USAID
FROM THE AMERICAN PEOPLE

Operationalizing the National Quality Policy and Strategy: Review of Progress in 37 Countries

Local Health System Sustainability Project

Task Order 1, USAID Integrated Health Systems IDIQ

September 2022

USAID
FROM THE AMERICAN PEOPLE

Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

Recommended Citation: Stanzler, Morgen, Kathryn Brooks, Bhargavi Sampath, Sodzi Sodzi-Tettey, Haile Mignote. The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ. September 2022. *Strengthening Governance of Quality Health Service Delivery—Diagnostic Analysis of 37 USAID Priority Countries*. Rockville, MD: Abt Associates.

Date: September 2022

Submitted to: Scott Stewart, Contracting Officer's Representative, USAID Bureau for Global Health, Office of Health Systems

USAID Contract No: 7200AA18D00023 / 7200AA19F00014

Contents

List of Tables

List of Figures

Acknowledgments

The authors would like to thank Rhea Bright, Senior Quality Improvement Advisor, and Matthew Henneberger, Health System Strengthening Advisor, at the Office of Health Systems, Bureau for Global Health, USAID/Washington for their technical thought partnership and contributions to this endeavor. The authors also wish to thank the Quality-of-Care Unit in the Department of Integrated Health Services, Division of Universal Health Coverage and Life Course, World Health Organization, especially Shams Syed, Nana A. Mensah Abrampah, and Matthew Neilson, for their valuable contributions to this work. The authors would also like to thank Kelley Laird, Bob Fryatt, Sophie Faye, and Jen Leopold at Abt Associates and Pierre Barker at the Institute for Healthcare Improvement for their guidance and quality review of the report. Finally, the authors would like to thank all in-country respondents who participated in the global survey.

Acronyms

CQI	Continuous Quality Improvement
HMIS	Health Management Information System
IOM	Institute of Medicine
LHSS	Local Health System Sustainability Project
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
NQPS	National Quality Policy and Strategy
SDGs	Sustainable Development Goals
USAID	United States Agency for International Development
WHO	World Health Organization

Executive Summary

Background

There is a growing consensus that effective governance is a core foundation of quality health systems. Countries should develop and implement a national quality policy and strategy (NQPS) to effectively direct health system resources, performance, and stakeholder participation toward delivering health care that is effective, efficient, patient-centered, equitable, timely, and safe.[1]

The USAID Local Health System Sustainability Project (LHSS) conducted a study of 37 countries to provide a better understanding of the strengths, opportunities, and gaps in the structures governing the provision of quality health services. This study used an analytical lens developed in collaboration with the World Health Organization (WHO) and derived from existing frameworks, looking at 10 elements of quality:

1. National health priorities
2. Local definition of quality
3. Governance and organizational structure
4. Financing for quality
5. Stakeholder mapping and engagement
6. Situational analysis
7. Continuous quality improvement (CQI)
8. Improvement methods and interventions
9. Quality indicators and core measures
10. Health management information system (HMIS) and data systems[2]

The primary objective of this study is to analyze the NQPS design and implementation in a sample of USAID priority countries and identify key lessons on successes, challenges, opportunities and gaps in effective governance and management of quality health service delivery, using the analytical lens' 10 Governance of Quality Elements.

The study used both primary and secondary data on the current governance system, structures, and processes for health care quality. LHSS collected primary data using an online survey on existing structures, management arrangements, processes, and institutions related to governance of quality. The survey targeted individuals working on the design or implementation of a national health quality policy or strategy. For secondary data, LHSS conducted a literature review of publicly available documents, including health system strategies and national quality policies and strategies. The study focuses on 37 USAID priority countries[3] that met certain inclusion criteria (see Section 2.2).

---

[1] Six Domains of Health Care Quality. Content last reviewed November 2018. Agency for Healthcare Research and Quality, Rockville, MD. https://www.ahrq.gov/talkingquality/measures/six-domains.html

[2] Abt Associates, *Strengthening Governance of Quality Health Service Delivery—A Lens to Analyze Progress,* Local Health System Sustainability Project, USAID Integrated Health Systems IDIQ (Rockville, MD: Abt Associates, 2018).

[3] LHSS work focuses on a list of USAID priority countries defined as part of the task order IDIQ

Findings

The literature review covered data from 32 countries. Online survey data were received from 23 countries. A total of 41 individuals[4] (from 23 countries) responded to the survey. Respondents provided their perceptions and opinions of the process of designing and implementing NQPS as well as the NQPS's impact on the health care system. Table 1 summarizes the key findings from the literature review and the survey.

Table 1. Summary of key findings by Governance of Quality Element

Governance of Quality Element	Summary of Key Findings*
National health priorities	1. 94% of survey respondents (35 of 37) reported a moderate-to-high degree of belief that the necessary political will to pursue the NQPS is present in their country. 2. 81% of survey respondents (30 of 37) reported that the existing national strategic document on quality in their country has been developed and/or endorsed by the government.
Local definition of quality	3. For 10 of the 32 countries included in the literature review a standard definition of quality was present in their health policies or strategies. 4. 75% of survey respondents (21 of 28) reported their country had a definition of quality, but the degree of localization varied among survey respondents. Countries adopted an international definition of quality, such as the Institute of Medicine (IOM) STEEP** definition but did not necessarily adapt the definition to suit the local context.
Governance and organizational structure	5. Documents from 9 out of 32 countries from the literature review described dedicated quality structures in the country. 6. The survey revealed the presence of: a. health professional regulatory bodies (96%; 27 of 28 respondents) b. health facilities regulatory agencies (such as accreditation; 89%; 25 of 28 respondents) c. food and drug authorities (82%; 23 of 28 respondents) d. professional associations (82%; 23 of 28 respondents) e. regulatory bodies for traditional medicine (64%; 18 of 28 respondents), and f. authorities to regulate palliative care (32%; 9 of 28 respondents).
Financing for quality	7. In the literature, only 2 of the 32 countries directly referenced financing for quality: Uganda and Liberia. 8. 87% of survey respondents (26 of 30) stated that financial and human resources are allocated to support the implementation of the national and subnational quality strategies. 9. 63% of survey respondents (15 of 24) indicated that the national strategic direction for quality had not been costed. 10. 65% of survey respondents (15 of 23) indicated that their country undertakes quality audits. 11. 52% of survey respondents (12 of 23) indicated that their country provides ongoing performance monitoring as a basis for provider eligibility in health financing.

[4] Not all respondents answered all survey questions.

Governance of Quality Element	Summary of Key Findings*
	12. 43% of survey respondents (10 of 23) indicate that their country ensures provider payments based on quality of care. 13. 43% of survey respondents (10 of 23) indicated that their country uses accreditation as a basis for facility eligibility in insurance programs or other health funding.
Stakeholder mapping and engagement	14. In the literature review, 23 out of 32 countries outlined a list of key stakeholders involved and their roles and responsibilities, but there were limited examples of how the stakeholders were engaged in the creation of the NQPS. 15. 85% of survey respondents (17 of 20) described a moderate-to-high degree of belief that their country has an effective process to engage key stakeholders in the planning and implementation of the NQPS.
Situational analysis	16. In the literature review, 29 of 32 countries indicated that they have undertaken a type of situational analysis, but these were not usually publicly available and therefore not explicitly reviewed
Continuous quality improvement	17. In the literature review, only 2 of the 32 countries (Mozambique and Liberia) included a direct reference to a culture of continuous improvement (i.e., CQI). 18. 35% of survey respondents (8 of 23) felt confident in their country having a culture of continuous improvement, while 43% of survey respondents (10 of 23) felt such a culture was more an aspiration than a reality in their country.
Improvement methods and interventions	19. Commonly reported quality interventions included: a. Continuing professional development in improvement methods (75%; 12 of 16 respondents), b. Accreditation systems (69%; 11 of 16 respondents). c. CQI methods (69%; 11 of 16 respondents), d. Pre-service training in improvement methods (63%; 10 of 16 respondents). e. Patient, family, and community engagement (63%; 10 of 16 respondents). f. Transparent use of data (50%; 8 of 16 respondents). g. Agencies to regulate quality of care (50%; 8 of 16 respondents); and h. Laws to improve quality of care (38%; 6 of 16 respondents).
Quality indicators and core measures	20. In the literature review, half of the countries (16 of 32) had indicators and/or core measures included in the health strategy/policy or NQPS document, most of which included the major indicators related to the Sustainable Development Goals (SDGs)/Millennial Development Goals. 21. 88% of survey respondents (12 of 14) described a moderate-to-high degree of belief that their country's health sector leaders promote transparent reporting and use of data at all levels of the health system.
HMIS and data systems	22. In the literature review, 20 of 32 countries described challenges related to the successful implementation of a strong information and data system.

Governance of Quality Element	Summary of Key Findings*
	23. Conversely, 69% of survey respondents (9 of 13) indicated a moderate-to-high degree of belief that decisions and processes for planning and implementing the NQPS are informed by accurate, timely, and complete data systems.

**Survey response findings depended on the number of individuals who answered each question; therefore, the numerator and denominator are provided for each finding. Literature review findings are based on documents reviewed across 32 countries. Of the 37 countries that had publicly available health care strategies, policies, or plans, five were not in English, and LHSS did not review them.*
*** "Six Domains of Health Care Quality," Agency for Healthcare Research and Quality, content last reviewed November 2018, https://www.ahrq.gov/talkingquality/measures/six-domains.html.*

Lessons Learned

The study revealed the following lessons learned related to the different elements of the governance of quality framework:

National health priorities: Country governments should champion a clear and strategic focus on quality that aligns with a broader national health strategy and is also adequately funded and resourced to pursue health care quality.

Local definition of quality: When considering a local definition of quality, work to locally contextualize international definitions of quality to each country's context should build on the foundations laid internationally; for example, by the IOM or WHO.

Governance and organizational structure: Country governments require a dedicated department or body responsible for quality of care at the national level with dedicated subnational structures with adequate funding. This will support the cascading of goals for quality from the national to the community levels and support strong accountability mechanisms. Country governments should strive to consolidate elements of their quality management systems, especially at the subnational and organizational levels.

Financing: Across the board, financing is cited as a key factor contributing to success or failure in advancing quality, but most countries do not have a clear plan on how to finance their quality strategies. Countries should design sustainable methods that dedicate funding specifically for quality initiatives and leverage funding outside of the public sector.

Stakeholder mapping and engagement: Key stakeholders should be identified at all levels of the system and engaged throughout the NQPS process, from design to implementation and evaluation. Two facilitators are decentralized governance structures that engage patients, staff, and community leaders; and focusing engagement efforts on stakeholders with a high degree of authority, low turnover, or both.

Situational analysis: Countries should strengthen systems to capture feedback from both health care workers and patients as part of the situational analysis process. Leaders' roles include creating or protecting adequate time and resources to support a thorough situational analysis process. When this is not possible, leaders should leverage existing points of data collection to minimize the burden of conducting a comprehensive situational analysis.

Continuous quality improvement: Leadership should help develop a learning system that engages stakeholders in identifying opportunities for improvement, including leveraging existing meetings to identify best practices, raise concerns, communicate successes, and foster a blame-free culture. At the national level, leaders should champion quality in the front lines, remove barriers, partner with accreditation agencies to support an audit and review process that is not punitive, and ensure that resources are appropriately allocated.

Improvement methods and interventions: To operationalize improvement methods and interventions, leaders need a clearly defined plan, accessible standards and guidelines, trained staff, and a system that helps facilities assess readiness and performance against goals for quality.

Quality indicators and key measures: Country governments should conduct periodic reviews of key measures and provide adequate training and support for data collection and monitoring, including improving data management systems to address fragmented and delayed data collection that hinders effective decision-making.

HMIS and data systems: Countries should enable transparent reporting of quality data to the public to ensure data are used across different health system levels to drive improvements in care, not just to facilitate passive monitoring. Overall, data transparency is a keystone factor that requires leadership to take an active role in understanding how to capture, report, and use data in a reliable and consistent manner.

Conclusion

The literature scan and survey highlighted the elements that countries exhibited the most confidence in, such as stakeholder mapping and engagement, as well elements where countries have the least confidence, such as a culture of continuous quality improvement. The findings also surfaced discrepancies between an individual's perception of progress in the governance of quality and the evidence documented in the literature, for example, in the case of financing for quality. These elements for which countries had the least confidence, or where the literature review and survey findings are not in alignment, are areas for future study.

Based on the key findings, the report concludes that countries should develop a clear and strategic focus on quality, resulting in an NQPS that aligns with or builds on existing health care and strategic plans and addresses the most pressing needs within the country. The NQPS should encourage a regular review and learning process, with transparent, data-driven systems to audit progress and inform decision-making. The NQPS requires sustainable financing in alignment with larger health system financing goals, with resources and engagement cascaded from the national government to the front-line practitioners. The NQPS should also support leadership in their efforts to drive a cultural change on quality.

Introduction

The governance of quality in health care refers to the process of effectively directing health system resources, performance, and stakeholder participation toward the goal of delivering health care that is effective, efficient, patient-centered, equitable, timely, and safe.[5] Papers published in 2018 by the World Health Organization (WHO), the Organisation for Economic Co-operation and Development, and the World Bank[6]; the National Academies of Sciences, Engineering, and Medicine[7]; and the Lancet Global Health Commission[8] have together articulated effective governance as a core foundation of quality health systems as well as the need for countries to develop and implement a national quality policy and strategy (NQPS).

Government leaders and practitioners should work collaboratively to build a system that motivates and enables health care professionals to deliver quality services and continuously improve the quality of health service delivery. This requires a complex institutional architecture, including involvement of multiple stakeholders from across the public and private sectors and from civil society. It also requires supportive inputs, activities, and structures including legal frameworks; regulatory bodies; continuous quality improvement (CQI) processes; and regulations defining and integrating quality planning, quality assurance, and quality improvement interventions. Effective governance requires devolution of decision-making to leaders at multiple levels of the health system.

Countries embarking on NQPS reforms are attempting to comprehensively address the complexities of governing for quality health care. However, little is known about how countries have mobilized support to initiate and operationalize their NQPSs. To address this knowledge gap, LHSS assessed the efforts in 37 countries using an analytical lens developed in collaboration with WHO.[9] This report includes recommendations for the global health community—including country governments, donors, and partners—for leveraging investments to build on countries' strengths and address the challenges they face to improve the governance of quality health care.

---

5 A Cico, K Laird, and L Tarantino, *Defining Institutional Arrangements When Linking Financing to Quality in Health Care: A Practical Guide,* Health Finance and Governance Project (Bethesda, MD: Abt Associates, September 2018).

6 World Health Organization, Organisation for Economic Co-operation and Development, and International Bank for Reconstruction and Development, *Delivering Quality Health Services: A Global Imperative for Universal Health Coverage* (World Health Organization, 2018), https://apps.who.int/iris/handle/10665/272465.

7 National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Board on Global Health; and Committee on Improving the Quality of Health Care Globally, *Crossing the Global Quality Chasm: Improving Health Care Worldwide* (Washington, DC: National Academies Press (U.S.), 2018), https://www.ncbi.nlm.nih.gov/books/NBK535643/

8 M Kruk, A Gage, C Arsenault, et al., "High-quality health systems in the Sustainable Development Goals era: Time for a revolution," *Lancet Glob Health* 2018;6(11): e1196-e1252, doi:10.1016/S2214-109X(18)30386-3.

9 Abt Associates, *A Lens to Analyze Progress*.

Methods

Study Objective

The study aimed to provide a better understanding of the strengths, opportunities, and gaps in the structures governing the provision of quality health services across 37 countries.

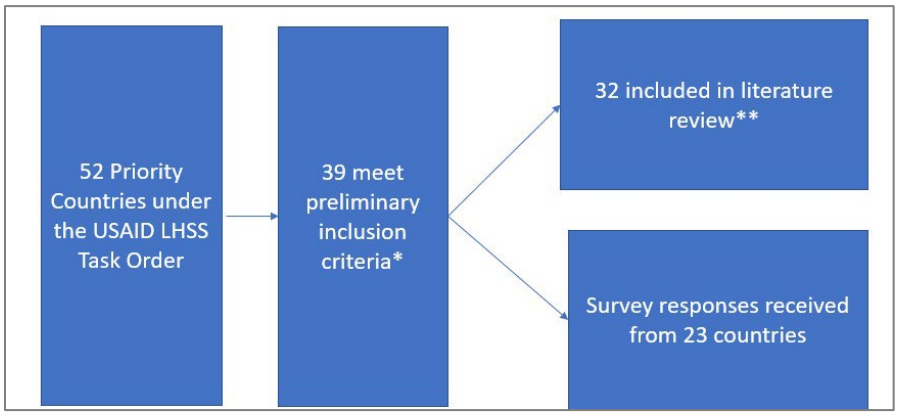
The primary objective of this study is to analyze the NQPS design and implementation in a sample of USAID priority countries and identify key lessons on successes, challenges, opportunities and gaps in effective governance and management of quality health service delivery, using the analytical lens' 10 Governance of Quality Elements.

Study design

Using a mixed methods approach, LHSS collected primary and secondary data from multiple sources. LHSS conducted a rapid review of extant secondary literature on the current country governance systems, followed by an online survey to capture primary data from country quality leaders.[10] The study used the analytical lens, described below, to consistently review data across countries.

LHSS focused on the 52 countries prioritized in the USAID LHSS task order and included countries based on inclusion and exclusion criteria, including having an NQPS in place (or similar health strategy in the public domain), ability to identify and engage key stakeholders working in this area, availability of documents in English, and submission of a response to the survey. In total, 39 countries were eligible for inclusion in the study. A few documents were not in English and therefore were excluded from the literature review analysis, reducing the final sample to 32 countries. For the survey, responses were received from 23 countries. A graphic depicting the country review process is shown below, and a list of the USAID priority countries and their inclusion or exclusion in the literature review, online survey, and final analysis is included in Annex A.

Figure 1. Overview of data sources



**See Annex A for more information on countries included in the literature review and survey.*
***Seven of the 39 countries had documents that were not in English and therefore were not included in the review. This is described further in the Limitations section.*

[10] LHSS identified country quality leaders via relationships with the Institute for Healthcare Improvement, Abt Associates, or USAID through a Mission Concurrence process. These leaders included individuals working at the national level who had job titles such as health system leaders, planners, and quality of care stakeholders.

Analytical Lens

To study the countries' progress on their NQPSs, LHSS first defined a "lens" for performing a cross-country comparison of the governance for quality health services. LHSS conducted a comparative analysis of existing frameworks, including the eight elements of developing an NQPS[11] developed by WHO, the eight Stones for Governing Quality[12] developed by the USAID Applying Science to Strengthen and Improve Systems and Health Finance and Governance projects, and six critical functions of governing quality health care[13] developed by USAID's Health Finance and Governance project. LHSS framed the analytical lens based on the WHO NQPS framework's eight elements, with two additional elements that are critical for effective governance of quality—financing for quality and CQI (Figure 2).

LHSS grouped the 10 Governance of Quality Elements into three broad health system activities in line with Joseph Juran's Quality Triad: quality planning, quality assurance, and quality improvement (as depicted in Figure 2).[14] This lens was used to collect data for both the literature review and the online survey. The 10 elements are defined in the Findings section.[15]

---

11 World Health Organization, *Handbook for National Quality Policy and Strategy: A Practical Approach for Developing Policy and Strategy to Improve Quality of Care* (Geneva: World Health Organization, 2018), https://www.who.int/publications/i/item/9789241565561.

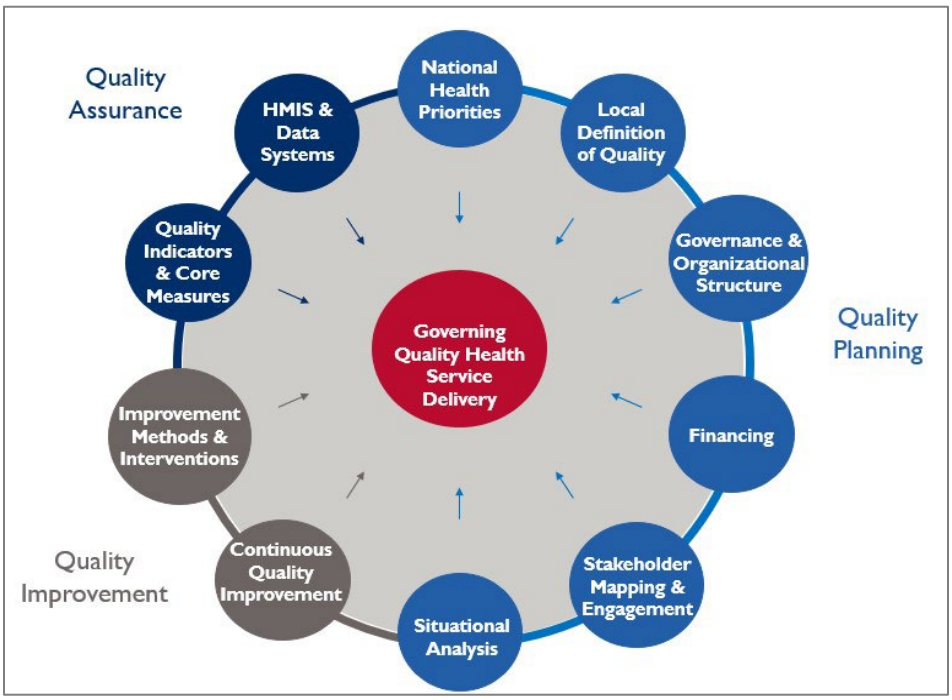
12 L Tarantino, K Laird, A Ottosson, R Frescas, K Mate, V Addo-Cobbiah, C Bannerman, P Pacheco, D Burssa, A Likaka, M Rahimzai, M Massoud, and S Syed, *Institutional Roles and Relationships Governing the Quality of Health Care: Country Experiences, Challenges, and Lessons Learned* (Bethesda, MD: Health Finance and Governance Project, Abt Associates; and USAID Applying Science to Strengthen and Improve Systems Project, University Research Co., 2016).

13 A Cico, S Nakhimovsky, L Tarantino, K Ambrose, L Basu, S Batt, R Frescas, K Laird, K Mate, L Peterson, C Sciuto, and R Stepka, *Governing Quality in Health Care on the Path to Universal Health Coverage: A Review of the Literature and 25 Country Experiences* (Bethesda, MD: Health Finance and Governance Project, Abt Associates, October 2016).

14 J Juran and J De Feo, *Juran's Quality Handbook: The Complete Guide to Performance Excellence,* 6th ed. (New York: McGraw Hill, 2010).

15 The methodological approach for developing the analytical lens used for this study is included in Abt Associates, *A Lens to Analyze Progress.*

Figure 2. Analytical lens of 10 Governance of Quality Elements



Literature Review

Data collection commenced with existing secondary data in 37 countries that met the criteria to be included in the study. Documents collected and reviewed included national health sector strategic plans, national quality strategies, and other relevant previous publications by WHO and other global projects. LHSS consulted only documents that were made available to the public.

The literature from five countries was available only in the primary language of that country (French, Spanish) and could not be translated within the parameters of the assessment. Therefore, LHSS included literature from only 32 countries in the final review. A list of the documents reviewed can be found in Annex C.

LHSS used the 10 elements of the analytical lens to guide the literature review. While conducting the review, LHSS added examples of how an element was discussed, included, or prioritized to a working document that captured both a high-level view of an individual country's governance and an overview of how an element is addressed in each country. LHSS supplemented the key findings with learning from the online survey (described in Section 2.2.3); our findings are presented in Section 3.

Online Survey

LHSS deployed an online survey to supplement the literature review and capture data to further understand the current state of governance of quality across the included countries. The survey questions included quantitative and open-ended questions, which were divided into sections by the 10 elements of the analytical lens.

Deploying the survey amid the COVID-19 pandemic brought challenges but also some opportunities. Prior to deploying the survey, LHSS added questions to capture relevant learning related to resilience during the COVID-19 pandemic. This covered understanding a country's ability to identify vulnerabilities and needs in their health system (risk assessment); response

management and strategy to slow or stop the spread of diseases; and widely understood roles and responsibilities for managing the response.

Before deploying the survey broadly, LHSS piloted it in Timor-Leste. Based on learning from the pilot, LHSS refined the survey for clarity and reduced its length. Quality leaders identified in each country included health system leaders, planners, and quality-of-care stakeholders working at the national level. LHSS conducted periodic follow-up with participants by both email and telephone to maximize the survey response rate. By the end of the survey, LHSS received complete responses from respondents in 18 countries and partial responses (fewer than 50 percent of questions answered) from 5 countries for a total of 23 countries. LHSS received no response from 16 countries. In each country, LHSS deployed the survey to several stakeholders; hence, LHSS make a distinction between the total number of respondents (n = 41) and the number of countries (n = 23). Not every respondent provided an answer to every question, so each question received 41 or fewer responses.

Data Analysis

In total, thirty-seven countries are represented in the study. Data from 18 countries were collected through survey responses and the literature review. Fourteen countries were represented only in the literature review, and data from another five countries were collected through survey responses only.

The online survey collected both quantitative and qualitative data across all 10 Governance of Quality Elements of the analytical lens. For the qualitative data, LHSS developed a coding framework based on the survey questions that LHSS further updated using the survey responses. Based on this process, LHSS coded and analyzed the data to tease out emerging themes and patterns for each element. The complete survey instrument can be found in Annex B. LHSS analyzed data at both the individual respondent level and the country level. Throughout this narrative, LHSS present survey results at either the country level or the respondent level, with denominators representing the total responses received for a particular question.

Findings

The following sections detail findings related to the analytical lens's 10 Governance of Quality Elements. LHSS apply a consistent approach in reporting, starting off with an operational definition of the Governance of Quality Element for the purposes of this study, followed by findings from the literature review and survey responses, and concluding with a review of emerging patterns in both data sources.

> The WHO NQPS Handbook states that "the adoption of the SDGs and the focus on universal health coverage provide a critical entry point for the activation of NQPS in low- and middle-income countries" (WHO 2018).

National Health Priorities

In this study, national health priorities are defined as *the alignment of a quality policy or strategy with broader national health planning, including outlined national goals and priorities for the quality of care*.

Literature review and survey responses indicate that 6 of the 37 countries included in this analysis have an NQPS, with a dedication to quality, in addition to the national health sector policies and strategies. In the other 31 countries, the 10 Governance of Quality Elements discussed here—to the extent that they are present—are incorporated into policies and

strategies that look broadly at the health sector goals and investments. Leadership commitment at different levels of the government was factor identified by survey respondents as key to the existence of such a policy and its alignment with other health objectives.

Half the documents included in the literature review cited universal health coverage and the Sustainable Development Goals (SDGs) as the initial catalysts for the development of an NQPS document. Many of the national health priorities are structured in service of achieving SDGs. Countries that did not create a health strategy or NQPS in response to the SDGs, such as Nigeria and Lesotho, were often driven by a national health crisis. Such crises include, for example, the Ebola virus outbreak in Liberia or recent public outcry surrounding patient safety in Nigeria.

Key survey results include the following:

94% 35 of 37 respondents hold a moderate-to-high degree of belief that the necessary political will to pursue the NQPS is present in their country. Their confidence was based on the existence of national health policies that support planning and implementation; public leaders championing and endorsing the national policies, plans, and activities to pursue health care quality; and demonstrated investments in terms of time, training, and resources to achieve goals for quality.

81% 30 of 37 respondents noted that the existing national strategic direction on quality in their country has been developed and/or endorsed by the government. In fact, just over half the respondents indicated the existence of some combination of a quality policy (16 of 29 respondents), strategy (18 of 29), and quality statement within the overall national health plan (16 of 29). Many countries have articulated the existence of all three, including Burkina Faso, Ghana, Liberia, Malawi, Mali, Namibia, Nepal, Rwanda, and Zambia.

87% 26 of 30 respondents said that financial and human resources are allocated to support the implementation of the national and subnational quality strategies. However, further probing on financing revealed that respondents gauge resource allocation as insufficient (expanded on in Section 3.4, Financing).

In both the literature review and the survey responses, there is an indication that quality is emerging as a priority in improving health care across the world. However, critical challenges include limited financial resources for implementation; lack of alignment between policy and practice; and variation of knowledge, resources, and capacity that exists at the national, subnational, and facility levels.

A key finding across countries is that having a strategic document with a distinct focus on quality increases the likelihood of resource alignment, reduced variation, and building will at all levels of the health care system.

Local Definition of Quality

In this study, a local definition of quality is defined as *a shared understanding of what "quality care" would mean and look like in a specific context. This definition should factor in available human resources; levels of autonomy; and priority health services, diseases, and related standards*.

A respondent from Malawi noted that "getting patient voices has been a challenge to measure whether the definition is right and ideal."

In the literature reviewed across 32 countries, a local definition of quality was absent in all but 10 of the documents. Among the documents that did define quality, all but two did so using an international benchmark without a country contextualization. For example, Nepal used the definition "effective; safe; client-centered; timely; equitable; culturally appropriate; efficient; and reliable." While that is an excellent global standard definition, contextualization as to what each of these elements means in Nepal was not provided. Additionally, the indication of who is responsible for creating a local definition of quality also varied by country. For example, the Nigerian health strategy indicated that Ministry of Health leadership should create a shared definition of quality for the country, while Mozambique acknowledges that multiple definitions of quality exist, and it is up to the patient to define what it means to them.

Key survey results include the following:

75% A total of 75 percent of respondents reported their country had a definition of quality (21 of 28), but the degree of localization varied considerably. Many respondents (8 of 17) defined quality by the IOM's STEEP domains: safe, timely, efficient, effective, and patient-centered. Survey respondents from some countries, including Malawi, Liberia, and Indonesia, underscored how conversations on defining quality early in the process were essential for success. Typically, these discussions included community members along with representatives of the government, the health care sector, and NGOs.

85% 23 of 27 respondents reported that quality definitions and goals were established at the national level.

59% 16 of 27 respondents reported that quality definitions and goals were established at the subnational level.

56% 15 of 27 respondents reported that quality definitions and goals were established at the organizational level.

63% 17 of 27 respondents reported that quality definitions and goals were established at the facility level.

The survey respondents described a local definition of quality as "a national-level statement that outlines goals for quality; adaptation of the IOM's definition of quality to the national health system; and documented standards, procedures, and guidelines to pursue an NQPS."

Where there was no locally contextualized definition of quality, respondents noted that there was a national-level definition that was not widely circulated to subnational and regional bodies. The patient voice is frequently missing in contextualizing the definition for quality care, indicating sub-optimal patient engagement.

In both the literature review and the survey, two key factors emerged as being critical to successfully creating a local definition of quality: the local contextualization of an international benchmark and the engagement of the proper stakeholders for doing so, including front-line workers and patients. Despite the survey responses that indicated a high degree of belief that a local definition of quality exists, the documents included in the literature review rarely included one.

Governance and Organizational Structure

In this study, governance and organizational structure is defined as *mechanisms and institutions for accountability, lines of authority, and outlined responsibilities from the national to the community level to reinforce quality mandates across the health care sector*.

> "Since 2016, the Ministry of Health, Indonesia, has taken a step forward by establishing the Directorate of Health Care Quality and Accreditation. Therefore, to synergize all efforts in quality improvement, this directorate should provide strategic leadership through the development of Indonesia NQPS."
>
> —Indonesia 2017 NQPS Situational Analysis Executive Summary

The literature review findings showed that quality governance and structure and oversight plans are described in only a few countries. This was found in Uganda and Indonesia, with nine other countries indicating the presence of dedicated units to oversee quality at the national level (Bangladesh, Ghana, Indonesia, Liberia, Malawi, Mozambique, Thailand, Timor-Leste, and Uganda). The Uganda document outlines an ideal state for oversight but does not necessarily describe a system that is currently in place.

Of the countries that have a governance plan for quality, the structures vary from country to country and from the national to the subnational level. Quality units may be embedded in an existing department, be independent, or be a combination of the two. The literature confirmed that while there are multiple ways to create a governance structure, leveraging existing infrastructure and dedicating resources to overseeing quality are pivotal to success. Some examples are:

- In Liberia, the government uses existing structures to embed quality at all levels of the system. Professionals have been trained in quality improvement methods and are strategically placed in all 15 counties and report up to a quality unit in the Ministry of Health. The country also leveraged the structures in place from previous interventions.
- In Malawi, there is ministry-level oversight in place to monitor implementation and training at the front lines.
- In South Africa, accountability is anchored in the mid-level, with a National Directorate for Quality Assurance and Improvement and similar directorates at the provincial level. Most districts as well as hospitals also have quality assurance managers. Primary health care facilities do not have dedicated quality assurance managers—quality assurance is usually part of the facility manager's duties.
- Ghana has built governance structures from the top down to the front lines. The chief director chairs a National Quality Technical Committee. There are quarterly quality technical committee meetings that require each agency to share how implementation of the strategy is going. Also, there are quarterly supportive supervision exercises. Reports are put together on the state of quality in Ghana's health system. Each agency has a quality focal person coordinating quality and safety-related issues.

Survey response from Nepal describing the challenge in the Nepal Health Sector Strategy (2015):

"Nepal has a long tradition of collaboration with the non-state health care providers; some are financed by the government and others by EDPs (External Development Partners) and international NGOs. Currently several partnership models are operational across Nepal in collaboration with not-for-profit NGOs, private-for-profit hospitals, and medical colleges. However, in the absence of uniformity in contract structure or its effective supervision and monitoring, these partnerships are seen as innovative pilots lacking long-term strategic commitment for its sustainability."

A key challenge that emerged in the literature review was consistent governance accountability and oversight when working in partnership with international agencies and NGOs.

Key survey results include the following:

- Governance structures included a range of regulatory bodies, authorities, and professional associations, with respondents indicating:

96% 27 of 28 respondents reported having health professional regulatory bodies in their country.

89% 25 of 28 respondents reported having health facilities regulatory agencies (e.g., licensing and accreditation agencies) in their country.

82% 23 of 28 respondents reported having food and drug authorities in their country.

82% 23 of 28 respondents reported having professional associations in their country.

64% 18 of 28 respondents reported having regulatory bodies for traditional medicine in their country.

32% 9 of 28 respondents reported having authorities to regulate palliative care in their country.

- More than three-quarters of respondents reported that professional associations set standards and rules to ensure compliance with clinical guidelines, indicating that these entities are key stakeholders in governance and oversight of an NQPS.
- Nine of the 32 respondents described the existence of a department charged with supporting improvements in quality of care as their greatest strength in the governance and organizational structure for health quality.
- Persistent challenges reported by survey respondents include a fragmented quality management system, especially at the subnational and organizational levels, and inadequate funding for the quality assurance department.
- Survey respondents indicated confidence in the quality governance systems currently in place in their countries based on the following reasons:
    - A dedicated department or body responsible for quality of care at the national level similar to the quality units described in the literature review

- Quality governance systems that cascade goals from the national to the community levels
- Strong accountability mechanisms to reinforce the NQPS, such as efforts to expand performance-based financing to help improve service delivery

Both the literature review and survey findings emphasized the importance of multilevel governance dedicated to quality oversight. Both also emphasized the value and importance of engaging different stakeholders. However, the literature review highlighted a specific challenge of managing oversight with external partner organizations (private sector, NGOs, and funders), and the survey highlighted the value of using internal partner organizations (accreditation agencies and private companies) to support accountability and oversight.

Financing

In this study, financing for quality is defined as *costing the plan, design, implementation, and evaluation of the NQPS and ensuring there is reliable financing to pursue established goals for quality. Financing for quality also relates to the interrelationship between purchasing mechanisms and the quality of care delivered, including in relation to incentives, fraud, waste, and abuse*.

In the literature review, only two countries directly reference financing for quality: Uganda and Liberia.

- Uganda's June 2016 Health Sector Quality Improvement Framework and Strategic Plan states that "funding for the QI [quality improvement] activities will be mainly from the respective programs, departments, or institutions implementing QI and this should be integrated into their annual budgets." [16]
- Liberia's NQPS document includes a strategic goal for funding, which indicates a national responsibility for funding quality, but a budgeted breakdown was not included in the literature. In general, in the absence of dedicated financing for quality at the national level, funding is assumed to be the responsibility of the facilities, departments, and programs that want to implement quality initiatives.

Key survey results included the following:

- From countries that responded, 30 percent (7 of 23) reported having a costed quality plan. Of those seven countries, only two have identified adequate resources to support implementation of the costed plan, and only three have documented plans to mobilize funding for the costed quality strategic plan.
- Respondents from Malawi, Nigeria, and Nepal indicated that a documented NQPS helped inform resourcing decisions (including from nongovernmental sources), while other countries proposed a role for accreditation systems and performance-based financing in creating incentives for quality improvement. Using mechanisms outside of traditional government funding such as private sector, NGOs, etc. to secure adequate funding to deliver goals for quality was a consistent challenge among surveyed countries.
- Two countries, Nepal and Zambia, had a robust plan for financing the health care sector to ensure quality of care. While funding was not clearly delineated for quality, quality was a priority in the overall health strategy. Both plans relied on taxes and insurance models to finance health care and referenced performance-based financing and donor contributions to close the remaining financing gap.

[16] The Republic of Uganda Ministry of Health (2016). Health Sector Quality Improvement Framework and Strategic Plan 2015/16 – 2019/20

- Surveyed respondents offered conflicting perspectives on foreign donor interest in advancing quality in the health sector. While sustained donor support has enabled the development and implementation of NQPSs in many countries, these respondents also cited concerns around the long-term sustainability challenges presented by over-reliance on donor funding and poor coordination between donors and government in financing quality initiatives. However, both Mozambique and Nigeria referenced leveraging donor funding to build a case for government and private investment to sustain quality improvement funding in the future.
- From the survey results, it appears that few countries have specific plans to identify the financial resources needed to implement the national strategic plan for quality, and most have not identified where funding will come from.

Table 2 summarizes the percentage of countries where respondents indicate that their country is employing a particular financing mechanism to drive quality outcomes (respondents could select multiple choices).

Table 2. What financial mechanisms are in place to incentivize the provision of quality health care?

Survey Responses	Number of Countries*	Percent of countries**
Quality audits	15	65%
Ongoing performance monitoring as basis for provider eligibility in health financing	12	52%
Provider payments based on quality of care	10	43%
Public recognition or awards for providers or facilities that deliver good-quality care	10	43%
Financial investment in improving health infrastructure and human resource quality	10	43%
Accreditation as basis for facility eligibility in insurance programs or other health funding	10	43%
Differential payments to facilities based on quality-of-care indicators	9	39%
Inclusion of quality considerations in benefit package design	8	35%
Financing for consumer and provider education	8	35%
Provider licensing as basis for eligibility in insurance programs or other health funding	7	30%
Selective contracting	7	30%
Financing for active public discourse	6	26%
Exclusion of low-quality/low-value care from benefit packages	2	9%
None of the above	1	4%

**Number columns reflect the number of countries for which a representative respondent selected this mechanism as being in place in their country.*
*** Note that survey responses were received from a total of 23 countries*

Across the board, financing is cited as a key factor contributing to success or failure in advancing quality. It is also cited as a persistent challenge from the national to front line levels. Low response rates to questions regarding costing and budgetary provisions for an NQPS reflect the surrounding opacity and complexity of financing mechanisms for health quality and suggest that this is an area for potential further exploration and dissemination of learning.

Stakeholder Mapping and Engagement

In this study, stakeholder mapping and engagement is defined as *a purposeful and meaningful involvement of myriad stakeholders, such as national policy makers and managers, regional supervisors, facility providers, community members, community organizations, users, health workers, and other relevant stakeholders in the prioritization, design, implementation, and evaluation of the NQPS.* It also includes provisions to engage patients and communities in governance of quality to foster shared understanding, mutual ambition, and commitment toward goals for quality.

In the literature review, 72 percent (23 out of 32) of country documents outlined a list of key stakeholders and their roles and responsibilities, but there were limited documented examples of how the stakeholders were engaged in the creation of the NQPS. There were a few exceptions, however:

- In Indonesia, the executive summary of the document describes the start of a series of meetings between stakeholders to develop the strategy, including 31 stakeholders from 11 different institutions, such as regulators, health insurance employees, association staff, and NGO partners.
- Liberia also described the importance of meeting with stakeholders early on, referring to "the process adopted in the development of this strategy, being deeply consultative of all stakeholders" with clear ownership and leadership by the Ministry of Health. The Liberian description went on to say that because the Ministry of Health led the engagement process, they ensured that the strategic approaches proposed were relevant to Liberia and built on existing policies to achieve greater impact.
- The documents from Nigeria highlighted two additional elements of stakeholder engagement. The first is having a quality champion high in the national level of the system who can motivate change. In this case, the minister of health was the initial driving factor. The second is building buy-in at all levels, especially among mid-level management at facilities. Because mid-level management positions typically have less turnover, buy-in at this level builds a foundation for quality to remain embedded in the system.

Key survey results include the following:

85% 17 of 20 of survey respondents had a moderate-to-high degree of belief that their country has an effective process to engage key stakeholders in the planning and implementation of the NQPS in the health sector. Respondents attributed their confidence to the involvement of key stakeholders, especially front-line providers, in the planning stages of the NQPS. Respondents from many countries indicated that early and sustained engagement of leaders from various levels including government, health service organizations and the health workforce, professional bodies, and members of the community was a critical marker of success.

100% All respondents indicated the involvement of some combination of government bodies, health service organizations, professional bodies, and members of the community, and 13 of 23 respondents indicated engagement from all four entities.

71% 17 of 24 respondents noted that their countries made provisions in the NQPS to address social determinants of health.

51% Only 13 of 24 respondents reported having budgetary allocations for community-based health engagement to pursue national quality in the health sector.

Two key facilitators of success for stakeholder engagement emerged from the study. The first was a governance structure that supports engaging patients, staff, and community leaders, such as committee meetings at subnational levels or a dedicated quality unit with resources for

stakeholder engagement. While national-level leadership is critical to success, both the survey and literature review highlight examples of how strengthening mid-level managers can address turnover challenges and bridge the gap between the national level and the front lines. The second was mechanisms to capture service-user feedback through surveys or community scorecards.

Challenges are securing adequate funding for community, patient, and staff involvement; overcoming information constraints; and incentivizing engagement. Mechanisms to capture user feedback are only part of the solution, and mechanisms need to be in place to review and test feedback in real time.

Situational Analysis

In this study, situational analysis is defined as *the process of building an understanding of the state of quality, identifying strengths in the health care system, examining persistent challenges, and determining priorities to inform the development of the NQPS. It also includes consideration of contextual factors, barriers, and facilitators of success in thoughtfully designing, implementing, and evaluating the strategic direction of quality*.

In the literature review, almost all countries (29 of 32) indicated that they have undertaken a type of situational analysis, but the analysis itself was not always included in the reviewed documents. For example:

- India referenced a situational assessment document that had reviewed the gaps from the previous health policy and was used to inform the next iteration, but the assessment and analysis were not publicly available.
- Indonesia referenced a situational analysis in their Quality Strategy's Executive Summary, but it was not included in the appendices to the Quality Strategy.

In some cases, the situational analyses conducted were not specific to the health strategy/policy or NQPS and were completed in partnership with outside partners or NGOs or leveraged in service of the health strategy/policy or NQPS. Most countries did not provide a detailed report on document design, the data collected, or the full results. In line with findings in the survey, multiple processes may be used to identify gaps in quality of care, as opposed to a singularly focused situational analysis study and document.

Some key survey results included the following:

- Confidence in the situational analysis stems from a clear data collection process to assess the state of quality prior to NQPS development. The surveyed individuals reported a variety of processes to identify the gaps in quality of care, including:
    - Quality audits
    - Surveys, community and needs assessments
    - Dialogues with the community
    - Key informant interviews
    - Root cause analyses based on available data
    - Accreditation assessments
    - Incident and morbidity and mortality reports
- Strengths of the health system overall are identified through analyses of strengths, weaknesses, opportunities, and threats; periodic reviews of the strategic plans; reporting of recruitment and retention rates; landscape analyses; in-depth interviews of key stakeholders; accreditation assessments and performance against annual strategic goals and budget.

- Survey respondents noted that priorities for interventions are informed by the data to identify gaps and strengths of the health system. Prioritized interventions are determined by key stakeholder consensus, their alignment with the NQPS goals, and consideration of financing constraints.

A comprehensive situational analysis rests on two critical factors: stakeholder engagement and a dedicated team to analyze data and facilitate the identification of national health priorities and potential interventions to address them. The most significant challenges in conducting a situational analysis include inadequate time and resources to support the process and limited data, due either to a fragmented information system or to challenges in stakeholder engagement. However, conducting a situational analysis presents an opportunity to address stakeholder engagement challenges by partnering with facilities, regional health systems, NGOs, and accreditation agencies to leverage data they might already be collecting.

All the analysis highlighted how situational analyses are intricately related to stakeholder mapping and engagement and national health priorities, especially when moving from data to action.

Continuous Quality Improvement

In this study, CQI is defined as *a culture of learning fostered by leaders that produces an enabling environment for improvement leading to new levels of performance. This includes the use of data to guide improvement, iterative development and testing of solutions, and local contextualization*. In such a climate, front-line staff have the psychological safety and agency to self-report incidents of harm and error while remaining open to feedback on opportunities to improve the quality of care.

Of all countries included in the literature review process, only Mozambique and Liberia included a direct reference to CQI in the documents reviewed. The documents specifically included strategic objectives to create an environment for CQI and described steps to facilitate implementation, such as quality improvement and facilitation training for health care workers at the front line. Some countries, including Tanzania, India, and Rwanda, demonstrated some level of practicing CQI by using the monitoring and evaluation (M&E) plan, staff reporting policies, or patient satisfaction data to inform the next phase of the NQPS. But these countries did not specifically cite CQI as a priority or objective. More than half of the countries' documents did not address CQI in any capacity.

> "In addressing the heavy burden in the maternal mortality for the country, maternal and perinatal death review processes at both national and subnational level are held using the triple A analysis, without apportioning blame but specifically to find lasting solutions to gaps identified. Feedback provided is through mentorship and technical support supervision."
>
> —Survey respondent, Zambia

Key survey results include the following:

35% 8 of 23 respondents felt confident in having a culture of continuous improvement that creates a just or blame-free culture,[17] while 43 percent (10 of 23) of country respondents reported such a culture was more an aspiration than a reality in their country. While some respondents reported progress toward transparency and error-reporting systems, many cite the gap between leadership endorsement of a just culture and the current climate of the health sector.

[17] PG Boysen 2nd, "Just culture: a foundation for balanced accountability and patient safety," *Ochsner J.* 2013;13(3):400-406.

61% 14 of 23 respondents noted that health care quality performance data are shared at the facility or health system level. Moreover, 16 respondents noted that there is a defined process for staff to report quality concerns. Only 11 respondents reported that staff submissions are periodically reviewed in their country.

93% 15 of 16 respondents said that improvement efforts that originated from staff-reported safety or quality concerns have been implemented. Most respondents indicated that routine review meetings at the health system level are used to identify best practices and exchange ideas to improve the quality of care.

57% In 13 of the 23 surveyed countries, review meetings of the health system are routinely used to identify best practices and/or share efforts to improve the quality of care.

The most effective strategy to foster trust, transparency, and learning included promoting a participatory learning system that engages stakeholders in identifying opportunities for improvement and processes to facilitate regular review and feedback on health care quality performance data. For example, in Rwanda, incident reporting and review processes are part of accreditation. Both Rwanda and Zambia said that maternal and/or perinatal mortality is also reviewed at the facility, subnational, or national levels.

The challenges in promoting a culture of continuous improvement rest on limited understanding of how to bring about a learning culture and change management among health sector leadership, as well as a regulatory environment that reinforces fear of sanctions. The literature specifically demonstrates how leaders need to set up a structure to support quality improvement, such as having reporting and feedback systems that allow the testing of ideas. The survey captured how leaders need to set and influence a culture for quality improvement, including a just culture where there is psychological safety to report. In short, leadership is the driving factor in both the infrastructure and motivation for creating a culture of CQI.

Improvement Methods and Interventions

In this study, improvement methods and interventions are defined as *change-oriented interventions across four broad areas: system environment; reducing harm; improving clinical care; and engaging and empowering patients, families, and communities*.[18]

In the literature review, for the countries that have a distinct NQPS, the description of existing improvement methods and interventions is clear. For example:

- Tanzania has an operational plan in place to spread quality improvement methods nationally, which includes capability-building training at all levels of the health care system, a mentoring and coaching plan, and a quality improvement monitoring plan.
- Uganda also describes plans for training health care workers and specifically mentions a focus on quality improvement methods, such as the Plan–Do–Study–Act cycle based on the Model for Improvement and 5S[19] models.

For countries that have health policies or strategies without a quality improvement focus, the description of quality improvement methods is nonexistent, but quality may be addressed, directly or indirectly, within the four areas noted in the above definition. In short, countries with distinct NQPS documents were more likely to have specific improvement methods and interventions for quality.

---

[18] World Health Organization, Organisation for Economic Co-operation and Development, International Bank for Reconstruction and Development, *Delivering Quality Health Services*.

[19] S Kanamori, S Sow, MC Castro, R Matsuno, A Tsuru, M Jimba, "Implementation of 5S management method for lean healthcare at a health center in Senegal: A qualitative study of staff perception," *Glob Health Action* 2015 Apr 7; 8:27256, doi:10.3402/gha.v8.27256.

A key learning that emerged in the literature review was that in countries like Bangladesh and Liberia, quality improvement interventions are driven by international partners and NGOs. While this has benefits, such as additional funding, it also may create challenges for coordination and documentation efforts. The Development of the NQPS in Indonesia: A Situational Analysis Executive Summary[20] stated that "quality initiatives were not well documented and improvement efforts were not sufficiently linked to measurement of quality indicators" because quality improvement efforts exist in silos. In addition, many initiatives undertaken in partnership with NGOs focus on using quality improvement for vertical programs targeting specific health challenges, like HIV/AIDS projects; water, sanitation, and hygiene efforts; or hospital-acquired infections and are less likely to focus on embedding quality in the health care system.

Key survey results include the following:

- Survey respondents indicated a moderate-to-high degree of belief that their country had a defined process for implementing interventions to improve the quality of health care. The respondents attributed their confidence in clinical guidelines to support improvement efforts and the adoption and spread of quality improvement methodology. An operational plan, with activities outlined to implement the quality strategy, primarily exists at the national, subnational, and facility levels.
- Only a third of respondents (5 of 16) indicated that the NQPS was translated into an operational plan at the community level. All survey respondents also noted that there was a basic minimum set of standards for health facilities and that clinical guidelines and protocols had been developed. Commonly reported quality interventions included:

  1. Continuing professional development in improvement methods (12 of 16 respondents)
  2. Accreditation systems (11 of 16 respondents)
  3. CQI methods (11 of 16 respondents)
  4. Pre-service training in improvement methods (10 of 16 respondents)
  5. Patient, family, and community engagement (10 of 16 respondents)

  Other reported interventions included transparent use of data on quality on care (8 of 16 respondents), agencies to regulate quality of care (8 of 16 respondents), and laws to improve quality of care (6 of 16 respondents).
- Survey respondents indicated that the most effective enablers in advancing quality interventions were a clearly defined plan, accessible standards and guidelines, and staff training to pursue improvement efforts. They also emphasized the importance of having a system that helps health facilities assess readiness and health care quality performance data for quality and offers resources, guidance, and support as needed.

The most pressing challenges in implementing quality interventions were adequate funding for training, resources to support improvement efforts, and poor coordination of existing quality efforts (see section on Financing).

Another key challenge that emerged in both the literature review and the survey was coordinating quality efforts at all levels of the health care system. The survey specifically indicated that there was a gap at the community level in efforts to operationalize improvement methods and interventions. Effective stakeholder mapping and engagement, strong governance

[20] Ministry of Health, Republic of Indonesia (2016). Development of the National Quality Policy and Strategy in Indonesia: A Situational Analysis

and oversight, and accessible data systems with shared quality indicators are cited as opportunities to address this challenge.

Quality Indicators and Core Measures

In this study, quality indicators and core measures are defined as *a coherent set of key indicators, adapted to the local context, that allows providers and policy makers to assess progress toward quality across all levels of the health care system. The indicators and corresponding measures should support a data-driven approach to policy development, decision-making, and improvement*.

Half of the countries (16 out of 32) in the literature review had indicators and/or core measures included in the health strategy/policy or NQPS document. These include indicators that track progress toward the SDG/Millennial Development Goals, such as maternal and newborn health, HIV/AIDS incidence and prevalence, and average lifespan. These indicators are used to indirectly track overall quality in a health care system, such as reduced maternal and child mortality or spread of communicable disease.

However, indicators designed to specifically document quality were limited to countries that have an NQPS in place. For example, Uganda and Tanzania both developed a specific quality indicator section as part of the M&E Plan. In Tanzania, there are "verifiable indicators" for each strategy in service of the larger objective. The NQPS states that "The strategy aims to attain a high proportion of the health and social welfare workforce becoming QI [quality improvement] literate and skilled in application of QI approaches that make a difference,"[21] with indicators to assess achieving that goal. One example is tracking the percentage of staff adhering to laboratory quality control and quality assurance processes.

> "The objectives of the HMIS as well as M&E are to ensure availability of timely health information; management of information through better analysis and interpretation of data; availability of relevant, ethical, and timely research evidence; use of evidence by policy makers and decision makers; improvement of dissemination and sharing, evidence, and knowledge; access to global health information and the use of information and communication technology."
>
> —Lesotho National Health Strategic Plan, December 2016

Some key survey results included the following:

- Most survey respondents (12 of 14) described a moderate-to-high degree of belief that their country's health sector leaders promote transparent reporting and use of data at all levels of the health system.
- Half of respondents (8 of 16) reported having a national strategic direction on quality with an associated measurement framework of core quality indicators and benchmarks for quality of care at various levels of the health system (14 of 15).
- Tracking performance on core quality indicators is, according to respondents, best enabled by periodic review of key measures to understand quality of care and adequate training and support for data collection and monitoring on the front line.

[21] The United Republic of Tanzania, Ministry of Health and Social Welfare (2013). National Health and Social Welfare Quality Improvement Strategic Plan 2013 - 2018. USAID

- Respondents noted the importance of fostering ownership of quality-of-care indicators among the health workforce through early and sustained stakeholder engagement, supportive data infrastructure, and training.
- Respondents reported persistent challenges in monitoring and improving core measures due to poor data management systems, including fragmented or delayed data and paper-based reporting systems, and inadequate training and support for front-line staff to use data.

The Nigeria respondent emphasized capacity challenges at the front line, referring to "poor capacity of service providers who are responsible for data gathering." A respondent from Rwanda echoed the sentiment: "The culture of data use and capacity in data analysis is limited, especially at lower levels."

A key lesson emerging from these responses is that securing training to track quality indicators can be a challenge but, when done successfully, significantly contributes to fostering ownership of quality-of-care indicators. Additionally, while a distinct NQPS document may increase the likelihood of identification of quality indicators and core measures, that is only one step in the process. Stakeholder engagement, adequate staffing and training, and reliable data systems are also critical in ensuring successful quality measurement.

HMIS and Data Systems

In this study, HMIS and data systems are defined as *the development of a data collection system designed to support planning and implementation of an NQPS. This should include addressing deficiencies in the HMIS and promoting pragmatic use of data to improve quality at the point of care*.

Challenges identified in the literature review tended to focus on weaknesses in the infrastructure to support data collection and reporting. Almost every country included in the literature review recognizes, emphasizes, and prioritizes the need for a strong information and data system, but 20 of the 32 countries described challenges to successful implementation. For example, rural districts in Bangladesh lack regular internet access and in some cases computers, making digital information tracking almost impossible. Malawi specifically described using a paper-based reporting system, creating a challenge in reporting data up to the national level. Zambia describes the dual challenge of creating a uniform system that works at all facilities and a lack of human capacity to regularly input and manage the data.

Key survey results include the following:

71% 10 of 14 respondents indicated a moderate-to-high degree of belief that decisions and processes for planning and implementing the NQPS are informed by accurate, timely, and complete data systems.

43% Some respondents noted a commitment to being transparent, tracking performance measures, and using data to inform the development and evaluation of the NQPS, but only 10 of 23 respondents agreed that health system stewards promote transparent reporting and use of data.

Both the literature review and survey showed that countries commonly have paper-based data management systems or incomplete data that drives decision-making. So, despite the reported commitment to transparency, ensuring access to complete and timely data remains a challenge in many countries. Overall, the greatest challenges include poor data quality due to reliance on paper-based systems, fragmented datasets, and internet-dependent reporting systems, as well as limited practice of data-informed decision-making. Conversely, the most significant facilitators

of success reported for promoting a robust HMIS are accessible tools, training, and support that enable regular data reporting and review.

While there is general agreement on the importance of regular and reliable data collection, many practical challenges remain. This includes collecting data effectively with limited resources and inconsistent reporting systems, and lack of staff capacity and capability to track and report measures.

The study showed the inextricable link between the HMIS and other Governance of Quality Elements. Having an appropriate data system in place is a fundamental step to using data to inform decision-making on quality.

Crisis Management and COVID-19 Response

While not part of the original research questions, the relationship between governance of quality and crisis management yielded relevant findings for the purposes of this study. Crisis management refers to capacities and capabilities to be responsive to and maintain key health system functions during health system shock and stressor events. In the context of the COVID-19 pandemic, this includes efficiently and effectively mobilizing both financial and human resources, as well as health systems structures and processes, to respond to the pandemic without disrupting other essential health services. As stated in Section 2.2.3, we deployed the survey amid the COVID-19 pandemic, and it has been an opportunity to capture how governance of quality requires resilience.

Quality directorates played a crucial role in the COVID-19 response at the national level in the surveyed countries. Most respondents noted that the directorate developed guidelines, advocated for personal protective equipment and other critical resources, and supported M&E of the state of the pandemic.

Key survey results included the following:

82% 9 of 11 respondents indicated a moderate-to-high degree of belief that their country's governance of quality system has the capacity to respond to the health care needs of the population in the event of crises, such as pandemics, natural disasters, and economic stresses. The other two respondents were more critical of their country's preparedness, noting concerns about the politicization of disaster response; limited resources to support preparedness planning and response; and fragmented data systems that do not capture vulnerabilities, risk, and environmental stressors.

42% 8 of 19 respondents noted the existence of a continuous risk assessment process to identify vulnerabilities in meeting community and population health sector needs. Risk assessments were primarily conducted at the facility level, with limited efforts at other levels. In contrast, emergency response systems are developed at the national, and only sometimes at the subnational, levels.

The survey respondent from Liberia provided key insights, as their National Health Quality Strategy was initially designed in response to the Ebola epidemic. They indicated a strong agreement that their quality directorate played a key role in the COVID-19 response and that their knowledge and experience from the Ebola epidemic played a key role in how they responded to COVID-19. However, they acknowledged that no mechanisms are in place to respond to sudden events at the organizational and facility levels and that lack of resources is a challenge when responding to pandemics.

Limitations

The study initially focused on 52 countries, but the inclusion criteria (e.g., having access to data) reduced the number to 39. Two of these countries were non-responders to the survey; thus, the final analysis included 37 countries.

The literature review included only existing, publicly available documents. Furthermore, five country documents were available only in the primary language of the country (the Dominican Republic, Guinea, Madagascar, Mali, and Senegal). These documents were also not included in the review, given limited resources available for translation. However, three of these four countries responded to the online survey and were included in the analysis.

LHSS sent the survey to individuals working at the national level in 37 priority countries (including the pilot testing site of Timor-Leste). LHSS tracked emails and sent follow-up reminders to the contacts; however, LHSS received no response from contacts in 14 countries. Of the 23 countries whose contacts did respond, five were partial responses, meaning that responders answered fewer than 50 percent of the questions. Thus, the findings are missing key insights and experiences from countries that did not complete the survey and this limits the representativeness of the findings.

Finally, LHSS conducted the literature review based on documents that already exist, while in the survey LHSS asked individuals to respond on behalf of their experience and knowledge gained from supporting quality and health care in their countries. Therefore, in some cases the data from the literature review and the survey contradict each other.

Key Learnings

Five of the 10 Governance of Quality Elements—national health priorities, governance and organizational structure, stakeholder mapping and engagement, improvement methods and interventions, and quality indicators and core measures—emerged as those in which countries have the greatest strengths. Consequently, countries exhibited the greatest confidence in these dimensions of governance. Countries reported shared challenges and the least confidence with CQI, local definition of quality, and HMIS and data systems. The study also highlighted the interconnectedness of these elements in practice. For example, a robust stakeholder engagement process contributes to a locally contextualized definition of quality, and a functional HMIS facilitates a targeted deployment of quality indicators.

Recommendations and learning that arise from this study can be summarized as follows:

National health priorities: Country governments should champion a clear and strategic focus on quality that aligns with a broader national health strategy and is also adequately funded and resourced to pursue health care quality.

Local definition of quality: When considering a local definition of quality, work to locally contextualize international definitions of quality to each country's context should build on the foundations laid internationally; for example, by the IOM or WHO.

Governance and organizational structure: Country governments require a dedicated department or body responsible for quality of care at the national level with dedicated subnational structures with adequate funding. This will support the cascading of goals for quality from the national to the community levels and support strong accountability mechanisms. Country governments should strive to consolidate elements of their quality management systems, especially at the subnational level.

Financing: Across the board, financing is cited as a key factor contributing to success or failure in advancing quality, but most countries do not have a clear plan on how to finance their quality strategies. Countries should design sustainable methods that dedicate funding specifically for quality initiatives and leverage funding outside of the public sector.

Stakeholder mapping and engagement: Key stakeholders should be identified at all levels of the system and engaged throughout the NQPS process, from design to implementation and evaluation. Two facilitators are decentralized governance structures that engage patients, staff, and community leaders; and focusing engagement efforts on stakeholders with a high degree of authority, low turnover, or both.

Situational analysis: Countries should strengthen systems to capture feedback from both health care workers and patients as part of the situational analysis process. Leaders' roles include creating or protecting adequate time and resources to support a thorough situational analysis process. When this is not possible, leaders should leverage existing points of data collection to minimize the burden of conducting a comprehensive situational analysis.

Continuous quality improvement: Leadership should help develop a learning system that engages stakeholders in identifying opportunities for improvement, including leverage existing meetings to identify best practices, raise concerns, communicate successes, and foster a blame-free culture. At the national level, leaders should champion quality in the front lines, remove barriers, partner with accreditation agencies to support an audit and review process that is not punitive, and ensure that resources are appropriately allocated.

Improvement methods and interventions: To operationalize improvement methods and interventions, leaders need a clearly defined plan, accessible standards and guidelines, trained staff, and a system that helps facilities assess readiness and health care quality performance data.

Quality indicators and key measures: Country governments should conduct periodic reviews of key measures and provide adequate training and support for data collection and monitoring, including improving data management systems to address fragmented and delayed data collection that hinders effective decision-making.

HMIS and data systems: When possible, countries should enable transparent reporting of quality data to the public to ensure data are used across different health system levels to drive improvements in care, not just to facilitate passive monitoring. Overall, data transparency is a keystone factor that requires leadership to take an active role in understanding how to capture, report, and use data in a reliable and consistent manner.

Conclusions

Based on the key findings, the report concludes that countries should develop a clear and strategic focus on quality, resulting in an NQPS that aligns with or builds on existing health care and strategic plans and addresses the most pressing needs within the country. The NQPS should encourage a regular review and learning process, with transparent, data-driven systems to audit progress and inform decision-making. The NQPS requires sustainable financing in alignment with larger health system financing goals, with resources and engagement cascaded from the national government to the front-line practitioners. The NQPS should also support leadership in their efforts to drive a cultural change on quality.

Future work should focus on finding synergies in the practical application of the Governance of Quality Elements that will improve governance for quality health services and positively impact population health outcomes. This requires a systems-level approach to designing a quality

management infrastructure that can capture learnings and provide oversight to all levels of the health care system. These elements can be applied to support any country or system with an NQPS or health strategy, as well as any country or system with the goal of creating an NQPS or health strategy, to design and execute for quality.

Bibliography

Abt Associates. 2018. *Strengthening Governance of Quality Health Service Delivery—A Lens to Analyze Progress,* Local Health System Sustainability Project, USAID Integrated Health Systems IDIQ. Rockville, MD: Abt Associates.

Agency for Healthcare Research and Quality. "Six Domains of Health Care Quality." Content last reviewed November 2018. https://www.ahrq.gov/talkingquality/measures/six-domains.html.

Boysen PG 2nd. 2013. "Just culture: a foundation for balanced accountability and patient safety." *Ochsner J.* 2013;13(3):400-406.

Cico A, K Laird, and L Tarantino. September 2018. *Defining Institutional Arrangements When Linking Financing to Quality in Health Care: A Practical Guide.* Bethesda, MD: Health Finance and Governance Project, Abt Associates.

Cico A, S Nakhimovsky, L Tarantino, K Ambrose, L Basu, S Batt, R Frescas, K Laird, K Mate, L Peterson, C Sciuto, and R Stepka. October 2016. *Governing Quality in Health Care on the Path to Universal Health Coverage: A Review of the Literature and 25 Country Experiences.* Bethesda, MD: Health Finance and Governance Project, Abt Associates.

Juran J and J De Feo. 2010. *Juran's Quality Handbook: The Complete Guide to Performance Excellence.* 6th ed. New York: McGraw Hill.

Kanamori S, S Sow, MC Castro, R Matsuno, A Tsuru, and M Jimba. 2015. "Implementation of 5S management method for lean healthcare at a health center in Senegal: A qualitative study of staff perception." *Glob Health Action.* Published 2015 Apr 7; 8:27256. doi:10.3402/gha.v8.27256.

Kruk M, A Gage, C Arsenault, et al. 2018. "High-quality health systems in the Sustainable Development Goals era: Time for a revolution." *Lancet Glob Health* 2018;6(11): e1196-e1252. doi:10.1016/S2214-109X(18)30386-3.

Ministry Of Health Government of Lesotho (2015). National Health Strategic Plan 2017-2022. Retrieved from http://childrenandaids.org/sites/default/files/2018-05/Lesotho_Nat%20Health%20Strat%20Plan_2017-2022.pdf

Ministry of Health, Republic of Indonesia (2016). Development of the National Quality Policy and Strategy in Indonesia: A Situational Analysis

National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Board on Global Health; and Committee on Improving the Quality of Health Care Globally. 2018. Summary. *Crossing the Global Quality Chasm: Improving Health Care Worldwide.* Washington, DC: National Academies Press (US). August 28. Available from: https://www.ncbi.nlm.nih.gov/books/NBK535643/

Tarantino L, K Laird, A Ottosson, R Frescas, K Mate, V Addo-Cobbiah, C Bannerman, P Pacheco, D Burssa, A Likaka, M Rahimzai, M Massoud, and S Syed. 2016. *Institutional*

Roles and Relationships Governing the Quality of Health Care: Country Experiences, Challenges, and Lessons Learned. Bethesda, MD: Health Finance and Governance Project, Abt Associates; and USAID Applying Science to Strengthen and Improve Systems Project, University Research Co.

The Republic of Uganda Ministry of Health (2016). Health Sector Quality Improvement Framework and Strategic Plan 2015/16 – 2019/20

The United Republic of Tanzania, Ministry of Health and Social Welfare (2013). National Health and Social Welfare Quality Improvement Strategic Plan 2013 - 2018. USAID

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. https://www.who.int/publications/i/item/9789241565561.

World Health Organization, Organisation for Economic Co-operation and Development, and International Bank for Reconstruction and Development. 2018. *Delivering Quality Health Services: A Global Imperative for Universal Health Coverage.* World Health Organization. https://apps.who.int/iris/handle/10665/272465.

Annex A: LHSS Country List and Inclusion/Exclusion for the Analysis

Country	Meet preliminary inclusion criteria?	Literature Reviewed (LR)	Received Survey	Survey Response	Included in final analysis
Angola	Yes	Yes	Yes	Yes - Complete	Yes - both LR and Survey data
Eswatini	Yes	Yes	Yes	Yes - Complete	Yes - both LR and Survey data
Ghana	Yes	Yes	Yes	Yes - Complete	Yes - both LR and Survey data
Kenya	Yes	Yes	Yes	Yes - Complete	Yes - both LR and Survey data
Lesotho	Yes	Yes	Yes	Yes - Complete	Yes - both LR and Survey data
Malawi	Yes	Yes	Yes	Yes - Complete	Yes - both LR and Survey data
Mozambique	Yes	Yes	Yes	Yes - Complete	Yes - both LR and Survey data
Namibia	Yes	Yes	Yes	Yes - Complete	Yes - both LR and Survey data
Nepal	Yes	Yes	Yes	Yes - Complete	Yes - both LR and Survey data
Nigeria	Yes	Yes	Yes	Yes - Complete	Yes - both LR and Survey data
Rwanda	Yes	Yes	Yes	Yes - Complete	Yes - both LR and Survey data
Thailand	Yes	Yes	Yes	Yes - Complete	Yes - both LR and Survey data
Timor-Leste	Yes	Yes	Yes	Yes - Complete	Yes - both LR and Survey data
Zambia	Yes	Yes	Yes	Yes - Complete	Yes - both LR and Survey data
Liberia	Yes	Yes	Yes	Yes - Partial	Yes - both LR and Survey data
South Africa	Yes	Yes	Yes	Yes - Partial	Yes - both LR and Survey data
Ukraine	Yes	Yes	Yes	Yes - Partial	Yes - both LR and Survey data
Vietnam	Yes	Yes	Yes	Yes - Partial	Yes - both LR and Survey data
Bangladesh	Yes	Yes	Yes	No	Yes - just lit review
Benin	Yes	Yes	Yes	No	Yes - just lit review
Botswana	Yes	Yes	No - Need contact	No	Yes - just lit review
Cameroon	Yes	Yes	Yes	No	Yes - just lit review
Cote d'Ivoire	Yes	Yes	Yes	No	Yes - just lit review

Country	Meet preliminary inclusion criteria?	Literature Reviewed (LR)	Received Survey	Survey Response	Included in final analysis
Guyana	Yes	Yes	Yes	No	Yes - just lit review
India	Yes	Yes	Yes	No	Yes - just lit review
Indonesia	Yes	Yes	Yes	No	Yes - just lit review
Kyrgyz Republic	Yes	Yes	Yes	No	Yes - just lit review
Lao People's Democratic Republic	Yes	Yes	Yes	No	Yes - just lit review
Papua New Guinea	Yes	Yes	Yes	No	Yes - just lit review
Tajikistan	Yes	Yes	Yes	No	Yes - just lit review
Tanzania	Yes	Yes	Yes	No	Yes - just lit review
Uganda	Yes	Yes	Yes	No	Yes - just lit review
Burkina Faso	Yes	No - French Language	Yes	Yes - Complete	Yes - just survey
Democratic Republic of Congo	Yes	No - French Language	Yes	Yes - Complete	Yes - just survey
Madagascar	Yes	No - French Language	Yes	Yes - Complete	Yes - just survey
Mali	Yes	No - French Language	Yes	Yes - Complete	Yes - just survey
Dominican Republic	Yes	No - Spanish Language	Yes	Yes - Partial	Yes - just survey
Guinea	Yes	No - French Language	Yes	No	No - no primary or secondary data
Senegal	Yes	No - French Language	Yes	No	No - no primary or secondary data
Afghanistan	No - USG guidelines	N/A	N/A	N/A	No - no primary or secondary data
Burundi	No - USG guidelines	N/A	N/A	N/A	No - no primary or secondary data
Cambodia	No - USG guidelines	N/A	N/A	N/A	No - no primary or secondary data
Ethiopia	No - USG guidelines	N/A	N/A	N/A	No - no primary or secondary data
Guatemala	No - USG guidelines	N/A	N/A	N/A	No - no primary or secondary data
Haiti	No - USG guidelines	N/A	N/A	N/A	No - no primary or secondary data
Myanmar/Burma	No - USG guidelines	N/A	N/A	N/A	No - no primary or secondary data

Country	Meet preliminary inclusion criteria?	Literature Reviewed (LR)	Received Survey	Survey Response	Included in final analysis
Pakistan	No - USG guidelines	N/A	N/A	N/A	No - no primary or secondary data
Philippines	No - USG guidelines	N/A	N/A	N/A	No - no primary or secondary data
South Sudan	No - USG guidelines	N/A	N/A	N/A	No - no primary or secondary data
Uzbekistan	No - USG guidelines	N/A	N/A	N/A	No - no primary or secondary data
Yemen	No - USG guidelines	N/A	N/A	N/A	No - no primary or secondary data
Zimbabwe	No - USG guidelines	N/A	N/A	N/A	No - no primary or secondary data

USG = U.S. Government.

Annex B: Survey Instrument

	Online Survey Instrument Questions Aim: To capture local quality leaders' assessment of existing quality governance and management systems and identify three countries for in-depth case studies.			
Function	**No.**	**Question**		**Response Format**
National Health Priorities	1	There is strong political will, at the national level towards planning, developing, and implementing national and subnational quality strategies.		Likert Scale (strongly agree to strongly disagree)
		Sub-questions: a	Is there an existing national strategic direction on quality that has been endorsed by the government?	Yes/No
		b	If yes, what was the year of development?	Comment Box
		c	How is the national strategic direction articulated? - a quality policy - a quality strategy - quality statement within the overall national health policy/strategy/plan	Select all that apply, comment box for 'other'
		d	To what extent is the national strategic direction on quality aligned with the national health policies and plans?	Scale (fully integrated, partially aligned, not at all)
		e	Are financial and/or human resources allocated to support implementation of national and subnational quality strategies?	Yes/No
		f	Based on your experience, what is one key strength of your country on leadership and stewardship for quality governance?	Comment Box
		g	Based on your experience, what is one key challenge of your country on leadership and stewardship in governing for quality health care?	Comment Box
Continuous Quality Improvement	2	Our quality governance system has the capacity to respond to the health care needs in the event of unpredictable or sudden circumstances, such as pandemics, natural disasters, and economic stresses.		Likert Scale (strongly agree to strongly disagree)
		Sub-questions: a	Why did you select that response?	Comment Box
		b	Is there a continuous risk assessment process to identify vulnerabilities in meeting community and population health sector needs?	Yes/No
		c	If yes, at what levels is the risk assessment conducted: National, subnational, organizational, facility, none of the above, other	Select all that apply, comment box for 'other'
		d	Are there mechanisms in place to manage and respond to sudden events (e.g. epidemics)?	Yes/No
		e	If yes, for what levels are these plans designed: National, subnational, organizational, facility, none of the above, other	Select all that apply, comment box for 'other'
		f	Are roles and responsibilities for management and response to sudden events documented?	Yes/No
		g	How is your quality directorate involved in the response to Covid-19?	Comment Box

	Online Survey Instrument Questions Aim: To capture local quality leaders' assessment of existing quality governance and management systems and identify three countries for in-depth case studies.				
			h	How are quality interventions applied to public health emergency preparedness and response?	Comment Box
	3	There is a culture of continuous improvement that fosters transparency and enables learning from mistakes in a blame-free environment.			Likert Scale (strongly agree to strongly disagree)
		Sub-questions:	a	What is the reason for your response?	Comment
			b	Is health care quality performance data openly shared at a facility or health system level?	Yes/No
			c	Are there platforms and procedures in place for staff members to report quality concerns?	Yes/No
			d	Are submitted quality and safety concerns, reports, and recommendations regularly reviewed?	Yes/No
			e	Is a survey tool used by the health system to routinely measure the culture of safety?	Yes/No
			f	Have there been improvement efforts that originated from staff reported safety and quality concerns?	Yes/No
			g	Is there a national learning system to identify best practices and share efforts on quality of care across the health system?	Yes/No
	4	Reflections on continuous quality improvement			
		Sub-questions:	a	In your view, what one effective strategy has been used by your leaders to improve transparency and create a blame free environment?	Comment Box
			b	What is your greatest barrier to promoting a blame free culture?	Comment Box
Local Definition of Quality	5	Which levels of the health system, if any, have defined (agreed upon and written) quality goals? National, subnational, organizational, facility, none of the above, other			Select all that apply, comment box for 'other'
		Sub-questions:	a	Is there a standard definition of quality that has been developed in your country?	Yes/No
			b	What are the top 3 quality goals that are prioritized at the national level?	Comment Box
Situational Analysis	6	In setting the national direction for quality, how did you quantify gaps in quality of care, identify strengths of the health systems and articulate priorities for intervention?			Comment Box
Stakeholder Mapping & Engagement	7	There is an effective process to engage key stakeholders in the planning and implementation process of the national strategic direction on quality.			Likert Scale (strongly agree to strongly disagree)
		Sub-questions:	a	Select all the stakeholders engaged in the design of the national strategic direction on quality Government bodies: MoH, health professional council, provincial health offices, district officers and hospitals, national data and informatics specialists Health service organizations: public sector health services, faith-based health services, private sector health services, traditional and complementary health services Professional bodies: health care professional	Select all that apply, comment box for 'other'

	Online Survey Instrument Questions Aim: To capture local quality leaders' assessment of existing quality governance and management systems and identify three countries for in-depth case studies.				
				councils, specialty societies, medical academies Community: service users, advocates, health promoters, delivery programmes and services, patient societies None of the above Other	
			b	Is there a documented process for sustaining the engagement of the community: service users, advocates, health promoters, delivery programmes and services, patient societies from the priority setting stage through the design, implementation, and evaluation phases? To answer yes, the process must specify they are engaged through all stages.	Yes/No
	8	Which levels of the health system, if any, have provisions for community and patient engagement? National, subnational, organizational, facility, none of the above, other			Select all that apply, comment box for 'other'
		Sub-questions:	a	Does the national quality strategy provide budgetary allocation for community-based health interventions?	Yes/No
			b	Are there provisions in the national quality strategy to address social determinants of health?	Yes/No
			c	Are there provisions in the national quality strategy for a multi-sectoral approach (e.g., humanitarian/health emergencies, food security, access to clean water, improved sanitation)?	Yes/No
			d	If yes, please list one example of multi-sectoral initiatives underway in your country.	Comment Box
			e	Are there formal or informal partnerships between the health system and various types of committees and other local community-based organizations?	Yes/No
			f	Based on your experience, describe one effective way in which communities, patients, and staff are being engaged to improve the quality and safety of health care in your country?	Comment Box
			g	Based on your experience, what is the greatest challenges or most significant gaps with regards to community, patient, and staff engagement in overseeing or ensuring quality health care in your country?	Comment Box
Governance and Organizational Structure	9	Which regulatory bodies/ authorities/professional associations etc., if any, currently exist to ensure, improve, and assure quality health service delivery? Health professional regulatory bodies, health facilities regulatory agencies (licensing and accreditation), food and drug authorities,			Select all that apply, comment box for 'other'

	Online Survey Instrument Questions Aim: To capture local quality leaders' assessment of existing quality governance and management systems and identify three countries for in-depth case studies.			
		traditional medicine/herbal medicine regulatory bodies, palliative care, professional associations, none of the above, other		
		Sub-questions:	a	Are governance structures, e.g. Quality Management Teams, defined across all levels to advance quality goals (i.e., membership, roles and responsibilities, reporting lines, etc.)?	Yes/No
			b	Do professional associations set standards and rules to ensure compliance with the use of the best evidence in clinical guidelines for patient care?	Yes/No
			c	How are training needs in quality and safety met?	Comment Box
Improvement Methods & Interventions	10	Is there a practical operational plan which provides clear activities at any of the following levels to successfully implement the quality strategy? national, sub-national, facilities, and communities			Select all that apply, comment box for 'other'
		Sub-questions:	a	What quality interventions are currently being applied within your health system? - Setting basic minimum standards for health facilities - Accreditation systems - Development of Clinical Guidelines and Protocols - Continuous Quality Improvement methods - CPDs in improvement methods - Preservice training in improvement methods - Patient, family and community engagement/empowerment - Transparent use of data on quality on care - Setting up agencies to regulate quality of care - Passing laws to improve quality of care - Other	Select all that apply, comment box for 'other'
	11	Reflections on laws, policies, regulations, and plans			
		Sub-questions:	a	Based on your experience, describe one strength in the use of laws, policies, regulations, and plans for quality governance in your country?	Comment Box
			b	Based on your experience, what is one key challenges or most significant gap with regards to laws, policies, regulations, and plans for quality governance in your country?	Comment Box
Health Management Information Systems & Data Systems	12	What 2-3 quality of care indicators are currently included in the HMIS system or national data systems for assessing the state of quality nationwide?			Allow option for none
		Sub-questions:	a	Are health workers trained and equipped to use and learn from data in decision-making?	Yes/No
			b	How do you ensure that data reported in the HMIS is accurate, complete and timely?	Comment Box
Quality Indicators &	13	Health system promotes transparent reporting and use of data at all levels e.g. mortality data			Likert Scale (strongly agree to strongly disagree)

	Online Survey Instrument Questions Aim: To capture local quality leaders' assessment of existing quality governance and management systems and identify three countries for in-depth case studies.				
Core Measures		Sub-questions:	a	Does your national strategic direction on quality have an associated measurement framework?	Yes/No
			b	Are there benchmarks for quality of care at various levels of the health system?	Yes/No
			c	Are review meetings held to review quality indicators at any of the following levels of the system? National, subnational, organizational, facility, none of the above, other	Select all that apply, comment box for 'other'
	14	Reflections on Measurement, Monitoring, and Evaluation			
		Sub-questions:	a	Based on your experience, describe one way in which your country promotes transparent use of data on quality of care?	Comment Box
			b	Based on your experience, what is one challenge in the use of data for decision making at all levels of the health system?	Comment Box
Financing	15	Is the national strategic direction for quality costed?			Yes/No
		Sub-questions:	a	Are specific budgetary provisions made for improving quality of care?	Yes/No
			b	Have adequate resources been identified to support implementation of costed plan?	Yes/No
			c	If not, has a resource mobilization or financing plan been developed to adequately fund the pursuit of the national quality strategy?	Yes/No
			d	What mechanisms are in place to incentivize and affect the provision of quality health care: selective contracting, provider payments based on quality of care, inclusion of quality considerations in benefit package design, activating public discourse, consumer and provider education, quality audits, accreditation as basis for facility eligibility in insurance programs or other health funding, health care provider licensing as basis for eligibility in insurance programs or other health funding, ongoing performance monitoring as basis for provider eligibility in health financing, differential payments to facilities based on quality of care indicators, exclusion of low quality/low value care from benefit packages, public recognition or awards for health providers or facilities that deliver quality care, financial investment in improving health infrastructure and human resource quality, none of the above, other	Select all that apply, comment box for 'other'
	16	There is a commitment to improving the efficiency of health system delivery across all levels.			Likert Scale (strongly agree to strongly disagree)
		Sub-questions:	a	Are there reporting mechanisms to document any of the following in health sector financial management? Waste, fraud, abuse, none of the above, other	Select all that apply, comment box for 'other'
			b	Are there processes in place to act upon and respond to reports documenting waste, fraud,	Yes/No

	Online Survey Instrument Questions Aim: To capture local quality leaders' assessment of existing quality governance and management systems and identify three countries for in-depth case studies.				
				or abuse in the health sector financial management?	
			c	If yes, what actions are taken systematically?	Comment Box
	17	Reflections on financing			
		Sub questions:	a	Based on your experience, what is your one great success in relation to financing for quality governance in your country?	Comment Box
			b	Based on your experience, what is your greatest challenge in financing for quality governance in your country?	Comment Box
Project Learning	18	What would be most useful for you to learn from other countries in relation to improving quality of care?			Comment
		Sub questions:	a	How would you like to learn from other countries e.g. video and audio calls, visits, publications, frontline stories etc.	Comment

Annex C: Literature Scan Bibliography

Angola

Mais e Melhor Saúde. 2014. *Plano Nacional de Desenvolvimento 2012-2025.* Ministério do Saúde.

PEPFAR Angola. 2017. Strategic Technical Alignment for Results (STAR) Process, Country Operational Plan. https://www.state.gov/wp-content/uploads/2019/08/Angola-15.pdf

República de Angola. 2012. *Plano Nacional de Desenvolvimento 2013-2017.* Ministério do Planeamento e do Desenvolvimento Territorial.

República de Angola. 2016. *WHO County Cooperation Strategy 2015-2019.* WHO Regional Office for Africa.

República de Angola. 2017. *Angola um Pais com Futuro: Sustentabilidade, Equidade, Modernidade.*

República de Angola. 2018. *Plano de Desenvolvimento Nacional 2018-2022, Volume 1.* Ministério da Economia e Planeamento.

República de Angola. 2025. *Estratégia de Desenvolvimento a Longo Prazo para Angola.* (Ministério do Saúde de Planeamento.

Bangladesh

Ministry of Health and Family Welfare. 2016. Health, Nutrition and Population.

Government of the People's Republic of Bangladesh. *Strategic Investment Plan (HNPSIP) 2016–21, Better Health for a Prosperous Society.*

Hort, K., V. C. Cruz, and M. Sultan. 2017. *Improving the Quality of Care in the Public Health System in Bangladesh: Building on New Evidence and Current Policy Levers.* World Health Organization.

Quality Improvement Secretariat, Ministry of Health and Family Welfare, Bangladesh. 2015. *Strategic Planning on Quality of Care for Health Service Delivery in Bangladesh.* http://qis.gov.bd/wp-content/uploads/2019/04/Strategic-Planning-on-Quality-of-Care-for-Health-Service-Delivery-in-Bangladesh.pdf.

Quality of Care Network. 2021. *A Network For Improving Quality of Care for Maternal, Newborn and Child Health: Evolution, Implementation, and Progress, 2017-2020 Report.* https://qualityofcarenetwork.org/knowledge-library/network-improving-quality-care-maternal-newborn-and-child-health-evolution.

USAID. 2018. *Bangladesh Demographic and Health Survey 2017–18.* https://dhsprogram.com/pubs/pdf/PR104/PR104.pdf.

World Health Organization. 2018. *National Quality Policy and Strategy (NQPS) – Situational Analysis, Bangladesh.* https://apps.who.int/iris/bitstream/handle/10665/272357/9789241565561-eng.pdf.

Benin

Republic of Benin. 2018. *National Health Development Plan: Benin 2009-2018.* http://www.africanchildforum.org/clr/policy%2520per%2520country/2018%2520Update/Benin/benin_pnds_2009-2018_en.pdf.

Botswana

Republic of Botswana, Ministry of Health. 2020. *Integrated Health Service Plan: A Strategy for Changing the Health Sector For Healthy Botswana 2010-2020.* https://www.medbox.org/document/integrated-health-service-plan-a-strategy-for-changing-the-health-sector-for-healthy-botswana-2010-2020.

Ministère de la Santé (2020). Plan National de Développement Sanitaire 2011-2020. https://www.uhc2030.org/fileadmin/uploads/ihp/Documents/Country_Pages/Burkina_Faso/Burkina_Faso_National_Health_Strategy_2011-2020_French.pdf .

Republic of Cameroon (2016). National Health Department Plan N.H.D.P. 2016-2020. https://www.minsante.cm/site/sites/default/files/National%2520Health%2520Development%2520Plan%25202016-2020.Cameroon

Colombia

Rabkin, M. ICAP Columbia Quality Improvement Capacity and Impact Project [abstract].

Côte d'Ivoire

République de Côte d'Ivoire. 2016. *Plan National de Développement Sanitaire 2016-2020.* https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/cote_divoire/pser_consolide_et_valide.pdf

Congo

République Démocratique du Congo, Ministère de la Santé Publique. 2016. *Plan National de Développement Sanitaire 2016-2020.* Retrieved from http://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/democratic_republic_of_congo/pnds_2016-2020_version_finale_29_avril_2016.pdf

Dominican Republic

Servicio Nacional de Salud. 2016. *Plan Estratégico Institucional 2016-2020.* https://sns.gob.do/descargas/16/plan-estrategico/5061/plan-estrategico-del-sns-2016-2020.pdf

Ghana

Tarantino, L., K. Laird, A. Ottosson, R. Frescas, K. Mate, V. Addo-Cobbiah, C. Bannerman, P. Pacheco, D. Burssa, A. Likaka, M. Rahimzai, M. R. Massoud, and S. Syed. 2016. "Ghana: Governing for Quality Improvement in the Context of UHC." Case Study. https://www.hfgproject.org/ghana-governing-quality-improvement-context-uhc/

Ministry of Health, Republic of Ghana. 2016. *Ghana National Healthcare Quality Strategy (2017-2021).*

Ministry of Health, Republic of Ghana. 2020. *National Health Policy: Ensuring Healthy Lives for All.* Revised Edition January 2020.

Guatemala

Avila, Carlos, Rhea Bright, Jose Gutierrez, Kenneth Hoadley, Coite Manuel, Natalia Romero, and Michael P. Rodriguez. 2015, August. *Guatemala Health System Assessment*. Bethesda, MD: Health Finance & Governance Project, Abt Associates Inc.

Gobierno de Guatemala. 2020. *Política General de Gobierno 2020-2024.*

Gobierno de Guatemala, Ministerio de Salud Pública y Asistencia Social. 2008. *Politicas Lineamientos Estratégicos Prioridades.*

Guinea

Keita, M., S. Keita, B. Diallo, M. Camara, S. Mesfin, K. Nebie...and L. Subissi. 2020. "Public Health Program for Decreasing Risk for Ebola Virus Disease Resurgence from Survivors of the 2013–2016 Outbreak, Guinea." *Emerging Infectious Diseases,* 26(2), 206-211. https://doi.org/10.3201/eid2602.191235.

Guyana

Ministry of Public Health (Guyana). 2013. *Health Vision 2020: A National Health Strategy for Guyana 2013–2020.* Georgetown: Ministry of Public Health. http://www.paho.org/guy/index.php?option=com_docman&view=download&category_slug=health-systems-and-services&alias=123-guy-healthvision-2013-2020&Itemid=291.

India

Ministry of Health and Family Welfare. 2017. *National Health Policy 2017.* https://www.nhp.gov.in/nhpfiles/national_health_policy_2017.pdf

Indonesia

Ministry of Health, Republic of Indonesia. 2016. Development of the National Quality Policy and Strategy in Indonesia: A Situational Analysis

Law of Republic of Indonesia (2009). Concerning Health. Retrieved from http://extwprlegs1.fao.org/docs/pdf/ins160173.pdf

Kenya

Republic of Kenya. Kenya Health System Strategic Plan; Transforming Health Systems: Achieving Universal Health Coverage by 2022.

Republic of Kenya. 2014. *Transforming Health: Accelerating Attainment of Health Goals.*

Health Sector Strategic and Investment Plan (KHSSP) July 2013-July 2017. The Second Medium Term Plan for Health.

Republic of Kenya, Ministry of Health. 2014. *Kenya Health Policy 2014-2030.* http://publications.universalhealth2030.org/uploads/kenya_health_policy_2014_to_2030.pdf.

Republic of Kenya, Ministry of Health. 2014. *Ministerial Strategic & Investment Plan July 2014-June 2018.* http://www.health.go.ke/wp-content/uploads/2016/03/MINISTERIAL-STRATEGIC-INVESTMENT-PLAN.pdf

Kyrgyzstan

The Program of the Kyrgyz Republic Government on Public Health Protection and Health Care System Development for 2019-2030l “Healthy Person – Prosperous Country”

World Bank and World Health Organization 2017. “Den Sooluk National Health Reform Program, Joint Review Summary Note, April 10-14th, 2017.” https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/kyrgyzstan/krygzstan_jar.pdf.

World Bank. 2019. *Primary Health Care Quality Improvement Program.* http://documents1.worldbank.org/curated/en/916381560218589752/pdf/Kyrgyz-Republic-Primary-Health-Care-Quality-Improvement-Program-Project.pdf.

2018. *National Development Strategy of the Kyrgyz Republic for 2018-2040.* http://zdrav2030.med.kg/images/myFile/2019/np/National_Development_Strategy_of_KR_2018-2040_final_ENG.DOCX.

World Health Organization. 2019. *Governance of Health Financing and Strategic Purchasing of Services in Kyrgyzstan.* https://www.euro.who.int/__data/assets/pdf_file/0004/412654/GHF_SPS_KGZ_-11-09-2019_WEB.pdf.

Laos

Ministry of Health. 2016. *Health Sector Reforms Strategy and Framework till 2025.* https://www.nationalplanningcycles.org/sites/default/files/planning_cycle_repository/lao_peoples_democratic_republic/lao_hsr_strategy_and_framework_2025_english_final_201702.pdf.

Ministry of Health. 2013. *Health Sector Reform Strategy by 2020.* https://www.developmentaid.org/#!/donors/view/145633/ministry-of-health-of-laos.

Lesotho

Government of Lesotho. 2011. *Lesotho Health Sector Policy.*

Ministry of Health, Government of Lesotho. 2016. *National Health Strategic Plan 2017-2022.* http://childrenandaids.org/sites/default/files/2018-05/Lesotho_Nat%20Health%20Strat%20Plan_2017-2022.pdf.

Liberia

Ballah, N.J. , P. Bemah, and A Baller. 2019. *Action Brief: Integrating Infection Prevention and Control into National Directions on Quality in Liberia.* World Health Organization.

Republic of Liberia. 2017. *Liberia National Health Quality Strategy 2017-2021.* USAID.

Madagascar

Republic of Madagascar. 2015. *Plan de Développement du Secteur Santé 2015-2019.*

Malawi

Likaka, A. 2018. *Utilizing Maternal and Child Health as a Pathfinder for Moving Forward on National Quality Policy in Malawi.* World Health Organization.

Ministry of Health. 2017. *Quality Management Policy for the Health Sector.* http://nkhokwe.kuhes.ac.mw/handle/20.500.12845/211

Ministère de la Santé et du Développement social. 2014. *Plan décennal de développement sanitaire et social (PDDSS) (2014-2023)*.

Mozambique

República de Moçambique, Ministério da Saúde, Direção Nacional de Assistência Medica. 2017, junho. *Estratégia Nacional para a Melhoria da Qualidade e Humanização dos Cuidados de Saúde, Período 2017-2023.* Proponho Dr. Ussene Hilário Isse, Diretor Nacional da Assistência Médica.

Republic of Mozambique, Ministry of Health. 2017, June. *National Strategy for Quality Improvement and Humanization of Health Care Period 2017-2023.*

Ministry of Health and Social Services (2010). *National Health Policy Framework 2010 - 2020.* http://www.healthnet.org.na

Nepal

Ministry of Health and Population, Government of Nepal. 2010. *Nepal Health Sector Programme - Implementation Plan II (NHSP - IP 2) 2010 - 2015.*

Ministry of Health and Population, Government of Nepal. 2015. *Nepal Health Sector Strategy 2015 - 2020.* Federal Ministry of Health (2016). National Health Policy 2016. September 2016.

Nigeria

TWG-NSHDP/ Health Sector Development Team. 2009. *The National Strategic Health Development Plan Framework (2009-2015).* NCH Adopted 2009.

Papua New Guinea

Government of Papua New Guinea. 2010. *National Health Plan 2011 - 2020, Volume 1: Policies and Strategies.*

Rwanda

Ministry of Health, Republic of Rwanda. 2018. *Fourth Health Sector Strategic Plan (July 2018 - June 2024).*

Senegal

Ministère de la Santé et de l'Action sociale, République du Sénégal. 2018. *Plan National de Développement Sanitaire et Social (PNDSS) 2019 - 2028.*

South Africa

Republic of South Africa, Department of Health. 2015. *Strategic Plan 2015 - 2020.*

Swaziland

Kingdom of Swaziland, Ministry of Health. 2015. *The Second National Health Sector Strategic Plan 2014 - 2018.*

Tajikistan

Republic of Tajikistan, Ministry of Health. 2010. *National Health Strategy of the Republic of Tajikistan 2010-2020.*

Tanzania

Ally Mohamed, Mohamed, Nana A. Mensah Abrampah, and Sohel Saika. 2017. *Action Brief: Integrating Quality and Health Security in the United Republic of Tanzania.* World Health Organization.

United Republic of Tanzania, Ministry of Health and Social Welfare

United Republic of Tanzania, Ministry of Health and Social Welfare. 2013. *National Health and Social Welfare Quality Improvement Strategic Plan 2013 - 2018.* USAID.

USAID. *Tanzania: Governing for Quality Improvement in the Context of UHC.*

Thailand

Supachutikul, Anuwat. 2018. "Promoting Healthcare Quality for Effective UHC: Thailand's Trajectory." *Health Intervention and Technology Assessment Program,* Issue 13: November 2018.

Thailand Ministry of Public Health. 2018. *Twenty-Year National Strategic Plan for Public Health 2017 - 2036,* First Revision.

Timor Leste

Timor Leste Ministry of Health. 2011. *National Health Sector Strategic Plan 2011 - 2030.*

World Health Organization. 2019. *Needs Assessment on Quality in Timor-Leste.* Step 2 of the Twinning Partnership for Improvement between Timor-Leste and Macao SAR China. Geneva: World Health Organization.

Uganda

Republic of Uganda Ministry of Health. 2015. *Health Sector Development Plan 2015/16 - 2019/20.*

Republic of Uganda Ministry of Health. 2016. *Health Sector Quality Improvement Framework and Strategic Plan 2015/16 – 2019/20.*

USAID. *Uganda: Governing for Quality Improvement in the Context of UHC.*

Ukraine

Ukraine Ministry of Health. 2015. *National Health Reform Strategy for Ukraine 2015-2020.*

Vietnam

Vietnam Ministry of Health. 2016. *Plan for People's Health Protection, Care and Promotion 2016-2020.*

Zambia

Klouda, Tony, Miniratu Soyoola, Cathy Green, and Paula Quigley. 2018. *Action Brief: Promoting Respectful Maternal Health Services in Rural Zambia.* World Health Organization.

Zambia Ministry of Health. 2017. *Zambia National Health Strategic Plan 2017 – 2021.*