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Today's healthcare landscape is characterised by evolving needs and heightened public expectations and requires exceptional healthcare systems. To meet this growing health need, health systems must be capable of delivering consistently high-quality, tailored care in a variety of contexts. Quality health systems are needed for the overall well-being and fulfilment of communities, to build trust and achieve better health outcomes[1]. It is estimated that approximately eight million people in low- and middle-income countries (LMICs) die each year from treatable health conditions, with 60% of these deaths attributable to poor quality health care, despite access to healthcare services. The most disadvantaged populations and countries with the least economic resources are disproportionately affected by this problem[1].

The Quality Evidence for The Transformation of Health Systems for Latin America and the Caribbean (QuEST LAC) network brings together a group of researchers from Peru, Argentina, Ecuador, Mexico and Colombia, and functions as the regional arm of the Quality Evidence for The Transformation of Health Systems (QuEST) consortium, a global network of researchers committed to improving healthcare quality[2]. As a Latin American network, QuEST LAC aims to develop human capacity in health systems research and to build and communicate the science of high-quality health systems. QuEST LAC is committed to working with regional governments and research institutions, promoting synergies between research and policy, and implementing transformative initiatives to redefine evaluation methods and actively redesign systems, striving to ensure equitable, high-quality care accessible to people in the region. QuEST LAC comprises two core research centres, one at the Cayetano Heredia University in Peru and the other at the Institute of Clinical Effectiveness and Health Effectiveness (IECS by its Spanish acronym) in Argentina and five affiliated centres in Latin America[3].

In LMICs, instruments to assess the performance and functional capacity of the health system from the perspective of the population are scarce. Most surveys focus on administrative aspects, such as the number of health centres and access to supplies, but evidence suggests that these factors are unreliable, may distort the measurement of quality, and do not provide an adequate measure of the health system quality[4]. To address this lack of instruments, QuEST LAC implemented the *People's Voice Survey (PVS)* in three countries in 2022: Peru, Uruguay and Colombia. This is a multidimensional quality measurement survey conducted by telephone among users and nonusers of health services. The PVS incorporates innovative measure indicators such as patient activation, usual place of care, personal health security (a measure of how confident they are that they will be able to get, and afford, good quality care if they are very sick), acceptance of innovative health care models such as telemedicine, and trust in the system, among others[5].

This survey was applied in a short time (approximately 3 months), included more than 1200 participants per country and had a high completion rate. The survey findings from Latin America have made it possible to characterize the health status of the population by different types of funding schemes in both urban and rural settings, the study of inequalities in health system coverage and quality[6], and to support policy-making.

In Latin America, health systems are fragmented and segregated, exacerbating inequalities in healthcare access and outcomes[7], whilst health needs remain unmet. With the rise of chronic noncommunicable diseases (NCDs), health systems must manage, evaluate, and track the effectiveness of interventions. To this end, QuEST LAC (following the lead of QuEST Global) developed a tool "*e-cohort for NCDs*" which uses electronic cohorts (such as mobile phone follow-up) to longitudinally assess the competency of health systems to care for patients with NCDs, particularly hypertension. The e-cohorts also aim to describe the user experience and processes of care, and to identify barriers to effective care for good health outcomes in people with hypertension. This will improve on most of the existing data, which comes from cross-sectional and retrospective studies, which can be subject to recall bias. The e-cohorts have been conducted as feasibility studies in two countries, Peru and Uruguay, including 300 people with uncontrolled hypertension in each country. Participants will be followed remotely by telephone for a total of twelve months.

Although QuEST LAC aims to develop better quality measurement tools and provide better data, the network's ultimate goal is to improve health care by designing and implementing interventions based on the data collected, which could lead to substantial improvements in population health systems. An example of this effort is Service *Delivery Redesign (SDR)–Mendoza*, a collaborative project between QuEST LAC and the Ministry of Health of the Argentine province of Mendoza. This project aims to innovate and improve primary care, particularly for people with NCDs. SDR is an innovative system-level framework for improving care delivery, defined as the reorganisation and strengthening of existing services and care pathways to maximise quality care and optimise health outcomes[8]. The SDR involves feasibility assessment, co-design, implementation, and evaluation.

Through initiatives such as the PVS, the e-cohort tool and the Service Delivery Redesign strategy, QuEST LAC aims to contribute to more equitable, productive and patient-centred health systems in Latin America. To achieve this, it is essential to have data, to work with governments to promote evidence-based policies, and to translate health policies into real changes within health systems.

Competing interests

The authors declare they do not have competing interests.

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