

## 57th DIRECTING COUNCIL

### 71st SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 30 September-4 October 2019

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Provisional Agenda Item 4.10

CD57/12

18 July 2019

Original: Spanish

#### STRATEGY AND PLAN OF ACTION TO IMPROVE QUALITY OF CARE IN HEALTH SERVICE DELIVERY 2020-2025

##### Introduction

1. The Member States of the Pan American Health Organization (PAHO), in 2014, adopted the Strategy for Universal Access to Health and Universal Health Coverage (Document CD53/5, Rev. 2 and Resolution CD53.R14), in which they resolved to move forward in providing universal access to comprehensive, quality, and progressively expanded health services that are consistent with health needs, system capacities, and national contexts (1, 2). Problems with quality of care in health service delivery affect people, families, and communities, and constitute barriers to access to comprehensive health services, especially for populations in conditions of vulnerability. More than 1.2 million deaths could have been prevented in the Region of the Americas in 2013 and 2014 if health systems had offered accessible, timely, quality services (3).

2. Within the framework of the Strategy for Universal Access to Health and Universal Health Coverage, quality health services consist of meeting the health needs of people, families, and communities based on best practices, ethics, and scientific knowledge, contributing to equity and well-being, and leaving no one behind. This involves particular attention to diversity and to people and populations in conditions of vulnerability. Quality care in health service delivery is care centered on people, families and communities,<sup>1</sup> with optimal levels of safety, effectiveness, timeliness, efficiency, and equitable access, as its essential defining attributes. Achievement of these attributes is determined by the availability of services and their proper organization and management. Improving quality

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<sup>1</sup> People, family, and community-centered care is an approach to care that consciously adopts the perspectives of individuals, caregivers, families, and communities as participants in, and beneficiaries of, trusted health systems that are organized around the comprehensive needs of people rather than individual diseases, and respects social preferences. This type of care also requires that people, families, and communities have the education and support they need to make decisions and participate in their own care and that caregivers are able to attain maximal function within a supportive working environment. People-centered care is broader than patient-centered care, encompassing not only clinical encounters, but also including attention to the health of people in their communities and their crucial role in shaping health policy and health services (4).

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of care in health service delivery requires transforming and strengthening health systems (5-10).

## **Background**

3. In 2007, PAHO Member States adopted the Regional Policy and Strategy for Ensuring Quality of Health Care, Including Patient Safety (Document CSP27/16 and Resolution CSP27.R10), and recognized with concern the Region's poor performance in quality assurance in health services as an essential public health function (11, 12). Since then, improvement of quality of care has been promoted through numerous resolutions and mandates, including those related to the availability, organization, and management of services (13-15), human resources (16, 17), access to and use of health technologies (18-22), and attention to diversity and populations in conditions of vulnerability (23-29). In addition, patient safety remains a key priority in improving quality of care in health service delivery (30-32).

4. In 2015, regional experts on quality discussed the need for a paradigm shift in the approach to quality of care in health service delivery in order to advance toward universal health in the Region.<sup>2</sup> They identified the following main challenges: fragmentation in addressing quality, with a predominance of vertical programs at the expense of a comprehensive and systemic approach; an approach to access and coverage of health services that fails to emphasize quality; low response capacity in health services, especially in primary care; difficulties in implementation and oversight of quality standards; contexts unfavorable to a culture of quality; inadequate availability, capacity, and continuing education of human resources for health; limited access to medicines and other health technologies; and insufficient and inadequate financing. In light of this situation, it was concluded that there was a need to propose interventions from the perspective of: health systems and intersectorality; strengthening of primary care and its linkage with the other levels; empowerment and participation of people, including health workers, in actions to improve quality of care; and a focus on health outcomes and on improving the experience and trust of people, families, and communities in health services, beyond simply optimizing processes.

## **Situation analysis**

5. The Region's health systems are characterized by high levels of segmentation and fragmentation. Experience demonstrates that this excessive segmentation and fragmentation hinders access to quality health services, compromises health outcomes, and tends to result in irrational and inefficient use of available resources and low satisfaction with services (3).

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<sup>2</sup> Regional Forum: "Universal Health: health systems and quality care." Washington, D.C., 4-5 November 2015. This forum was attended by participants from over 30 countries of the Region with executive functions in the area of quality, as well as experts from PAHO, World Health Organization (WHO), Institute for Health Improvement (IHI), and University Research Co., LLC, and from collaborating centers such as the Medical Arbitration Commission (CONAMED), among others.

6. The countries of the Region have made progress and carried out actions to improve quality of care in health service delivery. These include the development of policies and standards for quality (33-37), as well as the establishment of national directorates or authorities responsible for quality, units and agencies responsible for quality and patient safety, drug regulatory authorities, and institutions for health technology assessment, among others (38-43). Standards for health facility certification and licensing have also been established (44-46), and there are models for the recognition and accreditation of quality and excellence in health services, both within the health sector itself and adapted from other sectors (47-49). Despite these initiatives, mortality attributable to poor quality of care in our Region is high, although it varies considerably among countries, ranging from 47 to 350 deaths per 100,000 population in 2014 (3, 50). Furthermore, research on patient safety has revealed the magnitude of the problem: a study carried out in 58 hospitals in five of the Region's countries showed that 10% of patients had suffered an adverse event caused by health care in the 24 hours prior to the review (the prevalence increased to 20% if full length of stay was considered), with 60% of these events qualified as avoidable (51). In another study, in 22 ambulatory care centers in four countries of the Region, the prevalence of adverse events was 5.2% in the previous six months, 44% of which were avoidable events (52).

7. Research on the experiences of people, families, and communities in health services—and their trust in these services—indicates high levels of dissatisfaction. Analysis of population surveys in seven countries (representing three quarters of the population in the Region of the Americas) showed that 30% of the Region's population does not have access to preventive health services and treatment. Among those who do achieve access, only 39% considered the quality of care to be good, while 61% reported that the provider did not assist in the coordination of care; 45% of the population uses emergency services for situations that could be dealt with at the first level of care, mainly due to deficiencies in first-level quality; and 75% have difficulties receiving first-level services on weekends (53). Furthermore, although data is scarce, 10-21% of hospitalizations in the Region (3), and up to 40% in some countries, are preventable because they involve health problems that could be addressed in outpatient facilities. This is indicative of deficiencies in the technical quality and effectiveness of the first level of care and in the continuity of care.

8. Within the Region, education in the health sciences has grown exponentially in the past few decades. However, these processes are insufficiently regulated and there are concerns about quality of training, the relevance of many academic programs, and consequently, professional practice. The supply of human resources is not aligned with the needs of health systems based on primary health care and integrated health services networks. Health workers primarily seek careers in hospital specialties, hindering the availability and retention of fit-for-purpose human resources for health, especially in the first level of care. In many countries, health authorities do not have sufficient information or adequately advanced methods to monitor or evaluate human resources for health to support decision-making (54).

9. In 2015, only 42.9% of the Region's countries had adopted standards and procedures for developing clinical practice guidelines (55). Inappropriate prescribing, dispensing, and use of drugs and other health technologies contributes to deficient health outcomes. Unjustifiable variability in clinical practice and excessive use of technology—for example, the high rate of cesarean sections in the Region (40.5% in Latin America and the Caribbean in 2015)—unnecessarily increases risks and costs in health systems (56-58). Medicines and other health technologies often represent the highest percentage of the cost of treatment and care (55).

10. The manner in which financial resources for health are collected, allocated, distributed, and managed has both a direct and indirect impact on the quality of services provided. Average public expenditure on health in the Region in 2016 represented only 4.2% of gross domestic product (GDP), far from the 6% proposed as a benchmark to improve equity and efficiency and advance toward achieving sustainable health systems over the long term. Direct payment at the point of service (out-of-pocket expenditure) continues to be an important source of funds (almost a third of total health expenditure in the Region), one that is increasing the risk of households falling into—or further into—poverty. Likewise, segmentation of financing leads different population groups to have varying levels of access and coverage, with limited distribution of risk and solidarity, thus deepening inequity and producing avoidable inefficiencies in resource management. Historic budgeting and fee-for-service mechanisms continue to prevail in resource allocation. The development of resource allocation mechanisms aligned with health system objectives, as well as rational introduction of new technologies, remain areas where few countries show significant progress (3). In addition, corruption in health affects the institutional culture and siphons off resources necessary for health care,<sup>3</sup> particularly affecting people in conditions of vulnerability (7, 60, 61).

## **Proposal**

11. The PAHO Strategy for Universal Access to Health and Universal Health Coverage reaffirms the values and establishes the strategic lines that constitute the basis on which the countries of the Region formulate plans and implement actions to strengthen their health systems and services with a view to achieving the Sustainable Development Goals (SDGs) (62). As a result, universal health is both the origin and the basis of this proposed Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025.

12. In the context of universal health, this strategy and plan of action introduces a new paradigm that requires three approaches: a health systems and intersectoral approach; actions tailored to each country's context, with the guiding principles of the right to the enjoyment of the highest attainable standard of health for every person, equity, solidarity,

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<sup>3</sup> In its latest measurement of perceived corruption in the public system, the organization Transparency International reported high levels of corruption in most Latin American countries (59). In the health sector, corruption can manifest itself in any area and in many forms; for example, in construction, the equipping of new facilities, drug distribution and use, medical education, falsification of medical research, and delivery of health services (7).

ethical decision-making, participation, and the empowerment of people, families, and communities; and decision-making informed by best practices and evidence.

13. Quality is an attribute inherent to universal health. In the context of the Sustainable Health Agenda for the Americas 2018-2030, this proposal presents three strategic lines to improve quality of care in the delivery of comprehensive health services, according to national contexts, needs, vulnerabilities, and priorities, as stated below:

- a) Implement continuous processes to improve the quality of care to people, families, and communities in the delivery of comprehensive health services.
- b) Strengthen the stewardship and governance of health systems to develop a culture of quality and promote sustained quality improvement in the delivery of comprehensive health services.
- c) Establish financing strategies<sup>4</sup> that promote improvement in quality of care in the delivery of comprehensive health services.

***Strategic Line of Action 1: Implement continuous processes to improve the quality of care to people, families, and communities in the delivery of comprehensive health services***

14. Improving quality, including safety,<sup>5</sup> in the delivery of comprehensive health services for people, families, and communities requires a systemic approach to provide both individual and population based services within the community, at every level and each point of care, in transitions in care,<sup>6</sup> and throughout the life course (63-65), with due attention to the specific and differentiated needs of various population groups. These conditions should also apply in situations of humanitarian assistance (66).

15. A comprehensive and systemic approach to improving quality of care requires strengthening the response capacity of the first level of care, within integrated health services networks. A well organized, resourced and managed health network (5, 67), with

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<sup>4</sup> Financing strategies are plans that encompass all economic aspects of the allocation and use of health resources; i.e., the sources and origin of the resources, the pooling of resources, and their allocation for service delivery. This includes budget planning processes associated with financing.

<sup>5</sup> Safety in individual care is recognized internationally as “patient safety” and there has been a renewed appeal for global action on patient safety as a public health priority (32). In the context of this Strategy and Plan of Action, safety is one of the essential attributes of quality of care and it is an ethical imperative in health service delivery. Particular concepts and approaches have been recognized for each essential attribute of quality (e.g., the legal and economic impact and consequences of adverse events); however, the concepts and approaches of the essential attributes of quality largely overlap, which is why synergies and a comprehensive approach should be developed in interventions to improve quality of care. This new quality paradigm involves overcoming traditional fragmentation and lack of coordination in interventions focused on the different attributes of quality (6-8).

<sup>6</sup> Transitions in care refer to the transfer of people between levels of care, referrals and counter-referrals between health professionals, changes in teams within a single institution, and changes in the on-duty professionals attending a patient.

hospitals and other outpatient health care facilities and public health interventions is required to promote health and comprehensively address the health needs and problems of the population and the communities. This network should facilitate the navigation of people through health services and reduce hospitalizations for situations that could be dealt with on an outpatient basis. Mental health, rehabilitation, and palliative care are areas that especially need strengthening in many countries of the Region (29, 68). This requires actions to facilitate the empowerment and participation of people and communities in health services planning and management.

16. In addition to the technical quality<sup>7</sup> of services, it is the experiences of people, families, and communities with the care they receive that determines their trust in health services (2, 7, 69, 70). It is necessary to promote care settings and processes that not only ensure basic conditions of hygiene, health, physical safety (31), and personal dignity, but that also safeguard the physical, psychological, and emotional well-being of patients and their family members or caregivers. Quality health services should recognize and prioritize people in conditions of greatest vulnerability (28-30, 68, 71) and respond to diversity, considering the specific and differentiated needs of each population group (23, 24).

17. Improving the quality of care requires health information and surveillance systems that include standard operating procedures (SOP) for reporting events relevant to the quality and safety of care, management of complaints, and satisfaction surveys. Research is needed on the impact of quality improvement interventions that enable continuous learning and implementation of innovative solutions, informed by the best available knowledge (6). *eHealth* can stimulate innovative dynamism in health organizations, as well as supporting networked knowledge and talent management and the improvement of quality of care in comprehensive health service delivery (72, 73).

18. Interventions for the improvement of quality of care may be broadly focused on implementing quality management systems and models (e.g., for accreditation and certification); focused on improving care in specific priority areas, through the adaptation of clinical management or case management units (e.g., oncology, outpatient surgery, high-risk pregnancy, or gender-based violence); or focused on support for clinical decision-making (e.g., development and adaptation of evidence-informed guidelines) (74). These categories are frequently incorporated within a program for quality improvement and, in the new paradigm, they should include all the essential attributes of quality of care: people, family, and community-centered care, safety, effectiveness, timeliness, efficiency, and equitable access.

19. There is growing evidence that supports the recommended use of “multimodal strategies”, which have been evaluated in the area of infection prevention and control in particular (75, 76). Multimodal strategies incorporate multiple components, such as

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<sup>7</sup> Technical quality and perceived quality are usually distinguished as the two key dimensions of quality of care in health. The technical quality of the service is related more to scientific evidence and the attributes of safety and effectiveness, as well as compliance with health care procedures or protocols. Currently, perceived quality commonly refers to individuals’ experience during health care.

education and training of health workers, communication campaigns, reminders at points of care, engagement of individuals and communities, supervisory rounds and involvement of senior management, celebration of achievements, and awards and recognition for good performance. It is important to promote evaluation of the impact of these interventions, taking into account local contexts, with a view to continuous learning and adaptation to such contexts.

Objective	Indicator	Baseline (2020)	Target (2025)
<b>1.1</b> Strengthen the quality of care for people, families, and communities	<b>1.1.1</b> Number of countries and territories that have reduced by at least 20% mortality amenable to health care (MAHR)	5	25
	<b>1.1.2</b> Number of countries and territories that have strategies that promote the rational use of medicines and other health technologies	1	21
	<b>1.1.3</b> Number of countries and territories with programs for infection prevention and control that have reduced the burden of health-care-associated infections	9	18
	<b>1.1.4</b> Number of countries and territories that have national programs for the development, implementation, and evaluation of the impact of evidence-informed clinical practice guidelines	7	25
<b>1.2</b> Improve the quality of comprehensive health services by strengthening primary care	<b>1.2.1</b> Number of countries and territories that show a reduction of at least 10% in hospitalizations for conditions amenable to ambulatory care	5	25
	<b>1.2.2</b> Number of countries and territories that have strengthened resolution capacity at the first level of care	5	25
	<b>1.2.3</b> Number of countries and territories that have a program for the organization and provision of mental health services from the first level up to specialized levels	14	28

Objective	Indicator	Baseline (2020)	Target (2025)
	<b>1.2.4</b> Number of countries and territories that have at least 80% of health care facilities with safe water and sanitation	27	35
<b>1.3</b> Increase interventions to monitor and evaluate quality of care	<b>1.3.1</b> Number of countries and territories that have reduced the burden of adverse events during care	5	12
	<b>1.3.2</b> Number of countries and territories with national information on people's level of satisfaction with health services	14	28

***Strategic Line of Action 2: Strengthen the stewardship and governance of health systems to develop a culture of quality and promote sustained quality improvement in the delivery of comprehensive health services***

20. A culture of quality in health systems implies promoting leadership and innovation, commitment to ethical values and to the institutional mission, a non-punitive approach, effective communication, and permanent, proactive involvement of all people and managers at all levels. To accomplish this, it is necessary to build the capacity of human resources and facilitate professional development, establishing a culture of continuous learning and multidisciplinary teamwork, with support from senior management. Implementation of the new quality paradigm requires that health services adopt the essential attributes of quality (people, family and community-centered care, safety, effectiveness, timeliness, efficiency, and equitable access) in their mission, vision, principles, and values, with due adaptation to their context.

21. Health systems and services function as complex adaptive networks, with different interconnected levels and elements. Isolated improvement of a single level or element of the system (e.g., improved clinical practice) is unlikely to affect the quality of care in the health service as a whole (e.g., improvements can be achieved in clinical practice, but if there are long waiting lists, delays in diagnosis and treatment will result, leading to poor health outcomes). To achieve sustained improvement in health service delivery, it is necessary to join forces and actions across the entire health system (8). This requires aligning actions under national policies and strategies for quality (77) with national health policies.

22. National policies and strategies for quality should incorporate effective intersectoral coordination mechanisms to address public health challenges, such as noncommunicable diseases (78), antimicrobial resistance (79), and violence against women (80). National policies and strategies for quality should provide an integrated and



coherent framework for existing initiatives in quality and patient safety, and initiatives to address national health priorities (including priority health programs). The process should involve all stakeholders in the health system, including civil society, and should use the feedback from the results obtained for continuous improvement (6, 10, 77). In turn, managers of health services and institutions should have sufficient management capacity to implement and promote transformative actions within the scope of their authority.

23. Strengthening an integrated approach to quality improvement requires systematic, comprehensive, coordinated efforts to review, update and implement health-related law (81) and regulatory frameworks that affect quality of care in health service delivery. These are, among others, those related to training processes and the health sector labor market, regulation of the use and safety of health technologies, individuals' rights and duties in health services, the physical safety and the sanitation of facilities, and environmental health.

24. Quality assessment, through inspections, audits, and feedback, is key for the effective application of policies and regulations that positively impact the quality of services, and for the development of a culture of quality. This requires the development of institutional and organizational capacities at all levels of health systems and services. Information systems for health should ensure the monitoring of indicators related to the goals and targets of national policies on quality, should strengthen effective communication and feedback to stakeholders, and should facilitate interactions between people and health services. Special consideration must be given to the problems prioritized in each national context (e.g., surveillance systems for maternal mortality and antimicrobial resistance).

25. Quality in health services implies the participation and involvement of people, families, and communities in the stewardship and governance of the health system. A culture of quality with a rights-based approach requires social participation, with clear mechanisms for transparency and accountability between different levels of the health system, and between the health system and civil society.

Objective	Indicator	Baseline (2020)	Target (2025)
2.1 Develop capacities for the implementation of policies and strategies for quality of care in the delivery of comprehensive health services	2.1.1 Number of countries and territories that have defined a strategy to improve quality of care in the delivery of comprehensive health services	12	24

Objective	Indicator	Baseline (2020)	Target (2025)
	<b>2.1.2</b> Number of countries and territories that have implemented an operations plan to improve quality of care in the delivery of comprehensive health services	12	24
<b>2.2</b> Strengthen regulatory capacity to improve the quality of comprehensive health services	<b>2.2.1</b> Number of countries and territories that have mechanisms to evaluate quality through inspection, auditing, and feedback	9	23
	<b>2.2.2</b> Number of countries and territories that have legal and regulatory frameworks for advancing toward universal access to quality, safe, effective, and affordable medicines and health technologies	9	18
	<b>2.2.3</b> Number of countries and territories that have created and funded a special intersectoral group at the national level to promote the appropriate use of antimicrobial drugs and prevent the spread of infections	6	25
	<b>2.2.4</b> Number of countries and territories with a system for the accreditation of health professions programs that includes social accountability, teacher training, interprofessional education, and graduates' competencies	8	19
	<b>2.2.5</b> Number of countries and territories that have mechanisms for accountability and social monitoring of quality of care in the delivery of comprehensive health services	12	23

***Strategic Line of Action 3: Establish financing strategies that promote improvement in quality of care in the delivery of comprehensive health services***

26. In order for quality health services to realize the right to the enjoyment of the highest attainable standard of health for every person, a necessary, although insufficient, requirement is to have an adequate level of resources to meet health needs. The benchmark of 6% of GDP for public health expenditure is a useful target for the expansion of equitable access to quality comprehensive health services through strengthened, integrated health services networks, focusing on the first level of care. To this end, there is a need for investment in infrastructure and technology, improvement and training of human

resources, and design and implementation of integrated health services networks. The characteristics of the main sources of financing have a direct impact on the quality of services. In this regard, the public component<sup>8</sup> of health expenditure is of vital importance, given its impact on health planning and its direct bearing on equity and solidarity. In contrast, direct payment at the point of care (out-of-pocket expenditure) as a form of financing has adverse effects on the quality and equity of care and constitutes an important barrier to access to services, with adverse effects on continuity of care, mainly in low- and middle-income populations (83).

27. In addition to the level of necessary resources, the manner in which health funding is pooled,<sup>9</sup> with greater or lesser solidarity, has a direct impact on quality and equity. The coexistence of several funds or segmented populations in health care delivery, with different levels of resources and coverage systems, gives rise to differences in quality for the same services and inequities among the beneficiary populations in terms of access. Furthermore, segmentation limits the redistribution of risk that characterizes the use of prepaid funds; and the more funds there are and the smaller their size, the more inefficient and inequitable health insurance becomes. Both problems result in social losses that limit the quality of services and that could be avoided by optimizing pooled financing. A single national fund or a small number of larger funds with greater diversity of internal risks, aimed at universality, would establish conditions more conducive to quality and equity in services, better planning of expenditures, reduction in transaction costs, and savings in administration and operations, as a result of significant economies of scale. The main function of a large fund should be to guarantee the financial protection of households (84).

28. The greatest opportunities for improving quality in health services through financing can be found in resource allocation and payment to providers. Ideally, resources should be allocated in a way that fosters continuity of care, coordination among the various service providers, and comprehensive health care; economics is only one aspect to be considered. Population-based mixed payment systems, integrated care networks, and strategic procurement show the greatest potential as catalysts for quality improvement.

29. An entire integrated network with financing adjusted to the health needs of the population, payment based on the case mix of hospital services, and risk-adjusted capitation at the first level of care are examples of successful implementations that can be adapted and promoted by the countries, each according to its reality and context, contributing to quality in the provision of health services.

30. In contrast, medical fee-for-service practices, which promote cost inflation and an excess of unnecessary medical services, threaten integrated care by fragmenting financing, and can have a negative impact on quality. At the same time, payments based on historical budgeting that does not correspond to actual costs or the needs of the population, as well

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<sup>8</sup> Defined as general revenues and mandatory contributions to social security systems.

<sup>9</sup> Pooling of health resources refers to the function of the accumulation and administration of funds to protect the population from the financial risk of illness, so that this risk is properly distributed among all members of the fund.

as passive procurement based on the cost of supplies, tend not to foster service quality or efficiency. With respect to performance-based payment mechanisms, the current evidence is not conclusive as to its effects on service quality. This means that their use should be evaluated and they should be designed specifically for each context (85). Pooled procurement of medicines is one of the strategic elements that has demonstrated the most success in strategies used by countries and groups of countries, and even by groups of regional or institutional actors within a single country, to obtain better prices and a good level of quality.<sup>10</sup> Finally, the use of generics is another strategy used by countries that has demonstrated success in increasing efficiency.

31. The appropriate use of health resources, including financial resources, has a considerable impact on equity, efficiency, and quality in the delivery of health services. The role of health managers in monitoring and controlling the use of these resources should be strengthened to prevent waste and corruption. It is also necessary to strengthen accountability mechanisms and transparency at all levels, with the participation of civil society. It is necessary to facilitate the empowerment of people and organized civil society to provide oversight of the use of health resources. The creation of accountability mechanisms and capacities is an important objective that must be achieved.

Objective	Indicator	Baseline (2020)	Target (2025)
3.1 Implement actions aimed at providing timely availability of the resources needed for quality	3.1.1 Number of countries and territories that have increased public expenditure on health to at least 6% of GDP	5	15
	3.1.2 Number of countries and territories that have allocated at least 30% of public expenditure on health to the first level of care	4	18
3.2 Implement actions to promote improvement of quality, equity, and efficiency in health services	3.2.1 Number of countries whose of out-of-pocket health expenditure does not exceed 20% of total health expenditure	6	18
	3.2.2 Number of countries with a policy on incentives linked to achievements in the improvement of quality and equity in health services	3	12

<sup>10</sup> Regional and subregional examples include the PAHO Regional Revolving Fund for Strategic Public Health Supplies and the PAHO Revolving Fund for Vaccine Procurement, the Fund of the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), and the Pharmaceutical Procurement Services of the Organization of Eastern Caribbean States (OECS-PPS), a pooled procurement mechanism.

Objective	Indicator	Baseline (2020)	Target (2025)
	3.2.3 Number of countries that have implemented systems for improved resource allocation and payment mechanisms for universal health	7	20

### Monitoring and Evaluation

32. This strategy and plan of action will contribute to the PAHO Strategic Plan 2020-2025, the PAHO Program Budget 2020-2021, and to Goal 1 of the Sustainable Health Agenda for the Americas 2018-2030 (related to expanding equitable access to comprehensive, integrated, quality, people, family, and community-centered health services, with an emphasis on health promotion and illness prevention). Information concerning the indicators for the strategic lines is informed by the monitoring framework for universal health (86) and the indicators of action plans already promoted through previous resolutions.

33. Methodological guidelines will be developed for implementation, establishing indicator attributes and helping countries to measure their baselines and monitor the process.

34. Monitoring and evaluation of this strategy and plan of action will comply with the results-based management framework of the Organization, and with performance, monitoring, and evaluation processes based on the road maps prepared by each country. A midterm review will be presented in 2023 and a final report in 2026.

### Financial Implications

35. The total calculated direct cost for the Pan American Sanitary Bureau to implement this Strategy and Plan of Action through its complete cycle from 2020 to 2025, including the costs of staff and activities, comes to US\$ 5,100,000. No additional estimated cost is anticipated for implementation of this Strategy and Plan of Action apart from that estimated in the Program Budget of the Organization. Financing of the actions in the countries will be assumed by the Member States themselves.

### Action by the Directing Council

36. The Directing Council is invited to examine the Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025, make any comments it considers pertinent, and consider approving the proposed resolution in Annex A.

Annexes

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## 57th DIRECTING COUNCIL

### 71st SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 30 September-4 October 2019

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CD57/12  
Annex A  
Original: Spanish

### ***PROPOSED RESOLUTION***

#### **STRATEGY AND PLAN OF ACTION TO IMPROVE QUALITY OF CARE IN HEALTH SERVICE DELIVERY 2020-2025**

#### ***THE 57th DIRECTING COUNCIL,***

(PP1) Having reviewed the *Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025* (Document CD57/12);

(PP2) Taking into account that the Constitution of the World Health Organization establishes as one of its basic principles that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, or economic or social condition”;

(PP3) Aware that the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development, whose Goal 3 proposes to “ensure healthy lives and promote well-being for all at all ages”;

(PP4) Considering that implementation of the Strategy for Universal Access to Health and Universal Health Coverage approved by the 53rd Directing Council of the Pan American Health Organization (PAHO) in 2014 calls for advances in universal access to quality, progressively expanding comprehensive health services that are consistent with health needs, system capacities, and national context, while identifying the unmet and differentiated needs of the population, as well as the specific needs of groups in conditions of vulnerability;

(PP5) Recognizing that, despite the achieved progress, challenges remain, especially regarding the formulation and implementation of strategies aimed at ensuring that quality is comprehensive and sustained;

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(PP6) Considering that each country has the capacity to define its action plan, taking into account its social, economic, political, legal, historical, and cultural context, as well as current and future health challenges,

***RESOLVES:***

(OP)1. To approve and implement the *Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025* (Document CD57/12).

(OP)2. To urge the Member States, taking into account their contexts, needs, vulnerabilities, and priorities, to:

- a) implement national action plans, taking as a frame of reference the objectives contained in the Strategy and Plan of Action, and establish monitoring mechanisms using the proposed indicators;
- b) establish formal mechanisms for participation and dialogue in the preparation and implementation of national policies and strategies on quality, as well as transparency and accountability in health services;
- c) identify and implement continuous quality processes in health services, guided by individuals' safety and rights, promoting the empowerment of people and communities through training, participation, and access to information;
- d) establish formal mechanisms to strengthen leadership in the development of national policies and strategies for quality, including collaboration and coordination among senior authorities to promote synergies in regulation, strategic planning, and decision-making, based on situation analyses;
- e) promote, within service networks, the development of interprofessional teams responsible for monitoring and evaluating quality, with information systems that facilitate their work;
- f) develop continuing education strategies for human resources for health, incorporating new information and communications technologies, telehealth, online education, and learning networks, in order to boost response capacity and quality of performance, with special emphasis on strengthening the resolution capacity of the first level of care and developing integrated health services networks;
- g) increase the efficiency and public financing necessary to provide adequate resources for the quality of comprehensive health services, with special attention to people and communities in conditions of vulnerability.

(OP)3. To request the Director to:

- a) promote intersectoral dialogue that facilitates the implementation of Strategy and Plan of Action, and advocate for increased investment in health to secure sufficient resources;
- b) continue to implement actions and tools to support implementation of the Strategy and Plan of Action;
- c) prioritize technical cooperation that helps countries develop participatory processes to define national targets and goals, as well as action plans, to improve the quality of care in comprehensive health services for people, families, and communities in the Member States;
- d) promote innovation in technical cooperation, updating the Pan American Sanitary Bureau's mechanisms to facilitate coordinated interprogrammatic action to improve quality;
- e) promote research, sharing of experiences, and cooperation among countries in interventions to improve the quality of care in health service delivery;
- f) report periodically to the PAHO Governing Bodies on the progress made and the challenges faced in the implementation of the Strategy and Plan of Action and present a midterm review and a final report.

## Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

<p><b>1. Agenda item:</b> 4.10 - Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025</p>																
<p><b>2. Linkage to the proposed PAHO Program and Budget 2020-2021:*</b></p> <p>Outcome 1. Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people, family, and community-centered, toward universal health.</p> <p><i>* The proposed Program Budget 2020-2021 was presented to the 13th Session of the Subcommittee on Program, Budget and Administration and the 164th Session of the Executive Committee. The 57th Directing Council will review this proposal in September 2019. Thus, the final version of the Program Budget may contain certain changes in the outcomes, which will be reflected in this Strategy and Plan of Action as well.</i></p>																
<p><b>3. Financial Implications:</b></p> <p><b>a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):</b></p> <p>The total estimated cost for execution of the Strategy and Plan of Action during the complete period 2020 to 2025, including expenses for staff and activities, comes to US\$ 5,100,000.</p> <p><b>b) Estimated cost for the 2020-2021 biennium (including staff and activities):</b></p> <p>The estimated cost for the 2020-2021 biennium is US\$1,700,000. This amount includes costs for staff and activities.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #1a3d4d; color: white;">Areas</th> <th style="background-color: #1a3d4d; color: white;">Estimated cost (US\$)</th> </tr> </thead> <tbody> <tr> <td>Human resources</td> <td style="text-align: right;">692,000</td> </tr> <tr> <td>Training</td> <td style="text-align: right;">86,500</td> </tr> <tr> <td>Consultants/service contracts</td> <td style="text-align: right;">346,000</td> </tr> <tr> <td>Travel and meetings</td> <td style="text-align: right;">432,500</td> </tr> <tr> <td>Publications</td> <td style="text-align: right;">86,500</td> </tr> <tr> <td>Supplies and other expenses</td> <td style="text-align: right;">56,500</td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: right;"><b>1,700,000</b></td> </tr> </tbody> </table>	Areas	Estimated cost (US\$)	Human resources	692,000	Training	86,500	Consultants/service contracts	346,000	Travel and meetings	432,500	Publications	86,500	Supplies and other expenses	56,500	<b>Total</b>	<b>1,700,000</b>
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A total of US\$ 5,100,000 is estimated for the period of execution of the Strategy and Plan of Action in the period 2020-2025.

**c) Of the estimated cost noted in b), what can be subsumed under existing programmed activities?**

Technical cooperation activities for implementation of the strategy and plan of action can and should be integrated into the programmed activities, providing even clearer criteria for the prioritization of resource allocation and increased efficiency.

**4. Administrative implications:**

**a) Indicate the levels of the Organization at which the work will be undertaken:**

All levels of the Organization need to carry out actions to implement the Strategy, according to their defined responsibilities.

**b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):**

No additional staffing requirements are foreseen; however, it will be necessary to develop innovative solutions for technical cooperation, establishing networks of experts and formal collaboration with institutions of excellence, using the existing capacities in the Member States.

**c) Time frames (indicate broad time frames for the implementation and evaluation):**

The time frames for implementation and evaluation activities are totally aligned with those established in the Organization's strategic and operational planning, i.e., with the programs and budgets, and with the Strategic Plan, according to the schedule established by the Governing Bodies.

## Analytical Form to Link Agenda Item with Organizational Mandates

<p><b>1. Agenda item:</b> 4.10 - Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025</p>
<p><b>2. Responsible unit:</b> Health Systems and Services/Health Services and Access (HSS/HS)</p>
<p><b>3. Preparing officers:</b> Dr. James Fitzgerald and Dr. Amalia Del Riego</p>
<p><b>4. Link between Agenda item and Sustainable Health Agenda for the Americas 2018-2030:</b> The Sustainable Health Agenda for the Americas 2018-2030 establishes, as Goal 1, to: “Expand equitable access to comprehensive, integrated, quality, people, family, and community-centered health services, with an emphasis on health promotion and illness prevention.”</p>
<p><b>5. Link between Agenda item and the proposed PAHO Strategic Plan 2020-2025:*</b> Outcome 1. Increased response capacity of integrated health services networks (IHSNs), with emphasis on the first level of care, to improve access to comprehensive, quality health services that are equitable, gender- and culturally sensitive, rights-based, and people, family, and community-centered, toward universal health. <i>* The proposed PAHO Strategic Plan 2020-2025 was presented to the 13th Session of the Subcommittee on Program, Budget and Administration and the 164th Session of the Executive Committee. The 57th Directing Council will review this proposal in September 2019. Thus, the final version of the Strategic Plan may contain certain changes in the outcomes, which will be reflected in this Strategy and Plan of Action as well.</i></p>
<p><b>6. List of collaborating centers and national institutions linked to this Agenda item:</b></p> <ul style="list-style-type: none"> <li>• PAHO/WHO Collaborating Center for Quality Care and Patient Safety, National Commission for Medical Arbitration (CONAMED), Secretariat of Health of Mexico (Mexico).</li> <li>• PAHO/WHO Collaborating Centre for Patient Safety and Patient Engagement, Canadian Patient Safety Institute (CPSI) (Canada).</li> <li>• PAHO/WHO Collaborating Center for Hospital Organization, Management and Quality, Organizational Quality Unit, Dr. Gustavo Aldereguía Lima Hospital (Cuba).</li> </ul>
<p><b>7. Best practices in this area and examples from countries within the Region of the Americas:</b> Some countries of the Region have policies and standards for quality (e.g., Colombia, Paraguay, and Peru), national directorates or authorities responsible for quality units, or agencies for quality and patient safety (e.g., Costa Rica, Ecuador, and Mexico). Some have also established standards for health facility certification and licensing (e.g., Argentina, Bolivia, and Nicaragua). Furthermore, models have been implemented for the recognition and accreditation of quality and</p>

excellence in health services, whether in the health sector itself, or adapted from other sectors (e.g., Canada, Chile, and the United States of America).

**8. Financial implications of this Agenda item:**

The total estimated cost of the strategy and plan of action is US\$ 5,100,000. This estimate takes into account the total amount corresponding to the activities of the Pan American Sanitary Bureau, including regional capacity-building and technical support for Member States.

Financing of actions taken by the countries should be assumed by the Member States themselves.

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