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STRATEGY AND PLAN OF ACTION TO IMPROVE QUALITY OF CARE IN HEALTH SERVICE DELIVERY 2020–2025: MIDTERM REVIEW

Background

1. The purpose of this document is to report to the Governing Bodies of the Pan American Health Organization (PAHO) on progress made toward implementation of the Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020–2025 (Document CD57/12 and Resolution CD57.R13) (1,2), approved by the 57th Directing Council in October 2019. In the strategy and plan of action, quality is described as an attribute inherent to universal health, and a new paradigm is introduced from the perspective of health systems and intersectorality (1). The COVID-19 pandemic forced health systems and services to reorganize and rapidly scale up their response capacity, which adversely affected the well-being of health personnel and the provision of comprehensive quality services, disrupted the continuity of essential services, and placed a massive strain on the response capacity of all health systems and services in the Region of the Americas (3).

2. This strategy and plan of action is directly related to documents and resolutions approved by PAHO after 2019: the Strategy for Building Resilient Health Systems and Post COVID-19 Pandemic Recovery to Sustain and Protect Public Health Gains (Document CD59/11 and Resolution CD59.R12) (4, 5), and the Policy on Integrated Care for Improved Health Outcomes (Document CSP30/10 and Resolution CSP30.R4) (6, 7), among others. It is also linked to a decision and resolution adopted by the World Health Organization (WHO): the Global Patient Safety Action Plan (decision WHA74[13]) (8) and the Global Strategy on Infection Prevention and Control (resolution WHA75.13) (9).

Analysis of Progress Achieved

3. A variety of sources were considered when preparing this midterm review. These included an evaluation survey sent to Member States between November 2022 and January 2023 on the objectives of the Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020–2025 (Document CD57/12) (1) and the Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care (10).

The information system used to monitor the outcome indicators of the PAHO Strategic Plan 2020–2025 (11) was also considered, and information provided by related PAHO and WHO programs was taken into account. It bears stressing that, although progress has been made in Member States, many challenges remain. The lessons learned and priorities redefined in the 2020–2022 period, largely due to the impact of the COVID-19 pandemic, are also worth noting, as is the renewed call to action to improve patient safety as a public health priority.

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

4. In the 2020–2022 period, the pandemic affected the progress of the countries of the Region toward the proposed objectives. In many Member States, processes aimed at improving care quality were disrupted, or very little progress was made. Efforts to reorganize health services and expand their capacity to respond to the emergency disrupted the continuity of some essential services, including primary care and mental health (12). Slow progress has been made on interventions aimed at monitoring and evaluating the quality of care, which is a priority if permanent improvement processes are to be established. Nevertheless, progress has been made in infection prevention and control programs and in the rational use of medicines and other health technologies, although significant challenges remain in these and other areas, such as access to safe water and sanitation in health facilities.

Objective 1.1: Strengthen the quality of care for people, families, and communities	
Indicator, baseline, and target	Status
<p>1.1.1 Number of countries and territories that have reduced by at least 20% mortality amenable to health care (MAHR)</p> <p>Baseline (2020): 5 Target (2025): 25</p>	<p>There is no evidence that a reduction of at least 20% in MAHR has been achieved in any of the countries and territories in the period 2020–2022.</p>
<p>1.1.2 Number of countries and territories that have strategies that promote the rational use of medicines and other health technologies.</p> <p>Baseline (2020): 1 Target (2025): 21</p>	<p>Five countries and territories have formal nationwide strategies in place for the rational use of medicines and other health technologies; six others have made progress in establishing a regulatory framework and systems for health technology assessment.</p>

Objective 1.1: Strengthen the quality of care for people, families, and communities	
Indicator, baseline, and target	Status
<p>1.1.3 Number of countries and territories with programs for infection prevention and control that have reduced the burden of health care–associated infections</p> <p>Baseline (2020): 9 Target (2025): 18</p>	<p>Eighteen countries and territories have reported programs in place for health care–associated infection prevention and control, with monitoring systems.</p> <p>Among these, two countries have reported a decreased burden of health care–associated infections.</p>
<p>1.1.4 Number of countries and territories that have national programs for the development, implementation, and evaluation of the impact of evidence–informed clinical practice guidelines</p> <p>Baseline (2020): 7 Target (2025): 25</p>	<p>Twelve countries and territories have made progress in implementing national clinical practice guideline programs.</p> <p>Some have made recommendations on developing or adapting guidelines, while others have developed and adapted guidelines for use at the country level. However, there is no evidence that the impact of these interventions has been assessed.</p>
Objective 1.2: Improve the quality of comprehensive health services by strengthening primary care	
Indicator, baseline, and target	Status
<p>1.2.1 Number of countries and territories that show a reduction of at least 10% in hospitalizations for conditions amenable to ambulatory care</p> <p>Baseline (2020): 5 Target (2025): 25</p>	<p>There is no evidence that a reduction of at least 10% has been achieved in any of the countries and territories in the period 2020–2022; however, four have shown a downward trend in this indicator.</p>
<p>1.2.2 Number of countries and territories that have strengthened resolution capacity at the first level of care</p> <p>Baseline (2020): 5 Target (2025): 25</p>	<p>Most of the countries and territories of the Region are taking action to strengthen the first level of care, and 10 have reported implementation of action plans to strengthen the resolution capacity of primary care within the framework of integrated health services delivery networks.</p>
<p>1.2.3 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</p> <p>Baseline (2020): 14 Target (2025): 28</p>	<p>Fifteen countries and territories have plans for the delivery of mental health services ranging from the first level up to specialized levels. Five countries have reported that they are in the process of developing such plans.</p>

Objective 1.2: Improve the quality of comprehensive health services by strengthening primary care	
Indicator, baseline, and target	Status
1.2.4 Number of countries and territories that have at least 80% of health care facilities with safe water and sanitation Baseline (2020): 27 Target (2025): 35	For the period 2020–2022, data are only available for 14 countries and territories; of these, only five report having basic water services and only three report having basic sanitation services in at least 80% of their facilities (13).
Objective 1.3: Increase interventions to monitor and evaluate quality of care	
Indicator, baseline, and target	Status
1.3.1 Number of countries and territories that have reduced the burden of adverse events during care Baseline (2020): 5 Target (2025): 12	Fifteen countries and territories are making progress toward establishing national adverse event reporting systems, but no information is available on whether the burden of adverse events has been reduced.
1.3.2 Number of countries and territories with national information on people’s level of satisfaction with health services Baseline (2020): 14 Target (2025): 28	Sixteen countries and territories have national information on people’s level of satisfaction with health services, at different levels of nationwide integration.

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

5. During the years 2020–2022, the stewardship and governance role of health systems was key in responding to the pandemic, coordinating intersectoral action, and building societal resilience. Many Member States implemented measures aimed at improving accessibility and equity in access to health services for their entire populations, e.g., by integrating the views of ethnic minorities and ancestral cultures in the implementation of immunization programs. However, significant barriers to access persist, especially for vulnerable populations; therefore, equity is a core value that must be developed to achieve a culture of quality. Within the framework of this strategy, a large number of countries have promoted the design and implementation of national policies and strategies or action plans aimed at improving the quality of comprehensive health services delivery. In addition, in several countries, the renewed framework for the essential public health functions in the Region has provided an opportunity to strengthen health systems stewardship and governance capacities by addressing quality from a systemic, intersectoral perspective (14).

Objective 2.1: Develop capacities for the implementation of policies and strategies for quality of care in the delivery of comprehensive health services	
Indicator, baseline, and target	Status
<p>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</p> <p>Baseline (2020): 12 Target (2025): 24</p>	<p>Fifteen countries and territories have strategies or plans to improve care quality—either as standalone documents or as part of national health plans—or have agencies that provide general guidance in this respect to provinces or states. Seven other countries have plans that need to be updated; are in the process of developing their national plans; or mention quality, but have not set targets, strategies, or indicators.</p>
<p>2.1.2 Number of countries and territories that have implemented an operations plan to improve quality of care in the delivery of comprehensive health services</p> <p>Baseline (2020): 12 Target (2025): 24</p>	<p>Seven countries and territories have reported compliance with this indicator, and one has reported making advanced progress toward it.</p>
Objective 2.2: Strengthen regulatory capacity to improve the quality of comprehensive health services	
Indicator, baseline, and target	Status
<p>2.2.1 Number of countries and territories that have mechanisms to evaluate quality through inspection, auditing, and feedback</p> <p>Baseline (2020): 9 Target (2025): 23</p>	<p>Seventeen countries and territories have mechanisms to evaluate quality through inspection, auditing, feedback, and related methods.</p>
<p>2.2.2 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</p> <p>Baseline (2020): 9 Target (2025): 18</p>	<p>Twelve countries and territories have made progress in this indicator. The eight most advanced in the Region are part of the list of transitional WLAs (WHO-listed authorities). In addition, these countries are using the WHO Global Benchmarking Tool to assess their regulatory systems themselves.</p>
<p>2.2.3 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</p> <p>Baseline (2020): 6 Target (2025): 25</p>	<p>Seventeen countries have created a national intersectoral group to promote the appropriate use of antimicrobial drugs and prevent the spread of infections (15).</p>

Objective 2.1: Develop capacities for the implementation of policies and strategies for quality of care in the delivery of comprehensive health services	
Indicator, baseline, and target	Status
<p>2.2.4 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</p> <p>Baseline (2020): 8 Target (2025): 19</p>	<p>Ten countries and territories report having an accreditation system that includes social accountability standards, teacher training, interprofessional education, and graduates' competencies (16).</p>
Objective 2.2: Strengthen regulatory capacity to improve the quality of comprehensive health services	
Indicator, baseline, and target	Status
<p>2.2.5 Number of countries and territories that have mechanisms for accountability and social monitoring of quality of care in the delivery of comprehensive health services</p> <p>Baseline (2020): 12 Target (2025): 23</p>	<p>Sixteen countries and territories have mechanisms for accountability or social monitoring that cover quality of care.</p>

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

6. The 2020–2022 period was marked by the COVID-19 pandemic, which required a significant amount of additional financial resources to be allocated to the emergency response. These efforts included reallocating resources within government sectors and health systems, which disrupted the continuity of some essential health services. Notably, partnerships with international organizations were established during this period to ensure the availability of vaccines, medical supplies, and additional funding to respond to the crisis.

Objective 3.1: Implement actions aimed at providing timely availability of the resources needed for quality	
Indicator, baseline, and target	Status
<p>3.1.1 Number of countries and territories that have increased public expenditure on health to at least 6% of GDP</p> <p>Baseline (2020): 5 Target (2025): 15</p>	<p>No post-2020 data are available. As of 2020, nine countries and territories recorded public expenditure on health exceeding 6% of GDP and a further four were close to reaching that target, with expenditures between 5% and 6% of GDP.</p>

Objective 3.1: Implement actions aimed at providing timely availability of the resources needed for quality	
Indicator, baseline, and target	Status
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 Baseline (2020): 4 Target (2025): 18	No post-2020 data are available. As of 2020, five countries and territories met the indicator (17).
Objective 3.2: Implement actions to promote improvement of quality, equity, and efficiency in health services	
Indicator, baseline, and target	Status
3.2.1 Number of countries whose share of out-of-pocket health expenditure does not exceed 20% of total health expenditure Baseline (2020): 6 Target (2025): 18	No post-2020 data are available. As of 2020, six countries and territories met the indicator (17).
3.2.2 Number of countries with a policy on incentives linked to achievements in the improvement of quality and equity in health services Baseline (2020): 3 Target (2025): 12	Seven countries and territories reported some progress in implementing economic incentives policies linked to achievements in improving quality and equity; seven countries grant awards linked to achievements in care quality.
3.2.3 Number of countries that have implemented systems for improved resource allocation and payment mechanisms for universal health Baseline (2020): 7 Target (2025): 20	Eleven countries and territories report having made progress toward implementing systems for improved resource allocation and payment mechanisms for universal health.

Lessons Learned

7. During implementation of this strategy and plan of action amid the COVID-19 pandemic, some of its aspects as well as pre-existing challenges were brought strongly to the fore, such as the key role of human resources for health and the priority nature of making progress in patient safety and health equity. In addition, the pandemic brought new challenges as well as new opportunities, such as scaling up telemedicine and digitalization of the health sector and establishing new models of care. A clear lesson learned from this period is the need to improve access to comprehensive care, organized into integrated health services delivery networks, and to strengthen the resolution capacity of the first level of care, promote community participation, and take cultural diversity into account. Also evident is the need to implement operational plans in the health services aimed at

improving the quality of care and which provide for measurable indicators, as well as mechanisms for evaluation and auditing, accountability, and social participation.

Action Needed to Improve the Situation

8. The following measures are needed to strengthen Member States' efforts to improve the quality of comprehensive health service delivery:

- a) Strengthen care quality and patient safety by designing and implementing comprehensive care models within health services. The Pan American Sanitary Bureau (PASB) can assist Member States in integrating care quality and patient safety as a core component of health systems strengthening policies, as well as in moving from theory to practice in order to achieve quality comprehensive care that encompasses health priorities (prevention and treatment of chronic noncommunicable diseases, elimination of communicable diseases, and mental health and rehabilitation, among others).
- b) Continue strengthening the development and implementation of national policies, strategies, and plans for care quality within the renewed framework for the essential public health functions. PASB can provide support in the form of technical assistance, by promoting the exchange of best practices, and advising on the implementation of operational plans to improve the quality of care in comprehensive health services delivery and the integration of these plans into health system strengthening policies.
- c) Strengthen monitoring and evaluation of care quality. Member States must make progress toward the implementation of mechanisms to assess quality (including patient safety) through inspection, auditing, and feedback. Monitoring of some indicators, such as MAHR, rates of hospitalization for conditions amenable to ambulatory care, and user satisfaction, also needs to be strengthened.
- d) Implement operational plans at the health services level that are aimed at improving care quality and patient safety, and which include measurable process and outcome indicators. PASB can support Member States by identifying and sharing best practices, such as multimodal strategies, as well as by facilitating training and development of collaborative networks.
- e) During the post COVID-19 pandemic recovery phase, emphasis must be placed on the urgency of redoubling efforts to improve care quality and patient safety. PASB can promote a regional dialogue that enables Member States to accelerate action and foster collaboration, knowledge sharing, and learning to address common challenges.

Action by the Directing Council

9. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

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