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MINISTRY OF HEALTH AND SOCIAL SERVICES

NATIONAL QUALITY MANAGEMENT POLICY

2021/2022 – 2025/2026

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REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

National Quality Management Policy

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Contents

ACKNOWLEDGEMENT 3
FOREWORD 7
PREFACE 8
ABBREVIATIONS 9
GLOSSARY OF CONCEPTS, TERMS AND JARGON 11
1. EXECUTIVE SUMMARY 13
2. INTRODUCTION 15
3. BACKGROUND 17
3.1 Conceptual background 17
3.2 Overview of existing and previous national MoHSS initiatives related to quality 18
4. RATIONALE 21
4.1 Situation analysis 21
4.1.1 National Quality Management (QM) Systems Assessment in Namibia (2012) 21
4.1.2 Report of the Presidential Commission of Inquiry: MoHSS (2013) 22
4.1.3 SWOT analysis of health care services conducted during the stakeholder consultation meeting in March 2020 to finalize the Quality Policy and Strategy 22
4.1.4 Findings from other studies and reports 23
5. ALIGNMENT 24
5.1 Alignment with the global quality agenda 25
6. GUIDING PRINCIPLES 27
6.1 Empowerment of consumers and clients 27
6.2 Leadership 27
6.3 Systems and processes 27
6.4 Measurement 27
6.5 Training, mentoring and professional development 27
6.6 Teamwork 27
7. POLICY DIRECTION 28
7.1 Vision 28
7.2 Mission 28
7.3 Goal 28
7.4 Objectives: 28

7.5 Strategies 29
7.5.1 Improving QM systems 29
7.5.2 Engaging and empowering patients, families and communities 29
7.5.3 Improving patient and health care worker safety 29
7.5.4 Improving clinical practice 29
8. IMPLEMENTATION ARRANGEMENTS/FRAMEWORK 30
8.1 Institutional arrangements/framework 30
8.2 Governance and organizational structure for quality within the MoHSS 31
8.3 Roles and responsibilities of key stakeholders 32
8.3.1 Government 32
8.3.2 Ministry of Health and Social Services 32
8.3.3 National level: Quality Assurance Division 33
8.3.4 National health directorates 33
8.3.5 Regional level 33
8.3.6 District level 33
8.3.7 Community level 33
8.3.8 Training and research institutions 33
8.3.9 Health care professionals 34
8.3.10 Professional bodies 34
8.3.11 Professional societies 34
8.3.12 Consumers 34
8.3.13 Regional and local councils 34
8.4 Legal and regulatory arrangements 34
8.5 Resource mobilization 35
Types of resources needed 35
8.5.1 Human resources 35
8.5.2 Logistics and supplies management 35
8.5.3 Financial resources 35
8.5.4 Infrastructure refurbishment/development 36
8.5.5 Information management 36
8.5.6 Time management: 36
8.6 Monitoring and evaluation framework and reporting 36

8.6.1 Measuring quality of care 36
8.7 Advocacy and dissemination (communication strategy) 37
9. IMPLEMENTATION ACTION PLAN 39
10. CONCLUSION 40
11. ANNEXURE/APPENDICES 41
12. BIBLIOGRAPHY 43

FOREWORD

The efforts by the Ministry of Health and Social Services (MoHSS) to improve the quality of health care services started as early as 1993. Initially targeting nursing care services, they were spearheaded by the Directorate of Nursing Services. In subsequent years, efforts to improve health care services have widened and expanded to involve all other health care cadres and programmes, and have remained a top priority for the MoHSS.

Despite the gains made to improve the quality of health services, the Namibian public and private health institutions are facing increasing public pressure to do more to address gaps in the quality of health care services. This is in light of high maternal and infant mortality rates, increased access to information on new treatments, patient empowerment and the influence of mass and social media.

The quality of health care services is critical to achieving effective universal health coverage (UHC). Resilient health services require quality as a foundation and the success and value of UHC depends on its ability to provide safe, efficient, and good-quality services to all people, everywhere.

The COVID-19 crisis has once again highlighted that essential health services of high quality are vital to the nation's health security. Renewed focus on the quality of health services will position Namibia to respond effectively to this crisis, recover from it, and be better prepared for future public health threats and events.

The National Quality Policy provides a common framework for all public and private health care institutions, partners and stakeholders to plan, mobilize resources, coordinate, implement, monitor and evaluate the quality of health care services.

The development of the policy has been largely informed by the primary health care (PHC) approach, the Public Service Charter, the MoHSS Strategic Plan 2017/2018–2021/22, the Report on the Assessment of National Quality Management (QM) Systems, the Report on the Presidential Commission of Inquiry on Health Matters, the fifth National Development Plan (NDP5) 2017/18–2021/22, Vision 2030 and the WHO handbook for National Quality Policy and Strategy. During the development of this policy, consultations were held with key stakeholders from the MoHSS, development partners, relevant institutions, health consumers and the private sector, to ensure that the policy development process was highly consultative, participatory and transparent.

It is envisaged that the target audience for this policy, which includes health service providers, programme managers, policy-makers, health consumers and partners in the public and private sectors, shall actively use this document to ensure ongoing quality improvement of health care services.

DR KALUMBI SHANGULA
HON. MINISTER

PREFACE

The development of this National Quality Management (QM) Policy is a direct result of efforts to improve the quality of health care services in Namibia. The findings of the MoHSS National Quality Management Systems Assessment of 2012, and the Report of the Presidential Commission of Inquiry into the affairs of the MoHSS in 2013 pointed to inadequacies in service delivery in the sector. The development of the policy began in 2014 and was coordinated by the Quality Assurance (QA) Unit with assistance from various partners and in consultation with local and international QM experts.

In an effort to inform policy development, the first-ever National QM Systems Assessment was conducted in 2012 to identify gaps and good practices in the quality of health care services. The assessment revealed the existence of a number of quality improvement (QI) initiatives needed in health care facilities, some of which were disease-specific, focusing on HIV/AIDS, while others were programme-oriented. The differences between the initiatives lay in their implementation approach, but the concepts and principles were largely similar. However, the coordinating mechanisms at national, regional and district level were found to be less than robust.

The QM Policy was developed in recognition of the fact that the Namibian health sector needs to institutionalize, harmonize and coordinate QI, including relevant interventions. The policy provides a common framework for all public and private health institutions, partners and stakeholders to coordinate, plan, mobilize resources, implement, monitor and evaluate quality initiatives in order to establish a quality health system in terms of promotion, prevention, cure, rehabilitation and palliation.

Quality is a shared responsibility for all those involved in planning and delivering care across the health system. It is my hope that this document will be widely distributed and meaningfully used by all stakeholders and that it will be made available to health care training institutions for incorporation into their curricula.

I wish to congratulate all health care workers and all stakeholders, with particular recognition of the Quality Assurance Division, the Directorate of Special Programmes, the Regional Health Management Teams and HEALTHQUAL at the University of California, San Francisco (UCSF) for their contributions towards the development of this policy. I would like to extend my sincere and profound thanks to the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) for their technical and financial support.

……

BEN NANGOMBE
EXECUTIVE DIRECTOR

ABBREVIATIONS

ART	antiretroviral therapy
CDC	United States Centers for Disease Control and Prevention
CMO	Chief Medical Officer
COVID-19	coronavirus disease of 2019
DCC	District Coordinating Committees
DHIS2	District Health Information Software 2
EPI	Expanded Programme on Immunization
HIV	human immunodeficiency virus
HIS	health information system
GBV	Gender-based violence
HALE	health-adjusted life expectancy
HIVQUAL	Quality of HIV Care
HPCNA	Health Professions Councils of Namibia
HR	Human resource
ICC	Infection Control Committees
IEC	information, education and communication
IPC	infection prevention and control
IHR	International Health Regulations
ISQua	International Society for Quality in Health Care
ITECH	International Training and Education Centre for Health
IUM	International University of Management
MaNICare	Maternal and Newborn Care Quality Improvement Collaborative
MNPDR	Maternal Neonatal and Perinatal Death Reviews
M&E	monitoring and evaluation
MoHSS	Ministry of Health and Social Services
MSH	Management Sciences for Health
NamCOVIT	Namibia Continuity of care Viral load suppression & TPT completion
NamLiVE	Namibia Linkage to care, Viral load Suppression and Ending TB
NAMPOL	Namibian Police Force
NAMPROPA	Namibia Project on Retention of Patients on ART
NamREV	Namibia Re-Testing, Early Infant Diagnosis, and Viral Load Suppression
NANASO	Namibia Networks of AIDS Service Organisations
NDP4/5	National Development Plan 4/5
NGO	nongovernmental organization
NHTC	National Health Training Centre
NIP	Namibia Institute of Pathology
NQPS	National Quality Policy and Strategy
OECD	Organisation for Economic Co-operation and Development
PDSA	Plan-Do-Study-Act
PHC	primary health care
PPH	postpartum haemorrhage
PPP	Public Private Partnership
QA	quality assurance
QI	quality improvement
QIC	Quality Improvement Collaboratives
QM	quality management

RCC	Regional Coordinating Committee
RMT	Regional Management Team
SDG	Sustainable Development Goal
SMO	Senior Medical Officer
SSV	supervisory support visits
SWOT	strengths, weaknesses, opportunities, and threats
TB	Tuberculosis
TBAs	Traditional birth attendants
TIPC	Therapeutics Information and Pharmacovigilance Centre
TPT	TB preventative therapy
UCSF	University of California, San Francisco
UNAM	University of Namibia
URC	University Research Corporation
USAID	United States Agency for International Development
VL	viral load
VMMC	voluntary medical male circumcision
WHO	World Health Organization

GLOSSARY OF CONCEPTS, TERMS AND JARGON

Best practice:

An approach or method used to accomplish a function or process considered to be superior to all other known methods. In health care it is often used to refer to tools, materials, models of care, shown in multiple settings to facilitate compliance with evidence-based standards of care.

Benchmarking:

The continual and collaborative discipline of measuring and comparing the results of key work processes with those of the best performers to identify and recognize 'good' and 'best' practices.

Coaching:

A form of training where the educator/coach models or demonstrates a behaviour or task and uses feedback to guide the employee while s/he practices the behaviour or task to ensure successful performance.

Continuous quality improvement:

A methodology that approaches the understanding of work in terms of processes and systems, involves problem-solving by teams of providers and patients, focuses on patient needs, includes testing and measuring the effect of changes, and ideally, peer learning.

Effectiveness:

Is the capability of producing a desired result. When something is deemed effective, it means it has an intended or expected outcome.

Efficiency:

A level of performance that describes a process that uses the lowest amount of inputs to create the greatest amount of outputs. Efficiency relates to the use of all inputs in producing any given output, including personal time and energy.

Good leadership:

Good leaders have vision, courage, integrity, humility and focus along with the ability to plan strategically and catalyse cooperation among their team.

Indicator:

A measurable variable (or characteristic) that can be used to determine the degree of adherence to a standard or the level of quality achieved.

Mentoring:

A developmental partnership through which one person shares knowledge, skills, information and perspective to foster the personal and professional growth of someone else.

Plan, Do, Study, Act (PDSA):

Is a four-step problem-solving model used in process improvement. It provides a framework for initiating and managing change in a purposeful way.

Quality of care:

"Quality of care is the degree to which health services for individuals and populations increase the likelihood of desired [health] outcomes and are consistent with current professional knowledge." Institute of Medicine. Medicare: A Strategy for Quality Assurance. Vol. 1. (1990).

Quality of health care, Namibian local definition:

Health care that is timely, safe, respectful, responsive and improves health outcomes in Namibia.

Quality assurance:

A system to support performance according to standards. It implies a systematic way of establishing and maintaining quality improvement activities as an integral and sustainable part of systems or organizations. This includes all activities that contribute to the design, assessment, monitoring of standards agreed upon by all stakeholders and improving quality of service delivery, client satisfaction and effective utilization.

Quality improvement:

A management approach to improving and maintaining quality that emphasizes internally driven and relatively continuous assessments of potential causes of quality defects, followed by an action aimed either at avoiding the decrease in quality or correcting it at an early stage.

Quality improvement initiatives:

Cycles of interventions that are linked to assessment and that have the goal of improving the process, outcome, and efficiency of complex systems. It also simply means interventions for assessing, measuring, defining and resolving health care delivery issues with the aim of improving the safety, timeliness, equity, access, and appropriateness of health care services.

Quality management:

Is a structural umbrella over all processes and activities related to quality. QM is responsible for the coordination and facilitation of these activities in an organization. Specifically, QM is involved in the selection of health care quality personnel, the allocation of other resources, the monitoring and evaluation of plans and the launching of improvement teams. (WHO 2004. Quality Improvement in Primary Health Care. (Al-Assaf, ed.).

1. EXECUTIVE SUMMARY

The Government of the Republic of Namibia through its various policies has prioritized access to, and provision of quality health care and social services to the Namibian population.

The quality policy development was largely informed by the national QM systems assessment, the report of the presidential commission of inquiry into the MoHSS, the stakeholder strengths, weaknesses, opportunities, and threats (SWOT) analysis and the WHO handbook for national quality policy and strategy (NQPS). The policy is aligned with the broader MoHSS Strategic Plan 2017/2018–2021/2022, the fifth National Development Plan (NDP5) 2017/2018–2021/2022 and Vision 2030.

The goal of the quality policy is to ensure that provision of quality health care services is a fundamental principle of the health care delivery system in Namibia. The overall objective is to improve the quality of health care in both the public and private sectors by using available resources efficiently. Approaches to meet these objectives will include: stakeholder engagement; establishing appropriate QM structures at all levels of health care, that is, national, regional and district levels; capacity building in QM; strengthening health information systems and using the information for improvement and effective communication across all levels; implementation of national quality standards and quality assurance (QA) mechanisms to ensure health care facilities meet the set standards; assessing patient experiences and using the information for improvement; and setting up a recognition and reward system.

The quality of health care is locally defined as: “health care that is timely, safe, respectful, responsive and improves health outcomes in Namibia”. The policy will therefore pursue the following dimensions of quality: accessibility, affordability, effectiveness, efficiency, safety, people-centredness, timeliness, equitability and integrated health care services. The policy guiding principles include: empowerment of clients and consumers; leadership; focus on systems and processes; training; mentoring; professional development; and team work. The high-level strategies to implement this policy will include: improving QM systems; engaging and empowering patients, families and communities; improving patient and health care worker safety; and improving clinical practice.

The key stakeholders responsible for implementing this policy will have defined roles and responsibilities and will include the Government, MoHSS, training and research institutions, professional bodies and societies, partners including the private sector, parastatal organizations, health care professionals, consumers and patient organizations.

Building on existing systems, an information system to support nationally-driven quality efforts will be set up with clearly defined indicators for measurement of inputs, processes and outcomes to track performance and provide feedback that can be used to improve care.

The MoHSS and relevant development partners and stakeholders will mobilize the necessary resources, including human, material, and financial, to support the implementation of the policy.

The policy will be implemented in three phases:

- Phase 1 (2021–2022): development of a quality strategic plan, establishment of appropriate QM structures, a monitoring and evaluation (M&E) framework, baseline data collection of core indicators, capacity building in QM and applying quality standards to selected health care facilities
- Phase 2 (2023–2024): establishment of continuous QI initiatives based on gaps identified, testing and documenting improvements, engagement of consumers in QM initiatives and improving data quality.
- Phase 3 (2025–2026): evaluation and planning for the future strategy, review of the National Quality Policy and integration of quality considerations within the revised National Health Strategic Plan.

The MoHSS shall monitor and evaluate the implementation of the National Quality Policy and Strategy using a set of performance indicators to measure progress made against set objectives.

2. INTRODUCTION

The quality policy has been developed to contribute to efforts by the MoHSS to achieve its vision of leading the provision of quality health care and social services according to international standards. There are a number of QI initiatives within the MoHSS which are, however, fragmented. The quality policy provides the opportunity of having a shared framework for all health care stakeholders to plan, coordinate, mobilize resources, implement, monitor and evaluate quality initiatives in all aspects of health care.

The Namibian Government's regulations and policies play a central role in ensuring that health care services are of a high standard and quality. These regulatory roles include: establishing quality assurance and improvement systems to continuously manage the quality of health care; developing national standards to guide health care provision; instituting health information systems that support performance monitoring, reporting and decision-making; using scientific methods to evaluate health care interventions; and defining and disseminating patients' rights and measuring user experience and satisfaction.

In 2003 the Ministry of Health and Social Services established the QA Division as a subdivision under the Undersecretary for Health and Social Welfare Policy. However, the Division is currently reporting to the MoHSS Executive Director. The vision of the QA Division is to achieve acceptable levels of quality in health care services, through the development of a continuous mechanism for setting standards, measuring performance, and improving quality. There was, however, no previously existing national policy or strategy on quality to enforce the identified quality priorities.

Key dimensions of quality

There are multiple quality dimensions as stated in the WHO NQPS handbook which include safe, timely, effective, efficient, equitable, people-centred and integrated care. The agreed local definition of quality health care in Namibia emphasizes safety, timeliness, effectiveness, affordability, people-centredness, friendliness and accessibility.

The quality policy will therefore pursue the following dimensions of quality:

1. **Safe:** avoiding harm to the people for whom the care is intended.
2. **Timely:** reducing waiting times and sometimes harmful delays for both those who receive and those who give care.
3. **Effective:** providing evidence-based health care services to those who need them.
4. **Affordable:** making sure that health services are available at a reasonable cost.
5. **People-centred:** providing care that responds to individual preferences, needs and values.
6. **Friendliness:** being kind when providing health care services, including treatment, information, advice and counselling.
7. **Accessible:** making sure that health services are easily and readily accessible.

Local definition of quality of health care

Quality of care in the health sector has been previously defined as "the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge", a definition adopted from the United States Institute of Medicine.

The local definition of quality agreed upon by stakeholders during the policy development process to be used as the reference point for this policy is "*Health care that is timely, safe, respectful, responsive and improves health outcomes in Namibia".*

The National QM policy has been developed in alignment with the existing national policies and plans and will be implemented through the National QM strategic plan. The policy will be reviewed every five years. While policy implementation will be led by the QA Division, stakeholders across the MoHSS and the broader health system will be accountable for delivering on the policy goal and objectives.

3. BACKGROUND

3.1 Conceptual background

Quality management (QM) is a health system element that has grown in importance worldwide. This has largely been due to the response to different reports like the Lancet Global Health Commissions that highlight the poor quality of health care services and increasing patient expectations. Ensuring the safety of patients and health care personnel and improving the quality of care have in this context become important objectives for national health systems in countries of all income levels.

Namibia covers an area of 824 292 square kilometres, and is one of the least densely populated countries in the world with approximately three people per square kilometre. This makes service provision challenging.

In 2017, Namibia's population was estimated at 2.5 million, with 1.2 million males (48.6%) and 1.3 million females (51.4%). The population is spread across 14 regions and 35 districts. The health sector comprises the public and private sectors which take care of 85% and 15% of the population respectively. Namibia's public health sector is structured in a three-tier hierarchy with the national, regional and district levels. In 2018, the public health sector comprised 373 health facilities with a total of 7551 beds, that is, one referral hospital, four intermediate hospitals, 30 district hospitals, 47 health centres and 291 clinics. The private sector has 101 health facilities that offer 1144 beds.

Namibia's medical workforce ratios per population in the public sector in 2018 stood at 0.33 physicians per 1000 population and 2.02 nurses per 1000 population. The medical workforce, however, is not evenly distributed across the regions. The private sector absorbs a large share of health staff with one third of all physicians, two thirds of pharmacists and about 20% of nurses.

The top causes of mortality and morbidity are HIV/AIDS, neonatal disorders, respiratory infections, diarrhoeal diseases and tuberculosis.

Namibia's fifth National Development Plan (NDP5) for 2017–2022 aims to provide access to quality health care for its population, increase health-adjusted life expectancy (HALE) from the current 59 years to 67.5 years, and reduce mortality for mothers and children. To achieve this goal, the MoHSS has identified three strategic pillars for the health sector: (i) people's well-being; (ii) operational excellence; and (iii) talent management. Maternal, newborn and child health, HIV, Tuberculosis (TB), malaria and noncommunicable diseases have emerged as key health priorities under the people's well-being strategic pillar.

Health services in Namibia are directed by a policy framework for comprehensive service delivery, guided by the principles of the primary health care (PHC) approach which seeks to protect and promote the quality of health care and the safety of communities, and is implemented through various health programmes that aim at:

- identifying health risks;
- maintaining safe and healthy environments;
- detecting, investigating and preventing the spread of disease;
- promoting healthy lifestyles;
- providing quality care to the whole population;
- informing the public on health issues;
- developing strategies and plans to respond to newly emerging public health threats, including HIV and AIDS and tuberculosis; and
- responding to other common causes of mortality and morbidity, including unanticipated errors.

The policy framework, guided by the PHC approach, is supported by the Public Service Charter that pledges efficient services through standard setting and performance management and the Patient Charter that reassures the nation of health service provision of acceptable quality.

In developing a national QM policy for Namibia, the MoHSS will facilitate the institutionalization of a "quality environment" in which health workers can administer care of the highest quality guided by standards and procedures to improve health outcomes for the Namibian population.

3.2 Overview of existing and previous national MoHSS initiatives related to quality

Regulatory departments that ensure quality of health care services include:

- Namibia Medicines Regulatory Council: registers medicines and ensures their quality
- Health professions Councils of Namibia (HPCNA): regulates training and registration of health care professionals
- Atomic Energy and Radiation Protection Authority: protects the people and the environment against harmful effects of radiation
- Health Facilities Regulation: registration and licensing of all private health facilities in the country.

A number of policies/guidelines including training materials to guide health care workers in service provision have been developed. These include:

- Standard treatment guidelines, clinical guidelines for management of specific diseases such as, HIV, TB and malaria;
- Standard operating procedures for common causes of maternal mortality and morbidity;
- Infection prevention and control (IPC) guidelines (2010 and second edition in 2015), post-exposure prophylaxis guidelines (2011), National Waste Management Policy and Integrated Health Care Waste Management Plan (2012), the Operation Theatre Manual (2015);
- Central Sterile Services Department guidelines (2015);
- Phlebotomy guidelines (2015);
- QM training curriculum (2012), and QM coaches training curriculum (2015); and
- Consumer involvement in QI training curriculum (2017).

In addition, trainings in HIV, TB, maternal and child health, IPC, waste management and QM have been conducted in all regions to improve the quality of health care services.

Structured QI interventions have been implemented in the HIV care programme, initially through the Quality of HIV Care (HIVQUAL) that has been implemented since 2007 in selected clinics providing HIV care and treatment with the support of the United States Centers for Disease Control and Prevention (CDC). In 2017 the MoHSS started using the QI collaborative approach to address key gaps in HIV and maternal and child health through monitoring and improvement of selected quality indicators. There are identified national, regional and district QI coaches that provide coaching, mentoring, training and monitoring and evaluation mainly in the HIV, maternal and newborn programmes.

Other partner-supported initiatives include the Medical Injection Safety Project carried out between 2004 and 2012 by University Research Corporation (URC) funded by the United States Agency for International Development (USAID), and the Infection Prevention and Control (IPC)/Medical Waste Management Project undertaken from 2013 to 2015 with the support of Management Sciences for Health (MSH).

The QM policy implementation will therefore build on the existing quality framework and lessons learnt and will be implemented through a QM strategic plan that will prioritize key health issues as highlighted in the MoHSS Strategic Plan 2017/2018–2021/2022.

Existing Initiatives at each level of health care.

<table>
<tr><th colspan="2">National level</th></tr>
<tr><td colspan="2">• Supervisory support visits (SSV)
• Mortality and morbidity review meetings
• Clinical audit
• Therapeutic review meetings
• Inspection, evaluation and accreditation of private health facilities
• Human resource (HR) development and management
• QI coaching and mentoring
• National steering committees (IPC, QA, maternal, stillbirth and neonatal death review (MSNDRC), disease surveillance, emergency preparedness and outbreak response, etc.)
• National Medicine Regulatory Board
• External audit (patient care)
• Quality assurance planning
• Hospital and health facility standard (setting and formulation)</td></tr>
<tr><th>Regional level</th><th>District level</th></tr>
<tr><td>• SSV
• Mortality and morbidity review and other meetings
• Clinical audit
• Therapeutic review meetings
• Inspection, evaluation and accreditation of private health facilities
• QI coaching and mentoring</td><td>• Outreach services
• SSV
• Therapeutic meetings
• Clinical audit
• Coaching and mentorship
• Mortality and morbidity review meetings
• Infection prevention and control (IPC)</td></tr>
</table>

• Maternal perinatal/neonatal death review (MPNDR) • Data management and review: M&E • Quality Improvement Collaboratives (QIC): Namibia Project on Retention of Patients on ART (NAMPROPA), Namibia Linkage to care, Viral load Suppression and Ending TB (NAMLIVE), Namibia Continuity of care Viral load suppression & TPT completion (NamCOVIT), Namibia Re-Testing, Early Infant Diagnosis, and Viral Load Suppression (NamREV) and Maternal and Newborn Care (MaNICare) • Quarterly performance reviews, human resource development and management	• Active disease surveillance • Bi-directional referral system • Performance of routine health information management (data management) • In-service training
Hospital/primary health care facilities (PHC)	**Community**
• Outreach services (school health, home-based care, correctional services, Expanded Programme on Immunization (EPI) and nutrition assessment • Therapeutic review and pharmacovigilance - adverse drug reaction monitoring • NAMPROPA QIC: TB preventative therapy (TPT) initiation, tracing HIV patients that are lost to follow-up, monitoring of HIV viral load (VL) and ensuring VL suppression • MaNICare QIC: to reduce postpartum haemorrhage (PPH), better management of pre-eclampsia/eclampsia, improved partograph use, use of safety childbirth checklist and Maternal Neonatal and Perinatal Death Reviews (MNPDR) • In-service training, health education • IPC • Health information system (HIS) – for M&E • Clinical audit, supervisory support visits • Grand rounds, multiple disciplinary SSV • Therapeutic committee meetings • E-Birth and E-Death registration • Surveys • Cold chain monitoring • Electronic tools (dispensing, stock cards)	• Community health care workers and health extension workers • Tracing of defaulters, contact tracing • Screening and treatment of minor ailments • Health education • Home visits and home-based palliative care • Nutritional assessment • Gender-based violence (GBV) and substance abuse intervention • HIV counselling and testing • Support groups • Expanded Programme on Immunization (EP)I • Traditional birth attendants (TBAs) assisting with delivery • Male engagement champions for voluntary medical male circumcision (VMMC)

4. RATIONALE

Namibia's Vision 2030 and the MoHSS Strategic Plan 2017/2018–2021/22 commit to action on addressing quality of care, providing a firm justification for this policy.

Further, a situational analysis has been conducted to better understand the rationale and guide the policy development. The situational analysis has been drawn from a series of interrelated assessments, as summarized below.

4.1 Situation analysis

Findings from assessments conducted to evaluate the quality of health care services:

4.1.1 National Quality Management (QM) Systems Assessment in Namibia (2012)

In an effort to appraise the existing QM systems in health facilities across Namibia, the MoHSS through a cooperative agreement with CDC facilitated the first-ever National QM systems assessment in June 2012 using external consultants. The assessment was conducted in 13 regions and involved all 35 public hospitals, five selected health centres and two selected private hospitals. The assessment was aimed at identifying gaps and best practices which would then inform the development of the National QM Policy and Strategic Plan. The following were some of the key themes, most of which will be addressed in the quality policy:

(a) The MoHSS is genuinely committed to providing quality health services through the provision of human and financial resources. This is reflected in the high degree of political will, the existence of policies and guidelines and the creation of the QA unit at national level.

(b) Quality improvement activities in health care facilities were identified at meetings, during supervisory support visits, ward rounds, clinical and mortality auditing, but they were not conducted in a systematic approach. The team approach is used in addressing problems in most facilities but is often reactive.

(c) Appraisals of health worker compliance with the process of care standards were rarely done, and the culture of quality care is not yet embraced by all. Generally, there was no unified understanding of the meaning of quality.

(d) A wide range of QI activities have been initiated in health care facilities with the major areas of focus being medication safety and infection control, whereas little attention is devoted to assessing patient satisfaction.

(e) Clients were not involved in QI activities especially in public health facilities.

(f) Challenges to the provision of quality health care in many of the health facilities include: lack of indicators for quality health care; lack of proper documentation; limited human and financial resources; lack of accountability from support staff; and weak monitoring and evaluation systems.

4.1.2 Report of the Presidential Commission of Inquiry: MoHSS (2013)

The inquiry into the affairs of the MoHSS revealed a host of problems and challenges regarding provision of quality health services to the people of Namibia.

The Commission gathered extensive and convincing evidence through various consultations and the shortcomings of the health delivery system are summarized as follows:

(a) Shortage of health professionals such as doctors, nurses, pharmacists and allied health professionals.

(b) The quality of patient care in public health facilities in Namibia leaves a lot to be desired. This emanates from the poor attitude of some health workers, overcrowding and lack of adequate space at most health facilities, which compromises patient care.

(c) Many hospitals, health centres and clinics are dilapidated.

(d) Unavailability of essential equipment at some facilities.

(e) Policies and guidelines on maternal, newborn, child and adolescent health are in place, but there is a general lack of uniformity in adhering to the protocols and guidelines.

(f) Shortage of ambulances and drivers for referral of patients, distances are too long and some areas have poor road infrastructure and are inaccessible during the rainy season.

(g) The existing operational structure of the MoHSS is not responsive to current demands. A new structure has been proposed but is yet to be finalized.

(h) Many challenges facing the MoHSS are attributable to bureaucratic methods of attending to issues and to the lack of a culture of quick and effective implementation.

4.1.3 SWOT analysis of health care services conducted during the stakeholder consultation meeting in March 2020 to finalize the Quality Policy and Strategy

Strengths	Weaknesses
• Strong political will/commitment • Availability of legislation and policies that support QM • Committed workforce • Availability of funding for regulatory bodies such as the HPCNA • Availability of internal review committees • Existing QI interventions, hospital and PHC quality standards • Approved new staff establishment • Programmes in place to respond to disease burden • Active supportive supervision systems • Existing community health services outreach • Peace and stability	• Insufficient financial and human resources • Poor implementation of policies • Poor sanitation leading to disease outbreaks • Lack of ongoing mentorship support for services other than HIV • Staff negative attitudes • Gaps in knowledge and skills • Lack of succession planning • Inconsistency in supply chain and pharmaceutical stockouts • Unaffordable specialized services • Poor maintenance culture

Opportunities	Threats
• Availability of external support to build capacity and transfer skills • Availability of external funding has refurbished facilities and built community posts • Availability of volunteers supporting specialized health care such as eye clinic, cleft palate services • Strong collaboration with private sector partners and stakeholders on QI initiatives.	• Emerging natural disasters: flooding affecting access to health care and drought affecting food security • Emerging pandemics such as COVID-19 • Dependence on donor funding is not sustainable • High staff turnover (move to the private sector) • Economic downturn • Emerging diseases (outbreaks) • Leakage in the system

4.1.4 Findings from other studies and reports

(a) According to the MoHSS "Health and Social Service Review 2008" report, there are weaknesses in the health system service delivery in the areas of management, supportive supervision and performance appraisal systems. The report thus recommended the re-establishment of a directorate of health service management at national level to specifically support hospitals in the divisions of (1) quality improvement, (2) nursing services, and (3) hospital services.

(b) The Namibia Health Facility Census 2009 further revealed that health care facilities do not meet international standards for infection prevention, which puts both clients and providers at risk for HIV infection and many other life-threatening illnesses. Overall, only 37% of all health facilities had all infection control items available in all service delivery areas.

Key common themes that demonstrate the need for a quality policy

The common themes that emanated from the situation analysis indicate there is strong political will and commitment as well as the existence of legislation and health policies to deliver the required quality of health care. Also, there are quality improvement initiatives implemented by programmes like HIV and maternal and child health. The gaps include: insufficient financial, human and infrastructural resources; inconsistent pharmaceutical supply chain; inadequate essential commodities and supplies; minimal consumer involvement in health care activities; minimal focus on patient and health care worker safety; and lack of unified quality indicators.

Given the existing Government commitment to quality and the challenges to the delivery of quality care as highlighted by the situational analysis, there is a clear and strong rationale for developing a quality policy that can provide a vision and organizing framework for efforts across the health system to improve health care quality.

5. ALIGNMENT

This policy has been developed to deliver on the expressed quality commitments in other key national documents. Ensuring quality health care services is one of the top priorities of the Government of the Republic of Namibia as reflected in the following health policies and plans that informed the development of the national QM policy.

Namibia's vision 2030:

- Envisions a healthy Nation in which people enjoy a high standard of living with access to **quality health** and other services.

National Health Policy Framework 2010–2020:

- Vision: A healthy nation, which is free of diseases of poverty and inequality
- **Quality of care** is and will be a pivotal dimension of all health services according to need.

National Development Plan (NDP5) 2017/2018–2021/2022 Desired Outcome 21 (D21):

- By 2022, all Namibians will have access to **quality health care**. Health-adjusted life expectancy (HALE) will increase to 67.5 years.

Ministry of Health and Social Services Strategic Direction 2017/2018–2021/2022:

- Vision: "The leading provider of **quality health care** and social services according to international set standards".
- Mission: To provide integrated, affordable, accessible, equitable, **quality health care** and social services responsive to the needs of the population.

Public-private partnership (PPP): The MoHSS PPP Framework highlights the need to engage the private sector and service providers on **quality health services** delivery.

Harambee Prosperity Plan: One of the key outcomes is the creation of a culture of high performance and citizen-centred service delivery.

African Union Agenda 2063: Expanding access to quality health services, particularly to women and girls is one of the key aspirations of the Agenda.

United Nations Sustainable Development Goals: Targets for Goal 3 (target 3.8) highlight the importance of **quality** essential health care services.

WHO, World Bank and Organisation for Economic Co-operation and Development (OECD) have called on countries to improve quality of care across the health system through a clearly articulated national direction on quality.

WHO NQPS Handbook: Provides a practical approach to developing policy and strategies to improve quality of care.

5.1 Alignment with the global quality agenda

Quality management initiatives across Africa and other developing regions of the world have been highlighted at a series of meetings organized by the International Society for Quality in Health Care (ISQua). The meetings noted that increasing numbers of developing countries have been introducing QM programmes into their health care system since the early 1990s.

Though countries had adopted diverse methodologies and approaches to QM, all had consistently brought about policy changes which impact the way services are organized and delivered. Programmes must be tailored to meet specific national circumstances. Standards need to be developed in relation to existing conditions, and improvement objectives need to recognize existing resource constraints. The ISQua report noted the need for the presence of leadership with both the vision and the appropriate management structure to make the vision come true.

It has, however, been noted that in the African Region, most countries lack national policies on quality health care practices. Inappropriate funding and unavailability of critical support systems, including strategies, guidelines, tools and patient safety standards, remain major concerns in the Region. There is need for investment to enhance quality, including patient safety, in health care services.

In developing countries, shortages of human resources, low level of staff preparedness and lack of continuing health professional education are issues of paramount concern. In addition, health care workers are at serious risk of infection from bloodborne pathogens, and their protection remains a challenge.

Furthermore, the Salzburg Global Seminar on "Making Health Care Better in Low and Middle Income Countries" held on 22-27 April 2012 and attended by 33 countries including Namibia, urged international, regional and national stakeholders (governments, health policy leaders, communities, development partners, nongovernmental organizations, health care workers and patients) to promote improvement in the quality of health for the world's populations and to assure their health, survival, and well-being now and for future generations. The seminar further recommended that: governments should be accountable for the improvement of health care through legislation, policies and necessary resources; and health policy leaders should adopt and promote QI as a cornerstone of better health for all.

UN Sustainable Development Goal (SDG) 3 – "ensure healthy lives and promote well-being for all at all ages" – target 3.8 highlights the importance of quality essential health care services. To achieve this target, there is a need for a governance structure for quality with clearly articulated policies and strategies.

WHO also notes that with the growing momentum towards universal health coverage, there is a corresponding awareness that improved access must be accompanied by focused efforts to improve the

quality of health services to achieve the desired improvements in health outcomes. WHO further notes that many countries are making efforts to improve quality of care and institutionalize a culture of quality across their health systems, and these efforts can be strengthened through the development of a NQPS. Therefore in 2018, WHO developed an NQPS handbook to guide countries in developing their NQPS. The development of this policy document followed the WHO NQPS approach and aligns strongly with both the global quality agenda and the existing national commitment to quality as outlined across several key documents.

6. GUIDING PRINCIPLES

The guiding principles will focus on the following:

6.1 Empowerment of consumers and clients

Consumer engagement plays a significant role in ensuring improved quality and safety of health care services. Consumers should be meaningfully involved in health care activities through building their capacity in health care systems and QI.

6.2 Leadership

Good leadership and political commitment are essential at all health system levels, including the health facility level where provision of quality health care services and patient safety should be an integral component of care. The establishment and maintenance of a culture of providing quality health care services and patient safety in an organization is the leadership's responsibility. QM shall be led and coordinated by the designated cadres at all levels of health care.

6.3 Systems and processes

Ineffective processes in the workplace may lead to poor quality of services. An enabling health care system will be established to mitigate variations in health care service provision.

6.4 Measurement

Quality improvement plans will be guided by accurate performance measurement results. Measurement will go beyond monitoring against a selected core set of indicators to include understanding of the interventions and changes applied to improve performance. There will be tracking of performance over time to identify actions that warrant re(design) and application to scale to improve broader population outcomes.

6.5 Training, mentoring and professional development

Ongoing in-service training, mentoring and continuous professional development are essential to providing quality health care. Training curricula of all categories of health care workers should incorporate QM principles.

6.6 Teamwork

Quality improvement is best achieved through teamwork. Stakeholders should be engaged in all health care QM initiatives to build consensus and create ownership.

7. POLICY DIRECTION

The development of this policy is based on the common global understanding that:

(a) high-quality, safe and people-centred health care is a public good that should be secured for all citizens;

(b) better access to care without attention to its quality will not lead to the desired population health outcomes;

(c) with financial and (human) resource constraints, there is need to improve the efficiency of health systems; and

(d) quality health care is vital to national health protection and global health security.

7.1 Vision

All Namibians have access to quality health care

7.2 Mission

To ensure that the provision of quality health care services is a fundamental principle of the health care delivery system in Namibia.

7.3 Goal

By 2030, all health services are timely, safe, respectful, responsive and improve health outcomes in Namibia.

7.4 Objectives:

(1) To improve the quality of health care in both the public and private sectors by using available resources efficiently.

(2) To set explicit national standards for health service delivery and monitor the performance of health care services.

(3) To create an enabling environment that is conducive to initiating, expanding, and sustaining quality essential health services.

(4) To provide a coordinated and integrated approach to QI in health service delivery throughout the health sector.

(5) To develop quality indicators and measures to monitor and improve the quality of patient care at all levels of health care, leading to increased patient satisfaction and improved health outcomes.

(6) To mainstream quality within broader national health planning mechanisms.

7.5 Strategies

The following high-level strategies were developed to address the challenges highlighted in the situational analysis, and these were refined based on the engagement of key stakeholders:

7.5.1 Improving QM systems

The MoHSS will ensure that structures for effective leadership, governance and accountability of quality of health care services are in place at all levels of service delivery. Emphasis will be put on institutional and individual quality culture, ensuring that the environment is cultivated and strengthened for applying QI principles in everyday work.

These QM systems shall include mechanisms for monitoring and continuous QI. Improvements also will be made to quality assurance systems so that facilities can be supported to meet norms and standards and their progress in this area will be monitored by the QA Division. A transparent QI environment should be cultivated. Also important are training in continuous QI, meaningful health care worker interpersonal relationships, improvement measures, feedback on performance, and shared learning, as well as upstream factors such as rewards and incentives.

7.5.2 Engaging and empowering patients, families and communities

There is evidence that interventions that seek to engage and empower patients, caregivers and families can promote better care, including healthier behaviours, enhanced patient experience, more effective utilization of health services, reduced costs and improved outcomes. People and communities will be engaged not just in their own care but in planning and monitoring functions at all health system levels.

7.5.3 Improving patient and health care worker safety

This is to ensure that patient and health care worker safety is a fundamental principle of the health care delivery system towards improving health outcomes. A system of monitoring and documenting unsafe events will be introduced and interventions to continuously reduce the incidence of such events will be initiated. The focus should also be on health care worker wellness to address issues of health provider burnout, demotivation and high staff turnover.

7.5.4 Improving clinical practice

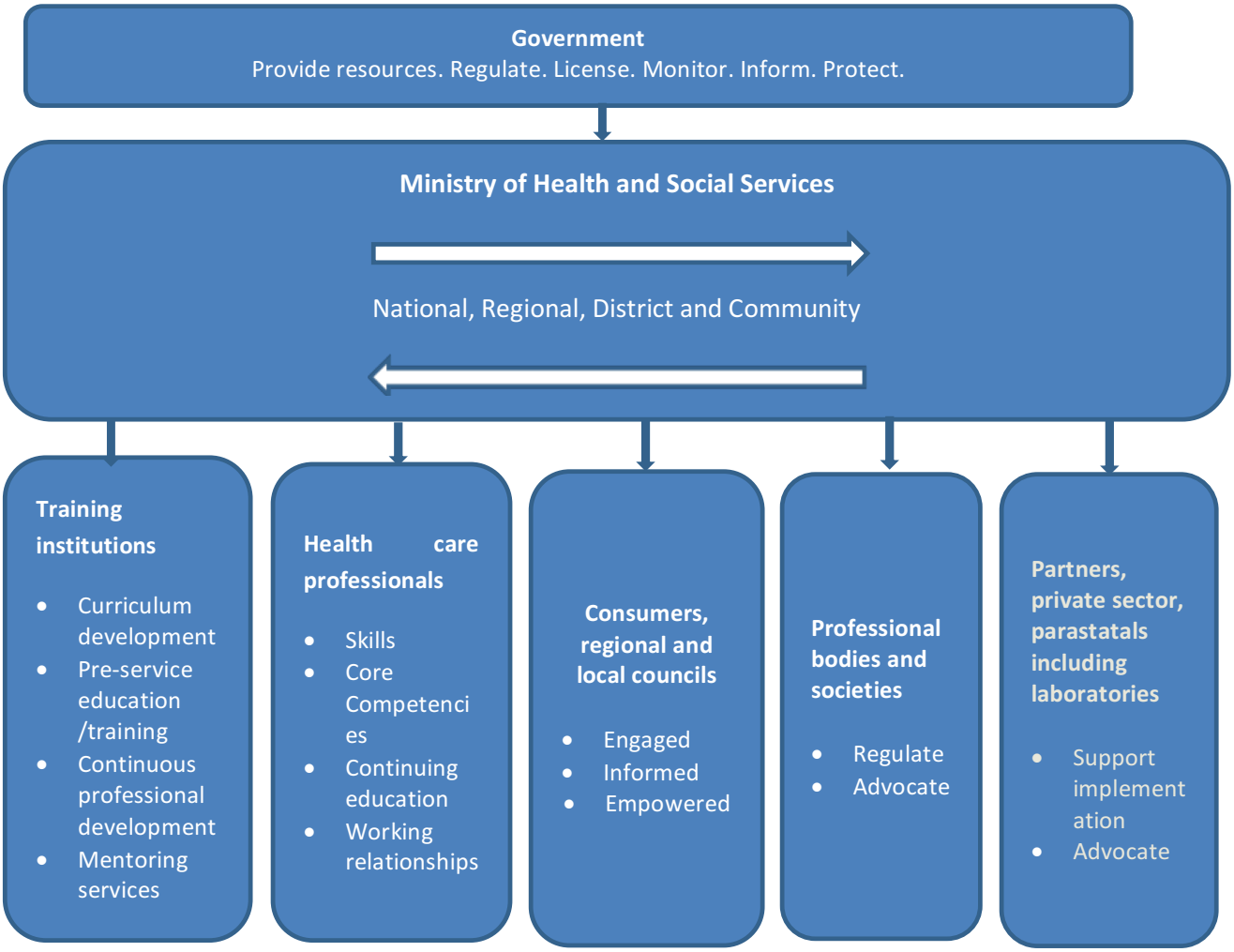
Clinical practice refers to the clinical encounter sequence and delivery of service, that is, effectiveness and efficiency of diagnosis and treatment. This requires knowledge/skills of the practitioner, availability of basic equipment, supplies, devices, radiology/laboratory/pharmacy and patient/client records/health information documentation.

These detailed strategies will be elaborated in the National QM Strategy.

8. IMPLEMENTATION ARRANGEMENTS/FRAMEWORK

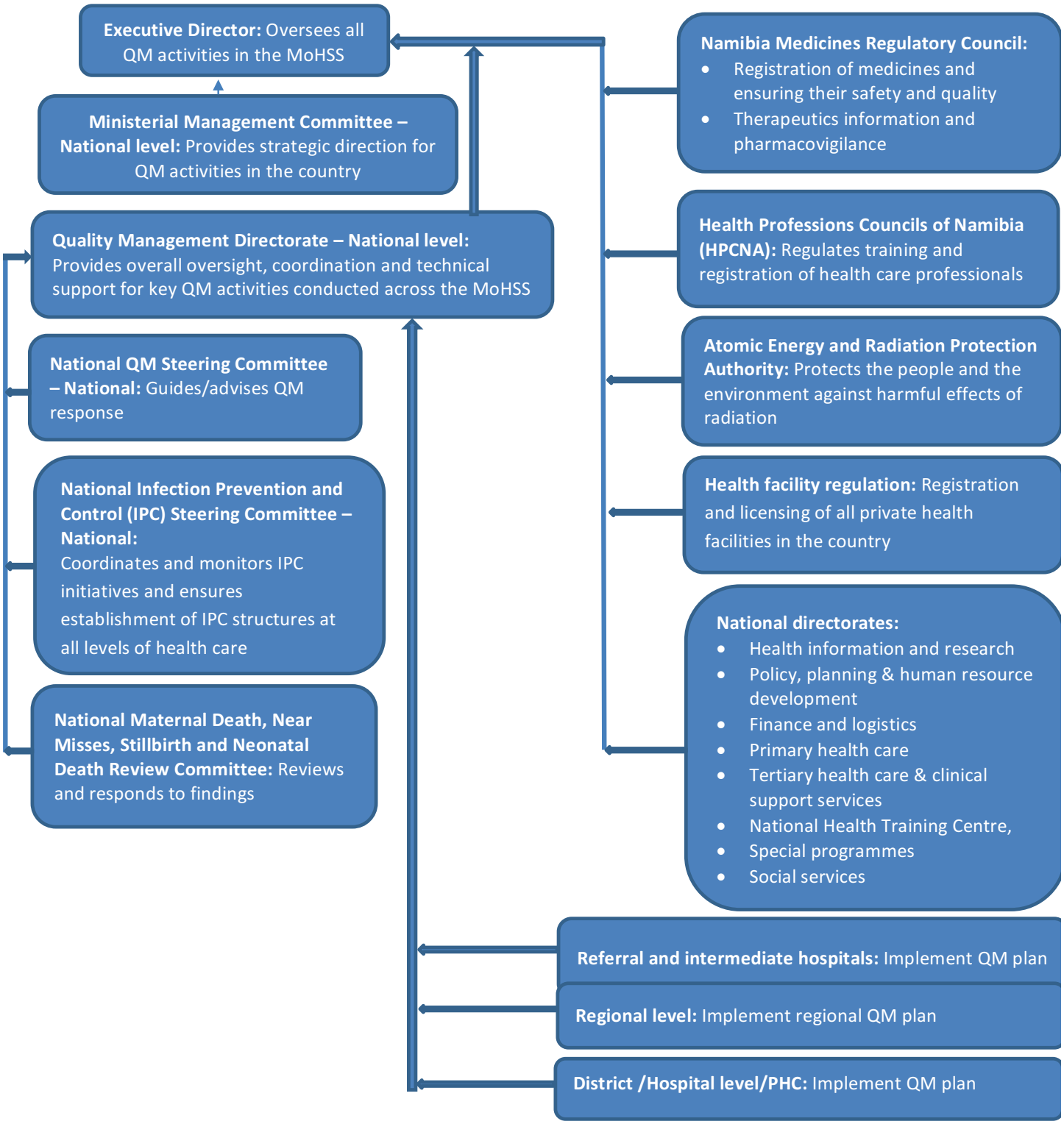
8.1 Institutional arrangements/framework

The key stakeholders responsible for implementing this policy are shown in the schematic diagram below:

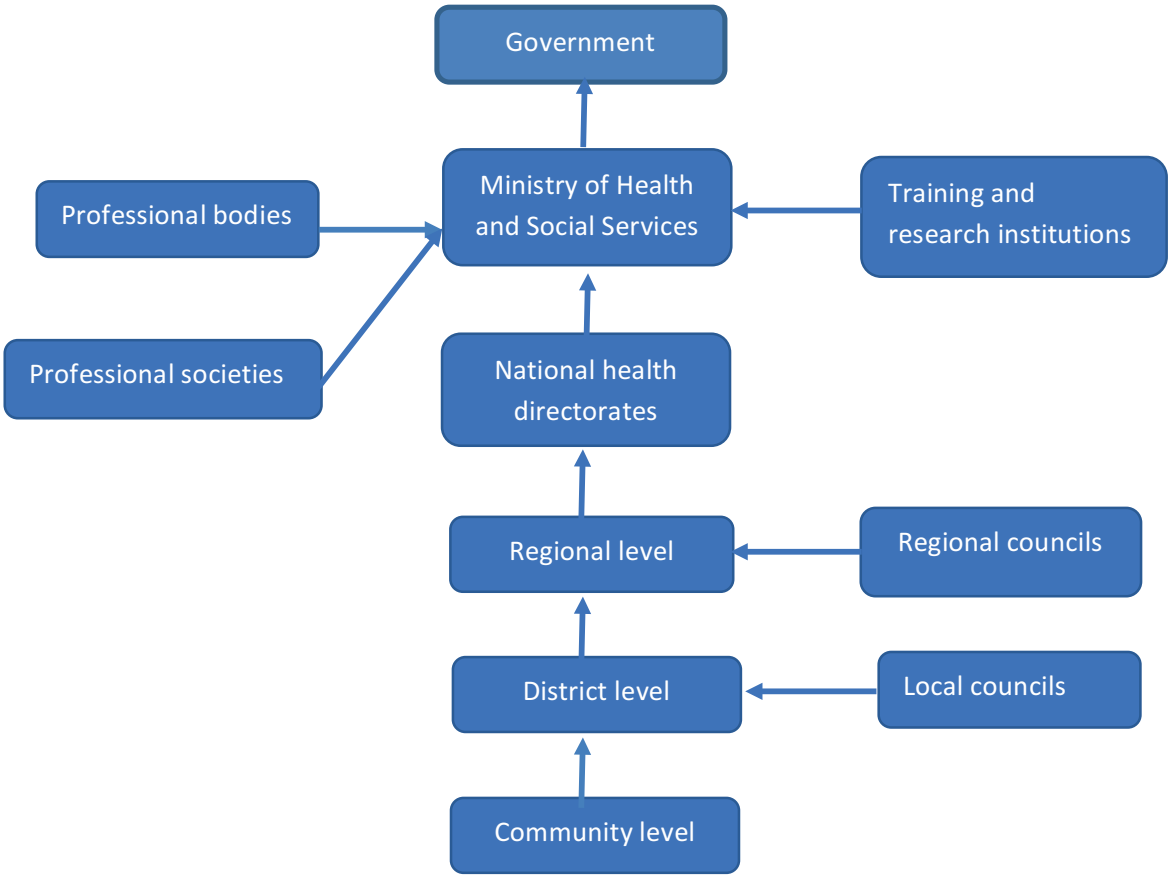


The MoHSS shall be the central coordination point for this policy. QM will be institutionalized and incorporated into the structures and functions of the health care system. The quality policy will not be implemented in isolation; the MoHSS will integrate it within the emerging health sector policy and planning processes. The key aspects of this policy will be integrated into the next version of the national health policy framework and MoHSS strategic direction.

8.2 Governance and organizational structure for quality within the MoHSS



8.3 Roles and responsibilities of key stakeholders



8.3.1 Government

- Provide an enabling environment through enacting and enforcing laws and regulations to ensure the inclusion of a health component in all policies.
- Provide the necessary financial resources for implementation of quality health services.
- Embed the responsibility for quality care throughout the national performance management system.

8.3.2 Ministry of Health and Social Services

- Oversee, provide and regulate the public, private and nongovernmental sectors in the provision of quality and social services, ensuring equity, accessibility, affordability and sustainability.
- Convene stakeholders from across the health care system to support the implementation of the QM policy.
- Regulate health care markets and products, approve health technologies and practices, and monitor health care quality.

8.3.3 National level: Quality Assurance Division

- Develop a strategic direction for comprehensive QM implementation within the broader MoHSS structures supported by guidelines, standards and appropriate resources including QM structures.
- Provide overall coordination, monitoring and evaluation of QM activities across all levels, namely national, regional and district, in partnership with key stakeholders.
- Support facilities to improve and meet the standards other than enforcing or sanctioning.

8.3.4 National health directorates

The implementation of the quality policy is the joint responsibility of multiple stakeholders and directorates. The national health directorates that will work in collaboration with the QM directorate to support implementation are: policy, planning and human resource development; finance and logistics; primary health care; tertiary health care and clinical support services; the National Health Training Centre; special programmes; social services; and health information and research.

8.3.5 Regional level

- Set up appropriate QM structures at the regional level and provide the necessary resources for QM initiatives.
- Coordinate implementation of QM activities within the regions and districts and develop appropriate M&E mechanisms.

8.3.6 District level

- Set up appropriate QM structures at the district level and within PHC facilities and provide the necessary resources for QM initiatives.
- Coordinate implementation of QM activities within the district, PHC facilities and communities and develop appropriate M&E mechanisms.

8.3.7 Community level

- Clinic health committees participate in health services planning and QM.
- Community health care workers and support groups disseminate and interpret information for the provision of quality health care and function as a link between the community and health care facilities.

8.3.8 Training and research institutions

- Educate health care providers to be knowledgeable, skilled and aware of the required standards of practice and core competencies, build their capacities in QI research and assign to them an advisory role in decision-making for future policies/strategies or initiatives.

8.3.9 Health care professionals

- Health care professionals at all levels should possess the knowledge and skills required to carry out their responsibilities with diligence and excellence, and must obtain the annual continuous education units required to keep practising their profession. Also, they should be at the forefront of improving the quality of health care services.

8.3.10 Professional bodies

- Professional bodies shall regulate their respective professions while advocating for improved quality care.

8.3.11 Professional societies

- Professional societies should promote quality and disseminate the NQPS among their members.

8.3.12 Consumers

- Consumers of health care services should participate and be actively engaged in planning, delivery and evaluation of health services at all levels.
- Formal and informal needs assessment activities, such as surveys, focus groups and in-depth interviews, should be conducted to get feedback from consumers.

8.3.13 Regional and local councils

- Regional and constituency development committees should be involved in health services planning and QM.
- Community leaders should disseminate and translate/explain the policy to the community in consultation with the relevant authorities.
- Community leaders should provide feedback to quality teams on the communities' perceptions of quality and major issues that they experience.

8.4 Legal and regulatory arrangements

The following pieces of legislation will guide the implementation of the quality policy:

- Public and Environmental Health Act (2015)
- General Health Regulation (1969)
- Hospitals and Health Facilities Act (1994)
- Medical and Dental Act (2004)
- Nursing Amendment Act (2018)
- Pharmacy Act 9 (2004)
- Allied Health Professions Act 7 (2004)
- Social Work and Psychology Act (2004)
- Regulations for the Control of Blood Transfusion Services (1962)

- Tobacco Products Control Act (2010)
- Mental Health Act 18 (1973)
- National Disability Council Act (2004)
- Namibia Institute of Pathology Act 15 (1999)
- Medicines and Related Substances Control Act 13 (2003) with amendments (2008)
- Atomic Energy and Radiation Protection Act (2005)
- International Health Regulations (IHR) 2005, ratified 2007
- Labour Act (2007).

In addition to the prevailing legislation, the performance management system will be reviewed to incorporate quality indicators at all levels to institutionalize accountability for quality.

Where helpful for supporting QI activities, some quality standards may be later translated into regulation. Decisions regarding regulations will be informed by initial piloting of standards and the methods used to audit these standards.

8.5 Resource mobilization

Types of resources needed

The MoHSS, development partners and stakeholders should mobilize the necessary human, material, and financial resources. Public-private partnerships should be encouraged and all relevant authorities should have a specific line budget for QM activities.

8.5.1 Human resources

A skilled, motivated and adequately supported health workforce is critical in the implementation of this policy. The MoHSS should strive towards an appropriate and responsive staff establishment. The health care workforce should be trained in the principles and practice of continuous QI.

Quality champions will be identified at each health service level and utilized as a network to disseminate the policy and strategy, cascade training, and share learning.

8.5.2 Logistics and supplies management

With funding from the Government and relevant stakeholders, basic commodities and supplies needed for provision of health care services that will support the implementation of this policy should be procured and maintained at acceptable levels.

8.5.3 Financial resources

Significant efforts will be required to mobilize financial resources to support delivery of the quality policy and strategy. Core activities will be built into existing resourcing plans at different levels, and existing purchasing mechanisms will be used to support implementation of the quality policy.

These fixed investments will reap benefits for quality of care over the longer term and are likely to pay off. It is also expected that the focus on quality will improve the efficiency of the system and generate benefits for the wider economy.

The government and relevant service providers shall work out the budgets needed to cover the costs of human resources, commodities and supplies, as well as QM capacity building initiatives.

8.5.4 Infrastructure refurbishment/development

Existing health facilities will be renovated and maintained in good condition and where necessary facilities will be upgraded and new ones built to respond to the health care needs of the Namibian population.

8.5.5 Information management

Core quality of care indicators will be developed and data collection systems strengthened to be able to capture and report relevant data that will be used to support QI interventions. Information on quality-of-care data shall be accessible to all who need it either for planning or other purposes.

8.5.6 Time management:

Effective implementation of the NQPS requires adequate time.

All key stakeholders should dedicate appropriate time to implement the NQPS.

8.6 Monitoring and evaluation framework and reporting

The development of a set of indicators will support both the evaluation of the strategy and ongoing use of data to drive improvement.

8.6.1 Measuring quality of care

Improving quality relies on complete, consistent, accurate and timely performance data. An information system to support nationally-driven quality efforts is necessary for measurement, performance feedback and reporting.

Data generated by health systems are too often concentrated on inputs and volume of activities. This needs to change if quality is to become a routine part of health care. The capacity of health management information systems therefore needs to be strengthened towards measuring process and outcomes to be able to measure and report on the quality of care. Reliable quality metrics should be embedded in the health information infrastructures and in the spirit of transparency, information must be available to all relevant actors, including patients, providers, regulators, purchasers and policy-makers.

Performance data will be used to inform re(design) of improvement activities and scale up efforts as required.

8.6.1.1 Quality measures

The process of developing quality indicators was initiated during the stakeholder workshop in March 2020. This core set of indicators will be used to drive improvement.

All dimensions of quality will be measured. It is important to know about adherence to essential protocols and the quality of processes and pathways. Knowledge will be generated on the outcomes and experiences of care that are valued by patients through the measurement of patient- and community-reported quality indicators. All this will be done with a clear focus on strong linkages between measurement and improvement since measuring alone will not improve quality. Measures to be used to assess the quality of health care will be classified as input, process, and outcome measures.

8.6.1.2 Input measures

Input measures give consumers a sense of health care capacities, systems, and processes to provide quality care, for example, the ratio of health care service providers to patients/clients.

8.6.1.3 Process measures

These measures indicate what a provider does to maintain or improve health and look at accepted recommendations for clinical practice, for example, the percentage of people receiving immunizations.

8.6.1.4 Outcome measures

These measures reflect the impact of the health care service or intervention on the health status of patients, for example; the rate of hospital-acquired infections and number of people satisfied with psychosocial interventions.

The MoHSS QM Directorate shall monitor and evaluate the implementation of the national QM policy and strategy through a set of indicators focusing on inputs, processes and outcomes. The indicators will measure progress made against set objectives.

Periodic evaluation of the system will be conducted to measure the outcome and the impact of the policy. M&E shall focus on selected health priorities.

Services will be evaluated before, during and after the quality policy is implemented, using QM organizational assessments applied to the various levels of health care.

8.7 Advocacy and dissemination (communication strategy)

The policy will be implemented in an integrated manner with wider health policy and planning processes. There will be advocacy for integration of key aspects of the policy within other health sector policy and planning activities.

The policy will be disseminated to create awareness among various stakeholders and the general public. The following activities will be carried out to disseminate the policy:

1. Launching of the policy and availing printed copies to stakeholders;
2. Organizing sensitization workshops and webinars on the policy and strategy;
3. Regular engagement with stakeholder advisory groups;
4. Development of policy summaries in local languages;
5. Identification of policy “champions” in subnational areas to promote the policy.

9. IMPLEMENTATION ACTION PLAN

The implementation of an integrated QM programme for Namibia is a long-term strategy and should be implemented in phases. It requires careful planning and wide stakeholder consultation to gain ownership. A review of current resource requirements will be undertaken including a review of existing resource arrangements for ongoing QI activities across the health system and an examination of how core activities can be integrated into existing resource plans. Identification of activities where additional resources are required will also be undertaken.

Implementation of the strategy will employ a stepwise approach, starting with pilot activities and interventions before a stepwise scale-up, applying lessons learnt from initial activities throughout the process.

The QA Division within the MoHSS in collaboration with relevant partners will plan and oversee the implementation of this policy; however, accountability for achieving its goal and objectives will be shared among all relevant stakeholders in the Namibian health sector. Partnerships will be sought with the relevant stakeholders with regard to advocacy, sustainability, and resource mobilization for the implementation of the policy.

The following table aims to illustrate the phases in which key activities will be initiated, but action will be required across the full timeline of the policy.

Phase 1 (2021–2022)	**Phase 2 (2023–2024)**	**Phase 3 (2025–2026)**
Develop QM strategic plan Dissemination of the policy and strategy Develop a monitoring and evaluation framework for the QM strategic plan Baseline data collection on key core quality indicators Advocacy of the quality policy to all key stakeholders Establishing appropriate QM structures at all levels (recruit personnel responsible for quality) Apply quality standards to two selected health care facilities Develop quality training linked to real QI initiatives	Establish continuous QI initiatives based on gaps identified Test and document improvements Develop methods for patients/communities to contribute to improvement Improve routine data on quality	Introduce quality costing methods Link quality and finance in performance measurement of services Develop a national report on health system performance including performance on quality and safety Integration of quality considerations within the revised national health strategic plan for implementation Evaluate experience to date and plan future strategy based on current problems and experience of the most cost-effective approaches. Review of the National Quality policy

10. CONCLUSION

The National Quality Policy will bring together multiple quality initiatives under a systematic and organized effort to improve quality of care across the health system. The policy clarifies structures for governance, accountability and monitoring of national quality efforts.

The policy will assist in securing high-level commitment to quality through stakeholder engagement and consensus building to deliver on national health objectives. It is envisaged that the quality policy will ensure that quality health care services are a fundamental principle of the health care delivery system and that all Namibians will have access to quality health care.

11. ANNEXURE/APPENDICES

Stakeholders that attended the Consultation Meeting to Finalize the National Quality Policy and Strategy (2–6 March 2020)

No	Name & Surname	Position	Duty Station/ Facility	Region
1	Mrs Niita Shituula	Assistant Manager HPCNA	HPCNA	Khomas
2	Dr Pearl Kalimugogo	Clinical Director	IntraHealth International	Khomas
3	Dr Gram Mutandi	Treatment Lead HIV	CDC, Windhoek	CDC
4	Mr Gebhardo Shylock Timotheus	Director Otjozondjupa Region	Otjiwarongo Hosp	Otjozondjupa
5	Mrs Martha N. Fotolela	NM	Grootfontein Hosp	Otjozondjupa
6	SR Ingrid Van Wyk	QA/ Risk	Roman Catholic Hosp, Whk	Khomas
7	Dr Davied M. Nkalamo	SMO	Keetmanshoop Hosp	Kharas
8	Mrs Faith D. Zwartz	SRN	Keetmanshoop al Office	Kharas
9	Fenni Kandume	MO	Outapi Hospital	Omusati
10	Lidwina Kornelius	CHPO	Outapi	Omusati
11	Miladys Maria Ordaz Humaran	Pharmacist	Katutura HC	Khomas
12	Ms C. Wemmert	Social Worker		Khomas
13	Dr Willy Kabidiki	SMO	Katima Mulilo	Zambezi
14	Ms Elsie Musialela	SHPO	Katima Mulilo	Zambezi
15	Dr Abiola Adesina	CMO	Rundu RMT	Kavango
16	Mr Nelson Olabanji	Chief Pharmacist	Rundu	Kavango
17	Dr Helen Nkandi-Shiimi	CMO	Omuthiya RMT	Oshikoto
18	Natalia Ndjuluwa	SHPO	Onandjokwe HTC	Oshikoto
19	Sylvia Mwanyangapo	SRN	Tsumeb Hosp	Oshikoto
20	Ms Annelize Louw	Chief Social Worker	National Level DSWS	Khomas
21	Dr Odon Nkongolo	CMO	Eehnana RMT	Ohangwena
22	Dr L. Kabongo	CMO	Gobabis RMT	Omaheke
23	Ms Anna Jonas	Director	Swakopmund RMT	Erongo
24	Ms Saima Natanael	PHCS	Swakopmund	Erongo
25	Dr D. Manyere	SMO	Rehoboth Hosp	Hardap
26	Ms Christophine Dausab	Matron	Rehoboth Hosp	Hardap
27	Dr Kibandwa Asumani	CMO	Oshakati Hosp	Oshana
28	Sr Selma Mwandingi	RN	Oshakati Hosp	Oshana
29	Magdalena Awases	WHO	Windhoek	Khomas
30	Panduleni P Shimanda	Lecturer	Welwitcha Univ	Khomas
31	Dr Siraji Saad Rwehumbiza	SMO	Onandjokwe Hosp	Oshikoto
32	Nicole Angermund	SHPO	Windhoek	Khomas
33	Musialela Elsie	SHPO	Katima Hosp	Zambezi
34	Clementine Xoagus	Dentist	Windhoek	Khomas
35	Dr Matthew Neilson	WHO	Geneva	
36	Dr Florian Tille	WHO	Geneva	

37	Jonia Nghifikwa	Educator CHPO	NHTC, Khomas	Khomas
38	Wilhemina Kafitha	CHPO	QA/ MoHSS	Khomas
39	D. Chiwana	QM NIP	NIP, Windhoek	Khomas
40	C. Mbapaha	Lecturer	UNAM, WHK	Khomas
41	A. Erastus	QI Consultant	Windhoek	Khomas
42	Lesley Charles Usurua	CHPO	MoHSS, Windhoek	Khomas
43	Dr Sirak Hailu	Program Officer WHO	Windhoek	Khomas
44	Erika Ndemufila Justus	Nampol Nurse	NAMPOL, Windhoek	Khomas
45	Erna Tjituka	Lecturer	NHTC, Windhoek	Khomas
46	Francina Tjituka	CHPO	QA, Windhoek	Khomas
47	Dr Apollo Basenero	CMO/QM-Program	QA, Windhoek	Khomas
48	Hilaria Ashivudhi	National HIV QI	DSP	Khomas
49	Mirjam Nalupe	Lecturer IUM	IUM, Windhoek	Khomas
50	Julie Neidel	QPM	QA/ Windhoek	Khomas
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12. BIBLIOGRAPHY

1. Agenda 2063 The Africa we want. Addis Ababa African Union Commission. (2015). https://www.un.org/en/africa/osaa/pdf/au/agenda2063.pdf
2. A short editorial in in the WHO bulletin from Dec 2018 found here: http://www.who.int/bulletin/volumes/96/12/18-226266.pdf
3. Assessment of the National Quality Management Systems Used to Monitor and Improve Quality in Health Service Provision in Hospitals and Health Centres in Namibia (2014). http://www.mhss.gov.na/documents/119527/364677/Quality+Management+System+Assessment+Report+2014.pdf/698e12e6-bae7-4625-a93a-ae4835bb1370
4. Harambee Prosperity Plan 2016/17-2019-20 . Namibian Government's Action Plan towards Prosperity for All. http://www.gov.na/documents/10181/264466/HPP+page+70-71.pdf/bc958f46-8f06-4c48-9307-773f242c9338
5. Kruk ME Gage AD Arsenault C et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. Lancet Glob Health. 2018; (published online Sept 5). http://dx.doi.org/10.1016/S2214-109X(18)30386-3
6. Ministry of Health and Social Services Strategic Plan-2017/2018 – 2021/2022. http://www.mhss.gov.na/documents/119527/573553/MOHSS+Strategic+Plan+2017-2022.pdf/9d09e210-5f91-4c45-b7f6-79e3e134939a
7. Ministry of Health and Social Services National Health Policy Framework 2010-2020. http://www.africanchildforum.org/clr/policy%20per%20country/2018%20Update/Namibia/namibia_healthpolicyframework_2010-2020_2010_en.pdf
8. Namibia Vision 2030. https://www.npc.gov.na/vision-2030/?wpfb_dl=30
9. Namibia Public Expenditure Review- Health Sector Public Expenditure Review. Washington DC. World Bank, 2019. https://openknowledge.worldbank.org/bitstream/handle/10986/32111/Namibia-Health-Sector-Public-Expenditure-Review.pdf?sequence=1&isAllowed=y
10. Namibia's 5th National Development Plan (NDP5) 2017/18 - 2021/22. http://www.gov.na/documents/10181/14226/NDP+5/
11. Transforming Our World: The 2030 Agenda for Sustainable Development. https://sustainabledevelopment.un.org/content/documents/21252030AgendaforSustainableDevelopmentweb.pdf
12. The perspective from WHO DG published in Lancet Global Health after the three above publications. How could health care be anything other than high quality? https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30394-2/fulltext
13. The Lancet Global Health Commission. (2018). High-quality health systems in the Sustainable Development Goals era: time for a revolution. https://www.thelancet.com/pdfs/journals/langlo/PIIS2214-109X(18)30386-3.pdf

14. World Health Organization and the United Nations Children's Fund, WASH in health care facilities: Global Baseline Report 2019, WHO and UNICEF, Geneva, 2019. Licence: CC BY-NC-SA 3.0 IGO. https://apps.who.int/iris/bitstream/handle/10665/311620/9789241515504-eng.pdf?ua=1
15. World Health Organization, Regional Office for the Eastern Mediterranean. (2004). Quality improvement in primary health care: a practical guide https://apps.who.int/iris/handle/10665/119694
16. World Health Organization, OECD & International Bank for Reconstruction and Development. (2018). Delivering quality health services: a global imperative for universal health coverage. World Health Organization. https://apps.who.int/iris/handle/10665/272465
17. World Health Organization. Handbook for national quality policy and strategy: a practical approach for developing policy and strategy to improve quality of care. (2018). https://www.who.int/servicedeliverysafety/areas/qhc/nqps_handbook/en/

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