

*The Global Working Group on Universal Health Coverage (UHC) and Quality of Care provides a bridge between development organizations across the world working to ensure that the quality of care is continuously improved as countries move towards UHC. The overall purpose of this Global Working Group is to drive the incorporation of quality of care thinking within efforts to achieve effective UHC at the global, national and local levels through position statements, collaborative activities and resources.*

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WHO states Universal Health Coverage (UHC) is aimed at “ensuring that all people can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.” UHC is a global health priority with significant opportunity to progressively improve population health outcomes in low, middle, and high income countries.

Quality of care has been defined by the US Institute of Medicine as care that is safe, timely, efficient, effective, equitable and patient [or people]-centered. There is a growing recognition that the quality of health service delivery is a critical but neglected dimension of health systems evolving towards UHC across the world. Indeed, the field of quality improvement – focused on systematic change methods and strategies – have a unique role in improving equity and effectiveness of health systems seeking to achieve UHC. There is an urgent need to chart a way forward that places quality of care at the center of global, regional and country level dialogue and action for the progressive realization of effective UHC.

- Quality of care is relevant to each of **the three dimensions of the classic “UHC cube”** – proportion of the population to be covered; the range of services to be made available; and the proportion of the total costs to be met – and further implications beyond the cube.
- Health systems pursuing UHC provide an opportunity to develop **integrated people-centred service delivery** for all stages of the human life course.
- Reforms in purchasing and provision of health services as part of UHC can improve **health system efficiency and effectiveness** and embed quality of care measurement within system design.
- The **safety** of patients, families and communities must be paramount when considering the prioritization and expansion of services designed to improve their health.
- **UHC-quality convergence** is crucial to achieving good health outcomes with implications for health systems in issues of leadership, measurement, health workforce, health service delivery models, the role of non-state actors, and the knowledge enterprise all built on a foundation of equity.
- The quality of **primary health care** closely integrated with hospital care is a critical area for health systems pursuing UHC.
- Enhanced **understanding** of quality care as an integral component of UHC at all levels of the health system – from policy makers to the frontline – is urgently required in order for global moves towards UHC to be successful.

This position statement articulates 12 areas that require understanding and action to strengthen the convergence between rapidly evolving UHC systems and quality of care. This is a call to action for all stakeholders of varying disciplines to strengthen and improve initiatives towards a comprehensive approach to quality UHC. The intention is to stimulate action through coordinated global, regional, national and local efforts.

1. **The classic three dimensions of UHC** all require careful consideration of quality of care as a starting point. A high proportion of the population covered with low quality or even unsafe services is a sign of ineffective UHC. A wide range of low quality services made available to the population in pursuing UHC may be harmful and ineffective. The proportion of the total costs that can be met by the health system pursuing UHC is directly affected by system inefficiencies influenced by the quality of care provision. Understanding this basic quality foundation in the classic “UHC cube” is thus imperative for all those involved in designing health systems that deliver effective health care to individuals and populations. Further, UHC thinking needs to move – as is already evident in some regions – beyond the 3-dimensions of the “UHC cube”. Indeed, building confidence in quality health services underpins the success of health systems that seek to achieve UHC across the world. Without quality of care, UHC is an empty promise.

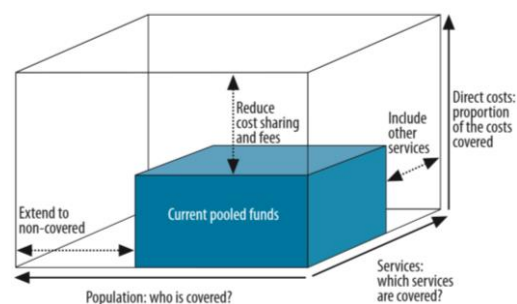


Figure 1. UHC Cube

2. **Integrated people-centered health services** provides a foundation for evolving models of high quality service delivery as part of health systems moving towards UHC. Indeed, reforms can reorient health services away from fragmented provider-centered models, towards ones that truly put people at the center of responsive services that are coordinated both within and beyond the health sector. Importantly, this redesign is organized around the health needs and expectations of people rather than diseases. This will require multiple strategic system-level shifts in thinking and action. It provides a clear opportunity for active engagement of patients, communities and civil society in designing a health system that incorporates quality as an attribute of UHC throughout the human life course.

3. **Efficiency and effectiveness of health service delivery** can be enhanced through a focus on quality of care provided by health systems seeking to achieve UHC. Sub-optimal quality care is expensive – management of medical error, increased length of hospital stay, and ineffective use of medications in primary care are all examples of issues with significant resource implications. Quality of care and efficiency can be enhanced at the same time. Indeed, resources released from improved quality of care can potentially be harnessed to improve health systems in their path to UHC. A strategic approach to purchase health care services based on quality, or to encourage participating systems to engage in quality improvement activities, can improve patient outcomes and systems efficiency. Linkages between reimbursement (institutions and workers) and quality of care can be harnessed for effective UHC. Further, health technology assessments can be utilized to synthesize evidence on the benefits and costs of health interventions in order to appraise the potential impact on health outcomes.

4. **“First do no harm”** must be the basic guarantee of health systems seeking to expand access to new services and new populations. Patient safety is a particularly poignant aspect of high quality service delivery working towards UHC. Patient harm is a readily identifiable dimension of quality of care that can be utilized as a piercing entry point for action to improve service delivery in health

facilities. While the majority of work to date on patient safety interventions has been conducted in hospitals, these experiences can be harvested for application in the broader provision of service delivery that is crucial in achieving quality UHC.

**5. Leadership and governance** is a vital aspect of health systems that pursue UHC and that place quality of care at their core. Policy guidance, regulatory frameworks and accountability mechanisms are all necessary in ensuring quality of care is embedded into health system development towards UHC. Further, coalition building across all levels of government, with active involvement of communities and civil society, as well as with the private sector is key to providing a collaborative stewardship on the development of health systems that provide quality care to all individuals and populations. These systems must be capable of regulating quality in a mixed health system. Further, accreditation mechanisms need to be carefully designed for local contexts with close involvement of professional councils and associations. Development of effective national institutional architecture and management systems is imperative to ensure a cohesive approach.

**6. Measurement of quality of care** presents a complex challenge to those tasked with monitoring the success of health systems in their path to UHC. Indeed, recent global efforts have focused on developing a framework, measures and targets to monitor progress towards UHC at country and global levels. However, systematic and sustainable measurement of quality of care needs to be developed further based on a body of experience that exists in different parts of the world. There is a clear and urgent need to develop standardized mechanisms to monitor quality of care at all levels of a health system moving towards UHC, taking into account both a results and process oriented approach. These monitoring mechanisms need to be clearly aligned with routine health management and information systems utilizing appropriate information communication technology infrastructure.

**7. Health workers** are at the core of all health systems and are considered a key determinant of effective quality service delivery as part of UHC. Many countries face a critical shortage of appropriately trained and well-supported health workers. Attention to the retention, adequate distribution, training, motivation and performance of health workers within health systems that seek to achieve UHC can use quality of care provision as an entry point for system wide improvements. Indeed, quality improvement initiatives can be designed to cut across professional boundaries.

**8. Primary health care (PHC)** – both as a principle as well as the first level of care – should underpin the design of service delivery in health systems seeking quality UHC in all countries. These health systems will need to meet the needs of rapidly shifting epidemiological and demographic population profiles. PHC efforts focused on the growing expectations for high quality PHC for a range of complex disease entities will need to be considered. A clear focus is required on delivering PHC-based preventive services. People's needs and expectations of promotive, preventive, curative, rehabilitative and palliative health services will drive these future developments. Community-based health systems are pivotal in these future developments, and therefore engagement with communities must inform these efforts. Indeed, the quality of PHC warrants pertinent attention given the volume of primary care provision and its impact on population health.

**9. Hospitals** consume a large proportion of health spending in all countries. While the role of hospitals varies – given the wide spectrum of size and complexity – strong seamless coordination with primary care is vital. Improving the capacity of hospitals to focus on complex cases by integrating with PHC can decrease delay of care and improve health service delivery. Hospitals have a key role in delivering quality services within the context of an integrated people-centred

system. Reforms in purchasing and provision of hospital services as part of UHC can embed quality of care measurement within system design. Effective management of hospitals to deliver high quality care is a key, yet relatively unmet need that can be addressed through UHC-quality convergence.

10. **Non-state providers** such as private health workers, NGO's and donor groups, contribute significantly to service provision in most countries and this is expanding rapidly. These actors need to be included in efforts towards quality UHC. This can include strategic purchasing of high quality hospital and primary care services from non-state providers. Standardizing the quality of care delivered by health workers in the private sector warrants focused attention. The role of public-private partnerships is another particularly poignant area for consideration. Further, clear regulatory mechanisms to ensure quality as well as functional arrangements for interactions between state and non-state providers are required for health systems to achieve UHC.

11. The **knowledge base** on UHC convergence and quality of care is gradually taking shape. There is a clear need to build on these early efforts to further develop this field of enquiry, including validated implementation focused health systems research to feed the evidence base on the convergence of UHC and quality of care. Reporting and learning mechanisms need to be developed building on experiences from across the world. Emerging innovations need to be captured and applied. Indeed, there is a clear need for knowledge exchange and shared learning between countries. Global flow of ideas and experience in this field of enquiry can be stimulated through the use of institutional health partnerships spanning countries and continents.

12. **Equitable care** is a fulcrum for any health system moving towards UHC. Such systems must ensure mechanisms – through policy and design – that assures all groups attain quality UHC. Special attention should be given to the most vulnerable populations. Measurement mechanisms need to be developed to conduct robust equity focused analysis on the quality of care received by populations covered by a health system striving for UHC. Effective measurement along these lines provides a level of accountability to those populations being served. Further, careful consideration of the social determinants of health can inform policy and design mechanisms to ensure quality is embedded in health system design towards UHC. This allows governments to best fit the particular needs and challenges of its given population.

### **Consensus Statement**

There is a clear need for the convergence of efforts and resources in order to achieve quality care as central to UHC. This position statement provides a map of key issues recognized as imperative to the development of quality UHC systems. All such efforts need to be grounded in the challenges of reality with practical implementation in health systems in mind. The intention is to stimulate action at multiple levels through coordinated global, regional, national and local efforts. This call sets forth a common platform for action on quality UHC systems in low, middle and high income countries.