Optimizing health worker performance to improve health care quality in low- and middle-income countries

Day 1 | "Crystal City" Event | Tuesday, April 9, 2019
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ADDITIONAL WEBINAR QUESTIONS & PRESENTER RESPONSES

Edited for clarity.

Question	Response
From Erica Frank, NextGenU.org: Can you speak what about demonstrated, effective health worker performance strategies include closed-loop education? Closed-loop education means automated educational feedback, reinforcement/supervision, and remediation based on an individual's or a cohort's academic performance and needs, that can be granularly evaluated as desired.	*From Alex Rowe:* I'm not familiar with closed-loop education. I looked up the Kenya and India trials on the NextGenU.org website. Very interesting, although I don't think either study is in my team's review. I'll follow-up with you.
From Dominique Friere: Can you share digital copies of the quality research, please?	The three quality reports Alex referred to are: • High-quality health systems in the Sustainable Development Goals era: time for a revolution - Lancet Global Health • Delivering quality health services: a global imperative for universal health coverage - Joint report by the World Health Organization, Organization for Economic Co-operation and Development, the World Bank • Crossing the global quality chasm: improving health care worldwide - The National Academies of Sciences, Engineering, Medicine
From S. Lavenberg: I'm curious, similar to the types of interventions under group problem solving, I'm curious what types of interventions happened within the "training" category. Specifically, did many/any include team-based pre-service training? And was this counted as similar to single profession training? (Thank you!)	*From Alex Rowe:* We had just a few studies on pre-service training, and I don't recall any that were team-based. My team is putting together a fairly comprehensive manuscript on all the education-based interventions in the review. Hopefully, we'll have that published in the next few months.
From Dominique Friere: Can we have the reference for that World Bank debate on artificial intelligence? Sounds fascinating!	*From Alex Rowe:* I just checked with the World Bank, and they're still in the process of getting the recording on the web.

Question	Response
From Oluwaseun Esan: How does enhanced supervision differ from integrated supportive supervision?	*From Rachel Deussom:* I would suggest that there are more similarities than differences for these terms in application, but the definitions provided below provide a few nuances that may be greater in nomenclature than practice. According to the USAID Acting on the Call Report 2017, ***enhanced supervision*** is "a broad set of supervisory interventions that improve provider performance through team-based, learning approaches, including supportive supervision, the use of checklists and in-person visits." For me, the key element here is the result: that intervention is intentional in measuring and demonstrating results (i.e., improving provider performance). The HRH2030 landscape analysis about which I presented at this event sought to elaborate upon this definition and further identify more specific the components of enhanced supervision (i.e. *what* about the supervision intervention or approach helped it to achieve results in terms of improved provider performance?). Our conclusion took note of several key inputs and processes, including using HMIS to inform visits, incorporating QI methods, multi-level supervision feedback loops, digital data integration, "whole of system" approaches to address inherent health systems weaknesses affecting performance, and community engagement. Stay tuned or subscribe to HRH2030 Program's newsletter to read the full report when it is available; expected in the coming weeks. According to this 2015 US President's Malaria Initiative report on malaria services in Nigeria, ***integrated supportive supervision*** is "a harmonized supervisory system which uses a common tool and reporting format based on a collection of indicators from as many initiatives/programs as possible. It is driven by a common supervisory team which ensures that managers are in the field on a regular basis (monthly or quarterly) to assess the performance of subordinates and help them to improve on their competencies and output." Both of these definitions take forward "supportive supervision." Within the landmark 2002 Maximizing Access and Quality report titled: Making Supervision Supportive and Sustainable: New Approaches to Old Problems, ***supportive supervision*** is defined relative to traditional supervision (see Table 3 on page 14):

Question	Response
	Table 3. Comparison of Traditional and Supportive Supervision This goes to show what a perennial challenge it has been to disrupt the supervision status quo!
From Oluwaseun Esan: I have been interested in identifying the best strategies in improving health worker performance through my work. In the course of my literature review, I came across documents that stated that combinations of strategies were likely to yield more effects than single strategies. From your presentation, should enhanced supervision be combined or it can same effects as a single strategy to be promoted?	*From Rachel Deussom:* Please see Alex's slides for HCCPR results, starting on slide 54, with particular emphasis on slide 71. Multiple strategies are not necessarily more effective than single strategies according to the HCPPR. As few studies have been replicated, it is important to recall that context matters. When the root, or underlying, causes of low health worker performance are multi-pronged, in some cases it may be appropriate to have multi-pronged strategies. However, the strategies may depend on your program goals, time and resource parameters, and the extent to which strategies can be sustained over time.
From Agbons Oaiya: What extent of the papers used is donor supported?	*From Rachel Deussom*: Within the HRH2030 landscape analysis, 78% (or 35) of the 45 resources reviewed were donor-supported. An additional 4% (2) of the resources were supported by both donors and communities. It would be great to see more research about the strategies and effectiveness of country-led, country-owned, national health workforce supervision systems.
From Sara Riese: You talked mostly about technical performance, and the network was also looking at person-centered care, correct? Any observations on what, if anything, has improved the interpersonal aspects of care?	*From Kathleen Hill:* The WHO QoC MNCH Network countries are just beginning to test approaches to improve - and regularly measure - experience of care as part of comprehensive quality improvement efforts in Network districts/sites. There is still much to learn about mainstreaming interventions to improve experience of care in the context of large comprehensive programs focused on improving multiple dimensions of quality (clinical effectiveness, safety, equity, person-centeredness, timeliness of care.) Fortunately, there is a large body of evidence to build on that can inform these efforts. From the evidence, we know that process-oriented, contextual approaches that are co-designed by local stakeholders tend to be more effective than one-off "one-size-fits" all solutions (which aligns well with QI approaches supported in the QoC Network.)

Table 3. Comparison of Traditional and Supportive Supervision

	Traditional Supervision	Supportive Supervision
Who performs supervision	External supervisors designated by the service delivery organization	External supervisors designated by the service delivery organization, staff from other facilities, colleagues from the same facility (internal supervision), community health committees, staff themselves through self-assessment
When supervision happens	During periodic visits by external supervisors	Continuously: during routine work, team meetings, and visits by external supervisors
What happens during supervision encounters	Inspection of facility, review of records and supplies, supervisor makes most of the decisions, reactive problem-solving by supervisor, little feedback or discussion of supervisor observations	Observation of performance and comparison to standards, provision of corrective and supportive feedback on performance, discussion with clients, provision of technical updates or guidelines, on-site training, use of data and client input to identify opportunities for improvement, joint problem-solving, follow-up on previously identified problems
What happens after supervision encounters	No or irregular follow-up	Actions and decisions recorded, ongoing monitoring of weak areas and improvements, follow-up on prior visits and problems

Question	Response
	The QoC Network is likely to form a Community of Practice focused on person-centered care to help structure learning about this important question within and across countries. Please feel free to check out the QoC Network website (www.qualityofcarenetwork.org) and/or to be in touch with me (Kathleen.hill@jhpiego.org) As mentioned in a response below, MCSP (the Maternal Child Survival Program) is developing flexible, process-oriented "operational guidance" - based on the evidence - to support program implementers to incorporate a focus on experience of care as part of comprehensive MNH programs. This resource should be ready in the next 2 months and will include many practical tools. Happy to share more!
From Kate Greene: Could you please say more about BCC through remote support?	*From Kathleen Hill:* In the Madagascar maternal newborn program supported by the Maternal Child Survival Program (MCSP), district MOH supervisors interacted regularly with facility providers through a combination of in-person (on-site) visits and structured phone calls. This blended approach helped to build the relationship between supervisors and supervisees while mediating some of the formidable geographic and financial barriers to high-frequency in-person supervision. We are currently analyzing results (provider practice, quality of care measures, provider and manager experience and perceptions of sustainability) in districts that used this "blended" supervision approach and will be glad to share learning.
From Oluwaseun Esan: I am working on respectful maternity care which addresses the experience of care in the WHO QoC Framework. It is an implementation research. I wonder how best I can contribute to improving the quality of health service delivery and health care provider performance beyond my research findings as a university lecturer.	*From Kathleen Hill:* There is quite a lot of ongoing work in this area as part of the multi-country WHO QoC MNCH Network and I may be able to connect you with other implementers and researchers in your region. Our program (MCSP) has also developed process-oriented guidance on improving experience of care as part of comprehensive MNH programs, that includes many, many links to tools, publications, etc. that may be of interest. There is also a "global RMC Council" of interested stakeholders convened by the White Ribbon Alliance that may be of interest to you. Please feel free to email me at Kathleen.hill@jhpiego.org if you would like additional information.