The Lancet Global Health Commission on High Quality Health Systems—where's the complexity?

Authors' reply

Stephanie Topp points to the limitations of quality measurement in *The Lancet Global Health* Commission on High Quality Health Systems (HQSS Commission; May, 2017)[1] that might not fit the real-world contexts of low-income and middle-income countries (LMICs). She also takes issue with a narrow set of generic indicators and targets for quality that might be meaningless or even provide "perverse incentives to game the system". We agree these are important concerns and aim to tackle them in the work of the Commission.

The HQSS Commission's goal is to move quality from a specialised, niche enterprise to a core pursuit of health systems, hence the need for a single, shared definition among policymakers, users, and providers. Improvements to accountability of health systems to users requires robust and timely information about what is going right or wrong when people access care. This information is not systematically available in most LMICs today, nor is there agreement about which information is needed across health conditions and the different parts of a health system. But we agree that measurement can be onerous and indicators can be unconnected to meaningful outcomes. For example, we are finding that the hundreds of indicators of equipment and supplies routinely collected in facility surveys do not shed much light on the content of the care people receive—a much more important construct.

We agree that all measures should have a clear purpose and audience. In its work on measurement, the Commission will emphasise the need for actionable measures at different levels that permit advocacy for high quality care, promote accountability of the health system, and guide quality improvement actions. We will place a premium on measuring what matters most to users and on summative measures that capture the functioning of the health system as a whole. We share Topp's skepticism of using simple targets in place of tackling root causes; indeed, we intend to focus on structural approaches to quality improvement, such as governance, management, care delivery models, professional education, and regulation, among others that have influence across the health-care delivery chain. These approaches will necessarily take different shape in different LMICs to respond to the diverse organisational structures and nature of quality challenges.

To contextualise the Commission's work, several national Commissions, including in Ethiopia and South Africa, will test and refine the global guidance by application to their particular settings. Nearly half the Commissioners are policymakers, most of whom are from LMICs; they too will reality-test our recommendations as the work progresses. Ultimately, the Commission will endorse those measures that are useful in holding health systems to account for improving health and for providing value to their users.

We declare no competing interests.

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1 Kruk ME, Pate M, Mullan Z. Introducing The Lancet Global Health Commission in High-Quality Health Systems in the SDG Era. *Lancet Glob Health* 2017; **5:** e480–81.