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High Quality Health Systems: so near, yet so far?

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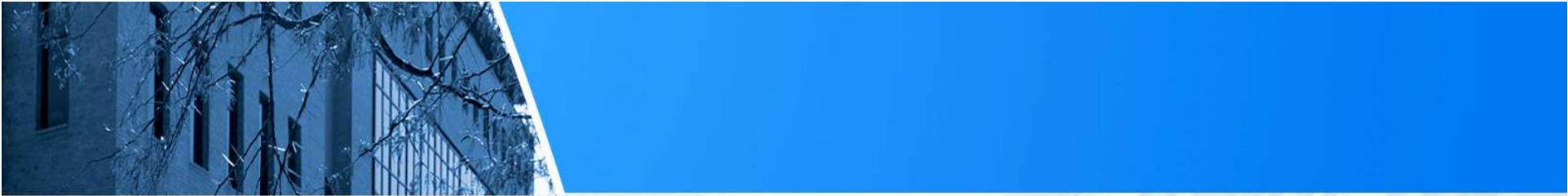
**Africa Health Focus on Quality Management
in association with the Council for Health Service
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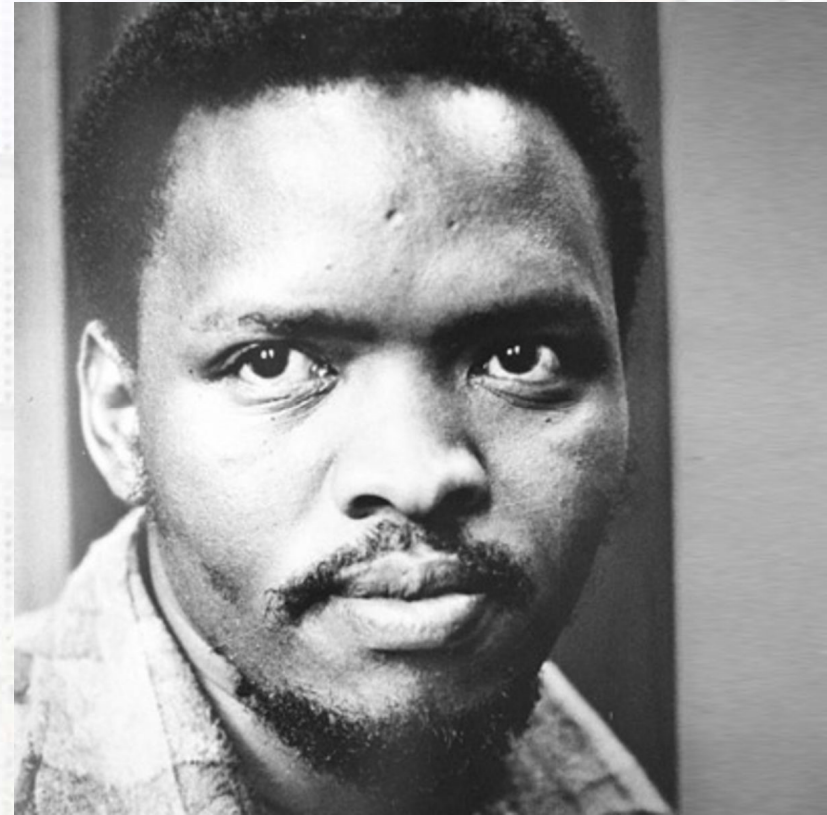


The danger of a single story





A value system that
includes dignity, caring
“the quest for a true
humanity”





OUTLINE

- Global Context
- Defining a high quality health system
- Key findings from the South African Lancet Commission Report
- Analysing “so near, yet so far”
- Creating a quality revolution in Africa

GLOBAL CONTEXT

- 2015 Sustainable Development Goals
 - Universal Health Coverage =UHC (Target 3.8)
- 13th Programme of Action, 2019-2023 of World Health Organization (WHO)
- 2018 Astana Declaration on Primary Health Care
- Recognition that quality of care is critical

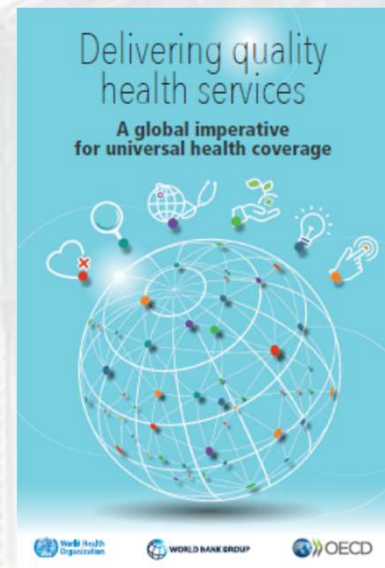
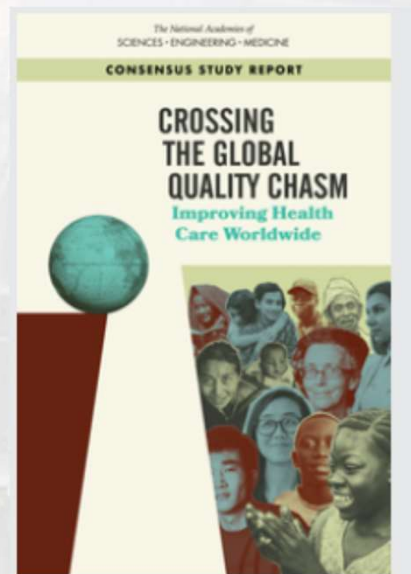
GLOBAL CONTEXT

THE LANCET GLOBAL HEALTH COMMISSION | VOLUME 6, ISSUE 11,
PE1196-E1252, NOVEMBER 01, 2018

High-quality health systems in the Sustainable Development Goals era: time for a revolution

Margaret E Kruk, MD   • Anna D Gage, MSc • Catherine Arsenault, PhD • Keely Jordan, MSc • Hannah H Leslie, PhD
Sanam Roder-DeWan, MD • et al. [Show all authors](#) • [Show footnotes](#)

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COMMON ELEMENTS

- **Effective:** providing evidence-based health care services to those who need them
- **Safe:** avoiding harm to people for whom the care is intended.
- **People-centred:** providing care that responds to individual preferences, needs and values
- **Health services must be:**
 - **Timely:** reducing waiting times and sometimes harmful delays for both those who receive and those who give care
 - **Equitable:** providing care that does not vary in quality on account of age, sex, gender, race, ethnicity, geographical location, religion, socioeconomic status, linguistic or political affiliation
 - **Integrated:** providing care that is coordinated across levels and providers
 - **Efficient:** maximising the benefit of available resources and avoiding waste



DEFINITION OF HIGH QUALITY HEALTH SYSTEM

- A high quality health system achieves equitable health outcomes and a long and healthy life for all



A HIGH QUALITY HEALTH SYSTEM IS


- Designed **to prioritise health promotion and protection, the prevention, treatment and rehabilitation** of conditions that constitute South Africa's disease burden
- **Accountable** through effective leadership and governance
- **People-centred** in its approach to realising good health by facilitating patient, provider and community participation in health attainment
- **Responsive to patient needs** by providing comprehensive care in a timely, respectful and safe manner resulting in quality outcomes
- Adaptive to changing health needs through the **collection, analysis and dissemination of information**, to support decision-making and implementation
- Committed to **equitable allocation and distribution of resources**
- Effective in ensuring **quality health service delivery to all** regardless of gender, sexual orientation, socio-economic status and/or geographic location
- **Collaborative** in its interaction with partners and other sectors to address the social determinants of health for quality health outcomes

KEY DIAGNOSTIC FINDINGS



ENABLING ENVIRONMENT





FINDING 1

Gaps in ethical leadership, management and governance contribute to poor quality of care

- Mismanagement, inefficiencies and incompetence
- Corruption and fraud major threats to equitable access to quality health care
- Failures of governance in the private health sector, including a lack of transparency and lack of accountability
- Governance weaknesses in the Health Professions Council of South Africa and the South African Nursing Council
- Numerous barriers to effective community participation



FINDING 2

Poor quality of care costs lives

- ~60% of all institutional maternal deaths potentially preventable
- Rural areas worst affected compared to urban areas
- ~Quarter of neonatal deaths potentially preventable
- Deficiencies in the quality of care provided to individuals with hypertension and diabetes.
- Mental illness contributes to premature mortality, high morbidity and loss of economic productivity- but lack of prioritisation of mental health, and under-investment in service delivery
- Estimated 75% of people with a mental disorder do not receive mental health services



FINDING 3

Malpractice cases and medical litigation are threats to the realisation of the right to health care in South Africa

Public Sector

- 2016-17 financial year- litigation and claims in the public health sector amounted to R1.2 billion (Auditor-General)
- In 2016, South African Law Reform Commission estimated total contingent liabilities for medical malpractice ~R40 billion

Private health sector

- Long-term average claim frequency for doctors was 27% higher in 2015 compared to 2009
- Medico-legal cases handled secretly, and kept out of the public domain



FINDING 4

Human resources for health (HRH) crisis will undermine the achievement of high quality universal health coverage

- Staff shortages
- Inequities and mal-distribution between urban and rural areas and between the public and private health sectors
- Unprofessional behaviour,
- Poor staff motivation and performance
- Public sector-lack of knowledge and skills of doctors and nurses were contributory factors in the potentially preventable maternal deaths
- Private sector-nurses' failure to follow guidelines, unresponsiveness to patients, and lack of knowledge contributed to medico-legal claims



FINDING 5

Gaps in health information system to measure or monitor quality and its improvements

- Enabling legislative and policy environment for the development of a health information system to measure quality
- Numerous health measurement platforms exist
- Information primarily on health system inputs, processes, service delivery
- Insufficient focus on outcomes and impact
- Data quality remains a significant barrier
- Health information systems are partially electronic and not interoperable



FINDING 6

Fragmentation and limited impact of quality of care initiatives

- Numerous and encouraging quality improvement initiatives
- Impact is limited because of fragmentation across health conditions, levels of care and between the public and private health sectors



HIGH QUALITY HEALTH SYSTEMS: SO NEAR, YET SO FAR

ANALYSIS

- **Sub-optimal** governance, stewardship and leadership at various levels of health system
 - Management instability
 - Lack of oversight
 - No validation of information or feedback
 - Unfamiliarity/ inability to manage complexity
 - Lack of “management by walking around”
 - Lack of or inadequate monitoring
 - Priority is meeting attendance
 - Fragmentation of initiatives

ANALYSIS

- **General lack of accountability**
 - Often no consequences for wrong doing
 - General risk aversion-‘doing enough to stay out of trouble’
 - Lack of feedback –both up and down the hierarchy
 - Culture of blame or blame-shifting & victimisation
- **Capacity problems**
 - Numbers, skills, competencies & action
- **Gaps in pre-service training**
 - Graduates preparation vs reality of service delivery
 - Content of training
 - Problems with clinical training and service platform
 - Inadequate number of exemplary role models
 - Inadequate linkages between training institutions & health facilities

ANALYSIS

- **Power 'struggles'**
 - Patients and health professionals
 - Among health professionals
- **Lack of, or inadequate, systems**
- **Gap** between policy and implementation
- Lack of or insufficient resources and resourcing
- Monitoring and evaluation gaps



HOW DO WE CREATE A QUALITY REVOLUTION?

RECORDS MANAGEMENT



Source: OHSC

STORAGE OF MEDICINES



Source: OHSC

WELCOMING ENVIRONMENT



BEHAVIOUR CHANGE

Discourage and penalise:

- Mediocrity
- Impunity - for abuse of power, negligence, non-delivery
- Shifting blame
- Ad-hoc and arbitrary actions or activities

Promote and recognise:

- User focus - compassionate & respectful care
- Provider focus - effective & efficient
- Systems to assess and control risks to safety and quality
- Proactive, problem-solving
- Accountability



CONCLUSION

- High quality health systems -moral and ethical imperative
- Achievement will require:
 - Leadership and governance
 - Investment in human resources for health
 - Accountability
 - Measurement, monitoring and evaluation



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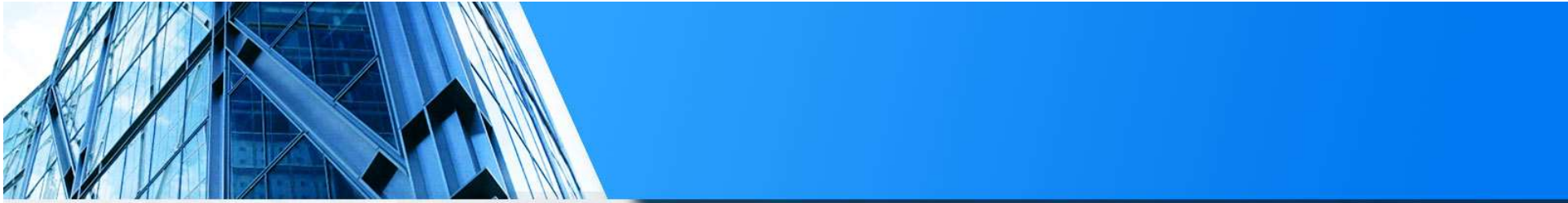
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