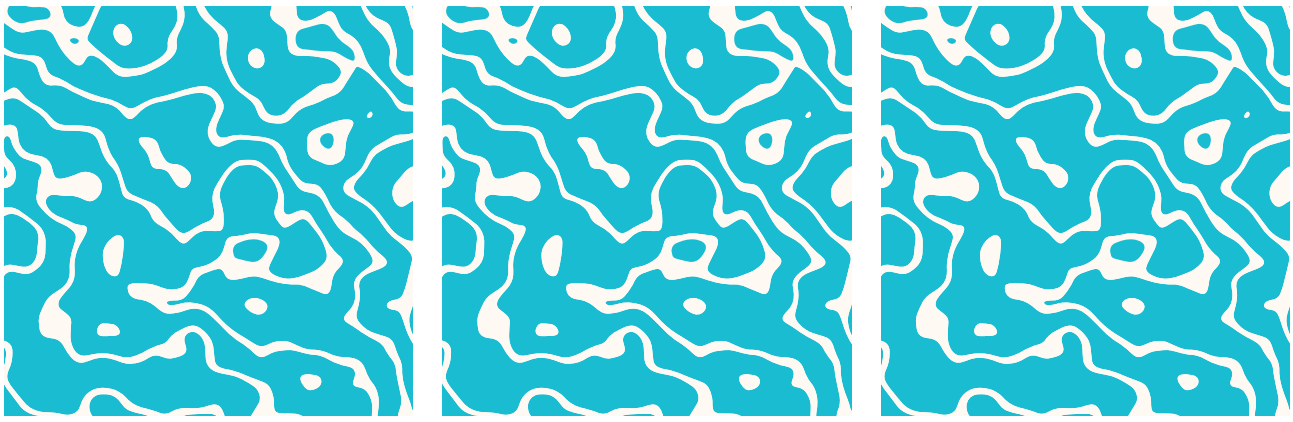
Achieving quality health services for all, through better water, sanitation and hygiene

Lessons from three African countries

Ethiopia
Ghana
Rwanda



World Health Organization

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ISBN 978-92-4-000949-3 (electronic version)
ISBN 978-92-4-000950-9 (print version)

Suggested citation. Achieving quality health services for all, through better water, sanitation and hygiene. Lessons from three African countries. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Design by L'IV Com

Printed in Switzerland

Contents

Abbreviations

CHMC	Community Health Management Committee
EHAQ	Ethiopian Hospitals Alliance for Quality
FMOH	Federal Ministry of Health
GHS	Ghana Health Services
HGS	Home-grown solutions
HSTP	Health Sector Transformation Plan
HSTQ	Health Sector Transformation in Quality
IPAR	Institute of Policy Analysis and Research
IPC	infection prevention and control
LMICs	low- and middle-income countries
MNCH	maternal, newborn and child health
NHQS	National Healthcare Quality Strategy
UHC	universal health coverage
WASH	water, sanitation and hygiene

Introduction

Achieving *Health for All*, and in particular universal health coverage (UHC), will not happen without fully functioning basic water, sanitation and hygiene (WASH) services in all health care facilities. Such services are needed to provide quality care, ensure adherence to infection prevention and control (IPC) norms and standards and guarantee that facilities are able to provide environments that respect the dignity and human rights of all care seekers, especially mothers, newborns and children. Ensuring basic WASH services also reduces overall health care costs, health service inequities and improves health system resilience, especially when improvements are environmentally-friendly and climate-resilient. The UN Sustainable Development Goals place quality as a central consideration for achieving universal health coverage. SDG target 3.8 calls on countries to achieve UHC, including financial risk protection alongside access to quality essential health care services ***(1)***.

WHO, in collaboration with the respective Ministries of Health, undertook series of national situational analyses in three countries (Ghana, Ethiopia and Rwanda) to understand current barriers to change, accountability structures and measures to strengthen WASH in health care facilities and more broadly, the quality of health service delivery. All three countries have ongoing activities on national strategic direction on quality, WASH in health care facilities and IPC. This brief summarizes some of the unique and common methods used across the three countries which resulted in improvements in the quality of care through improved WASH services.

The global need for quality health services

- Data published in 2019 by WHO/UNICEF show that globally, one in four health care facilities lacks basic water services and one in five has no sanitation services, impacting 2 and 1.5 billion people respectively. Furthermore, two out of five facilities do not have hand hygiene facilities at the point of care or safe health care waste management systems *(2)*.

- Between 5.7 and 8.4 million deaths are attributed to poor quality care each year in low- and middle-income countries (LMICs), which accounts for up to 15% of overall deaths in these countries *(3)*.

- 60% of deaths in LMICs from conditions amenable to health care are due to poor quality care; the remaining deaths result from non-utilization of the health system *(4)*.

- High quality health systems could prevent 2.5 million deaths from cardiovascular disease, 900 000 deaths from tuberculosis, 1 million newborn deaths and half of all maternal deaths each year *(3)*.

Table 1. Country data

	Ethiopia	Ghana	Rwanda
Population	108 million	29 million	12 million
Access to basic			
• water	30%	71%	60%
• sanitation	59%	83%[a]	No data
• health care waste management[b]	64%	51%	No data
Maternal mortality[c] (per 100 000 births)	401	308	248
Quality strategies	Has a decentralized health system. There are several policies and strategies on quality such as the Health Sector Transformation in Quality (HSTQ) and the Ethiopian National Healthcare Quality Strategy.	Has a history of quality improvement initiatives, spanning from small steps independently taken by staff at the facility level, to strategy plans to improve quality of care at the national level. The strategy is laid out in the Ghana National Healthcare Quality Strategy (2017–2021).	Highly decentralized and with a strong emphasis on quality as part of the national health sector strategic planning. At the time of this brief, the quality strategy remains a draft.

[a] Refers to insufficient data for basic estimate.
[b] WHO Global Health Observatory – Global statistics. Retrieved at https://www.who.int/gho/countries/en/#G
[c] WHO UNICEF (2019) WASH in health care facilities: Global baseline report 2019. Retrieved at https://www.who.int/water_sanitation_health/publications/wash-in-health-care-facilities-global-report/en/

Country highlights

The Health Sector Transformation in Quality (HSTQ) in Ethiopia

The Ethiopian Federal Ministry of Health (FMOH) developed the HSTQ "to facilitate and sustain the implementation of the Health Sector Transformation Plan (HSTP), and the transformation agenda of quality and equitable health care in health facilities and community as a whole". Equity and quality, which is one of the four pillars of the transformation agenda, is the core goal of the health sector transformation plan. The Ethiopian National Healthcare Quality Strategy (NHQS), which was launched in March 2016, builds on the HSTP to further align key stakeholders across prioritized interventions that will drive large-scale improvement in quality of care delivery over five years. The ultimate aim is to improve the outcomes of clinical care, patient safety and patient-centredness, while increasing access and equity for all segments of the Ethiopian population. Informed by the NHQS, a quality structure was established at the federal level. Additionally, the Health Services Quality Directorate set the quality agenda across Quality Planning, Quality Control, and Quality Improvement to drive this quality agenda forward *(5)*. At the time of this brief, the HSTP is being updated, but will retain a strong emphasis on quality.

The Quality Directorate has implemented several initiatives to support this scale-up, including, for example, the Ethiopian Hospitals Alliance for Quality (EHAQ). EHAQ is a platform and learning collaborative where health facilities are clustered in small groups to exchange knowledge, best practice and resources with each other. This initiative empowers all health facilities to develop quality improvement initiatives. Each network consists of a lead hospital (selected based on performance in the last cycle of the EHAQ), a co-lead hospital and a group of member hospitals to which the lead and co-lead hospitals provide direct assistance in implementing health service quality improvement initiatives. Current focus is on patient satisfaction and maternal, newborn and child health (MNCH).

Community engagement in Ghana

Ghana has a history of quality improvement initiatives, spanning from small steps independently taken by staff at the facility level, to strategy plans to improve quality of care at the national level. Currently, quality improvement initiatives address quality elements such as patient safety, effectiveness, patient-centredness, timeliness of service provided, efficiency, accessibility, and equity, along the continuum of care.

Community members and community organizations play an important role in ensuring that health care facilities provide the level of care citizens deserve and expect. At the facilities visited, there is an active and engaged Community Health Management Committee (CHMC). The CHMC is invested in the outcomes of the facility, helping with, among other things, cleaning activities and improving waste management. At one of the facilities, the CHMC regularly organizes community meetings to improve community outreach. Unfortunately, CHMCs are not currently active in all facilities in Ghana. It is recommended that they be reinvigorated nationwide.

The Community Scorecard is a quality initiative that captures community voices. Developed in 2018, the Scorecard gives community members the opportunity to give feedback on any given health facility. The Ghana Health Services (GHS) are, in turn, creating indicators based on this feedback. For example, communities have highlighted their desire for improvements in respectful and compassionate care. The GHS has recognized this and is strategizing how best to build staff capacity in delivering patient-centered and compassionate care.

Ghana has a unique and vibrant national and local media with over 200 radio stations that could serve as a powerful tool for advocacy through community engagement. One local radio station ran a weekly show during which community members called in to suggest improvements and feedback regarding community services, including health care facilities. The show encouraged patients to demand better quality of care at their local facility resulting in certain improvements such as safer care through improved hand hygiene. Communities and patients come to generate energy for change within the health sector by demanding better services and making people become more aware of their rights.

“Home-grown solutions” and “*imihigo*” contracts in Rwanda

“Home-grown solutions” (HGS) are “trademark” solutions developed by Rwandan citizens which “provide unconventional responses to societal challenges unlikely to be addressed through conventional means” ***(6)***. HGS are considered to be “the bedrock” to the recent Rwandan “reconstruction and transformation journey”. *Imihigo*, one example of HGS, is a pre-colonial cultural practice in Rwanda where an individual sets targets or goals to be achieved within a specific period of time and must commit to overcoming any possible challenges that arise ***(7,8)***. In 2006, the Government adapted the idea of *imihigo* to create performance contracts for public officials: mayors devise action plans based on the national development agenda, in consultation with the local community, and then make public commitments to implement them. This has translated to action at the health facility level, through a national culture of regular performance evaluation with all employees having to score over 70% in their performance review to remain employed. At the district level (Rwanda has a decentralized government system), mayors have to report progress to central government with evaluations conducted by the Institute of Policy Analysis and Research (IPAR-Rwanda). *Imihigo* targets continue to encourage districts to improve their municipal supplies, including in their health care facilities.

Factors influencing improvements in quality of health service delivery through better WASH services

Common themes from all countries

High-level support and political commitment

- High level support is critical for the implementation of WASH and quality-related activities, through the Ministry of Health, President, or Prime Minister's Office. Well-known figures (such as sporting celebrities in Ethiopia) who act as champions or "ambassadors" at the local and national level can further elevate the issue *(9)*.

Local ownership and community engagement

- Local ownership at the district level (e.g. the district health office or council) and within the community can help sustain progress and ensure any interventions or quality improvement activities are tailored to the local setting. When a community is empowered and supported to make changes, their investment and engagement support and help to maintain the improvements.

Using national and local media to connect and engage with communities

- Media (television, radio and local newspapers) and community events can help to educate communities about relevant health risks, available local services, and share ways that communities can improve and advocate for their individual health.

Champions for WASH and Quality

- Creating champions within the health facility can help to ensure accountability, sustainability and good practice throughout. Placing champions for WASH and quality throughout the health system creates continuity and consistency for the advocacy of improved quality within health services. For example, when launching the Clean and Safe Health Facility initiative to improve the quality of care, Ethiopia used celebrities who were well recognized to support national campaigns.

Institutionalizing leadership to sustain change

- Changes in leadership (at the national, district or facility level) can disrupt progress in implementation of policies and programmes, including quality improvement activities. Finding champions to carry on the activities throughout leadership change is key to sustaining the momentum of ongoing work. At the facility level, institutionalizing leadership and leadership mechanisms can ensure change is not dependent on any one person.

Multiple mechanisms for encouraging behaviour change

- In addition to the above factors, the following mechanisms for supporting behavioural change among leadership, staff and communities were identified.

  - **Incentives and motivating staff:** Staff training and education and individual recognition for hard work encourage staff to make and sustain improvements.

  - **Mentorship:** this plays a vital role in advancing knowledge and engagement of quality improvement among staff, communities and facilities.

  - **Involvement in leadership decisions:** When leaders listen to and include the ideas from staff and communities in the decision-making processes, increased empowerment and involvement from staff and communities can occur.

- **Accountability:** Needs to occur between staff, leadership, patients and throughout the health system. Accountability is a key element for improving the governance and management of health care organizations and systems. An accountable relationship can be developed which concentrates on learning and improvement rather than control and sanctions *(10)*. Accountability comes in the form of trusting relationships, monitoring and data collection, adherence to policy, etc.

- **Trusted learning environment:** A core component of a trusting safety culture is that staff and patients feel comfortable speaking up about their concerns *(11)*. At all levels, when staff feel that their environment is safe, they feel comfortable to make their suggestions and explore the right answers together.

Monitoring WASH services to drive quality improvements

Monitoring mechanisms which ensure regular collection, reporting and analysis of data on WASH are needed. Data should inform national level policy decisions. Senior management within facilities should also use data to help develop facility level improvement plans and activities.

- Align health care facility WASH and quality activities with national level policy and strategy.

Creating budget lines for WASH services

National policies and strategies on WASH should be costed to ensure that sufficient budgets are set aside to support implementation of national targets.

- These budget lines on WASH services should be linked to foundational requirements for quality health services outlined in the national strategic direction on quality.

Involving staff in the development of facility mission statements and values

- This can empower staff, create a sense of ownership, trust and collaboration throughout a health facility.

Cross-sector coordination and communication

Coordination between sectors to improve WASH in health care facilities is critical to ensure alignment and efficiency. Since water and health are often in different departments and/or sectors, communication will foster the necessary actions.

Conclusion

Improved WASH services represent a critical foundation for augmenting and ensuring quality across health systems. A focus on WASH is a highly effective way of improving the quality of health service delivery. As a key component of safe and quality services, WASH improves not only health outcomes and the experience of care, but also staff morale and the efficiency of services. Improving WASH services can immediately address inequity, as such services are often lacking in the facilities serving the most vulnerable communities *(12)*.

As seen within this three-country analysis, behaviours and attitudes towards quality are changing – expectations are increasing. Although change is not easy, it is the responsibility of all, including leadership, communities, health facility staff, policy-makers, patients and others. It is through the awareness of all people that action can be catalysed and the issues championed, and that the health sector begins to "take WASH more seriously". Strong collaboration between WASH and health sectors, at all levels, will be imperative in the coming years to institutionalize efforts. Ethiopia, Ghana and Rwanda have invested time and resources in showing how this can be done. The global community can learn from these experiences; a lot, however, remains to be improved on and learnt from.

References

1. World Health Organization, Organisation for Economic Co-operation and Development, the World Bank. Delivering quality health services: a global imperative for universal health coverage. Geneva: World Health Organization; 2018. (http://apps.who.int/iris/bitstream/handle/10665/272465/9789241513906-eng.pdf?ua=1, accessed on 4 June 2020)
2. WHO/UNICEF, 2019. *WASH in health care facilities: Global baseline report 2019*. (https://www.who.int/water_sanitation_health/publications/wash-in-health-care-facilities-global-report/en/, accessed on 4 June 2020)
3. Crossing the global quality chasm: improving health care worldwide. Washington, D.C.: The National Academies of Sciences, Engineering, Medicine; 2018. (http://nationalacademies.org/hmd/Reports/2018/crossing-global-quality-chasm-improving-health-care-worldwide.aspx, accessed on 4 June 2020)
4. Kruk ME, Gage AD, Arsenault C, Jordan K, Leslie HH, Roder-DeWan S, et al. High-quality health systems in the sustainable development goals era: time for a revolution. Lancet Global Health. 2018 Nov; 6(11): e1196–252. (https://doi.org/10.1016/S2214-109X(18)30386-3 , accessed on 6 June 2020)
5. Health Service Quality Directorate. In: Ministry of Health Ethiopia [website]. Ethiopia; 2020 (http://www.moh.gov.et/ejcc/en/health-service-quality-directiorate, accessed on 4 June 2020)
6. Home Grown Solutions Department. In: Rwanda Governance Board [website]. Rwanda; 2020 (http://rgb.rw/department/home-grown-solutions-department, accessed on 4 June 2020)
7. Home Grown Initiatives. In Rwanda Governance Board [Website]. Rwanda; 2020. (http://rgb.rw/home-grown-solutions/rwandas-hgs-good-practices/imihigo, accessed on 4 June 2020)
8. Imihigo. In Rwanda Statistics Publications [website]. Rwanda; 2020. (http://www.statistics.gov.rw/publication/imihigo-20172018-evaluation-final-report, accessed on 4 June 2020)
9. Swensen S, Pugh M, McMullan C, Kabcenell A. *High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs*. Cambridge: Institute for Healthcare Improvement; 2013 (http://www.ihi.org/resources/Pages/IHIWhitePapers/HighImpactLeadership.aspx, accessed on 4 June 2020)
10. Denis JL. Accountability in healthcare organizations and systems. Health Policy. 2014 Sep; 10 (Spec issue): 8-11. PMID: 25305384; PMCID: PMC4255571. (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4255571/, accessed on 5 June 2020)
11. Frankel A, Haraden C, Federico F, Lenoci-Edwards J. *A Framework for Safe, Reliable, and Effective Care*. Cambridge: Institute for Healthcare Improvement and Safe & Reliable Healthcare; 2017. (http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Safe-Reliable-Effective-Care.aspx, accessed on 4 June 2020)
12. Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care. Geneva: World Health Organization; 2018. (Retrieved from: http://apps.who.int/iris/bitstream/handle/10665/272357/9789241565561-eng.pdf?ua=19, 4 June 2020)

Further reading

Ghebreyesus TA. How could health care be anything other than high quality? Lancet Global Health. 2018 Sept; 6(11): E1140-E114. (https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30394-2/fulltext, accessed on 4 June 2020)

WHO/UNICEF, 2019. *WASH in health care facilities: Practical steps for universal access to quality care*. (https://www.who.int/water_sanitation_health/publications/wash-in-health-care-facilities/en/, accessed on 4 June 2020)

WHO/UNICEF 2018. *Water and Sanitation for Health Facility Improvement Tool (WASH FIT)*. (http://www.who.int/water_sanitation_health/publications/water-and-sanitation-for-health-facility-improvement-tool/en/, accessed on 4 June 2020)

WHO 2017. Achieving quality universal health coverage through better water, sanitation and hygiene services in health care facilities: A focus on Ethiopia. (http://www.who.int/water_sanitation_health/publications/uhc-thru-wash-services-ethiopia/en/, accessed on 4 June 2020)

WHO/UNICEF, 2019. *WASH in health care facilities: Global baseline report 2019* (https://www.who.int/water_sanitation_health/publications/wash-in-health-care-facilities-global-report/en/, accessed on 4 June 2020)

Acknowledgements

This report was written by Ms Melissa Kleine Bingham (Quality Services and Resilience, WHO) and Ms Arabella Hayter (Water, Sanitation, Hygiene and Health, WHO).

The authors of this report wish to thank the representatives wish to thank the many individuals from each of the three countries who contributed to this work: representatives of the Ministries of Health who enabled the work to take place; the WHO Country Office WASH and quality focal points (Mr Waltaji Kutane, Ethiopia; Ms Akosua Takyiwa Oduro Kwakye and Emmanuel Ayire Adongo, Ghana; Mr Innocent Habimana, Rwanda) who co-led the field missions and discussions; and the staff and patients, also to the members of staff and patients at health care facilities, who kindly gave up their time to provide information for this report and enabled the authors to visit these facilities.

Finally, the authors would like to thank Dr Maggie Montgomery and Mr Bruce Gordon (WHO Water Sanitation Hygiene and Health) and Dr Shams Syed (WHO Quality Team, Department of Integrated Health Services) for their technical support and the Conrad N. Hilton Foundation for financial support for this work.

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