Universal health care (UHC) is the central thread of Sustainable Development Goal (SDG) 3. However, without improvements in the quality of the health system, UHC will prove an empty vessel and billions of people will not gain from benefits that could arrive from UHC. Instead, they will be victims of patient safety threats to health, people are especially vulnerable to quality defects in the care provided to them.

The global health-care community is now awakening to that challenge. In the past 2 years, three efforts have been mounted to delineate the size of the global health-care quality gap and identify approaches to closing it. We represent leaders from each of those efforts.

The first is Delivering Quality Health Services: A Global Imperative for Universal Health Coverage, a report by WHO, the OECD, and the World Bank published in July, 2018. The report provides governments with a description of the quality of health services and their importance for achieving broad public health goals, within the context of UHC. This report presents evidence-based approaches that can ensure and improve the quality of health services and makes a call for a wide array of actions at the organisational, national, and international levels, such as embedding quality policy and implementation strategy in national health sector plans, promoting the culture, systems, and practices to improve patient safety, and engaging patients in quality measurement and improvement.

The second initiative is The Lancet Global Health Commission on High-Quality Health Systems in the SDG Era (HQSS Commission) that is chaired by Margaret Kruk and Muhammad Pate and comprises 30 individuals from 18 countries. The Commission hopes to galvanise new measurement and research on health system quality in LMICs and its report is expected in September, 2018. The aims of the Commission are to define health system quality, to describe quality of care and its distribution across SDG conditions and health system platforms, to propose updated measures of quality, and identify structural approaches to improve quality. Alongside the global work, national HQSS commissions in eight countries have formed to tackle these questions and ideally spur evidence-based actions to improve quality in their health systems.

The third project comes from the US National Academies of Sciences, Engineering, and Medicine (NASEM), formerly known as the Institute of Medicine, which published Crossing the Quality Chasm in 2001, a landmark call-to-arms for improvement of US health care. The NASEM Committee on Improving the Quality of Health Care Globally is chaired by Sania Nishtar and Donald Berwick and has 14 members from eight countries. Its remit is to review and summarise the evidence on the state of quality of care globally, illuminate the consequences and challenges, recommend systemic changes to produce improvements, and define a supportive research agenda. The Committee’s main focus is on low-resource settings. The NASEM Committee aims to publish its report this autumn.

Three global health-care quality reports in 2018
Comment

The Homeless Reduction Act, an act of the UK Parliament that legally mandates city authorities and health service providers to provide anticipatory and corrective measures for the reduction of homelessness, came into force in England in April, 2018. It places new legal duties on English city councils (legislative bodies that govern a city) and the National Health Service (NHS) to enable strengthened homeless prevention and management work across partners.

Among the changes for local authorities is the mandate to act early in offering support to those threatened with homelessness and providing free homelessness advice and information. The act requires that health-service providers have an active role in the prevention and management of homelessness. There is a duty on these services to refer service users they consider may be homeless or threatened with homelessness to a local public housing authority of the city council who will be responsible for supporting them with appropriate assistance. The duty to refer comes into force from October, 2018.

There is now an impetus for health services in England to develop effective mechanisms to identify and refer homeless and vulnerably housed people. For example, hospitals are expected to formulate and implement formal admissions and discharge protocols so that an appropriate mechanism for referral and transition of care is agreed with local...