World Health Organization

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Quality health services

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Key facts

- Between 5.7 and 8.4 million deaths are attributed to poor quality care each year in low- and middle-income countries (LMICs), which represents up to 15% of overall deaths in these countries *(1)*.
- Sixty per cent of deaths in LMICs from conditions requiring health care occur due to poor quality care, whereas the remaining deaths result from non-utilization of the health system *(2)*.
- Four in ten patients living with chronic conditions do not trust their healthcare system. Patients' trust in health system goes hand-in-hand with high quality health care and is closely linked to personal experience of health care *(3)*.
- Inadequate quality of care imposes costs of US$ 1.4–1.6 trillion each year in lost productivity in LMICs *(1)*.
- In high-income countries, 1 in 10 patients is harmed while receiving hospital care, and 7 in every 100 hospitalized patients can expect to acquire a health care-associated infection. Four in 100 people die from unsafe care in the developing world *(4)*.
- It has been estimated that high quality health systems could prevent 2.5 million deaths from cardiovascular disease, 900 000 deaths from tuberculosis, 1 million newborn deaths and half of all maternal deaths each year *(2)*.

Overview

Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with evidence-based professional knowledge. This definition of quality of care spans promotion, prevention,

treatment, rehabilitation and palliation, and implies that quality of care can be measured and continuously improved through the provision of evidence-based care that takes into consideration the needs and preferences of health service users – patients, families and communities.

Quality health services should be:

- **effective by providing evidence-based health care services to those who need them;**
- **safe by avoiding harm to the people for whom the care is intended;**
- **people-centred by providing care that responds to individual preferences, needs and values, within health services that are organized around the needs of people;**
- **timely by reducing waiting times and sometimes harmful delays for both those who receive and those who give care;**
- **equitable by providing the same quality of care regardless of age, sex, gender, race, ethnicity, geographic location, religion, socio-economic status, linguistic or political affiliation;**
- **integrated by providing care that is coordinated across levels and providers and makes available the full range of health services throughout the life course; and**
- **efficient by maximizing the benefit of available resources and avoiding waste.**

Universal health coverage and quality: a global commitment

The overarching aim of UHC is for all people who need health services to receive high-quality care without financial hardship. Quality health services (promotive, preventive, curative, rehabilitative and palliative) is thus embedded within the definition of UHC. Even with increased access to services, health improvements can remain elusive unless those services are of sufficient quality to be effective *(5)*.

Taking action for enhancing quality of care

Quality health services are a product of the health system's environment and the actions of health care providers and individuals working within the system. To achieve the goal of access to high quality health services for all, governments should take an integrated approach and work with different key actors within the health system and beyond, including individuals and communities. The success and sustainability of efforts to improve quality of care is dependent on effective integration of health actions and programmes across different levels of the health system.

National strategic direction on quality: National policies and strategies aimed at improving quality of care are essential to ensure action across the health system and need to be closely aligned with broader national health policy and planning. The national quality

policy and strategy identifies a pragmatic package of interventions to strengthen the system environment, reduce harm, improve clinical care, and engage patients, families and communities. An illustrative list of interventions for each of these areas is available for countries to consider.

Quality across the health system: In addition to an enabling policy environment, the provision of quality health services requires good governance; skilled and competent health workforce that is supported and motivated; financing mechanisms that enable and encourage quality care; information systems that continuously monitor and learn to drive better care; medicines, medical devices and technologies that are available, safe and appropriately regulated; and accessible and well-equipped health care facilities.

Quality-driven primary health care approach: Primary health care (PHC) is pivotal for building a high quality health system and achieving universal health coverage. Careful consideration is needed to ensure PHC-oriented health systems deliver effective, safe and user-centred health services. PHC can not only improve quality from the perspective of people but also enhance their trust in the health system.

Monitoring and evaluation: Quality of care needs to be continually measured to monitor progress towards improvement goals. This requires context-specific indicators and accurate, timely and actionable data. The integration of global and national measurement efforts is critical to ensuring that countries collect data that matters and use that data to transform and improve their service delivery systems. The role, for instance, of adverse event reporting and learning systems is critical in this context.

Data-driven response and learning systems: It is critical to document and share on-the-ground experiences related to quality of care efforts. This is key to understand the realities of the health system, what works and what doesn't work. Such knowledge, emerging from implementation experiences must be shared globally and within the countries.

Engaging users and communities: To improve quality of care, health systems need to listen to and learn from the population they serve. Understanding people's views can provide valuable insights on what is important for them. Robust and regular dialogue between governments and their population fosters trust as people feel that the policy-makers listen to their needs and interests and consider their perspectives *(6)*.

WHO's response

WHO works with Member States and partners to ensure that quality of health services is addressed at the national level and operational plans are in place to improve quality of care at national, sub-national and facility level.

Specifically, WHO:

- **supports countries in the development, review and implementation of national policies and strategies for quality of care and patient safety;**
- **works with countries and partners to enhance, sustain and scale up quality of care efforts from global to local level;**
- **promotes patient safety initiatives to reduce harm to patients in the delivery of quality health services;**
- **strengthens infection prevention and control capacity alongside efforts on water, sanitation and hygiene (WASH), as pivotal to quality health services;**
- **strengthens use of quality of care measurement frameworks and indicators in the countries, and develops countries capacities in this regard;**
- **provides support to countries in their work on community engagement for quality health services;**
- **builds capacities of training institutions and health and care workers to develop a safe and supporting quality improvement environment and patient safety culture;**
- **facilitates global collaboration and learning within and between countries through communities of practice hosted on the WHO Integrated Health Services Hub;**
- **reports on progress.**

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