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Quality in universal health coverage

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Universal Health Coverage (UHC) has become, and justifiably so the most prominent theme in the global health discourse today. It features under target 3.8 of the Sustainable Development Goals. A goal to ensure that everyone who needs health services is able to get them without undue financial hardship[1] has picked up momentum with majority of countries around the world, across varying income levels, engaged in health reforms towards improving health coverage and financial risk protection[2]. This momentum provides an important opportunity for quality improvement.

The Institute of Medicine (IOM) describes good quality healthcare as being safe, effective, patient-centered, efficient, timely, and equitable[3]. Quality aspects in healthcare is understood as the actual health benefit experiencedfrom the health service provided and is considered an important factor in effective UHC[4]. This implies that as a dynamic process, UHC is expected to focus on improving interventions and services in consideration of quality broadly. Again, by considering equity at the heart of UHC[5], another important dimension of quality healthcare is addressed.

Safety in healthcare can never be ignored. The IOM has already cautioned that healthcare harms patients too frequently and routinely fails to deliver its potential benefits[3]. In the United States of America, medical error was attributed as the fifth leading cause of death with about 98000 people dying every year in American hospitals[6]. More recent evidence estimate as much as 42.7 million adverse events globally resulting to 23 million DALYs lost per year[7]. What is alarming is that approximately two-thirds of all adverse events,and the DALYs associated with them, occurred in low and middle income countries[7]. In India, for example, 67 percent of the sampled healthcare providers in rural Madhya Pradesh reported no medical qualifications at all translating to serious deficits in quality of care provided[8]. In a study of eight low and middle income countries,adherence to clinical practice guidelines in was below 50%[9]. Inadequate safety features in healthcare represents a prominent source of morbidity and mortality in low and middle income countries.

Another dimension of quality that could significantly enrich the ongoing UHC movement is the issue of patient-centeredness in healthcare. While consensus is increasingly building on the importance of patient-centered care, an output of a respectful and responsive healthcare system (this was the theme of the Third Global Symposium on Health Systems Research), realities particularly in the low and middle income countries demonstrate significant gaps. Patients' actual experience in many countries often falls far short of what is defined and understood[10].

A new global report[9] co-authored by three multilateral organizations (World Health Organization - WHO, the World Bank Group and the Organization for Economic Cooperation and Development - OECD) provides critical reminder that even if essential health coverage is universally achieved, health outcomes would still be poor if services were unsafe or of poor quality. The report calls for urgent action to scale up quality dimension of UHC and building a culture of transparency, engagement and openness. Among others, it calls for building quality mechanisms into the foundations of health care systems, developing national quality policies and strategies, maintaining high quality health workforce, action taken to ensure that medicines, devices, and technologies are safe in design and use and that information systems continuously measure, monitor, report and drive better quality care.

As the current movement on UHC matures and as countries get more serious about improving the coverage and quality of healthcare, the time is opportune. Countries would requires different sets of interventions to improve quality of care—depending on its quality baseline, resources available, capacities and capabilities, and needs and expectations from the populations served.

Incorporating appropriate metrics/indicators into the country monitoring systems could inform more comprehensive health system reforms towards UHC. Low and middle income countries, could take examples and lessons from the OECD[11], WHO[12] and others while incorporating quality metrics into the structure, process and outcome levels in country UHC monitoring systems.It would entail reforms in health management information systems and strengthening of hospital information systems to generate and institutionalize indicators and data surrounding safety, effectiveness and friendliness. To start with, for example, low and middle income countries could step up their data and monitoring system on hospital acquired infection rates and design a system to better track medical errors. At the most basic level, tracking utilization rates could provide important insights into patient-friendliness of healthcare systems.The UHC drive in countries already demands reform in indicator sets, data and accountability measures on a number of UHC domains. Small tweaks and amendments to the UHC monitoring framework to incorporate robust quality indicators could potentially reap significant dividends.

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If the costs and consequences of poor quality are considered, investments in quality improvement are justified and affordable. These productive investments represents strong commitment to building a healthier and more productive society. These investments are critical to the transformative agenda of UHC to achieve health security and universal, equitable and affordable access to essential healthcare.

Without quality, UHC remains an empty promise.

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