

CONFRONTING THE RIGHT TO  
**ETHICAL  
AND  
ACCOUNTABLE  
QUALITY**  
HEALTH CARE IN SOUTH AFRICA

A Consensus Report of the South African Lancet National Commission  
2019

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# QUALITY THROUGH A HEALTH SYSTEMS LENS

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Universal Health Coverage (UHC)

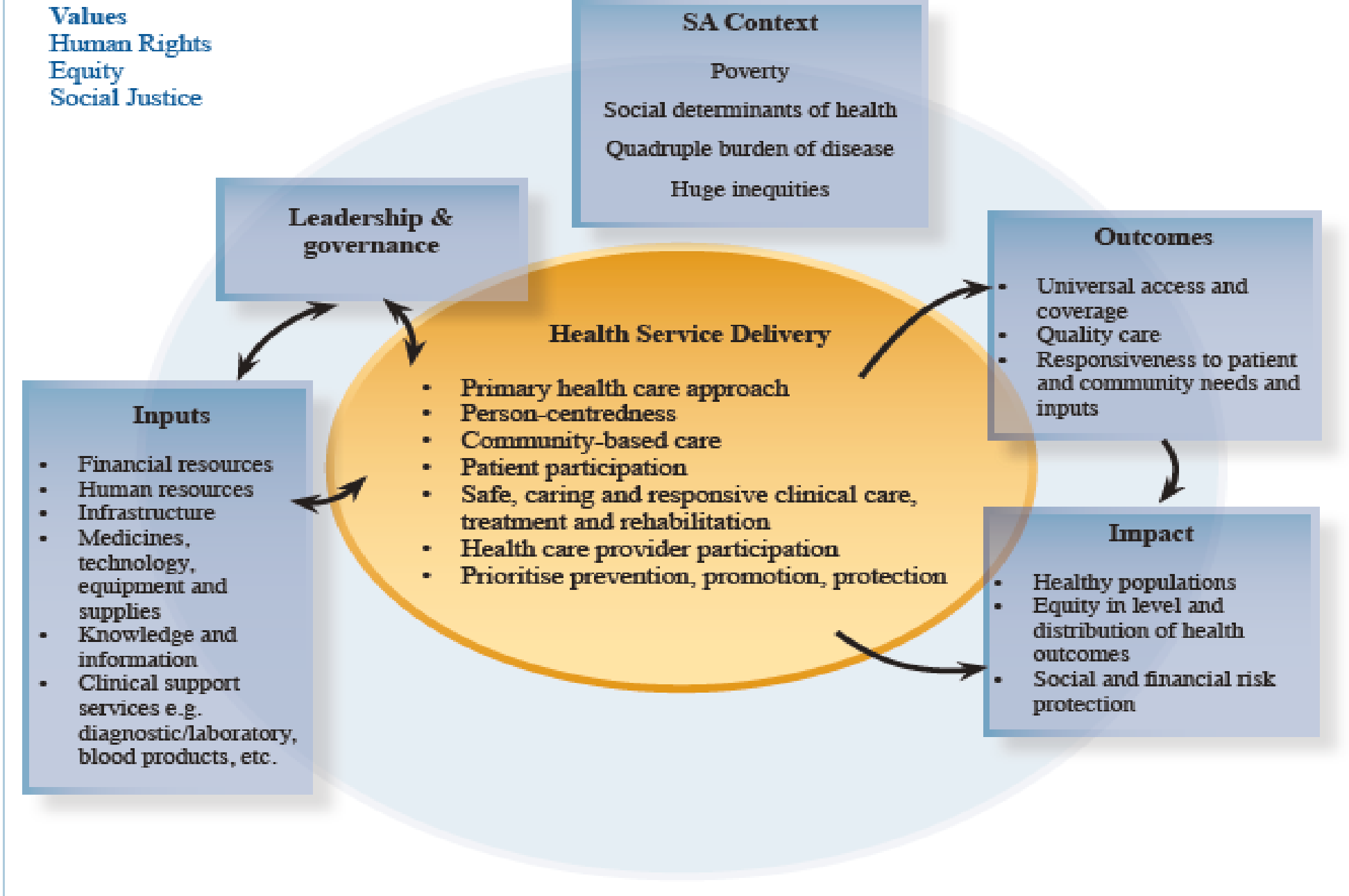
National Dialogue

21&22 November 2019

Lilian Dudley

Commissioner SA Lancet National Commission

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**Figure 1: Conceptual framework for a high-quality South African health system**

Source: Adapted from: van Olmen *et al* (9), page 6.

# Key Diagnostic findings

- Many gains in health system since 1994
- Strong commitment to quality health system expressed in enabling constitution, health legislation and numerous health policies
- But poor quality of care persists
  - 60% of maternal deaths and 25% neonatal deaths were preventable
  - OHSC – 1% of facilities meet compliance standards
  - R40 billion contingent liability for medical malpractice in 2016

# Leadership, Management and Governance

- Gaps in ethical leadership, management and governance contribute to poor quality
- Public sector – corruption and lack of financial accountability
  - High irregular expenditures in Departments of Health (AGSA 2016/17)
  - Qualified audits of most Provincial departments (AGSA)
- Private sector – lack of transparency and accountability to members
- Health professionals regulatory bodies
  - Reactive instead of pro-active approach to promoting quality of health care
- Numerous barriers to public participation in health system

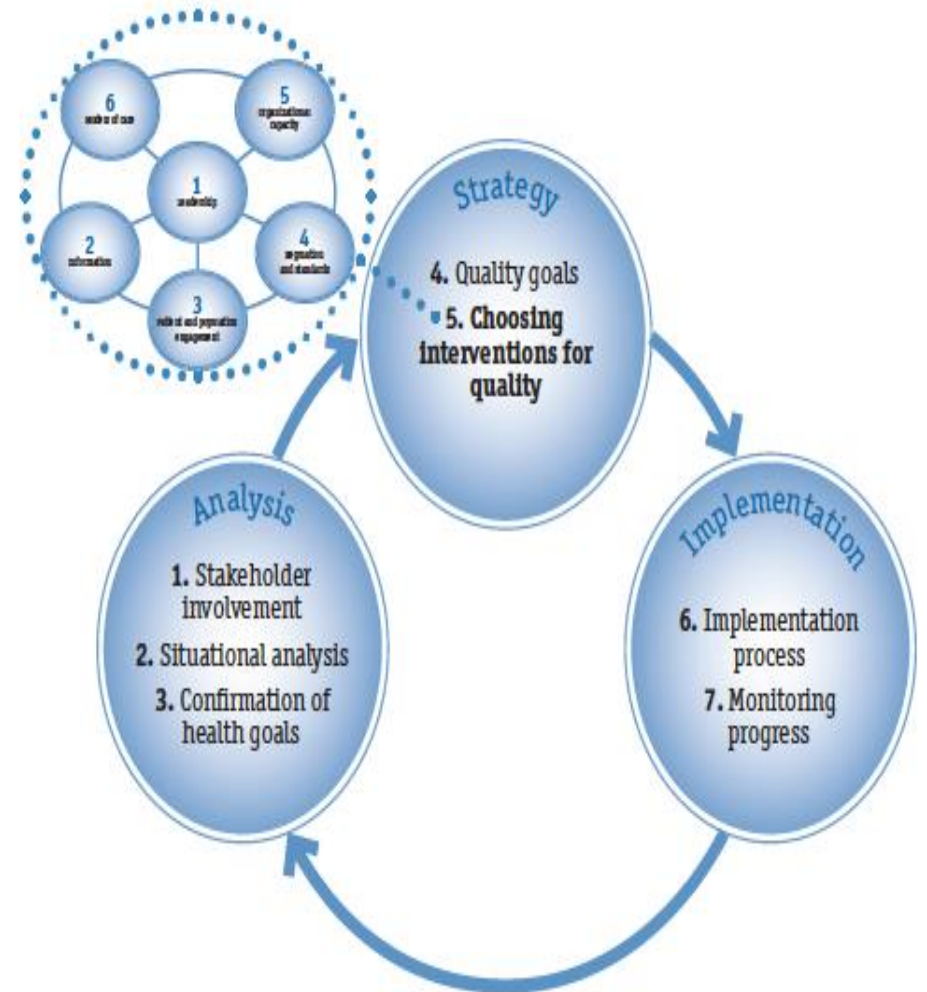
# Information for quality

- Commitment to measurement
- Numerous HIS platforms for measurement
- Mainly inputs and processes. Few outcomes and impact measures
- Not person centred
- Data quality and data use inadequate
- Limited patient level data and lack of interoperability of HIS's
- No reporting capability across levels of care/ care pathways or across sectors

# Quality improvement

- Quality assurance
  - Planning and control based on measuring health care quality against standards and norms
  - OHSC, COHSASA, ISO
- QA necessary, but not sufficient to improve quality of care\*
- Quality improvement needed
  - Builds on foundation of QA
  - Quality Improvement (QI) is a change process which should lead to better **patient outcomes** (health), better **system performance** (care) and better **professional development** (learning)
- Several global tools, strategies for QI from WHO, OECD, IHI

\*Brubakk 2015. A systematic review of hospital accreditation



World Health Organization. *Quality of Care: A process for making strategic choices in health systems*. World Health Organization; 2006 (+ 2018)

# SA experience in Quality Improvement

- Policy and legislation imperatives – but lack the ‘how’
- Numerous QI initiatives in public and private sectors
  - ISDS & Equity projects - PEPFAR SIMS
  - Re-engineering of PHC - IHI, Best Care Always
  - Ideal clinic - Lean management
  - Evidence Based Health Care - Strengthening Labs Towards Accreditation
  - Technical innovations – mHealth, eHealth
- Fragmented across diseases, levels of care, and sectors
- Limited overall impact

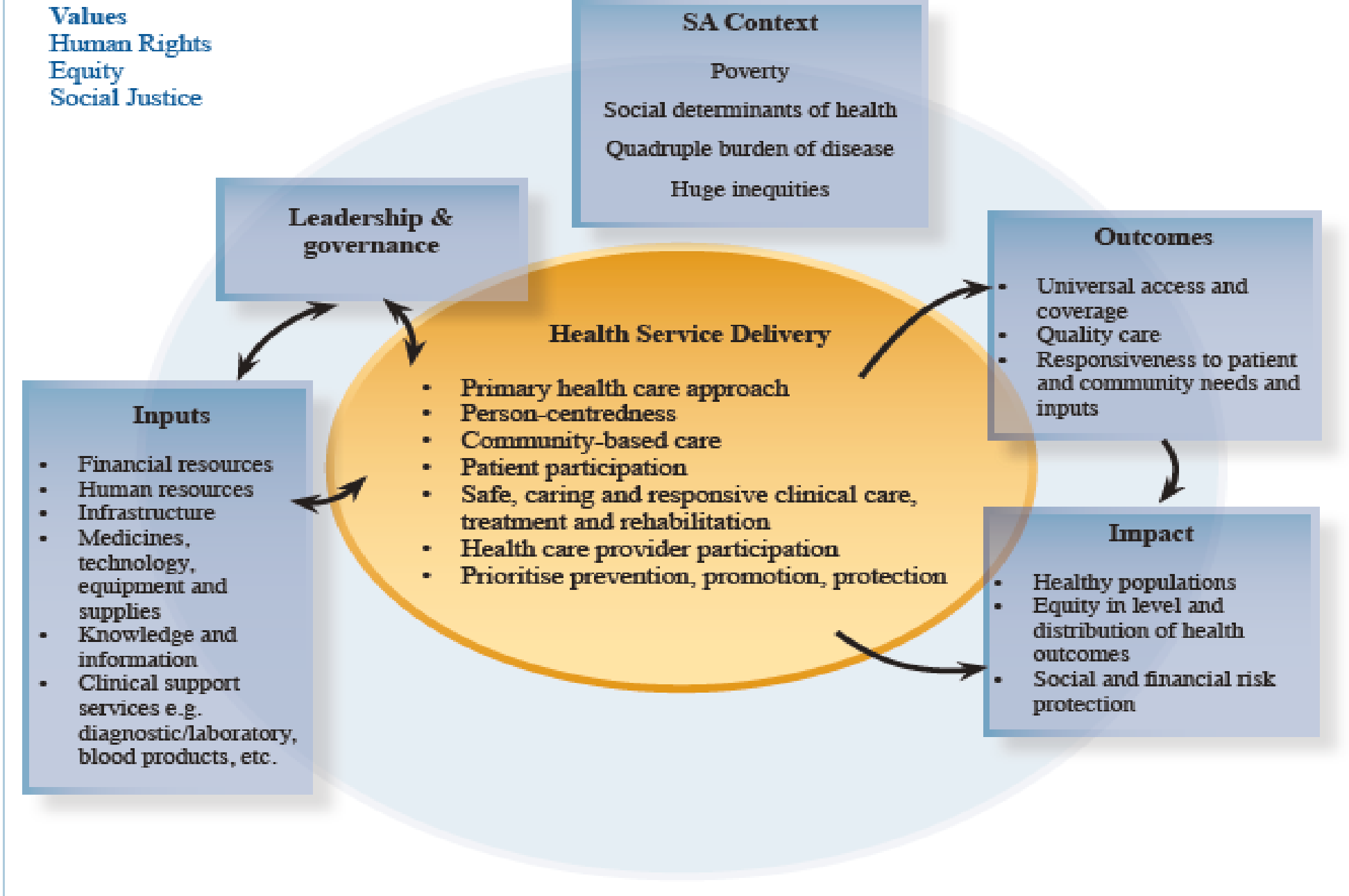
# Recommendations

- Enhance governance and leadership for quality and equity
  - OHSC, CMS, health professions councils
- Develop an integrated national health system performance dashboard
  - More performance outcome measures
  - Patient or person centred
  - All levels and sectors
- Develop an integrated QI programme of action (POA) at national and provincial levels



# Quality Improvement POA

- Develop an integrated QI programme of action (national, provincial)
  - Whole systems approach
  - Align QI activities with national goals and plans
  - Coordinate QI across levels and sectors
  - Mobilise stakeholders
  - Define roles and responsibilities
  - Clarify leadership and accountability for QI
  - Prioritise implementation in rural and under-served areas
  - Create and share learning across the system
- An inclusive national steering committee to provide stewardship (?NHI)
- Provincial consultative processes to inform Provincial POA's



**Figure 1: Conceptual framework for a high-quality South African health system**

Source: Adapted from: van Olmen *et al* (9), page 6.