 days of the end of the quarter (from 0 in 2016 to 100 percent in 2021)
- A modest reduction in out-of-pocket health expenditures as a percentage of total health expenditures (from approximately 62 percent in 2016 to 60 percent in 2021)

H-EQIP is preparing for Phase 2, which will expand the quality standards in the assessment to adapt the Cambodia health care accreditation standards and align them with international accreditation standards.

NQPS IMPLEMENTATION CONSIDERATIONS

As countries develop an NQPS, they establish a foundation on which they can build long-term, sustainable support for high-quality systems at the national level.

The three country examples in this brief demonstrate different approaches to financing quality, and each country uses a range of approaches. The following are considerations for how ministries of health, national policy makers, and QI/QA professionals working in the health sector can establish mechanisms to finance quality.

Make an Explicit Plan to Finance Quality

Several steps are required to create a realistic, costed plan that advances progress toward the quality goals in the NQPS: defining a strategic quality goal, identifying interventions to achieve that goal, estimating the resources needed for the interventions, mapping key stakeholders and their roles in implementation, and leveraging existing and new resources to finance them.

Considerations

- **Create a costed NQPS document and implementation plan:** To identify gaps in quality financing, it is critical to first outline the anticipated activities and associated costs. Activities should be determined based on national health priorities. This allows for a narrow focus to address the most pressing health needs. Countries can leverage tools such as a driver diagram (Institute for Healthcare Improvement 2017) to determine the primary and secondary drivers to improve quality and create a target list of activities. Once activities are identified, country officials can, for example, create an individual budget for each activity (as in Liberia) and report up to the national level. This method allows for a costed plan that is specific to priority activities, realistically represents the anticipated costs, and is designed to be iterative to meet the needs of the evolving quality activities.

- **Leverage what exists:** Countries should strengthen or adapt health financing mechanisms that are already in place and align them with quality indicators—as in Rwanda, which is leveraging the PBF and accreditation standards. By linking financing and accreditation standards to each other and to the quality goals in the HSSP IV, Rwanda's MOH leverages what is already happening and directs it toward a shared national goal. Where possible, direct grants from the MOH budget should also be considered—as in Cambodia where a fixed lump-sum grant reduced the reliance on funding from international agencies.
- **Align resources to fill gaps:** As the Liberia case demonstrates, the MOH should hold an annual stakeholder meeting to review funding opportunities and needs, report on progress from existing quality activities, share updates to the national health priorities, and align the ongoing work with potential donor funds. Additionally, having a registry for external funders within the MOH can support quality oversight and ensure resources and funds are dedicated to the national health priorities, as outlined and managed by the ministry.

Create a Feedback Loop, Including Infrastructure and Tools, to Support Sustainability

After creating a plan and identifying funding, it is critical to establish communication between the MOH and the teams working on quality at all levels of the health system. These teams include (but are not limited to) teams that were formed as part of the NQPS, such as National Quality Technical Committees situated within the Quality Directorate at the national levels. The teams also support subnational, multidisciplinary quality management teams at the district, region, or even facility level. This communication is essential for tracking progress, maintaining oversight, and providing as-needed support. The MOH should drive the feedback loop, which should include a road map for how to engage people, leverage tools, and ensure funding.

Considerations

- **Position people and institutions purposefully:** All three countries discussed in this brief have a national body or individuals responsible for overseeing quality. Rwanda and Liberia each created a quality unit within the MOH, with dedicated staff to support reporting, site visits, and technical guidance. These units work with quality teams at subnational levels to use data to identify, celebrate, and expand promising practices; pinpoint gaps; and work with teams to address them. When possible, countries could also strategically place MOH-trained quality experts at hospitals and health care facilities across the system, as in Rwanda.
- **Invest in standard assessment tools:** Using standardized quality assessment tools—such as the H-EQIP quality assessment in Cambodia and the eJISS in Liberia—increases the validity of results across facilities and can reduce the implementation burden on facilities. In Rwanda, the digitization of the health care information system allows for dedicated, high-quality data collection and reporting and enables the MOH to maintain oversight of data reporting.
- **Promote flexibility and adaptability:** Needs may change or emerge in a certain population, geographic setting, or point in time (such as the COVID-19 outbreak in 2020). Early evidence from the H-EQIP study, for example, demonstrates that facilities were more invested in quality initiatives when they had some autonomy in determining how to use the additional funds (Pugliese-Garcia et al. 2022).

Through developing an NQPS, countries can identify interventions to improve quality and potential mechanisms to fund them. As countries work to align those funds, institutionalizing effective tools and ensuring supporting infrastructure to use those tools are vital success factors.

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