

# Improving health care system-wide

## Approaches in Morocco and Yemen

### Why quality improvement is a priority

An essential question for the coming decade: Given the financial, human and other resources you already have at hand, how can you deliver health care of the best possible quality to everyone in your community? Of the eight Millennium Development Goals (MDGs) established by the UN General Assembly in 2000, three – Goal 4 to improve children’s health and reduce child mortality, Goal 5 to improve maternal health and reduce maternal mortality, and Goal 6 to combat HIV/AIDS, malaria and other diseases – are key indicators against which developing countries measure their progress towards universal access to health and social care.

Improving health system quality is an essential part of helping resource-challenged Ministries of Health and individual institutions to meet these health-related Millennium Development Goals. But how does this play out in practical terms, taking into account local cultures, professional practices, and systemic challenges? This publication looks at innovative programmes aimed at improving health system quality in two countries, Morocco and Yemen. Their similarities and differences are examined, and a number of “lessons learnt” are drawn from the two experiences.

### New German-supported approaches in Morocco and Yemen

#### Quality improvement approaches

Any attempt to improve the quality of care provided by a health care system should take into account the perspectives of all the main stakeholders, including health care users, health care providers and public health authorities. Each has different needs, interests, and expectations which must be taken into consideration if quality is to be improved to everyone’s satisfaction.



The Moroccan and Yemeni approaches to quality improvement emphasize maternal health and education, and the beneficiaries include children whose mothers bring them in for health check-ups.

A variety of quality improvement strategies exist, including the Systemic Quality Improvement (SQI) methodology developed by German Development Cooperation (GDC) on behalf of Germany’s Federal Ministry for Economic Cooperation and Development. Since 2002, Germany has supported a SQI-based approach called *Concours Qualité* (in English, Quality Competition), which has now been applied in national health care systems in Guinea, Morocco and Cameroon and at provincial level in the Democratic Republic of Congo. The *Concours Qualité* approach encourages all organizations in a system (or clusters of organizations within a system) to work together in order to continuously define and adjust standards and objectives, measure results, learn, introduce change, and improve the results.

### German Health Practice Collection

Showcasing health and social protection for development

This Collection describes programmes supported by German Development Cooperation assessed as ‘promising or good practice’ by experts from German development organizations and two international peer reviewers with expertise in the particular field. Each report tells the story, in plain language, of a particular programme and is published in a short (four pages) and full version at our web site:

[www.german-practice-collection.org](http://www.german-practice-collection.org).

### Morocco's *Concours Qualité*

Morocco's health care system is divided into two sectors: public and private. The Ministry of Health oversees the public sector with 137 District, Regional and university hospitals and more than 2,200 other health care institutions including Centres for Diagnosis of Tuberculosis and Respiratory Disease (CDTMRs) and local health centres. The entire health care system provides one doctor per 1,611 people but many divide their time between sectors; only 56 percent work mainly in the public sector. The Ministry has been on a course of reform since the mid-1990s, but Morocco's last demographic and health survey (DHS) in 2003-04 found that, while there had been major improvements in health conditions and health care over the past 40 years, there were still significant weaknesses and inequalities.

Between 2004 and 2010, the former Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH (now GIZ) worked on behalf of BMZ with the Moroccan Ministry of Health to design and establish a uniquely Moroccan *Concours Qualité*, which would support the country's ambitious efforts to decentralize and reform health services, with an emphasis on improving maternal health and reducing child mortality. The *Concours Qualité* itself was designed to undergo continual quality improvement so its effectiveness would be evaluated after each edition of the *Concours Qualité* and revised for the next edition.

**The *Concours Qualité* can be summarized as a proceeding in seven steps:**

- Step 1.** Recruitment and preparation of participating health facilities
- Step 2.** Self-assessment using questionnaires
- Step 3.** Analysis of self-assessments by the *Concours Qualité* evaluation unit
- Step 4.** Peer evaluations by two specially trained senior health professionals or officials, who visit each health facility and work with the staff to refine their self-assessment
- Step 5.** Preparation of Improvement Plans by the facility staff at the end of the peer evaluation visit
- Step 6.** Meta-analysis and awards, in which the central *Concours Qualité* evaluation unit analyses the results across the whole health system
- Step 7.** Implementation of Improvement Plans by participating facilities.

A key activity is the recruitment, training and support of a pool of well-qualified professionals who serve as peer evaluators (in French, "auditeurs/ analystes"), while continuing to do their regular jobs as (for example) directors of hospitals, chief medical officers of health centres, managers from Regional Health Offices and Health Districts, and experts from development partners. As peer evaluators, they visit participating institutions to help their staff teams strengthen their self-assessments and develop Improvement Plans. Later in the *Concours Qualité* process, they do meta-analyses that result in the final scores and ranking required to identify winners.

The 1<sup>st</sup> (2007) edition of the *Concours Qualité* was launched in January 2007 and participants were given roughly a month to finish their self-assessments. A total of 188 institutions volunteered from all Regions and included Health Districts, hospitals and health centres. The 2<sup>nd</sup> (2008) edition of the *Concours Qualité* was launched in March 2008, when a total of 212 institutions volunteered.

The Ministry of Health decided to make participation in the 3<sup>rd</sup> (2010) edition of the *Concours Qualité* mandatory for Health Districts and hospitals. It also extended the *Concours Qualité* to cover maternity wards (as participants on their own, not just as part of hospitals) and Centres for Diagnosis of Tuberculosis and Respiratory Disease, and to establish technical taskforces in Regions and give them responsibility for covering health centres.

### Yemen's Quality Improvement Programme (QIP)

Yemen's 21 Governorate Health Offices are largely responsible for setting health care policy and allocating resources and can opt in or out of Ministry of Public Health and Population (MoPHP) initiatives as they choose. Hospital and health centre managers and staff do not respond well to criticism if it is perceived as interference. In addition, hospitals and health centres are often seriously under-resourced, lack secure supplies of clean water, and have reputations for corruption and incompetence such that local residences often prefer ineffective and sometimes dangerous remedies offered by local shops or traditional healers.

The QIP was launched in mid-2006 by the Yemeni-German Reproductive Health Programme (YG-RHP) as a co-operation of Yemen's MoPHP and the former GTZ (now GIZ; mandated

by BMZ) and has had three “batches” (editions) since then. (In the fall of 2010, the YG-RHP published “Quality improvement for health care providers: With friendly guidance and support”. It can be found in the online toolbox section of this publication and may interest readers wishing more information about Yemen’s QIP.)

There are a number of ways in which Yemen’s QIP differs from Morocco’s *Concours Qualité*. Participation in QIP remains voluntary, and depends on the health facilities seeing the value in participation to their own staff and operations. The process towards certification typically takes 18 months, during which health facilities can leave at any time without penalty. QIP limits participation to small batches of health facilities each year and this allows it to provide more intensive support from the *Sadiqs* (Arabic for “friends”) – QIP’s equivalents of the *Concours Qualité* peer evaluators and also chosen from among senior managers of hospitals, health centres and health authorities. Special care is taken to choose them on the basis of personality, attitudes and communication skills and then give them additional training that enables them to establish mutual trust and good rapport with both the managers (i.e., their peers) and the staff of participating institutions.

QIP has a strong on-site training component. Specially trained experts in health facility management, hygiene and reproductive health provide training that helps staff address the issues specific to their health facility. When the *Sadiq* and the health facility agree that the facility is ready for evaluation, they can ask for an independent group of experts for an evaluation that, if positive, results in QIP certification (valid for one year). There are opportunities for health facilities with negative evaluations to participate again. After certification, participating facilities receive twice yearly *Sadiq* visits for ongoing advice and support. The process also includes yearly re-evaluation and re-certification.

### Early achievements

To date, both of these young initiatives have had enough time to provide mainly “process results” rather than evidence from rigorous evaluations of their systemic impacts (though such an evaluation is soon to begin in Morocco). One positive process result has been rapid expansion to cover ever more health facilities. In Morocco, the *Concours Qualité* has expanded from 188 health facilities in the 2007 edition to

665 in the 2010 edition and has become the country’s main mechanism for the continual monitoring, evaluation and improvement of its health care system and institutions. Qualitative evidence from different facilities and different levels of the Moroccan health system indicate that the *Concours Qualité* has succeeded in implanting the culture of quality improvement in institutions that have participated from one *Concours Qualité* edition to the next.



A pregnant woman gets a thorough check-up at Centre de Santé Riad in Meknès.

In Yemen, QIP guidance and support has been successfully extended to a total of 209 health facilities. Results have included significant increases in uptake of family planning services, skilled birth attendance, and antenatal and other services and this had meant increased revenue.

The demonstrated impacts of the QIP were such that, by mid-2010, the MoPHP and YG-RHP had stated their intention to engage partners at all levels (including international donors) in a three year process to establish QIP as the main mechanism through which Yemen improves and sustains the quality of health care through regular certification/re-certification of health care facilities that meet minimum standards.

At the time of writing, moving forward with that agenda has been delayed by the country’s on-going political crisis. This, rather than any deficiencies in the programme design, is currently the main challenge facing QIP’s further implementation.



“Acceptable/patient-centred” care requires community consultation and, in Yemen, people are often more comfortable when this is done gender-by-gender.

## Lessons Learned

Despite their differences – which reflect differences in the health systems, cultural traditions and economic conditions in the two countries – a number of common lessons can be drawn from the experiences of the *Concours Qualité* and QIP. In particular, both experiences suggest that a staff team approach to quality improvement can be highly effective in any health care institution, and that as the culture of quality improvement spreads and takes root, it develops momentum and tends to become sustained by team spirit.

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Accelerating quality improvement to achieve ambitious goals (e.g., the MDGs), however, may require substantial front-end investment in what are usually the weakest institutions in a health care system, those that serve low-income, rural and especially vulnerable populations. Finally, experience shows that competition, certification and other rewards should never discourage weak institutions from doing their best to improve. This is especially so since the weakest institutions are usually the ones serving the populations in greatest need of improved health care.

## Peer review

Two independent peer reviewers have assessed the Moroccan and Yemeni approaches against the eight criteria for the German Health Practice Collection (GHPC) and have found both to be “good or promising practice.” As regards effectiveness, both reviewers said it is too early to judge the initiatives’ overall impacts on the two countries’ health systems and encouraged full evaluations to be carried out (as will soon be done in Morocco). They found both approaches to be participatory and empowering, mentioning the use of peer evaluators and participatory development of tools and indicators as strong assets. They judged transferability and innovation to be high, but noted that neither initiative had a direct focus on gender awareness, and did not have sufficient data to comment on cost-effectiveness and monitoring and evaluation. As regards sustainability, the reviewers found both approaches to have good prospects for the long term.

Both reviewers commented favourably on the comprehensiveness of both approaches despite their considerable differences, and on their flexibility as adaptive, self-learning processes. One reviewer noted that, “The combination of self-evaluation, peer review, benchmarking and a competitive element [in the case of the *Concours Qualité*] is certainly an interesting combination to foster change.”

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