



USAID
FROM THE AMERICAN PEOPLE



GOVERNANCE TO IMPROVE THE QUALITY OF HEALTH SERVICES: A RESEARCH AGENDA

January 2018

This publication was produced for review by the United States Agency for International Development. It was prepared by Kelley Laird, Lisa Tarantino, Tiernan Mennen, and Adam Koon on behalf of USAID's Health Finance and Governance (HFG) project with technical reviews from country stakeholders, the World Health Organization, and the Applying Science to Strengthen and Improve Systems (ASSIST) Project.

The Health Finance and Governance Project

HFG, led by Abt Associates, helps to improve health in developing countries by expanding people's access to health care. The project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. This five-year, \$209 million global project is intended to increase the use of both primary and priority health services, including services involving HIV and AIDS, tuberculosis, malaria, and reproductive health. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care. The HFG project has the following partners: Avenir Health (formerly Futures Institute), Broad Branch Associates, Development Alternatives Inc., the Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and the Training Resources Group, Inc. For more information on the USAID HFG project please visit www.hfgproject.org.

January 2018

Cooperative Agreement No: AID-OAA-A-12-00080

Submitted to: Scott Stewart, AOR
Jodi Charles, Senior Health Systems Advisor
Office of Health Systems
Bureau of Global Health
USAID/Washington

Recommended Citation: Laird, Kelley, Lisa Tarantino, Tiernan Mennen, and Adam Koon. January 2018. Governance to Improve the Quality of Health Services: A Research Agenda. Bethesda, MD: Health Finance and Governance Project, Abt Associates.

DISCLAIMER

The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development (USAID) or the United States Government.



Abt Associates Inc. | 6130 Executive Blvd. | Rockville, Maryland 20852
T: 301.347.5000 | F: 301.652.3916 | www.abtassociates.com

CONTENTS

Acronyms	ii
Acknowledgments	ii
1. Background	1
2. Purpose and Audience	1
3. Process for defining priority research questions	2
4. Research Agenda	4
5. Guiding principles and research design considerations	6
Annex A: Complete List of Research Questions	7

List of Tables

Table 1: Research Agenda for Governance to Improve the Quality of Health Services ...	4
Table 2: Governing for Quality, A Complete List of Research Questions	7

List of Figures

Figure 1: Governance Links to Health Outcomes	2
Figure 2: Eight Stones of Governance for Quality Health Care.....	3



ACRONYMS

ASSIST	Applying Science to Strengthen and Improve Systems
HFG	Health Finance and Governance
JLN	Joint Learning Network
LMIC	low- and middle-income country
UHC	universal health coverage

ACKNOWLEDGMENTS

This research agenda is the product of co-development work conducted in 2017 among the members of the Governance of Quality Community of Practice, consisting of a global community of individuals representing more than 13 national governments, global and multi-national health organizations such as the World Health Organization (WHO) and the Institute for Healthcare Improvement, and other specialists in the fields of governance and health care quality improvement. The work was co-funded by USAID through the Health Finance and Governance (HFG) project and the USAID Applying Science to Strengthen and Improve Systems (ASSIST) project,¹ and by the Joint Learning Network (JLN).²

The authors are grateful to Jodi Charles, Dr. Jim Heiby, and Lisa Maniscalco of USAID; to Dr. Rashad Massoud, Project Director of ASSIST; and to Dr. Bob Fryatt, Project Director of HFG, for their active participation, advice, and analytical reviews throughout the development of this research agenda. Furthermore, we thank all those who have participated in multiple discussions, in person and remotely, on the development and review of this agenda.

This product was developed with the substantial contributions and continuing engagement of the following individuals:

¹ ASSIST is a five-year project of the Office of Health Systems of the USAID Global Health Bureau, designed to improve health and social services in USAID-assisted countries, strengthening their health systems and advancing the frontier of improvement science. USAID ASSIST builds on the work of the USAID Health Care Improvement Project. URC's global partners for USAID ASSIST include: EnCompass LLC, FHI 360, the Harvard University School of Public Health, HEALTHQUAL International, Initiatives Inc., the Institute for Healthcare Improvement, the Johns Hopkins Center for Communications Program, and WIHER, LLC. For more information on the work of the USAID ASSIST project, please visit www.usaidassist.org or email assist-info@urc-chs.com

² [The Joint Learning Network](http://www.jointlearningnetwork.org), an innovative country-driven network of practitioners and policy-makers around the globe, is committed to expanding UHC to progressively improve health outcomes in low- and middle-income countries (LMICs). For more information, see: www.jointlearningnetwork.org

Nana A. Mensah Abrampah, Technical Officer, Universal Health Coverage & Quality, Service Delivery and Safety Department, World Health Organization, Switzerland

Samsiah Awang, Head of Quality Assurance Secretariat Division, Institute for Health Systems Research, Ministry of Health, Malaysia

Fred Adomako-Boateng, Deputy Director of Clinical Care in Ashanti Region, Ghana Health Service, Ghana

Altea Cico, Associate, Abt Associates, HFG project

Vivian Addo-Cobbiah, Deputy Director Quality Assurance, National Health Insurance Authority, Ghana

Samantha Ferguson, Program Associate, Results for Development, HFG project

Sanghamitra Ghosh, Mission Director, National Health Mission, India

Rachel Gutierrez, Improvement Associate, URC, ASSIST project

Mirna Hebrero, General Directorate of Performance Evaluation, Ministry of Health, Mexico City, Mexico

Rizza Majella L. Herrerra, Officer-in-charge and Senior Manager, Standards and Monitoring Department of PhilHealth, Philippines

Martias Joshua, Chairperson of National Health Insurance Reforms, Health Financing Reforms, Service-level Reforms, Private Public Partnership Task Force and Central Hospital Autonomy Reform, Ministry of Health, Malawi

Leizel Lagrada-Rombaua, Health Systems Specialist, Results for Development, HFG project

Siti Haniza Mahmud, Head of Quality Assurance Unit, Institute for Health Systems Research, Malaysia

Mohamed Ally Mohamed, Director of Quality Assurance, Ministry of Health, Community Development, Gender, the Elderly and Children, Tanzania

Joseph Okware, Commissioner, Quality Assurance Department, Ministry of Health, Uganda

Shalini Pandit, Mission Director, National Health Mission and Rashtriya Swasthya Bima Yojana (National Health Insurance Programme), India

Donald Pardede, Senior Advisor for Health Economics and Evaluation, Ministry of Health, Indonesia

Sheryan R. Dela Peña, Officer-in-charge and Head, Accreditation Dept., PhilHealth Regional Office, Philhealth, Philippines

Amy Rahmadanti, Directorate General Health Services, Ministry of Health, Indonesia

Tati Denawati, Director for Health Service Management, Badan Penyelenggara Jaminan Sosial (Social Insurance Administration), Indonesia

Vanessa Vizcarra, General Directorate of Quality for Health Care and Education, Ministry of Health, Mexico

Desalegn Tegabu Zegeye, Director, Clinical Services Directorate, Federal Ministry of Health, Ethiopia



I. BACKGROUND

Improving the quality of patient-centered health services is at the heart of delivering on the promise of universal health coverage (UHC) and achieving the Sustainable Development Goals (SDGs). The WHO's Framework on [integrated people-centered health services](#) frames vision and five strategies to achieve quality people-centered care, including creating an enabling environment that strives for quality improvement and safety and strengthening governance and accountability (WHO 2016). To this end, national governments are keen to learn from the experiences of others what is or is not “working” in the way countries have structured their institutional architecture to design, create, promote, oversee, improve, and pay for quality people-centered health service delivery.

Responding to this need, HFG and the ASSIST project have worked closely with the JLN and the WHO to understand the institutional architecture (including responsibilities, roles and relationships) needed for the governance of quality, and potential levers for leaders to improve quality service delivery while increasing access to and availability of health services. Since 2015, these groups along with more than 20 national representatives and global experts have worked together to organize research and joint-learning events in an effort to capture and share important lessons.

In 2015 and 2016, the HFG and ASSIST projects conducted a literature review of 25 country experiences,³ and qualitative interviews with stakeholders from 18 countries. The projects worked with the JLN to offer countries with a high level of interest in improving governance in health care an opportunity to meet and share learnings in Dar es Salaam, Tanzania, in March 2016.⁴ Research findings from the interviews and the literature review showed some correlation between improved outcomes and a few institutional arrangements, roles, and processes aiming to support quality in health care. However, a major finding of the research, echoed by participants at the March 2016 meeting, was that documented understanding of what works in governing quality is limited, and that there is a demand for information and analysis of specific country experiences. Participants at the meeting agreed donors, government policy-makers, and other stakeholders should prioritize funding research to understand the institutional architecture needed to efficiently and effectively ensure and support quality health services.

2. PURPOSE AND AUDIENCE

The purpose of this research agenda is to share priority research questions for governing quality health service delivery. The research questions are intended to support country government stakeholders in establishing the most effective and efficient institutional architecture and roles and responsibilities at the national, subnational, and local levels for governing to ensure and improve quality health care.

³ Cico, A., S. Nakhimovsky, L. Tarantino, K. Ambrose, L. Basu, S. Batt, R. Frescas, K. Laird, K. Mate, L. Peterson, C. Sciuto, and R. Stepka. October 2016. *Governing Quality in Health Care on the Path to Universal Health Coverage: A Review of the Literature and 25 Country Experiences*. Bethesda, MD: Health Finance and Governance Project, Abt Associates.

⁴ Tarantino, L., K. Laird, A. Ottosson, R. Frescas, K. Mate, V. Addo-Cobbiah, C. Bannerman, P. Pacheco, D. Burssa, A. Likaka, M. Rahimzai, M.R. Massoud, and S. Syed. 2016. *Institutional Roles and Relationships Governing the Quality of Health Care: Country Experiences, Challenges, and Lessons Learned*. Bethesda, MD: Health Finance and Governance Project, Abt Associates; and USAID Applying Science to Strengthen and Improve Systems Project, URC.



This publication is intended for use by a broad array of interested stakeholders, including inter alia government policy-makers and implementers, researchers, and funding agencies. Researchers are encouraged to use it as a guide with stakeholder participation when designing studies that have high value for country government-quality stakeholders, as they seek to establish the most effective and efficient governance structures and mechanisms to deliver quality health services. We hope that funders and other key stakeholders will consider aligning global resources along this agenda and will seek out opportunities to coordinate across stakeholders.

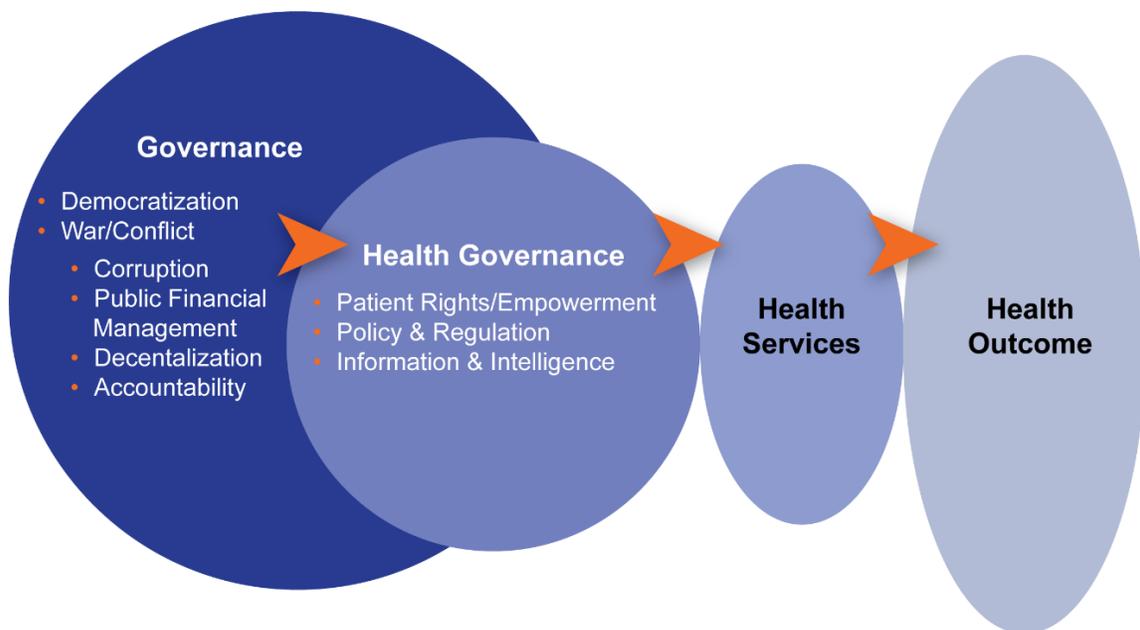
The research agenda will be disseminated widely including the WHO’s Global Learning Lab for Quality UHC⁵, the Joint Learning Network, and USAID’s Development Executive Clearinghouse (DEC).

3. PROCESS FOR DEFINING PRIORITY RESEARCH QUESTIONS

Senior policy-makers, practitioners, and global quality and governance specialists from 11 countries and development partner representatives met in August 2017 in Jakarta, Indonesia to develop this global research agenda. They prioritized questions most useful to inform solutions to pressing governance issues and those that are relatively under-researched. They also developed questions to understand the potential and known connections between health care quality and institutional arrangements, policies, and practices for governance.

The group considered the research findings to date related to the links between governance and health service delivery and health outcomes. They also considered the direct and indirect links whereby governance potentially affects health service delivery and subsequent health outcomes (see Fig 1).

Figure 1: Governance Links to Health Outcomes

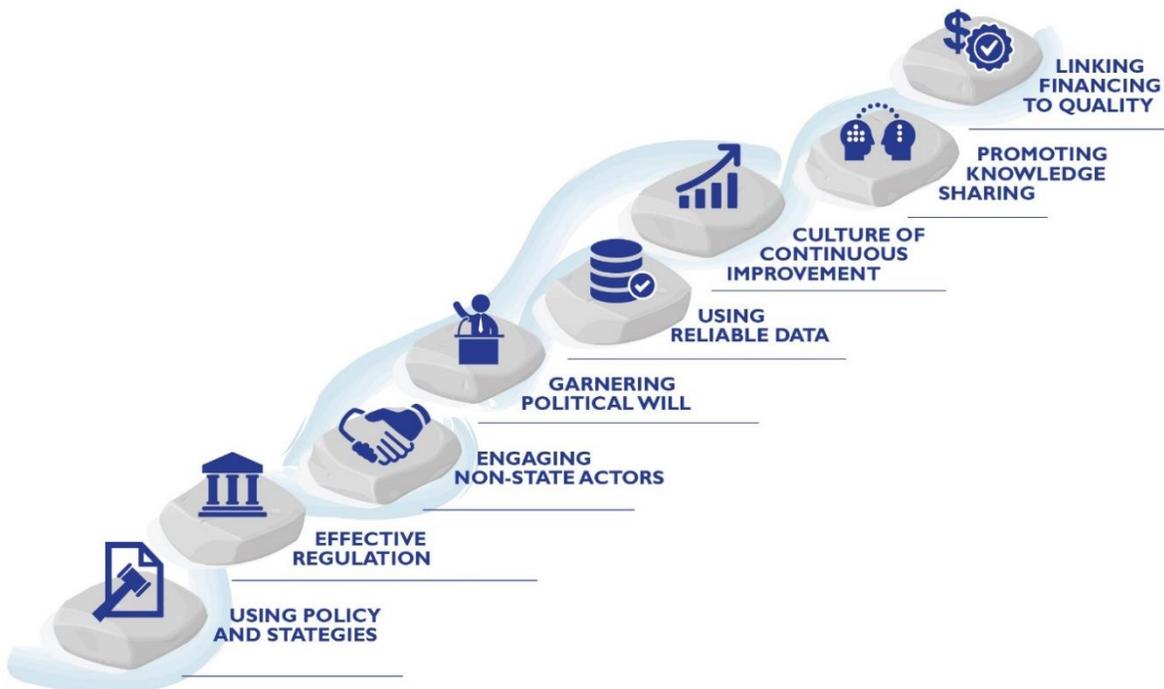


Source: Bennett et. al., 2017.

⁵ The Research Agenda and any resulting research will feed into the Learning Pod (or sub-community) on national quality policies and strategies within the Global Learning Lab.

Given this linkage and the gaps in the research, including in the results from the literature review and in qualitative research conducted in 2015 and 2016⁶, the group brainstormed as individuals on the full list of pressing questions that they would like to have answered. The questions were collected and categorized according to the eight “stones” or critical aspects to address in governing for quality health care (see Figure 2). Meeting facilitators organized the more than 115 questions into 37 sub-topics under each theme, given the interrelatedness and similarities between research questions.

Figure 2:
Eight Stones of Governance for Quality Health Care



Then, participants were given an opportunity to prioritize—to select up to five subtopic/research areas that seemed the most essential to making progress on strengthening governance to improve quality of care. The facilitators selected subtopics/research areas with at least six or more votes among participants indicating priority research topics for the research agenda. HFG researchers then created researchable questions from the priority subtopics.

The *prioritized* subtopics and corresponding questions are listed in Research Agenda below (see table 1). The *complete* list of research questions proposed by this group of country experts is in Annex A. This agenda prioritizes research questions in 7 of the 8 “stones” or critical aspects for strengthening the governance of quality health service delivery. The agenda focuses on questions seeking to advance research to develop a culture of quality improvement, strengthen the linkages between health financing and quality, increase the use of quality improvement data, and engage non-state actors and garnering political will to ensure and improve quality in health services.

⁶ See Cico et al. 2016 and Tarantino et. al. 2016.

4. RESEARCH AGENDA

Table 1: Research Agenda for Governance to Improve the Quality of Health Services
<p>Using Policy and Strategies</p> <p><i>What are policies and mechanisms for engaging diverse stakeholders for improved quality?</i></p> <ul style="list-style-type: none"> • How can a diverse range of stakeholders, including government and nongovernmental multi-sectoral actors and users of services, e.g., in education or water/sanitation, inform the development of policies to strengthen quality of health care across multiple population groups? <ul style="list-style-type: none"> ○ What existing or new venues and mechanisms can facilitate this process? ○ In countries developing National quality policies and strategies, how can these policies and strategies be tracked and measured to understand their influence in improving quality health service delivery and identify their strengths and weaknesses in maximizing alignment for governing for quality people-centered health service delivery? ○ How can diverse stakeholder inputs be considered in the context of a broader strategic vision?
<p>Effective Regulation</p> <p><i>What is the evidence of the effects of incentives vs. penalties, regulation, and accreditation for improved quality?</i></p> <ul style="list-style-type: none"> • What factors contribute to a weak regulatory environment, leading to unenforced regulations? • How can incentives be structured to strengthen implementation of regulations to improve quality health service delivery? • What are different “mixes” of incentives and penalties that have been applied to motivate health care providers to pursue quality? • What are the appropriate roles and responsibilities of local governments, vis-à-vis other actors, in the improvement, management, and clinical quality of health services?
<p>Engaging Non-State Actors</p> <p><i>How can we empower communities and patients to help improve quality?</i></p> <ul style="list-style-type: none"> • What is the role of patient groups in ensuring and improving quality? • Are community scorecards an effective instrument to strengthen civic engagement in quality of care? • What are the lessons from other countries in citizen engagement for quality of care? What innovative examples of organizing civic engagement have been tried? • How can the media be effectively engaged to advocate for improvements to quality of care?
<p>Garnering Political Will</p> <p><i>How does political change affect quality?</i></p> <ul style="list-style-type: none"> • What are appropriate political entry points for improvements to quality of care? Which messages best resonate with political actors? • What lessons can LMICs learn from Mexico’s experience of first achieving UHC, then pursuing improved quality? • How can quality of care improvements be sustained in dynamic political environments? • How can elite policy-makers be persuaded to lend support for quality improvement in various contexts? • How can quality of care be linked with other health system strengthening priorities like biosecurity, workforce development, and efficiency and effectiveness of health expenditure?

Table I: Research Agenda for Governance to Improve the Quality of Health Services

Using Reliable Data

How do you measure quality improvement?

- Is there a core (select few) set of indicators that countries should consider for measuring quality?
- Are some quality indicators easier to monitor than others?
- Are all dimensions of quality accurately represented by the quality measurement indicators currently in use? Where are the gaps?
- How can clinical audits contribute to measuring quality improvement?
- What data authentication practices are efficient and effective for LMIC contexts?
- What can be learned from analysis of large data sets or “big data” in other advanced economies or health systems?
- What can be learned from linking quality improvement data with health service data?
- Do knowledge sharing platforms exist, and if so how can they be nurtured to allow facilities to benchmark quality improvement data?
- How can we encourage reporting on medical errors? In resource-constrained settings, what are the key indicators on medical error to be tracked and used for quality improvement?
- How do we harmonize data from all actors to measure improved quality in health care?
- What indicators demonstrate that a culture of quality improvement has been established?

Culture of Continuous Improvement

How do you develop a culture of quality improvement at all levels?

- What is meant by culture of quality improvement? What are the gaps at different levels?
- What features of the work environment can be strengthened to give a greater emphasis to quality?
- What is currently known about efforts to build a culture of quality in policy, implementation, clinical or administrative settings?
- What role does performance measurement play in developing a culture of quality, and how can it best be supported and sustained?
- What is the role of multiple stakeholders in fostering a strong culture around quality at policy and implementation levels, including users of health services (i.e., families, patients, advocates)? What material inputs will be needed?

Linking Financing to Quality

What are the most effective health financing mechanisms to improve quality?

- What are the quality improvement or assurance strategies and mechanisms that institutions use in financing health service delivery?
- What is the role of performance-based payment mechanisms in improving quality? What are examples of incentive mix, including monetary vs. nonmonetary incentives, that have been used to strengthen the provision of quality care, and is there evidence of sustained quality over time?
- Is there evidence that group incentives work better than individual incentives in promoting quality health care? What incentive mix has been tried in different country contexts?

Do investments in quality result in cost efficiencies?

- What is the return on investment for government institutions investing in quality health care, i.e. training, improving monitoring and evaluation, etc.?
- What quality improvements can be achieved with minimal investment?
- Does linking finance to quality have unintended negative consequences for quality of care?
- What are the tradeoffs between quality and efficiency in health care?
- What are the cost implications of different quality interventions, and how do institutions prioritize and set thresholds?

5. GUIDING PRINCIPLES AND RESEARCH DESIGN CONSIDERATIONS

We present a research agenda developed through a process of deliberative engagement that seeks not only to develop coherent lines of scientific inquiry, but also ultimately to strengthen the ability of health system stewards to provide inclusive and appropriate health services to those in need. Our guiding principles for thoughtful research into the governance of quality health services include:

Quality of research—Research must be of high scientific quality if new studies are to be useful for policy improvements and for changes in strategies and mechanisms for institutions ensuring and improving the quality of services. Scientific quality includes clearly defined hypotheses; measurable and available data; and the use of ethical protocols, with quality assurance procedures, aligned with good scientific practice.

Accessibility of data—Sharing research findings transparently and widely through publicly accessible databases and platforms is critical for using evidence for decision-making. We expect that any research pursued by interested country or international stakeholders will be shared publicly and will lead to the development of an evidence base that will support policy-makers as they efficiently and effectively expand quality health services to their population.

Research design considerations—Conducting research in support of a governance of quality agenda involves several considerations. First, much has already been done to strengthen quality of care and governance practices in a variety of settings. For this reason, part of the goal of this research agenda is to encourage use of implementation research or rapid-cycle research to capture the experience of progressive health systems strengthening reforms. Second, governance is a social process that operates in the context of highly charged interests, institutions, and ideas. This means that qualitative approaches are particularly well positioned to capture the nuances of situated human behavior and understandings. Third, though the process of how and why such governance arrangements evolve is of central interest, much remains unknown about the technical details of what works (and how well) in certain conditions. Some policies are better designed than others to accommodate complexity. Unpacking these designs, clarifying their assumptions, and proposing commensurate venues for transferring these details to other settings remain considerations in adopting a robust agenda for research. Fourth, while macro-level systems considerations are at the forefront of this agenda, micro-level features should also be studied using a host of intermediate tools such as internal audit, regulatory review, stakeholder analysis, and actuarial analysis.

Learning and adapting—As mentioned above, capturing country experiences to tell the stories of what works and what doesn't in the path to improved people-centered service delivery is critical to successful health reform for UHC and ultimately to achieve the SDGs. Careful sequencing of implementation research in dynamic policy environments not only can yield multiple insights that contribute to the global pool of knowledge, but also can help to develop persuasive narratives that resonate with policy-makers, citizens, and practitioners alike and enable practical policy and implementation changes to improve people-centered service delivery for UHC.

The role of research as a tool for learning and adapting is powerful. In future the questions presented in table 1 above can be applied for example in (i) exploring the different ways for governing for quality for specific populations and (ii) governance arrangements to ensure national health security while simultaneously providing quality of care.

ANNEX A: COMPLETE LIST OF RESEARCH QUESTIONS

This annex shows the entire list of research questions generated by national and international governance and quality experts in August 2017 in Jakarta, Indonesia. Those featured in the body of the report were those prioritized, defined as having received at least six “votes” to prioritize by the participants at that meeting. The complete list is presented here, as the group determined that all questions deserve consideration for further research funding.

Table 2: Governing for Quality, A Complete List of Research Questions	
Subtopics by Stone	Research Questions
Using Policy and Strategies	
Engaging diverse stakeholders for improved quality	<ul style="list-style-type: none"> • How can a diverse range of stakeholders, including government and nongovernmental multi-sectoral actors, e.g., in education or water/sanitation, inform the development of policies to strengthen quality of health care across multiple population groups? <ul style="list-style-type: none"> ○ What venues and mechanisms can facilitate this process? ○ How can we ensure that particular voices are heard, while adhering to a broader strategic vision? • How can the media be effectively engaged to advocate for improvements to quality of care?
Applicability to LMICs	<ul style="list-style-type: none"> • How can we effectively harness and disseminate the global pool of knowledge to provide context-specific insight and strategies for improving the quality of care in resource-limited LMICs?
Costing mechanisms	<ul style="list-style-type: none"> • What kind of costing exercises or tools exist to measure the cost-effectiveness and return on investment for quality assurance and improvement mechanisms used to improve health service delivery?
Leadership and management to implement quality strategies, policies, and mechanisms	<ul style="list-style-type: none"> • What do the policies and regulations governing health quality say about the health system management infrastructure and the institutional roles and responsibilities for carrying out strategies and policies governing quality, and for creating mechanisms to help govern quality? Are the regulations effective, comprehensive, clearly defined? • What role do the regulative, normative, and cultural-cognitive dimensions of institutions play in this process? <ul style="list-style-type: none"> ○ What role do regulatory bodies, laws, and legislation playing in compelling action? ○ Are there accreditation, certification, or other non-binding, normative processes that can contribute? ○ How can actors be immersed, engaged, and embedded in a culture of quality that leads to exemplary practice? • Does legislation currently support or hinder policy development for quality standards/practices? <ul style="list-style-type: none"> ○ A structural line of questioning could pursue the policy-making environment of government bodies, electoral systems, or legislatures ○ An agency line of questioning could pursue strategic entry points, persuasion (framing, narrative, metaphor, etc.), or crafting of incentives that bridge conflicting policy positions or antagonistic interest groups

Table 2: Governing for Quality, A Complete List of Research Questions

Effective Regulation	
Roles and responsibilities for effective regulation	<ul style="list-style-type: none"> • What are examples of successful structures that outline clearly defined roles and responsibilities for accrediting bodies vs. technical oversight and monitoring vs. the payer vs. national or decentralized bodies? • Which stakeholders need to be involved in quality regulation and how should their engagement be prioritized? • Are there successful examples of clearly defined roles for local government structures and their roles and responsibilities for ensuring quality service delivery vis-à-vis national stakeholders? • If accreditation is to be done by a third party (non-government) accrediting body, how do roles and responsibilities change between and among institutions to ensure effective coordination and collaboration? • What are country examples of effective collaboration between regulatory authorities—who often address professionalism and ethics, and ensure licensing of facilities to meet minimal standards—and other stakeholders involved in ensuring quality health service delivery? • What conflicts of interest arise from internal self-regulation, i.e., when multiple roles are carried out by the Ministry of Health including standard setting and ensuring facilities meet those standards? Are there examples of mechanisms put into place to reduce conflicts of interest? • Is there guidance in setting or using regulatory technologies to improve quality of care?
Evidence of incentives vs. penalties used to improve implementation of regulations to improve quality health care, including accreditation, licensing, continuous quality improvement teams, etc.	<ul style="list-style-type: none"> • How can incentives be sufficiently structured to strengthen implementation of regulations to improve the quality of health service delivery? • What factors contribute to a weak regulatory environment, whereby a country fails to implement the regulations that exist? • What are different “mixes” of incentives and penalties that have been applied to motivate health care providers to pursue quality?
Role of subnational governments	<ul style="list-style-type: none"> • What are the appropriate roles and responsibilities for local government vis-à-vis other actors in the improvement, management, and clinical quality of health services? • What are essential capacities and information flows in decentralized systems in governing for quality care? • What are the clear roles and responsibilities of the national and subnational levels with respect to quality?
Mechanism—good practices in standards, inspection, enforcement	<ul style="list-style-type: none"> • What are good practices in regulating health facilities, including in terms of standard-setting, inspection mechanisms, and enforcement? • Have regulatory changes elicited health impacts? • What are the best practices in enforcing quality of care without compromising access? <ul style="list-style-type: none"> ○ Are there trade-offs between strengthening quality and improving access? ○ How can the impacts of these trade-offs be relieved? • What other quality interventions by other stakeholders, including providers, have been used with regulatory techniques to achieve and maintain motivation?

Table 2: Governing for Quality, A Complete List of Research Questions

Engaging Non-State Actors	
How to engage civil society in policy perform?	<ul style="list-style-type: none"> • What are the most successful mechanisms for engaging the private sector, including civil society organizations and patients, in policy development for quality health programming? • What role can civil society organizations play in strengthening the quality of care?
Empower communities/patients	<ul style="list-style-type: none"> • What is the role of patient groups in ensuring and improving quality? • Are community scorecards an effective instrument to strengthen civic engagement in quality of care? • Are there lessons from other countries in citizen engagement for quality of care?
Institutionalize—how to define/operationalize?	<ul style="list-style-type: none"> • Is stakeholder analysis an effective intermediate tool for identifying the full spectrum of actors involved in quality of care improvements? • What non-state actors are frequently overlooked in this process?
Linking to financing	<ul style="list-style-type: none"> • What can we learn from countries that are using data to track the contributions of health financing strategies and mechanisms to improved quality? Have these mechanisms and strategies been effective?
Garnering Political Will	
Effects of political change	<ul style="list-style-type: none"> • Politicians are interested in improving access to care first, and then quality comes later. <ul style="list-style-type: none"> ○ What are appropriate political entry points for quality of care improvements? ○ How and when should political representatives be engaged in quality of care considerations? ○ Which messages best resonate with political actors? • What can lessons can LMICs learn from Mexico’s experience of first achieving UHC, then pursuing improved quality? • Are there examples of political interference or assistance with crafting quality of care policy and regulations? • How can quality of care improvements be sustained in dynamic political environments? • How can elite policy-makers be persuaded to lend support for quality improvement in various contexts? • Can quality of care considerations work synergistically with other pressing health system needs? • How can quality of care be married to competing health system strengthening priorities such as biosecurity, workforce development, and health financing?
Advocacy tools	<ul style="list-style-type: none"> • How can quality of care be framed in ways that resonate with a broad coalition of stakeholders? • Which values resonate the most with citizens regarding quality of health care (equity, justice, welfare, security, etc.)? • What are examples of successful advocacy campaigns, and what were the components that made them so successful/why?
Assessing political will	<ul style="list-style-type: none"> • Is political economy analysis an effective tool in assessing the roles and values of various policy-makers in impeding or promoting quality health care? • What capital (financial, human, social, etc.) inputs are necessary for government to embark on a quality of care agenda?

Table 2: Governing for Quality, A Complete List of Research Questions

Using Reliable Data	
Who? Roles and responsibilities for data collection systems	<ul style="list-style-type: none"> • Where does nonpartisan authority lie for data collection, monitoring, and analysis? What institutions lead and support the establishment and monitoring of data in country? What does the regulation say about various roles and responsibilities of actors? • What is the level of readiness of the government/providers to disclose information to the public? What are the factors influencing this? What can be learned from countries that are sharing data with the public with respect to types of data shared, types of engagement fostered, etc.?
How? Indicators and other best practices	<ul style="list-style-type: none"> • Is there a widely accepted core set of indicators that countries should consider for measuring quality? • Can quality indicators be prioritized? • Are some quality indicators easier to monitor than others? • Are all dimensions of quality accurately represented by quality measurement indicators? Which indicators are associated with which dimension of quality? Where are the gaps? • How can clinical audit contribute to quality improvement? • What data authentication practices are efficient and effective for LMIC contexts? • What can be learned from other countries on analyzing large data sets/“big data”? • What can be learned from linking improvement data with health service data? • Do knowledge sharing platforms exist that allow facilities to benchmark quality improvement data? If so, how can they be nurtured? <ul style="list-style-type: none"> ○ Does this follow 1) researcher push 2) policy-maker pull 3) linkage and exchange, or 4) knowledge platforms models of evidence use? • Data on medical errors is often not available, or is hidden. How can we encourage reporting on such medical errors? In resource- constrained settings, what are the key indicators on medical error to be tracked and used for quality improvement? • How do we harmonize data from all actors to improve quality in health care?
Why? What is the evidence that data improves quality?	<ul style="list-style-type: none"> • What are the main barriers to quality? What empirical data exists? • What are some of the likely barriers to improving data collection and decision-making transparency, and how can they be addressed?
Privacy concerns	<ul style="list-style-type: none"> • What are some of the ethical considerations in data sharing, particularly with respect to confidentiality, and how can these be sensitively handled? • How can we bridge the reluctance to creating secure data sharing across stakeholders, for example, military facilities who believe there might be national security risks to sharing health data?
Linking to financing	<ul style="list-style-type: none"> • What can we learn from countries that are using data to track the contributions of health financing strategies and mechanisms to improving quality? Have these mechanisms and strategies been effective?

Table 2: Governing for Quality, A Complete List of Research Questions

Culture of Continuous Improvement	
Best practices in establishing/sustaining quality improvement culture	<ul style="list-style-type: none"> • What features of the work environment can be strengthened to give a greater emphasis to quality? • What is currently known about efforts to build a culture of quality of care in policy, technocratic, clinical or administrative settings? • What role do performance measuring teams play in developing a culture of quality and how can they best be supported and sustained? • What can leaders and policy elites do to advocate for quality of care? • What material inputs and stakeholders are needed to establish a strong culture around quality at policy and implementation levels?
Role of training to develop and ingrain in culture	<ul style="list-style-type: none"> • What are the features of a patient-centered quality of care curriculum? • How can quality of care considerations fit into crowded curricula? • How can a community of practice for quality be generated among providers? • What are the pre-service and in-service training roles and mechanisms used to emphasize quality service delivery for new professionals? • How can technology be gathered for on-site training and continuous learning?
Empowering users to promote quality culture	<ul style="list-style-type: none"> • Where do families, patients, and patient advocates fit in to promote quality health service delivery? What successful country examples are there and what were mechanisms and strategies used?
How to measure quality improvement	<ul style="list-style-type: none"> • What is a quality improvement culture? What are the indicators that demonstrate this is established and ongoing?
Promoting Knowledge Sharing	
Learning from other sectors	<ul style="list-style-type: none"> • What are strategies that have worked to institutionalize quality in each service area and should be replicated and diffused? • What strategies have worked to rapidly diffuse best practices? • How can the health sector engage in effective processes of policy learning and diffusion from other social sectors?
Ways to fill gaps	<ul style="list-style-type: none"> • How has technology been used to address the perceived and/or real knowledge gap regarding quality health service delivery for government officials, providers, and citizens? • What can be learned from other sectors to widely disseminate information?
How to improve the uptake of new guidelines	<ul style="list-style-type: none"> • In a country that has just adopted or updated a clinical practice guideline nationwide, what is the rate of compliance by public and private providers and what factors affect rapid or slow adoption of the new clinical practice or guideline? • What are successful examples of improving compliance with quality standards, including use of financial or non-financial incentives? • How can shared concern for quality be generated and compliance enabled?
How to involve civil society/public?	<ul style="list-style-type: none"> • How can a culture of quality literacy be fostered among patients and providers? • How is the patient-provider dynamic influenced by quality of care improvements?
Relationship between quality and health outcomes	<ul style="list-style-type: none"> • What is the relationship between quality and health outcomes?

Table 2: Governing for Quality, A Complete List of Research Questions

Linking finance to quality	
Health financing mechanisms to improve quality	<ul style="list-style-type: none"> • What institutions use financing to pay for health services? What are the strategies and mechanisms they employ to improve or ensure quality? • What is the role of performance-based payment mechanisms in improving quality? • What are examples of incentive mix, including monetary vs. nonmonetary incentives that have been used to strengthen the provision of quality care, and is there evidence of sustained quality over time? • Is there evidence that group incentives work better than individual incentives in promoting quality health care? What incentive mix has been tried in different country contexts? • What non-financial incentives have been used successfully to strengthen the quality of care?
Using costing data to inform quality indicators	<ul style="list-style-type: none"> • How can costing data inform a country's quality indicators?
Sequencing with universal health care efforts	<ul style="list-style-type: none"> • What are best practices in embedding quality assurance and improvement within universal health care efforts?
Do quality investments improve health service cost efficiencies?	<ul style="list-style-type: none"> • What is the return on investment by government institutions in quality health care, e.g., training, improving monitoring and evaluation? Is there evidence of a net positive balance financially? • Is there evidence that some quality improvements can be achieved with minimal investment of resources? • What cost-effective practices exist for institutionalizing quality improvement in resource-constrained environments? • Does linking finance to quality have unintended negative consequences for quality of care? • What are the tradeoffs between quality and efficiency in health care? • What are the cost implications of various quality interventions, and how do institutions prioritize and set thresholds?
Contextual effectiveness	<ul style="list-style-type: none"> • Are there examples of countries linking financing to quality where there are no health insurance mechanisms or results-based financing, i.e., where financing from government is still based on population served? • How do single-payer and third-party-payer systems compare in effectiveness for governing quality? • To what extent is quality of care enhancement tied to risk pooling strategies in countries?
What aspect of strengthened governance has the greatest impact on quality of health care?	<ul style="list-style-type: none"> • What are the most impactful, low-cost and/or non-financial incentive structures for improving quality? • What are the priority low-cost investments to improve quality in LMICs?
LMIC questions	<ul style="list-style-type: none"> • Is there a direct relationship between health expenditure and health outcomes in LMICs?



BOLD THINKERS DRIVING
REAL-WORLD IMPACT