

**WELCOME ADDRESS BY HON. KINGSLEY ABOAGYE GYEDU, DEPUTY  
MINISTER OF HEALTH, AT THE INAUGURAL CONFERENCE OF THE  
AFRICAN FORUM FOR QUALITY IN HEALTHCARE (AFRIQHER), ON 1  
FEBRUARY 2018**

The Honourable Minister of Health of the Federal Republic of Nigeria

The Chief Executive of the International Society for Quality in Health Care (ISQua)

Ladies and Gentlemen, all protocol observed.

It is my pleasure to welcome you to the inaugural conference of the African Forum for Quality in Health Care (AFRIQHER). We are honoured that Ghana has been chosen as the venue for this inaugural conference. To those visiting from outside Ghana, I can assure you of warm Ghanaian hospitality.

Historically the training of health care professionals has focused on the pertinent basic and applied sciences, and there was an implicit assumption that if a correct diagnosis was made and appropriate management was instituted, then the clinical outcomes would be optimal. In recent times it has been increasingly recognised that the acquisition and application of knowledge would not by itself guarantee optimal outcomes. This is what we call "the know - do gap". The manner in which healthcare is delivered, the behaviours of health professionals and service users, and the context of care delivery are critical factors in determining the outcome of care. In today's world, healthcare cannot be described as being of good quality if it does not address issues of safety, access, equitability and patient experience, alongside clinical effectiveness. Also, quality is not static and healthcare systems should have intrinsic mechanisms for continual quality improvement.

Sustainable quality improvement does not happen by chance: it is a product of concerted effort, including monitoring and measurement. In some parts of the world, various quality improvement theories and methods adapted from sectors outside Medicine have been applied in the health sector, with varying degrees of success, and healthcare Quality Improvement has assumed the status of both an art and a science. In Africa, healthcare Quality Improvement (QI) is in its early days but catching up quickly. We are still in the process of developing infrastructure for quality improvement in our healthcare organisations. We are still new to the process of capability building, both in terms of training for QI leadership and training of the general body of health professionals in the basics of quality improvement. An African proverb counsels: 'if you want to travel quickly, go alone; if you want to travel far, go together'. The birth of a network of health professionals with an interest in Q I is therefore timely. The African Forum for quality improvement in health care provides a good platform for African countries to share experiences and to build a momentum for change.

The key players in health services fall into three groups: government, health professionals and service users. All three have important roles to play in QI.

The Ministry of Health with technical and financial support from the Institute for Healthcare Improvement in December, 2016 developed and launched the National Quality Strategy (NHQS). The goals of the strategy in detail is to:

1. Continuously improve health outcomes in the population health priority areas
2. Develop a coordinated health care quality system in the areas of quality planning, quality control and quality improvement – including improved use of data for evidence-based decision-making: and
3. Improve client experience by being responsive to the health needs and aspiration of the patient and the community.

As part of the implementation of the strategy, the Quality Management Unit has been set up in the Policy, Planning, Monitoring and Evaluation Directorate of the Ministry of Health. The purpose is to coordinate the quality management activities/initiatives within the Directorates of the Ministry all its agencies.

These efforts of government will not yield the best dividends if they are not operationalised by health professionals who are committed to QI. I call on health care institutions and professional associations to make formal commitments to QI, and to adopt scientific approaches to the implementation of quality improvement in their place of work. Government of Ghana is committed to ensuring that the culture of QI permeates in all health institutions! The Quality improvement projects should be underpinned by improvement science, and systems should be implemented for collecting, analysing and learning from quality data. There should be periodic quality reviews in the various departments of our hospitals and health centres.

I note with satisfaction that the programme for this conference covers topics such as standards and guidelines, patient safety and service user involvement. These are important aspects of quality that are often taken for granted.

It would be incomplete to talk about health care quality without the active engagement of service users. The NHQS' goal focuses on the patient and community experience. It is for this reason that the quality governance structure proposes the inclusion of community in the quality governance structure at all levels. The development of the community scorecards is a clear example of health provider accountability to the community.

I am informed that one of the aims of AFRIQHER is to facilitate the formation of national societies for quality in healthcare in Africa. The Ghana Ministry of Health

supports this initiative and I hope that you will utilise the opportunity of this conference to midwife the birth of a Ghana Society for Quality in Healthcare.

Finally, I would like to commend the efforts of Leroy Edozien who has single-handedly initiated AFRIQHER, financed and organised this conference. It is gratifying when Africans in the diaspora put their skills and resources to the service of the home continent.

I wish you a successful conference and trust that you will find nuggets of good practice in the various workshops.

Good morning.