



Achieving universal health coverage in LMICs: The role of quality of care research

Executive Summary

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Executive summary

The global commitment towards achieving universal health coverage (UHC) has been affirmed as part of the Sustainable Development Goals (SDGs). UHC means that all individuals and communities should have access to the full spectrum of essential and high-quality health systems that optimise healthcare in each given context by consistently delivering care that improves or maintains health, by being valued and trusted by all people, and by responding to changing population needs.

Ideally, the full spectrum of access should include promotion, prevention, treatment, rehabilitation and palliative care without financial hardship, although typically countries are limited in what they are able to provide.

At the Academy's workshop, participants reflected on progress made towards achieving quality UHC and considered the role that research can play in improving the quality of care provided in low- and middle-income countries (LMICs). In addition, the workshop provided a platform for participants to share knowledge of what hasn't worked in their countries and of promising approaches that appear to strengthen quality of care in specific initiatives.

Barriers and challenges to achieving high-quality UHC

- Workshop participants identified several barriers and challenges to achieving high-quality UHC across the different regions of the world:
- The discourse on UHC has focused on financial aspects and coverage as opposed to quality of care. There remain significant gaps in countries' health systems and population data and what data are available may be of poor quality, while capacity to address these challenges and make effective use of data to improve quality is often lacking.
- Funding for research into improving the quality of healthcare can be difficult to leverage, especially when there is a lack of trained researchers, a lack of institutional support, and fragmentation due to several different healthcare sub-systems. In addition, funders often have different priorities to what is required on the ground.
- Policy may be poorly developed to promote quality within UHC and poorly implemented due to problems with governance of quality, or wider institutional challenges, including corruption.
- There are multiple interdependent issues including management, leadership and organisational culture affecting delivery of quality care at the frontline. In addition, challenges around building a quality culture (including through training) amongst frontline workers, and how technologies might enhance or challenge the provision of quality care were mentioned.
- A range of social, geographical and political factors also present challenges. These include patients feeling disempowered and not knowing their rights; having a range of LMICs within a region, such as in the Americas, resulting in a range of different needs and priorities and variation in quality of care; and finally, fast-changing political landscapes in addition to changing economies and epidemics.

Success stories

Although challenges were identified across the groups, the participants were also able to highlight several examples of successes in their regions:

- Africa has many examples of research that inform quality of care interventions. In Kenya, network strategies to promote learning and improvement through better collective use of data are being used to standardise some elements of hospital care as part of advancing quality. In Ghana, health research to strengthen the health system is being embedded in the health ministry.
- In Asia, health technology assessments are being used in the Philippines, India, Malaysia, China and Thailand to support the selection of the best interventions in UHC. Other examples include Sri Lanka, Bangladesh and Pakistan where outbreaks had encouraged the development of management guidelines to reduce mortality. India is a further example, where participatory learning action has reduced neonatal and maternal mortality. The Thailand Healthcare Accreditation Institute plays a significant role in quality improvement and promotes a strong movement towards safety culture, and large-scale voluntary adverse event reporting serves as a platform for risk management, quality improvement and strong engagement by professionals.
- The Americas have had success with vaccination programmes which have been found to be a good way to invest money and obtain results, but identified that these need to be sustainable. Participants from Ecuador spoke of a project which trialled oxytocin treatment for post-partum haemorrhage in a single province, which was consequently scaled up to a national level, resulting in a drop in mortality rates

Commonalities

Commonalities were identified across the nations represented at the workshop:

- Participants from the African region found that quality of care research was fragmented, poorly funded and externally driven. It is thought that this is due to several reasons. Firstly, research is seen as an academic effort and is not embedded in policy and systems, which limits cumulative learning. Furthermore, a common misconception is that improved quality of care is the result of new infrastructure, technology and facilities, which drives resource allocation at the expense of attention to 'softer' aspects of quality of care including patient/health worker interactions. Additionally, quality of care research is poorly understood and valued by policymakers, bureaucrats and among clinicians, meaning it consistently lacks prioritisation.
- Participants from Asia reported insufficient health systems research, and quality of care not being prioritised, as well as a lack of human resource capacity, and limited funding to support research.

Research priorities

Workshop participants identified some key research priorities that they felt needed to be considered for implementation of quality of care into UHC:

- Research is needed on providers' and users' perspectives on barriers to quality of care. Actions are also required to enhance community and patient engagement towards strengthening accountability and governance arrangements.
- Digital technologies need to be harnessed together with the required training of personnel, to implement and monitor highquality UHC.
- Human resources are critical, and the development of soft skills in the workforce, as well as the welfare, motivation and close supervision of frontline health workers must be explored.

- Organisational and leadership cultures need to be addressed to improve the safety and quality of care, and a culture of openness and support.
- The regional groups also identified some research priorities specifically for their region, including determinations of cost effectiveness of quality improvement and social accountability in Africa, and the use of case studies of best practice and adaptation of health financing models in all regions. Although these priorities were identified as less important for the Americas, it was agreed that the quality of primary healthcare in this region should be considered.

Participants also highlighted issues around quality of care research approaches and methodologies:

- Where countries have the capacity, countries themselves should set the agenda. However, external funders could also support and even lead research. Importantly, this support must be more egalitarian in nature, with a clear plan to develop national long-term capacities. Where countries already have capacity then external funders may provide support when their specific strengths and expertise will enhance the internal capacity.
- Embedding quality research in healthcare settings with the full engagement of clinicians and allied professionals contributes significantly to evidence of quality improvement, whilst strengthening the culture for quality and safety. Quality research should be an integral part of clinical services.
- It was felt that it is essential that all countries develop some common measures regarding quality with the agendas set by the individual countries. As countries differ in their starting points, in terms of both quality of care and UHC capacity, lessons can be learned across countries. This is a priority area for the World Health Organization (WHO).

Collaborations

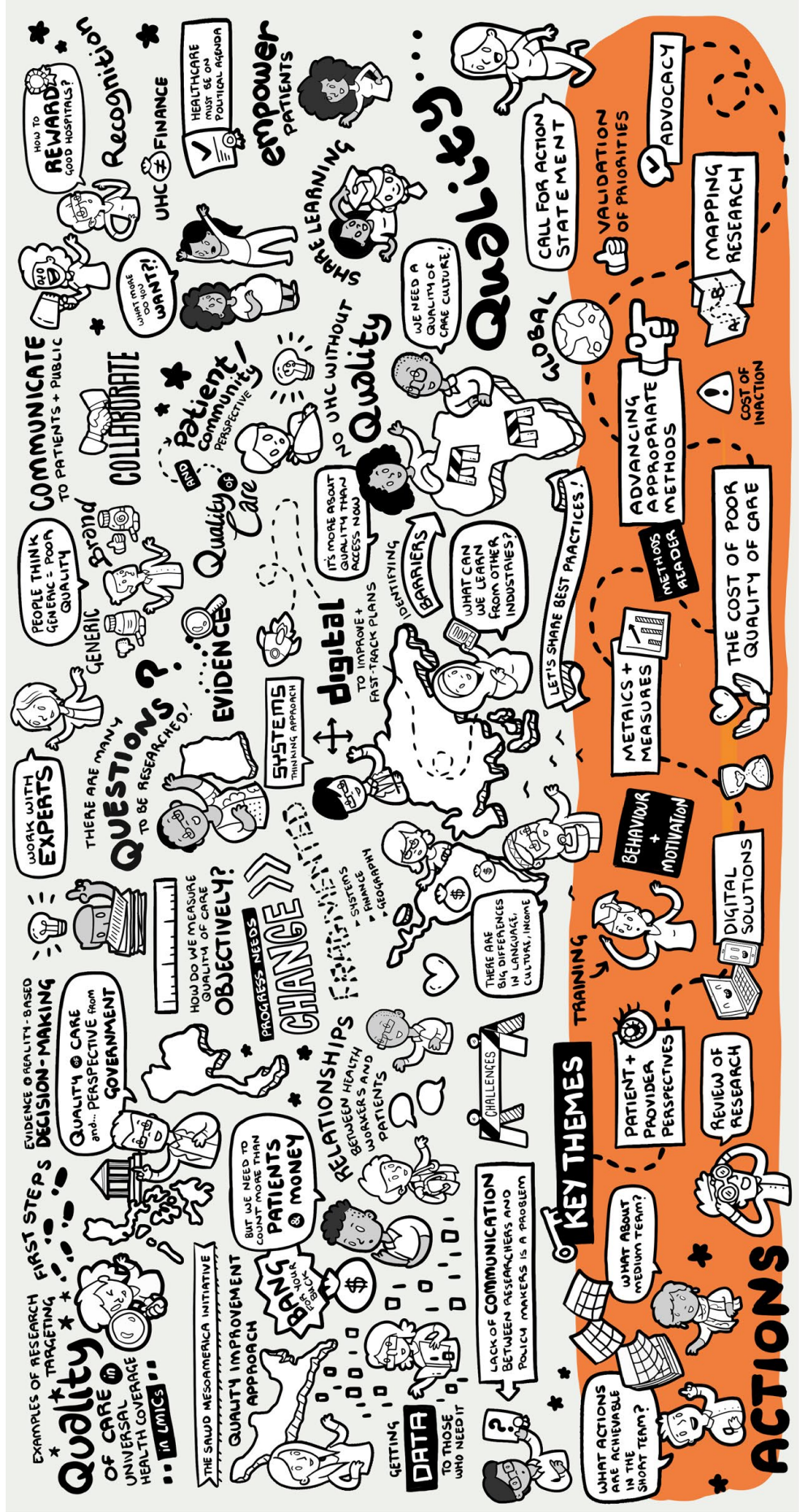
The workshop delegates discussed opportunities for further collaboration:

- Cross-country collaborations should be established, which should inform current confirmed issues and challenges; in response to this, policymakers should be involved from the beginning, to review results and take actions. The professional community should fully engage in the research; and embed research into clinical practice. North-South-South collaboration can be one key entry point.
- It was agreed that sharing of resources was important between member countries, regions, and research institutes, and that partnerships can aid agenda development and learning.
- Academic networks can also be utilised at a regional and global level, and professional associations can help with advocacy and skills development.
- Collaborating with universities and learning institutions was also seen as an important method in ensuring that quality of care is included within training curricula.
- There needs to be capacity building for new methodologies and expertise amongst producers, end-users, and other beneficiaries of research; this could be facilitated by convening stakeholders. This will demand changes to the traditional university research environment.
- Creating a network of mentors, skills and knowledge that can be transferred across generations of researchers was also considered important.

Conclusions and next steps

In conclusion, the workshop identified several barriers and challenges to undertaking quality of care research related to UHC in LMICs. Issues included poor understanding of quality of care research and its value, leading to low demand and prioritisation of this form of research relative to research on financial aspects of UHC; challenges around the effective generation and use of data; fragmented healthcare sub-systems; and challenges in carrying out research to address issues related to management, leadership, organisational culture, and the quality culture of frontline workers. However, participants were able to highlight examples of success stories from many small-scale studies of the impact of quality of care research, including the improvement of public-private partnerships in Africa, the use of health technology assessments in Asia, and vaccination programmes in the Americas, although few were able to recall examples of improvements across different levels of the healthcare system. Delegates also identified commonalities in the challenges faced across the LMICs represented, with insufficient health systems research highlighted as a key issue. For example, in Asian countries (China, the Philippines, Thailand and Vietnam) this insufficiency was due to a lack of policy demand, together with cultures that do not use evidence to inform policy decisions, and a variety of resource constraints (i.e. a prioritised research agenda, funding, researchers, skills retention and incentive), ultimately leading to gaps in research uptake and limited health systems research.







Academy of Medical Sciences
41 Portland Place
London W1B 1QH

 @acmedsci

+44 (0)20 3141 3200
info@acmedsci.ac.uk
www.acmedsci.ac.uk

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Registered Company No. 3520281



The World Academy of Sciences
ICTP Campus, c/o TWAS
Strada Costiera 11
34151 Trieste, Italy

iap@twas.org
www.interacademies.org/