



Governing to Improve Quality Workshop

Day 2: Thursday, August 10

**JW Marriott Hotel Jakarta
Jakarta, Indonesia
9-11 August 2017**



**SESSION 5:
RECAP AND REVIEW OF AGENDA FOR THE
DAY**



Review of Day 2 Agenda: August 10th

Time	Activities
8:30 -9:00	Session 5: Recap and Review of Agenda for the Day
9:00-10:00	Session 6: Spotlight on Country Experiences: Learning from Peers
10:00-10:30	Session 7.1: Mapping out Actors, and Identifying Challenges and Opportunities
10:30-10:00	Coffee/Tea Break
11:00-12:15	Session 7.2: Mapping out Actors, and Identifying Challenges and Opportunities
12:15-13:30	Lunch
13:30-14:30	Session 7.3: Mapping out Actors, and Identifying Challenges and Opportunities
14:30-15:15	Session 8: Outlining activities and timelines to co-produce the practical guide
15:15-15:30	Coffee/Tea Break
15:30-17:00	Session 9: Exploring unanswered questions in governing quality of care
17:00-17:15	Summary and Preview of Day 3
19:00	Reception for Participants



**SESSION 6:
SPOTLIGHT ON COUNTRY EXPERIENCES:
LEARNING FROM PEERS IN DEFINING ROLES
AND RESPONSIBILITIES OF HEALTH
FINANCING ACTORS IN GOVERNING QUALITY**





Objective:

- ▶▶ Discuss how countries have defined the roles and responsibilities of health financing actors in governing the quality of care



Learning from Peers

COUNTRY DISCUSSANTS:

- ▶▶ **Ghana:** Vivian Addo-Cobbiah, Deputy Director, Quality Assurance, National Health Insurance Agency
- ▶▶ **Mexico:** Mirna Hebrero, General Directorate of Performance Evaluation, MOH
- ▶▶ **Philippines:** Rizza Majella L. Herrera, OIC-Senior Manager, Standards and Monitoring Department, Philippine Health Insurance Corporation



**SESSION 7: 3-PART ACTIVITY BASED ON
THEMES TO MAP OUT ACTORS; IDENTIFY
CHALLENGES AND OPPORTUNITIES IN
ENGAGING HEALTH FINANCING ACTORS**





Objectives:

- ▶▶ Identify actors responsible for developing, implementing, monitoring and evaluating the strategies led by health financing actors to govern quality care.
- ▶▶ Identify priority unanswered questions, current country challenges, what the knowledge gaps are, and brainstorm on how to address knowledge gaps to meet the challenges.



Discussion questions

- ▶▶ How were these roles and responsibilities established?
- ▶▶ How have they evolved over time?
- ▶▶ To what extent are they enforced?
- ▶▶ Is the collaboration between health financing institutions and other actors involved effective?
 - ❖ Why or why not?
 - ❖ How can it be improved?
- ▶▶ How are these roles, responsibilities, and relationships intended to change in the future?



**SESSION 7: (PART TWO)
MAPPING OUT ACTORS, AND IDENTIFYING
CHALLENGES AND OPPORTUNITIES IN
ENGAGING HEALTH FINANCING ACTORS**





**SESSION 7: (PART THREE)
MAPPING OUT ACTORS, AND IDENTIFYING
CHALLENGES AND OPPORTUNITIES IN
ENGAGING HEALTH FINANCING ACTORS**





**SESSION 8:
OUTLINING ACTIVITIES AND TIMELINES TO
CO-PRODUCE THE PRACTICAL GUIDE**





Objective:

- ▶▶ Provide opportunity for country participants to select one area of the practical guide that they would like to discuss in greater detail and co-develop



Approach

- ▶▶ Presentation of the Practical Guide Outline and proposed timeline for development. 5 min.
- ▶▶ With flip charts containing 6 key strategies scattered around the conference room, ask participants to identify the strategy that they are most interested in to contribute.
- ▶▶ Brainstorm content of the practical guide: question to participants: *what practical information do they think the strategy should contain? Do they have country examples/ case studies that they are willing to contribute?* (10 min)
- ▶▶ Gallery walk. (15 min)
- ▶▶ Closing the session. Build agreements in co-development. (10 min)



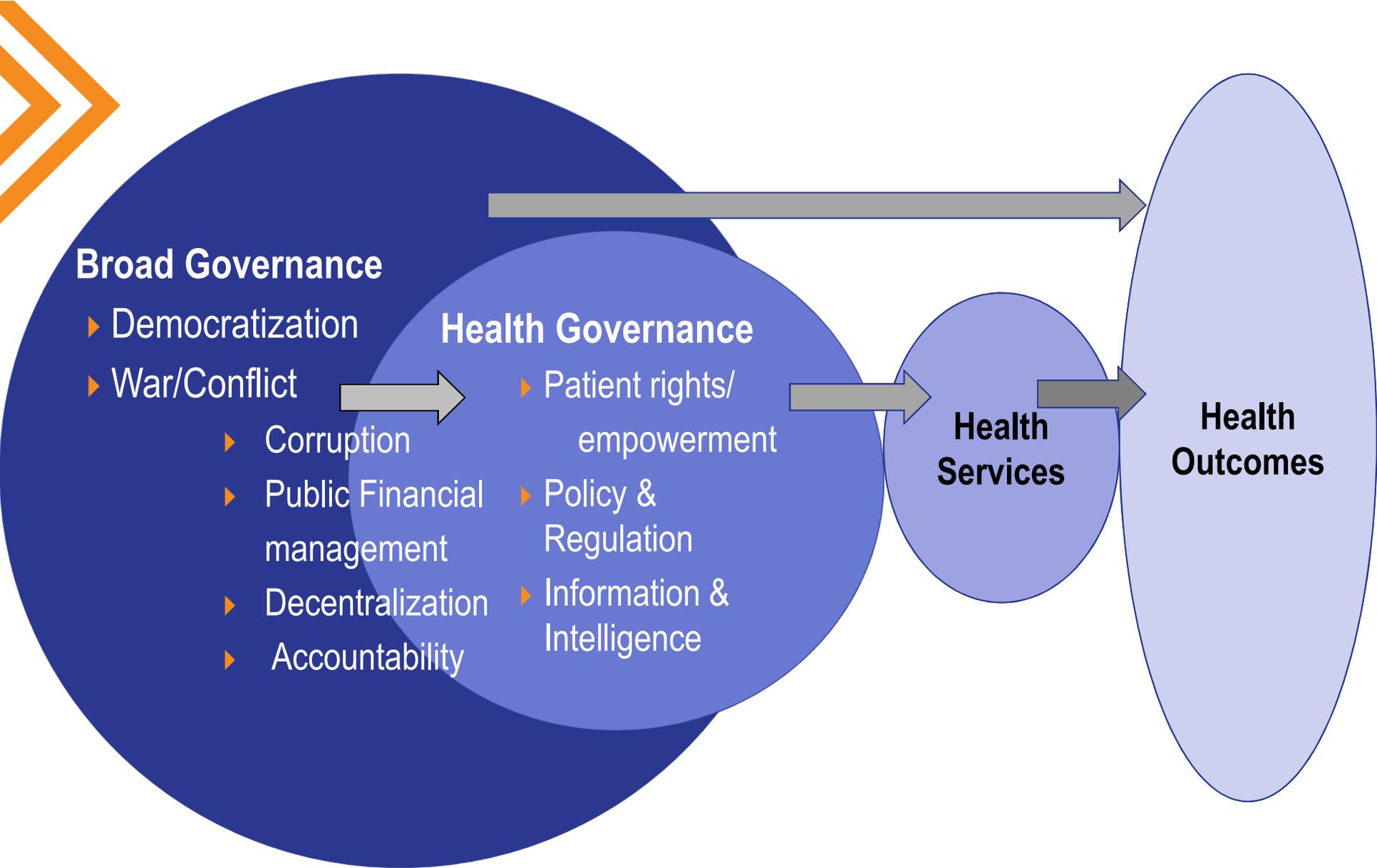
**SESSION 9:
EXPLORING UNANSWERED QUESTIONS IN
GOVERNING QUALITY OF CARE**





Objectives:

- ▶▶ **Develop a list of questions** for research and greater study to strengthen governance for quality improvement
- ▶▶ **To prioritize these questions** for a global research agenda (adding to existing research agendas on governance and health outcomes – how to ensure quality is addressed specifically?)



Multiple channels through which governance may affect health – both direct and indirect



Governing for quality: 8 “Stones”

1. Governing quality with strategies, policies, and other mechanisms
2. Data for quality improvement
3. Developing a quality improvement culture
4. Using regulatory techniques to improve quality of care
5. Linking finance to quality
6. Addressing the knowledge gap of quality care at various levels
7. Institutionalizing non-state involvement in pursuit of person-centered quality care
8. Garnering political will to pursue quality

Characteristics that can impact effectiveness of governance on health

Characteristics	Definitions and Linkages
Multi-stakeholder engagement (degree and quality of)	The degree to which non-governmental stakeholders can and do voice their concerns and priorities for the health system to those in power; and the degree to which decision-makers in government use formal multi-sectoral engagement mechanisms as part of conducting governance functions.
Use of data	The degree to which data at local and national levels and at the facility level are used to inform decision making, and adjustments/reform that allow for improvements in the quality of care delivered.
Transparency	The degree to which information on allocation and use of resources and results, the quality, cost, and availability of care is available for review by the public and concerned stakeholders.
Accountability mechanisms (existence and functionality of)	Accountability is the result of a process which ensures that health actors take responsibility of what they are obliged to do and are made answerable for their actions. (WHO 2016) Accountability mechanisms are formal means by which this process takes place.
Institutional and stakeholder capacity	This refers to the human and other resources, knowledge, skills, structures, and authority to perform a governance function.
Stability (frequency of changes)	The frequency of changes in political leadership, policies, regulations, institutions and structures (level of stability) can directly impact ability of a government and other stakeholders to manage, finance and oversee the quality of health care. (adapted from HS 20/20, 2012)
Control of corruption and rule of law	Control of corruption measures the extent to which public power is exercised for private gain, including petty and grand forms of corruption, as well as “capture” of the state by elites and private interests. (HS 20/20 2012) Corruption and rule of law can have a direct effect on life expectancy, child mortality, maternal mortality, and self-reported health status (Hatt Johns 2015).

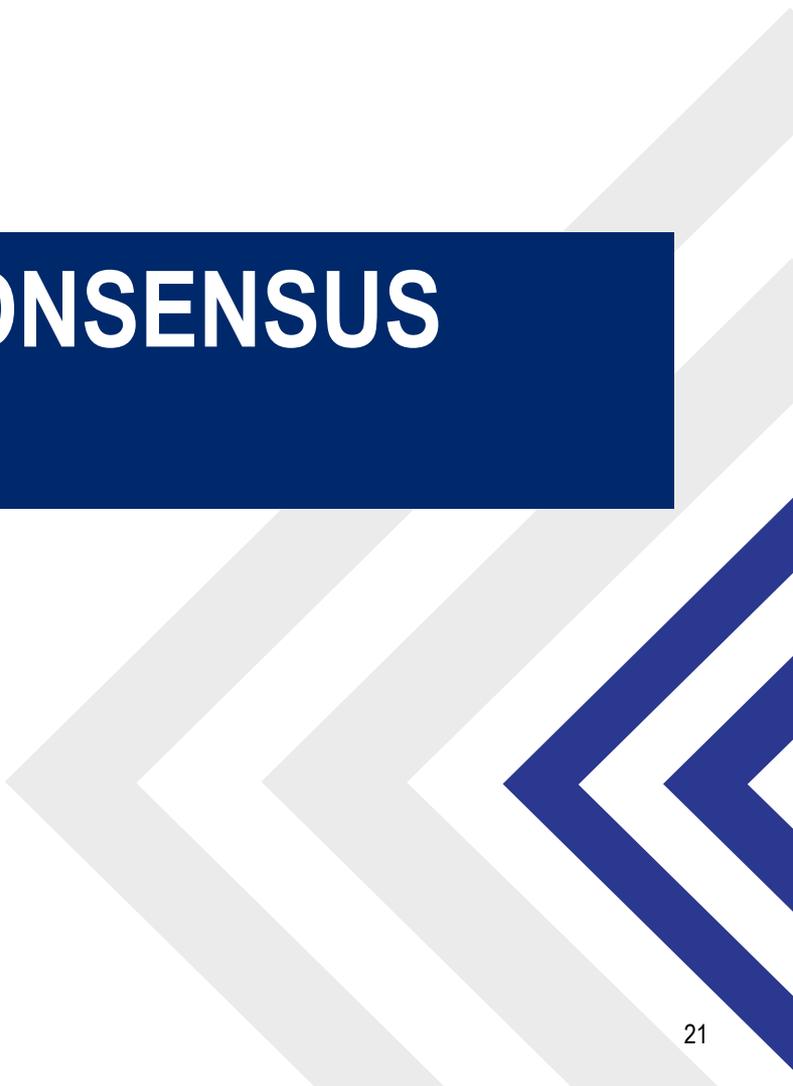


What do we need to know to strengthen governance for improved quality?

- ▶▶ What are your priority questions for policy & system improvement and/or ?
- ▶▶ What are your priority questions & information that may support advocacy?
- ▶▶ Any specific countries or types of system that you want to learn about?



INGREDIENTS FOR CONSENSUS STATEMENT



Agenda for Day 3, August 11th

Time	Activities
9:00 -9:30	Session 10: Recap, Review of Agenda for the Day and Icebreaker
9:30-10:00	Session 11: Prioritizing Research Questions
10:00-10:30	Session 12: A Consensus Statement: Framing the Issues on Governing Quality
10:30-10:45	Coffee/Tea Break
10:45-11:45	Session 13.1: Developing the consensus statement (Small Group Discussion)
11:45-13:00	Lunch
13:00-14:00	Session 13.2: Developing the consensus statement (World Café)
14:00-14:45	Session 14: Consensus Statement: Wrap-up and Next Steps
14:45-15:30	Session 15: Next steps, closing remarks and evaluation