EDITORIAL

It's quality that counts, particularly for communicable diseases

Dermot Maher^{1,2}<http://dx.doi.org/10.5588/pha.18.0060>

'As nations commit to achieving universal health coverage by 2030, there is a growing acknowledgement that access to services is not enough. Improvement in health care delivery requires a deliberate focus on the quality of health services, which involves providing effective, safe, people-centered care that is timely, equitable, integrated and efficient'.¹

The first-ever joint global report from the World Health Organization (WHO), the Organisation for Economic Co-operation and Development (OECD) and the World Bank, released in July 2018, shines a welcome spotlight on quality. The report provides examples of research findings from a range of settings which support the main contention that 'poor quality health services are holding back progress on improving health in countries at all income levels'.² The three organisations outline the steps governments, health services and their workers, together with citizens and patients, urgently need to take to improve health care quality. These steps include developing and implementing strong national health care quality policies and strategies, putting the focus on competent care and user experience to ensure confidence in the system, actively engaging citizens in health care decisions and in designing new models of care to meet local community needs, and using data to demonstrate the effectiveness and safety of health care in partnerships between health care workers and patients.²

The link between quality and improving health applies across the full range of health problems, and is particularly relevant regarding people at risk of, or suffering from, communicable diseases. Quality care, with prompt diagnosis and effective treatment of people with a wide variety of infections, is crucial for favourable individual health outcomes (cure and avoidance of recurrence due to drug resistance), favourable outcomes for public health (reduced transmission, a smaller pool of cases and containment of drug resistance) and favourable outcomes for society (greater productivity and lower costs of care).³ Examples of communicable diseases for which there is effective treatment, and for which good-quality clinical care contributes to favourable individual, public health and societal outcomes, include human immunodeficiency virus,⁴ tuberculosis⁵ and many sexually transmitted infections.⁶ The link between quality care and public health is also important for communicable diseases without effective treatment, such as Ebola virus

disease, as improved basic care, with improved chances of survival, is likely to increase people's willingness to attend a treatment centre where transmission of the virus to other people is less likely.⁷

Improving quality through health care audits is equally applicable in settings with severe resource constraints and settings with more plentiful resources, as measuring quality in health care raises the standard of care through reduced uncertainty in health care provision, rationalised choice, appropriate direction of limited resources, increased job satisfaction and improved ethical standards.⁸ Research also has a key role to play in improving quality through various avenues, including assessing quality in health care services, understanding the drivers of quality, and investigating how 'Quality interventions can have a significant impact on specific health services delivered and on the health system at large'.¹ Since its inception in 2011, *Public Health Action* has welcomed original research on issues related not only to accessibility and equity, but also to quality of health services for populations with limited resources. The recent launch of the joint global report on delivering quality health services provides a stimulus to encourage quality research in this area.

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AFFILIATIONS

- 1 Editor in Chief, Public Health Action
- 2 Special Programme for Research and Training in Tropical Diseases, c/o World Health Organization (WHO/TDR), Geneva, Switzerland.

CORRESPONDENCE

Correspondence: Dermot Maher, Tropical Diseases Research, World Health Organization, Geneva, Switzerland. e-mail: maherd@who.int

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