Poor-resourced countries need to pay attention to both the “hard” and “soft” components of quality governance

Subiri Obwogo [1]
Senior Quality Improvement Advisor, Kenya, USAID ASSIST Project/URC

OPINION

Discussants of the webinar on “Necessary Components to Governing Quality” [2],” distinguished between the ‘hard’ components of governance such as national policies and strategies, and the ‘soft’ components such as leadership support and developing a culture for improvement. They cited examples of countries that have hard governance components, but have not successfully operationalized these. They concluded that a national quality improvement strategy or policy is not the key to improving quality of care, and countries should instead focus on ‘soft’ components.

From my experience in Kenya, I think both components are necessary, provided the necessary institutional functions exist. We know that even with new technological advances, the drivers of constructive change are hardly the ‘hardware’ or the ‘software,’ but rather the institutional transformation [3] that these technologies enable. In addition, although not a subject of this blog, most constructionists would argue [4] that culture is not something an organization “has” but rather what an organization “is.”

There is no argument that when one sets out to devise national quality improvement strategies or policies to improve quality of service delivery, one is also looking at things that can only be addressed at the institutional level [5]. Therefore, a much neglected question when assessing progress, is whether the requisite institutional functions exist to ensure investments in quality of health service delivery achieve desired results.

These institutions offer accountability, funding, and a regulatory framework; they set standards and provide a platform for shared learning. Unlike in many developed countries where such institutions are strong, this is not the case in many poor-resourced countries.

There are at least six institutional functions [6] needed to ensure successful investments in national strategies and policies for improving health care quality:

institutional_functions.jpg [7]
Let me begin with the obvious: finance institutions for efficient allocation of scare resources based on agreed priorities.

... 

Despite the economic benefits of vaccination, fewer than 20 countries in Africa currently fund more than 50 per cent of their own immunization expenditure.

The more I reflect on this point, the more I am reminded that these countries are poor and need external aid. And yet, in Kenya, a Member of Parliament earns $212,904 per year compared to a law maker in the United States and United Kingdom who earn $180,960 and $104,232, respectively, per year. Reallocation of government spending to health priorities is clearly needed here.

Another priority challenge in improving quality and safety in health care is how countries engage and support civil society organizations to lead and support public protection and client focus. In fact, one of the most radical changes in global health this century resulting in an unprecedented increase in access to lifesaving anti-retroviral therapy in low income countries was fronted by non-state actors who rejected the cost-benefit arguments in favor of care and treatment as a fundamental human right.

In many low income countries, institutions of stewardship, independent accountability, and...
Poor-resourced countries need to pay attention to both the “hard” and “soft” components of quality governance.

Information are often subject to statutory subjugation. For example, despite passing one of the most progressive constitutions in Africa in 2010, the Kenyan Government, like many others in Africa, retained the 1911 colonialist Official Secrets Act (instead of the Freedom of Information Bill), under which a mere press release or office newspaper will often be stamped “Top Secret.” Such acts are key drivers for massive corruption that impedes economic progress and diminishes resources needed to invest in basic infrastructure, education and health.

A 2002 African Union study estimated that corruption cost the continent roughly $150 billion a year.

To compare, developed countries gave $22.5 billion in aid to sub-Saharan Africa in 2008, according to the Organization for Economic Cooperation and Development. In many African countries, corruption is tolerated as a normal state of affairs.

By now, you probably expect an answer to this troubling question:

Why do many donor programs in low-income countries pay less attention to the ‘hard’ components of health systems strengthening that clearly require fundamental political, financial, economic, legal and bureaucratic reforms?

One possible answer is that these issues take long and the limited one- to five-year donor funding cycles rarely provide the long-term core support needed. There are also strong bureaucratic incentives for short term wins where organizations are able to receive credit and recognition for their own work, and this assures continued funding.

Of course, I am not naïve to the challenge of moving from policy to implementation. However, some, like Richard Horton, Editor of The Lancet, have argued that investing in health or quality for that matter, means investing in resilience, and health without resilience is unsustainable. Therefore, if you are looking for reliability in the endeavor to improve healthcare quality through national policies and strategies then your aim is misplaced: Resilience is a better aim.

Topic(s): Improvement Science
Related Countries: Africa, Sub-Saharan

Language: English
Poor-resourced countries need to pay attention to both the “hard” and “soft” components of quality governance

The USAID ASSIST Knowledge Portal is made possible by the generous support of the American people through the U.S. Agency for International Development and its Bureau for Global Health, Office of Health Systems. The information provided on this web portal is not official U.S. Government information and does not represent the views or positions of USAID or the U.S. Government. The USAID ASSIST Project is managed by University Research Co., LLC under Cooperative Agreement Number AID-OAA-A-12-00101.

Source URL: https://www.usaidassist.org/blog/poor-resourced-countries-need-pay-attention-both-%E2%80%9Chard%E2%80%9D-and-%E2%80%9Csoft%E2%80%9D-components-quality

Links
[1] https://www.usaidassist.org/blog/authors/subiri-obwogo
[2] https://www.usaidassist.org/content/webinar-necessary-components-governing-quality
[8] https://twitter.com/intent/tweet?text=FACT:%20%3E20%20countries%20in%20Africa%20fund%2050%20percent%20of%20their%20immunization%20expenditure%20http://bit.ly/1nxhm70%20via%20@usaidassist
[13] https://www.oecd.org/document/35/0,3343,en_2649_34487_42458959_1_1_1_1,00.html
[16] https://www.usaidassist.org/topics/improvement-science
[17] https://www.usaidassist.org/countries/africa-sub-saharan
[18] https://www.usaidassist.org/language/english

© 2020 University Research Co., LLC, All Rights Reserved
Poor-resourced countries need to pay attention to both the “hard” and “soft” components of quality governance.